Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0001A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME	$18.59
0001U	RED BLOOD CELL TYPING	$0.00
0002A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME	$30.68
0002U	MEASUREMENT OF SUBSTANCES IN URINE TO PREDICT LIKELIHOOD OF POLYPS IN LARGE	$0.00
0003A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE	$0.00
0003U	MEASUREMENT OF PROTEINS ASSOCIATED WITH OVARIAN CANCER IN SERUM	$570.00
0004M	MOLECULAR PATHOLOGY TEST FOR GENETIC ANALYSIS OF CURVED SPINE DEFORMITY	$0.00
0005U	TEST FOR DETECTING GENES ASSOCIATED WITH PROSTATE CANCER IN URINE	$456.00
0006M	MOLECULAR PATHOLOGY TEST FOR GENETIC ANALYSIS OF LIVER TUMOR (HEPRODX)	$0.00
0006U	TESTING FOR PRESENCE OF INTERACTING MEDICATIONS, SUBSTANCES, SUPPLEMENTS AND	$0.00
0007M	MOLECULAR PATHOLOGY TEST FOR GENETIC ANALYSIS OF TUMORS IN THE DIGESTIVE SYSTEM	$0.00
0007U	TESTING FOR PRESENCE OF DRUG IN URINE	$0.00
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON	$0.00
0008U	TEST FOR DETECTING HELICOBACTER PYLORI GENES ASSOCIATED WITH ANTIBIOTIC	$0.00
0009U	GENE ANALYSIS OF BREAST TUMOR TISSUE	$0.00
00100	ANESTHESIA FOR PROCEDURE ON SALIVA GLAND	$22.80
00102	ANESTHESIA FOR PLASTIC REPAIR OF LIP DEFECT	$22.80
00103	ANESTHESIA FOR PROCEDURE ON EYELID	$22.80
00104	ANESTHESIA FOR ELECTROSHOCK THERAPY	$22.80
0010U	TYPING OF BACTERIAL STRAIN	$0.00
0011A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME	$18.59
0011U	PRESCRIPTION DRUG MONITORING IN ORAL FLUID	$0.00
00120	ANESTHESIA FOR OTHER PROCEDURE ON EXTERNAL MIDDLE AND INNER EAR	$22.80
00124	ANESTHESIA FOR EXAM OF EAR USING AN ENDOSCOPE	$22.80
00126	ANESTHESIA FOR INCISION OF EAR DRUM	$22.80
0012A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME	$30.68
0012M	MOLECULAR PATHOLOGY TEST FOR GENETIC ANALYSIS OF BLADDER TUMOR (CXBLADDER	$456.00
0012U	GENE ANALYSIS FOR GERMLINE DISORDER	$0.00
0013A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE	$30.68
0013M	MOLECULAR PATHOLOGY TEST FOR GENETIC ANALYSIS OF RECURRENT BLADDER TUMOR	$456.00
0013U	GENE ANALYSIS OF SOLID ORGAN TUMOR TISSUE	$570.00
00140	ANESTHESIA FOR OTHER PROCEDURE ON EYE	$22.80
00142	ANESTHESIA FOR LENS SURGERY	$22.80
00144	ANESTHESIA FOR PROCEDURE ON EYE FOR CORNEAL TRANSPLANT	$22.80
00145	ANESTHESIA FOR RETINAL SURGERY	$22.80
00147	ANESTHESIA FOR PROCEDURE ON EYE FOR REMOVAL OF IRIS	$22.80
00148	ANESTHESIA FOR EXAM OF INNER EYE USING AN ENDOSCOPE	$22.80
0014U	DNA TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC	$0.00
00160	ANESTHESIA FOR OTHER PROCEDURE ON NOSE AND SINUSES	$22.80
00162	ANESTHESIA FOR EXTENSIVE SURGERY ON NOSE AND SINUSES	$22.80
00164	ANESTHESIA FOR BIOPSY OF SOFT TISSUE OF NOSE AND SINUS	$22.80
0016U	RNA TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC	$0.00
00170	ANESTHESIA FOR OTHER PROCEDURE ON MOUTH	$22.80
00172	ANESTHESIA FOR PROCEDURE ON MOUTH TO REPAIR PALATE DEFORMITY	$22.80
00174	ANESTHESIA FOR PROCEDURE ON THROAT FOR REMOVAL OF TUMOR	$22.80
00176	ANESTHESIA FOR EXTENSIVE SURGERY ON MOUTH	$22.80
0017U	JAK2 MUTATION TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND	$0.00
0018U	MICRORNA GENE ANALYSIS OF THYROID NODULE TISSUE	$0.00
00190	ANESTHESIA FOR OTHER PROCEDURE ON FACE BONES OR SKULL	$22.80
00192	ANESTHESIA FOR EXTENSIVE SURGERY ON FACE BONES OR SKULL	$22.80
0019U	RNA GENE ANALYSIS OF TUMOR TISSUE	$0.00
00210	ANESTHESIA FOR OTHER PROCEDURE ON BRAIN	$22.80
00211	ANESTHESIA FOR REMOVAL OF BLOOD COLLECTION FROM BRAIN	$22.80
00212	ANESTHESIA FOR REMOVAL OF FLUID FROM BRAIN	$22.80
00214	ANESTHESIA FOR PROCEDURE TO CREATE HOLES IN SKULL INCLUDING X-RAY IMAGING	$22.80
00215	ANESTHESIA FOR PROCEDURE TO REPAIR SKULL OR SKULL FRACTURE	$22.80
00216	ANESTHESIA FOR PROCEDURE ON BLOOD VESSELS IN BRAIN	$22.80
00218	ANESTHESIA FOR PROCEDURE ON BRAIN WHILE SITTING UP	$22.80
0021U	DETECTION OF 8 AUTOANTIBODIES IN PROSTATE TISSUE	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
00220	ANESTHESIA FOR PROCEDURE TO DRAIN BRAIN AND SPINAL CORD FLUID	$22.80
00222	ANESTHESIA FOR PROCEDURE ON NERVE IN BRAIN	$22.80
0022U	DNA AND RNA GENE ANALYSIS FOR NON-SMALL CELL LUNG CANCER	$0.00
0023U	DNA GENE ANALYSIS FOR ACUTE MYELOGENOUS LEUKEMIA	$0.00
00300	ANESTHESIA FOR OTHER PROCEDURE ON SKIN, MUSCLES, OR NERVES OF HEAD, NECK, AND	$22.80
0031A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME	$30.68
00320	ANESTHESIA FOR OTHER PROCEDURE ON NECK AREA (1 YEAR OR OLDER)	$22.80
00322	ANESTHESIA FOR NEEDLE BIOPSY OF THYROID	$22.80
00326	ANESTHESIA FOR OTHER PROCEDURE ON NECK AREA (YOUNGER THAN 1 YEAR)	$22.80
00350	ANESTHESIA FOR OTHER PROCEDURE ON LARGE BLOOD VESSEL OF NECK	$22.80
00352	ANESTHESIA FOR TYING LARGE BLOOD VESSELS OF NECK	$22.80
0035U	TESTING FOR PRESENCE OF PRION PROTEIN IN CEREBROSPINAL FLUID	$0.00
0036U	EXOME GENE ANALYSIS FOR SOMATIC MUTATION IN TUMOR TISSUE	$0.00
0037U	DNA GENE ANALYSIS OF 324 GENES IN SOLID ORGAN TUMOR TISSUE	$0.00
0038U	MEASUREMENT OF VITAMIN D IN SERUM	$0.00
0039U	TESTING FOR ANTI-DNA ANTIBODY	$0.00
00400	ANESTHESIA FOR OTHER PROCEDURE ON SKIN OF ARMS, LEGS, AND FRONT BODY	$22.80
00402	ANESTHESIA FOR RECONSTRUCTION OF BREAST	$22.80
00404	ANESTHESIA FOR REMOVAL OF ALL OR PART OF BREAST	$22.80
00406	ANESTHESIA FOR REMOVAL OF BREAST AND LYMPH NODES	$22.80
0040U	GENE ANALYSIS (T(9;22)) FOR TRANSLOCATION ANALYSIS	$0.00
00410	ANESTHESIA FOR PROCEDURE TO CORRECT ABNORMAL HEART RHYTHM	$22.80
0041U	IGM ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	$0.00
0042T	COMPUTED TOMOGRAPHY (CT) OF BRAIN BLOOD FLOW, VOLUME, AND TIMING OF FLOW	$0.00
0042U	IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	$0.00
0043U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP (IGM)	$0.00
0044U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP (IGG)	$0.00
00450	ANESTHESIA FOR OTHER PROCEDURE ON COLLAR BONE AND SHOULDER BLADE	$22.80
00454	ANESTHESIA FOR BIOPSY OF COLLAR BONE	$22.80
0045U	MRNA GENE ANALYSIS OF 12 GENES IN BREAST DUCTAL CARCINOMA IN SITU TUMOR TISSUE	$2,323.80
0046U	GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) FOR INTERNAL TANDEM DUPLICATION	$99.31
00470	ANESTHESIA FOR OTHER PARTIAL REMOVAL OF RIB	$22.80
00472	ANESTHESIA FOR PARTIAL REMOVAL OF RIB AND CHEST WALL REPAIR	$22.80
00474	ANESTHESIA FOR EXTENSIVE PARTIAL REMOVAL OF RIB	$22.80
0047U	MRNA GENE ANALYSIS OF 17 GENES IN PROSTATE TUMOR TISSUE	$2,323.80
0048U	DNA GENE ANALYSIS OF 468 GENES IN SOLID ORGAN TUMOR TISSUE	$0.00
0049U	GENE ANALYSIS (NUCLEOPHOSMIN)	$147.91
00500	ANESTHESIA FOR PROCEDURE ON ESOPHAGUS	$22.80
0050U	DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS	$0.00
0051U	TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE OR BLOOD SPECIMEN	$123.38
00520	ANESTHESIA FOR OTHER CLOSED PROCEDURE ON CHEST	$22.80
00522	ANESTHESIA FOR CLOSED NEEDLE BIOPSY OF LUNG	$22.80
00524	ANESTHESIA FOR CLOSED DRAINAGE OF LUNG FLUID	$22.80
00528	ANESTHESIA FOR CLOSED EXAM OF CHEST USING AN ENDOSCOPE	$22.80
00529	ANESTHESIA FOR CLOSED EXAM OF CHEST USING AN ENDOSCOPE WITH 1 LUNG INFLATED	$22.80
0052U	MEASUREMENT OF ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES IN BLOOD	$20.32
00530	ANESTHESIA FOR INSERTION OF PERMANENT HEART PACEMAKER	$22.80
00532	ANESTHESIA FOR ACCESS TO CENTRAL VEIN	$22.80
00534	ANESTHESIA FOR INSERTION OR REPLACE OF PACING HEART DEFIBRILLATOR	$22.80
00537	ANESTHESIA FOR PROCEDURE TO ASSESS HEART ELECTRICAL ACTIVITY	$22.80
00539	ANESTHESIA FOR RECONSTRUCTION OF AIRWAY	$22.80
0053U	FISH ANALYSIS OF 4 GENES IN PROSTATE NEEDLE BIOPSY SPECIMEN	$0.00
00540	ANESTHESIA FOR OTHER PROCEDURE ON CHEST	$22.80
00541	ANESTHESIA FOR PROCEDURE ON CHEST WITH 1 LUNG INFLATED	$22.80
00542	ANESTHESIA FOR REMOVAL OF TISSUE FROM AROUND LUNG	$22.80
00546	ANESTHESIA FOR REMOVAL OF LUNG WITH CHEST WALL REPAIR	$22.80
00548	ANESTHESIA FOR PROCEDURE ON AIRWAY	$22.80
0054T	COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL	$0.00
0054T	COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0054U	MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD	$99.31
00550	ANESTHESIA FOR REMOVAL OF BREAST BONE TISSUE	$22.80
0055T	MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC OPERATION USING IMAGING	$0.00
0055T	MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC OPERATION USING IMAGING	$0.00
0055U	DNA GENE ANALYSIS OF 96 TARGET SEQUENCES IN PLASMA FOR HEART TRANSPLANT	$0.00
00560	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS	$22.80
00561	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS USING HEART-LUNG	$22.80
00562	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS USING HEART-LUNG	$22.80
00563	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS USING HEART-LUNG	$22.80
00566	ANESTHESIA FOR HEART ARTERY BYPASS GRAFTING	$22.80
00567	ANESTHESIA FOR HEART ARTERY BYPASS GRAFTING ON HEART-LUNG MACHINE	$0.00
0056U	WHOLE GENOME SEQUENCING IN BLOOD OR BONE MARROW FOR ACUTE MYELOGENOUS LEUKEM	$0.00
0057U	MRNA GENE ANALYSIS OF 51 GENES IN SOLID ORGAN TUMOR TISSUE	$0.00
00580	ANESTHESIA FOR HEART OR HEART-LUNG TRANSPLANT	$22.80
0058U	MEASUREMENT OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	$215.31
0059U	TEST FOR PRESENCE OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN	$215.31
00600	ANESTHESIA FOR OTHER PROCEDURE ON UPPER SPINE	$22.80
00604	ANESTHESIA FOR PROCEDURE ON UPPER SPINE WITH SITTING UP	$22.80
0060U	GENE ANALYSIS FOR IDENTICAL TWINS IN MATERNAL BLOOD	$455.43
0061U	SPATIAL FREQUENCY DOMAIN IMAGING OF SKIN	$455.43
00620	ANESTHESIA FOR OTHER PROCEDURE ON MIDDLE SPINE	$22.80
00625	ANESTHESIA FOR PROCEDURE ON MIDDLE SPINE THROUGH CHEST WALL	$0.00
00626	ANESTHESIA FOR PROCEDURE ON MIDDLE SPINE THROUGH CHEST WALL WITH 1 LUNG INFLATED	$0.00
0062U	IGG AND IGM ANALYSIS OF 80 BIOMARKERS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN SERUM	$0.00
00630	ANESTHESIA FOR OTHER PROCEDURE ON LOWER SPINE	$22.80
00632	ANESTHESIA FOR REMOVAL OF NERVES IN LOWER SPINE	$22.80
00635	ANESTHESIA FOR SPINAL TAP	$22.80
0063U	TESTING FOR AMINES ASSOCIATED WITH AUTISM SPECTRUM DISORDER IN PLASMA	$0.00
00640	ANESTHESIA FOR MANIPULATION OR CLOSED PROCEDURE OF SPINE	$22.80
0064U	ANTIBODY TESTING FOR SYPHILIS	$0.00
0065U	NON-ANTIBODY TESTING FOR SYPHILIS	$0.00
0066U	MEASUREMENT OF PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1) IN CERVICAL/VAGINAL	$0.00
00670	ANESTHESIA FOR EXTENSIVE SURGERY ON SPINE	$22.80
0067U	PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS OF BREAST CANCER IN PRECANCEROUS	$0.00
0068U	DETECTION OF CANDIDA SPECIES BY AMPLIFIED PROBE	$0.00
0069U	MRNA EXPRESSION PROFILING OF MIR-31-3 IN COLON TUMOR TISSUE	$0.00
00700	ANESTHESIA FOR OTHER PROCEDURE ON UPPER FRONT ABDOMEN	$22.80
00702	ANESTHESIA FOR BIOPSY OF LIVER	$22.80
0070U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) FOR	$0.00
0071T	FOCUSED ULTRASOUND DESTRUCTION OF UTERINE (LESS THAN 200 CC) FIBROID TUMORS	$0.00
0071U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) FULL	$0.00
0072T	FOCUSED ULTRASOUND DESTRUCTION OF UTERINE (200 CC OR GREATER) FIBROID TUMORS	$0.00
0072U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) TARGETED	$0.00
00730	ANESTHESIA FOR PROCEDURE ON UPPER REAR ABDOMEN	$22.80
00731	ANESTHESIA FOR OTHER PROCEDURE ON ESOPHAGUS, STOMACH, OR UPPER SMALL BOWEL	$22.80
00732	ANESTHESIA FOR PROCEDURE ON GALLBLADDER, PANCREAS, OR LIVER USING AN ENDOSCOPE	$22.80
0073U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) TARGETED	$0.00
0074U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) TARGETED	$0.00
00750	ANESTHESIA FOR OTHER REPAIR OF UPPER ABDOMEN HERNIA	$22.80
00752	ANESTHESIA FOR PROCEDURE TO REPAIR UPPER ABDOMINAL INCISIONAL HERNIA AND/OR	$22.80
00754	ANESTHESIA FOR PROCEDURE TO REPAIR UPPER ABDOMINAL HERNIA PRESENT AT BIRTH	$22.80
00756	ANESTHESIA FOR PROCEDURE TO REPAIR ABDOMINAL HERNIA	$22.80
0075T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED	$0.00
0075U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) TARGETED	$0.00
0076T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED	$0.00
0076U	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) TARGETED	$0.00
00770	ANESTHESIA FOR PROCEDURE ON LARGE BLOOD VESSELS IN ABDOMEN	$22.80
0077U	DETECTION OF IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN) IN BLOOD OR URINE	$0.00
0078U	GENE ANALYSIS OF 16 GENES TO EVALUATE RISK OF OPIOID-USE DISORDER	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
00790	ANESTHESIA FOR OTHER PROCEDURE ON UPPER ABDOMEN	$22.80
00792	ANESTHESIA FOR PARTIAL REMOVAL OF LIVER OR MANAGEMENT OF BLEEDING INCLUDING USE	$22.80
00794	ANESTHESIA FOR REMOVAL OF PANCREAS INCLUDING USE OF AN ENDOSCOPE	$22.80
00796	ANESTHESIA FOR LIVER TRANSPLANT RECIPIENT INCLUDING USE OF AN ENDOSCOPE	$22.80
00797	ANESTHESIA FOR PROCEDURE ON STOMACH FOR WEIGHT LOSS	$22.80
0079U	DNA ANALYSIS OF URINE AND CHEEK SWABS FOR SPECIMEN IDENTITY VERIFICATION	$0.00
00800	ANESTHESIA FOR OTHER PROCEDURE ON LOWER FRONT ABDOMEN	$22.80
00802	ANESTHESIA FOR REMOVAL OF EXCESS TISSUE OF LOWER REAR ABDOMEN	$22.80
00811	ANESTHESIA FOR OTHER PROCEDURE ON LARGE BOWEL USING AN ENDOSCOPE	$22.80
00812	ANESTHESIA FOR EXAM OF COLON USING AN ENDOSCOPE	$22.80
00813	ANESTHESIA FOR PROCEDURE ON SMALL AND LARGE BOWEL USING AN ENDOSCOPE	$22.80
00820	ANESTHESIA FOR PROCEDURE ON LOWER REAR ABDOMEN	$22.80
00830	ANESTHESIA FOR OTHER REPAIR OF LOWER ABDOMEN HERNIA (1 YEAR OR OLDER)	$22.80
00832	ANESTHESIA FOR REPAIR OF ABDOMINAL WALL HERNIA	$22.80
00834	ANESTHESIA FOR OTHER REPAIR OF LOWER ABDOMEN HERNIA (YOUNGER THAN 1 YEAR)	$22.80
00836	ANESTHESIA FOR REPAIR OF LOWER ABDOMEN HERNIA (INFANT YOUNGER THAN 37 WEEKS AT	$22.80
00840	ANESTHESIA FOR OTHER PROCEDURE ON LOWER ABDOMEN	$22.80
00842	ANESTHESIA FOR REMOVAL OF AMNIOTIC FLUID FROM UTERUS	$22.80
00844	ANESTHESIA FOR PROCEDURE ON LARGE BOWEL	$22.80
00846	ANESTHESIA FOR REMOVAL OF UTERUS INCLUDING USE OF AN ENDOSCOPE	$22.80
00848	ANESTHESIA FOR REMOVAL OF PELVIC ORGANS INCLUDING USE OF AN ENDOSCOPE	$22.80
0084U	DNA RED BLOOD CELL ANTIGEN TYPING	$432.00
00850	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	$22.80
00851	ANESTHESIA FOR TYING OR INCISION OF FALLOPIAN TUBES USING AN ENDOSCOPE	$22.80
00855	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	$22.80
00857	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A CESAREAN DELIVERY	$22.80
00860	ANESTHESIA FOR OTHER PROCEDURE ON LOWER ABDOMEN OUTSIDE ABDOMINAL CAVITY	$22.80
00862	ANESTHESIA FOR PROCEDURE ON UPPER URINARY TUBES OR REMOVAL OF KIDNEY FOR	$22.80
00864	ANESTHESIA FOR TOTAL REMOVAL OF BLADDER	$22.80
00865	ANESTHESIA FOR EXTENSIVE REMOVAL OF PROSTATE	$22.80
00866	ANESTHESIA FOR REMOVAL OF ADRENAL GLAND	$22.80
00868	ANESTHESIA FOR KIDNEY TRANSPLANT	$22.80
0086U	FISH IDENTIFICATION OF ORGANISMS IN BLOOD CULTURE	$0.00
00870	ANESTHESIA FOR REMOVAL OF URINARY BLADDER STONE	$22.80
00872	ANESTHESIA FOR SHOCK WAVE THERAPY FOR URINARY SYSTEM STONES WITH WATER BATH	$22.80
00873	ANESTHESIA FOR SHOCK WAVE THERAPY FOR URINARY SYSTEM STONES WITHOUT WATER BATH	$22.80
0087U	MRNA GENE EXPRESSION PROFILING OF GENES IN HEART TRANSPLANT BIOPSY TISSUE TO	$0.00
00880	ANESTHESIA FOR OTHER PROCEDURE ON LARGE BLOOD VESSEL OF LOWER ABDOMEN	$22.80
00882	ANESTHESIA FOR TYING OF LARGE VEIN OF LOWER ABDOMEN	$22.80
00884	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; TRANSVENOUS	$22.80
0088U	MRNA GENE EXPRESSION PROFILING OF GENES IN KIDNEY TRANSPLANT TISSUE TO EVALUATE	$0.00
0089U	GENE EXPRESSION PROFILING OF MELANOMA IN SUPERFICIAL SAMPLE COLLECTED BY	$465.00
00902	ANESTHESIA FOR PROCEDURE ON ANUS AND RECTUM	$22.80
00904	ANESTHESIA FOR EXTENSIVE PROCEDURE ON PERINEUM	$22.80
00906	ANESTHESIA FOR REMOVAL OF EXTERNAL FEMALE GENITALS	$22.80
00908	ANESTHESIA FOR REMOVAL OF PROSTATE	$22.80
0090U	MRNA GENE EXPRESSION PROFILING OF 23 GENES IN SKIN MELANOMA TISSUE SAMPLE	$1,170.00
00910	ANESTHESIA FOR OTHER PROCEDURE ON URINARY SYSTEM THROUGH URETHRA	$22.80
00912	ANESTHESIA FOR REMOVAL OF URINARY BLADDER TUMORS INCLUDING USE OF AN ENDOSCOPE	$22.80
00914	ANESTHESIA FOR REMOVAL OF PROSTATE INCLUDING USE OF AN ENDOSCOPE	$22.80
00916	ANESTHESIA FOR PROCEDURE TO CONTROL URINARY SYSTEM BLEEDING INCLUDING USE OF AN	$22.80
00918	ANESTHESIA FOR FRAGMENTING, MANIPULATION AND/OR REMOVAL OF KIDNEY STONE	$22.80
0091U	COLORECTAL CANCER SCREENING BY ENUMERATION OF TUMOR CELLS IN BLOOD	$0.00
00920	ANESTHESIA FOR OTHER PROCEDURE ON MALE GENITALS	$22.80
00921	ANESTHESIA FOR VASECTOMY	$22.80
00922	ANESTHESIA FOR PROCEDURE ON MALE GENITAL GLANDS	$22.80
00924	ANESTHESIA FOR PROCEDURE ON UNDESCENDED TESTICLE	$22.80
00926	ANESTHESIA FOR REMOVAL OF TESTICLE THROUGH GROIN	$22.80
00928	ANESTHESIA FOR REMOVAL OF TESTICLE THROUGH INCISION IN ABDOMEN	$22.80

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
0092U	MEASUREMENT OF 3 PROTEIN BIOMARKERS FOR LUNG CANCER IN PLASMA	$0.00
00930	ANESTHESIA FOR RELOCATION OF UNDESCENDED TESTICLE INTO SCROTUM	$22.80
00932	ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS	$22.80
00934	ANESTHESIA FOR AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES OF GROIN	$22.80
00936	ANESTHESIA FOR AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF	$22.80
0093U	PRESCRIPTION DRUG MONITORING FOR 65 COMMON DRUGS IN URINE	$37.28
00940	ANESTHESIA FOR OTHER PROCEDURE ON FEMALE GENITALS	$22.80
00942	ANESTHESIA FOR REPAIR OR REMOVAL OF VAGINA AND URINARY PROCEDURE	$22.80
00944	ANESTHESIA FOR VAGINAL REMOVAL OF UTERUS	$22.80
00946	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	$22.80
00948	ANESTHESIA FOR SUTURE CLOSURE OF CERVIX	$22.80
0094U	RAPID SEQUENCE GENE TESTING	$0.00
00950	ANESTHESIA FOR EXAM OF CERVIX USING AN ENDOSCOPE	$22.80
00952	ANESTHESIA FOR EXAM OF UTERUS USING AN ENDOSCOPE	$22.80
00955	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A VAGINAL DELIVERY (INCLUDES	$22.80
0095T	REMOVAL OF UPPER SPINE ARTIFICIAL DISC	$0.00
0095U	TEST FOR MARKERS OF EOSINOPHILIC INFLAMMATION OF ESOPHAGUS	$0.00
0096U	TEST FOR DETECTION OF HIGH-RISK HUMAN PAPILLOMAVIRUS IN MALE URINE	$21.05
0097U	TEST FOR DETECTION OF GASTROINTESTINAL DISEASE-CAUSING ORGANISM USING AMPLIFIED	$0.00
0098T	REVISION AND REPLACEMENT OF AN UPPER SPINE ARTIFICIAL DISC	$0.00
0098U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED	$0.00
0099U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED	$0.00
0100T	INSERTION OF RETINAL PROSTHESIS RECEIVER PULSE GENERATOR AND RETINAL ELECTRODE	$0.00
0100U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED	$0.00
0101U	GENE SEQUENCE ANALYSIS PANEL OF 15 GENES ASSOCIATED WITH HEREDITARY COLON	$701.88
0102U	GENE SEQUENCE ANALYSIS PANEL OF 17 GENES ASSOCIATED WITH HEREDITARY BREAST	$670.79
0103U	GENE SEQUENCE ANALYSIS PANEL OF 24 GENES ASSOCIATED WITH HEREDITARY OVARIAN	$670.79
0105U	MEASUREMENT OF TUMOR NECROSIS FACTOR RECEPTOR 1A, RECEPTOR SUPERFAMILY 2	$570.00
0106U	EVALUATION OF GASTRIC EMPTYING BY MEASUREMENT OF RADIOLABELED CARBON MONOXIDE	$0.00
0107U	ANTIGEN TEST FOR DETECTION OF CLOSTRIDIUM DIFFICILE TOXIN IN STOOL	$9.60
0108U	COMPUTER-ASSISTED DIGITAL IMAGING OF ESOPHAGUS SPECIMEN SLIDES TO EVALUATE RISK	$0.00
0109U	DNA TEST FOR DETECTION OF 4 ASPERGILLUS SPECIES	$85.58
0110U	MONITORING OF ANTI-CANCER DRUGS IN PATIENT BLOOD, SERUM, OR PLASMA	$16.27
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY AT PELVIC BONE	$22.80
0111U	GENE ANALYSIS (KRAS AND NRAS) IN PROSTATE TUMOR TISSUE	$409.37
01120	ANESTHESIA FOR PROCEDURE ON HIP BONE	$22.80
0112U	GENE ANALYSIS FOR DETECTION OF INFECTIOUS AGENT AND DRUG RESISTANCE GENE	$0.00
01130	ANESTHESIA FOR APPLICATION OR REVISION OF BODY CAST	$22.80
0113U	MEASUREMENT OF PCA3 GENE IN URINE AND PROSTATE-SPECIFIC ANTIGEN (PSA) IN SERUM	$456.00
01140	ANESTHESIA FOR AMPUTATION OF LEG INCLUDING PELVIC BONE	$22.80
0114U	GENE ANALYSIS (VIM AND CCNA1 METHYLATION) IN ESOPHAGEAL CELLS TO EVALUATE	$0.00
01150	ANESTHESIA FOR EXTENSIVE REMOVAL OF GROWTH OF HIP BONE	$22.80
0115U	RESPIRATORY INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), 18 VIRAL	$0.00
01160	ANESTHESIA FOR CLOSED PROCEDURE ON PUBIC BONE OR PELVIC JOINT	$22.80
0116U	ANALYSIS OF 35 OR MORE DRUGS IN MOUTH FLUID TO EVALUATE RISK OF PRESCRIPTION	$148.15
01170	ANESTHESIA FOR PROCEDURE ON PUBIC BONE OR PELVIC JOINT	$22.80
01173	ANESTHESIA FOR REPAIR OF BROKEN HIP BONE	$22.80
0117U	ANALYSIS OF 11 BIOCHEMICAL SUBSTANCES IN URINE TO EVALUATE LIKELIHOOD OF	$0.00
0118U	MEASUREMENT OF TRANSPLANT DONOR CELL-FREE DNA IN TRANSPLANT RECIPIENT PLASMA	$0.00
0119U	MEASUREMENT OF CERAMIDES FOR ASSESSMENT OF HEART DISEASE RISK	$0.00
01200	ANESTHESIA FOR CLOSED PROCEDURE ON HIP JOINT	$22.80
01202	ANESTHESIA FOR PROCEDURE ON HIP JOINT USING AN ENDOSCOPE	$22.80
0120U	MRNA, GENE EXPRESSION PROFILING OF 58 GENES IN TISSUE SAMPLE FOR B-CELL	$1,673.47
01210	ANESTHESIA FOR OTHER PROCEDURE ON HIP JOINT	$22.80
01212	ANESTHESIA FOR REMOVAL OF HIP BONE AT JOINT	$22.80
01214	ANESTHESIA FOR TOTAL HIP REPLACEMENT	$22.80
01215	ANESTHESIA FOR REVISION OF TOTAL HIP REPLACEMENT	$22.80
0121U	BLOOD TEST FOR SICKLE CELLS USING VCAM-1	$0.00
01220	ANESTHESIA FOR CLOSED PROCEDURE ON UPPER 2/3RD OF THIGH BONE	$22.80

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0122U	BLOOD TEST FOR SICKLE CELLS USING P-SELECTIN	$0.00
01230	ANESTHESIA FOR PROCEDURE ON UPPER 2/3RD OF THIGH BONE	$22.80
01232	ANESTHESIA FOR AMPUTATION ON UPPER 2/3RD OF THIGH BONE	$22.80
01234	ANESTHESIA FOR REMOVAL OF MUSCLE OR TISSUE ON UPPER 2/3RD OF THIGH BONE	$22.80
0123U	TEST FOR FRAGILITY OF RED BLOOD CELLS	$0.00
0124U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF ABNORMAL	$33.32
01250	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, AND TISSUE OF UPPER LEG	$22.80
0125U	ANALYSIS OF 5 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF ABNORMAL	$41.71
01260	ANESTHESIA FOR PROCEDURE ON VEINS IN UPPER LEG	$22.80
0126U	ANALYSIS OF 5 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF PREECLAMPSIA	$41.71
01270	ANESTHESIA FOR OTHER PROCEDURE ON ARTERY OF UPPER LEG	$22.80
01272	ANESTHESIA FOR TYING OF ARTERY OF UPPER LEG	$22.80
01274	ANESTHESIA FOR REMOVAL OF BLOOD CLOT IN ARTERY OF UPPER LEG	$22.80
0127U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF PREECLAMPSIA	$33.32
0128U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD AND ANALYSIS OF Y CHROMOSOME IN	$33.32
0129U	GENE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY BREAST CANCER AND RELATED	$670.79
0130U	TARGETED MRNA SEQUENCE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY COLON	$350.94
0131U	TARGETED MRNA SEQUENCE ANALYSIS OF 13 GENES ASSOCIATED WITH HEREDITARY BREAST	$0.00
01320	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, AND TISSUE OF KNEE	$22.80
0132U	TARGETED MRNA SEQUENCE ANALYSIS OF 17 GENES ASSOCIATED WITH HEREDITARY OVARIAN	$0.00
0133U	TARGETED MRNA SEQUENCE ANALYSIS OF 11 GENES ASSOCIATED WITH HEREDITARY PROSTATE	$0.00
01340	ANESTHESIA FOR CLOSED PROCEDURE ON LOWER 1/3RD OF THIGH BONE	$22.80
0134U	TARGETED MRNA SEQUENCE ANALYSIS OF 18 GENES ASSOCIATED WITH HEREDITARY PAN	$0.00
0135U	TARGETED MRNA SEQUENCE ANALYSIS OF 12 GENES ASSOCIATED WITH HEREDITARY	$0.00
01360	ANESTHESIA FOR PROCEDURE ON LOWER 1/3RD OF THIGH BONE	$22.80
0136U	MRNA GENE ANALYSIS (ATAXIA TELANGIECTASIA MUTATED)	$0.00
0137U	MRNA GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2)	$0.00
01380	ANESTHESIA FOR CLOSED PROCEDURE ON KNEE JOINT	$22.80
01382	ANESTHESIA FOR EXAM OF KNEE JOINT USING AN ENDOSCOPE	$22.80
0138U	MRNA GENE ANALYSIS (BRCA1, DNA REPAIR ASSOCIATED AND BRCA2, DNA REPAIR	$0.00
01390	ANESTHESIA FOR CLOSED PROCEDURE ON KNEECAP AND/OR UPPER PART OF LOWER LEG BONE	$22.80
01392	ANESTHESIA FOR PROCEDURE ON KNEECAP AND/OR UPPER PART OF LOWER LEG BONES	$22.80
0139U	MEASUREMENT OF 6 CENTRAL CARBON METABOLITE BIOMARKERS FOR AUTISM SPECTRUM	$0.00
01400	ANESTHESIA FOR OTHER PROCEDURE OR EXAM OF KNEE JOINT USING AN ENDOSCOPE	$22.80
01402	ANESTHESIA FOR PROCEDURE FOR TOTAL KNEE JOINT REPLACEMENT	$22.80
01404	ANESTHESIA FOR REMOVAL OF LEG AT KNEE JOINT	$22.80
0140U	AMPLIFED DNA PROBE DETECTION OF FUNGUS IN BLOOD CULTURE SPECIMEN	$0.00
0141U	AMPLIFED DNA PROBE DETECTION OF 20 GRAM-POSITIVE BACTERIAL TARGETS, 4	$0.00
01420	ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR OF CAST TO KNEE	$22.80
0142U	AMPLIFED DNA PROBE DETECTION OF 20 GRAM-POSITIVE BACTERIAL TARGETS, 6	$0.00
01430	ANESTHESIA FOR OTHER PROCEDURE ON VEIN OF KNEE	$22.80
01432	ANESTHESIA FOR REPAIR OF ABNORMAL ARTERY-VEIN FORMATION OF KNEE	$22.80
0143U	MEASUREMENT OF 120 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01440	ANESTHESIA FOR OTHER PROCEDURE ON ARTERY OF KNEE	$22.80
01442	ANESTHESIA FOR REMOVAL OF BLOOD CLOT OF ARTERY BEHIND KNEE	$22.80
01444	ANESTHESIA FOR REPAIR OF BULGING (ANEURYSM) DEFECT IN KNEE ARTERY	$22.80
0144U	MEASUREMENT OF 160 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
0145U	MEASUREMENT OF 65 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01462	ANESTHESIA FOR CLOSED PROCEDURE ON LOWER LEG, ANKLE, AND FOOT	$22.80
01464	ANESTHESIA FOR PROCEDURE ON ANKLE OR FOOT USING AN ENDOSCOPE	$22.80
0146U	MEASUREMENT OF 80 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01470	ANESTHESIA FOR OTHER PROCEDURE ON NERVES, MUSCLES, TENDONS, AND TISSUE OF LOWER	$22.80
01472	ANESTHESIA FOR REPAIR OF ACHILLES TENDON	$22.80
01474	ANESTHESIA FOR REPAIR OF CALF MUSCLE	$22.80
0147U	MEASUREMENT OF 85 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01480	ANESTHESIA FOR OTHER PROCEDURE ON LOWER LEG, ANKLE, AND FOOT BONES	$22.80
01482	ANESTHESIA FOR OPEN AMPUTATION BELOW THE KNEE	$22.80
01484	ANESTHESIA FOR OPEN RECONSTRUCTION OF LOWER LEG, ANKLE, AND/OR FOOT BONE	$22.80
01486	ANESTHESIA FOR OPEN TOTAL ANKLE JOINT REPLACEMENT	$22.80

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0148U	MEASUREMENT OF 100 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01490	ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR OF CAST TO LOWER LEG	$22.80
0149U	MEASUREMENT OF 60 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
01500	ANESTHESIA FOR OTHER PROCEDURE ON ARTERY OF LOWER LEG	$22.80
01502	ANESTHESIA FOR REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER LEG	$22.80
0150U	MEASUREMENT OF 120 OR MORE DRUGS OR METABOLITES IN URINE SPECIMEN	$0.00
0151U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISMS IN SPUTUM OR	$0.00
01520	ANESTHESIA FOR OTHER PROCEDURE ON VEIN OF LOWER LEG	$22.80
01522	ANESTHESIA FOR REMOVAL OF OBSTRUCTION IN VEIN OF LOWER LEG	$22.80
0152T	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	$0.00
0152U	CELL-FREE DNA SEQUENCING OF DISEASE-CAUSING ORGANISMS IN PLASMA SPECIMEN, WITH	$0.00
0153U	MRNA GENE EXPRESSION PROFILING OF 101 GENES IN BREAST GROWTH TISSUE SPECIMEN	$0.00
0154U	RNA GENE ANALYSIS FOR DETECTION OF FIBROBLAST GROWTH FACTOR RECEPTOR 3 GENE	$0.00
0155U	DNA ANALYSIS FOR DETECTION OF PIK3CA GENE MUTATION IN BREAST GROWTH TISSUE	$0.00
0156U	GENE ANALYSIS COPY NUMBER SEQUENCE ANALYSIS	$0.00
0157U	MRNA GENE ANALYSIS OF APC REGULATOR OF WNT SIGNALING PATHWAY	$0.00
0158U	MRNA GENE ANALYSIS OF MUTL HOMOLOG 1	$0.00
0159U	MRNA GENE ANALYSIS OF MUTS HOMOLOG 2	$0.00
0160U	MRNA GENE ANALYSIS OF MUTS HOMOLOG 6	$0.00
01610	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	$22.80
0161U	MRNA GENE ANALYSIS OF PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT	$0.00
01620	ANESTHESIA FOR CLOSED PROCEDURE ON TOP OF ARM BONE AND SHOULDER JOINT	$22.80
01622	ANESTHESIA FOR EXAM OF SHOULDER JOINT USING AN ENDOSCOPE	$22.80
0162U	TARGETED MRNA SEQUENCE ANALYSIS FOR GENES ASSOCIATED WITH HEREDITARY COLON	$0.00
01630	ANESTHESIA FOR OTHER PROCEDURE ON TOP OF ARM BONE AND SHOULDER JOINT	$22.80
01634	ANESTHESIA FOR REMOVAL OF ARM AT SHOULDER JOINT	$22.80
01636	ANESTHESIA FOR OPEN OR ENDOSCOPIC AMPUTATION OF ARM, SHOULDER BLADE, AND COLLAR	$22.80
01638	ANESTHESIA FOR OPEN OR ENDOSCOPIC TOTAL SHOULDER JOINT REPLACEMENT	$22.80
0163T	INSERTION OF LOWER SPINE ARTIFICIAL DISC, ANTERIOR APPROACH	$0.00
0164T	REMOVAL OF LOWER SPINE ARTIFICIAL DISC	$0.00
01650	ANESTHESIA FOR OTHER PROCEDURE ON ARTERIES OF SHOULDER AND UNDERARM	$22.80
01652	ANESTHESIA FOR REPAIR OF BULGING ARTERY OF SHOULDER AND UNDERARM	$22.80
01654	ANESTHESIA FOR BYPASS GRAFT ON ARTERY OF SHOULDER AND UNDERARM	$22.80
01656	ANESTHESIA FOR BYPASS GRAFT FROM GROIN ARTERY TO SHOULDER AND UNDERARM ARTERY	$22.80
0165T	REVISION AND REPLACEMENT OF A LOWER SPINE ARTIFICIAL DISC	$0.00
01670	ANESTHESIA FOR PROCEDURE ON VEINS OF SHOULDER AND UNDERARM	$22.80
01680	ANESTHESIA FOR OTHER APPLICATION, REMOVAL, OR REPAIR OF CAST	$22.80
01710	ANESTHESIA FOR OTHER PROCEDURES ON NERVES, MUSCLES, TENDONS, AND TISSUE OF	$22.80
01712	ANESTHESIA FOR PROCEDURE ON TENDON OF ELBOW TO SHOULDER	$22.80
01714	ANESTHESIA FOR REPAIR OF ELBOW TO SHOULDER TENDON	$22.80
01716	ANESTHESIA FOR PROCEDURE ON TENDON OF UPPER ARM MUSCLE	$22.80
01730	ANESTHESIA FOR CLOSED PROCEDURE ON UPPER ARM AND ELBOW	$22.80
01732	ANESTHESIA FOR EXAM OF ELBOW JOINT USING AN ENDOSCOPE	$22.80
01740	ANESTHESIA FOR OTHER PROCEDURE ON ELBOW	$22.80
01742	ANESTHESIA FOR INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE	$22.80
01744	ANESTHESIA FOR REPAIR OF NONHEALED BROKEN UPPER ARM BONE	$22.80
0174T	COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA	$0.00
01756	ANESTHESIA FOR EXTENSIVE PROCEDURE ON ELBOW	$22.80
01758	ANESTHESIA FOR REMOVAL OF CYST OR GROWTH OF UPPER ARM	$22.80
0175T	REMOTE COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA	$0.00
01760	ANESTHESIA FOR TOTAL ELBOW JOINT REPLACEMENT	$22.80
01770	ANESTHESIA FOR OTHER PROCEDURE ON ARTERIES OF UPPER ARM AND ELBOW	$22.80
01772	ANESTHESIA FOR REMOVAL OF BLOOD CLOT FROM UPPER ARM OR ELBOW ARTERY	$22.80
01780	ANESTHESIA FOR OTHER PROCEDURE ON VEINS OF UPPER ARM AND ELBOW	$22.80
01782	ANESTHESIA FOR SUTURE OF VEIN OF UPPER ARM AND ELBOW	$22.80
01810	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, AND TISSUE OF FOREARM,	$22.80
01820	ANESTHESIA FOR CLOSED PROCEDURE ON BONES OF FOREARM, WRIST, OR HAND	$22.80
01829	ANESTHESIA FOR EXAM OF WRIST USING AN ENDOSCOPE	$22.80
01830	ANESTHESIA FOR OTHER PROCEDURE ON FOREARM, WRIST, OR HAND BONES	$22.80

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01832	ANESTHESIA FOR TOTAL WRIST JOINT REPLACEMENT	$22.80
01840	ANESTHESIA FOR OTHER PROCEDURE ON ARTERIES OF FOREARM, WRIST, AND HAND	$22.80
01842	ANESTHESIA FOR REMOVAL OF BLOOD CLOT IN ARTERY OF FOREARM, WRIST, AND HAND	$22.80
01844	ANESTHESIA FOR PLACEMENT OR REVISION OF BLOOD FLOW SHUNT	$22.80
0184T	REMOVAL OF RECTAL TUMOR USING AN ENDOSCOPE	$0.00
01850	ANESTHESIA FOR OTHER PROCEDURE ON VEINS OF FOREARM, WRIST, AND HAND	$22.80
01852	ANESTHESIA FOR SUTURE OF FOREARM, WRIST, OR HAND VEIN	$22.80
01860	ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR CAST TO FOREARM, WRIST AND HAND	$22.80
01904	ANESTHESIA FOR INJECTION PROCEDURE FOR PNEUMOENCEPHALOGRAPHY	$22.80
01906	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; LUMBAR	$22.80
01908	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; CERVICAL	$22.80
01910	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; POSTERIOR FOSSA	$22.80
01912	ANESTHESIA FOR INJECTION PROCEDURE FOR DISKOGRAPHY; LUMBAR	$22.80
01914	ANESTHESIA FOR INJECTION PROCEDURE FOR DISKOGRAPHY; CERVICAL	$22.80
01916	ANESTHESIA FOR X-RAY EXAM OF ARTERIES AND VEINS USING CONTRAST	$22.80
01918	ANESTHESIA FOR ARTERIOGRAMS, NEEDLE; RETROGRADE, BRACHIAL OR FEMORAL	$22.80
01920	ANESTHESIA FOR X-RAY ON HEART VESSELS AND CHAMBERS	$22.80
01921	ANESTHESIA FOR ANGIOPLASTY	$22.80
01922	ANESTHESIA FOR X-RAY OR RADIATION THERAPY	$22.80
01924	ANESTHESIA FOR X-RAY ON ARTERIES	$22.80
01925	ANESTHESIA FOR X-RAY ON ARTERY OF NECK OR HEART	$22.80
01926	ANESTHESIA FOR X-RAY ON ARTERY OF BRAIN, HEART, OR CHEST	$22.80
01930	ANESTHESIA FOR OTHER X-RAY ON VEIN OR LYMPH SYSTEM	$22.80
01931	ANESTHESIA FOR X-RAY ON VEIN OF LIVER	$22.80
01932	ANESTHESIA FOR X-RAY ON VEIN OF CHEST OR NECK	$22.80
01933	ANESTHESIA FOR X-RAY ON VEIN OF BRAIN	$22.80
01951	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD DEGREE BURN, LESS THAN 4% OF TOTAL	$22.80
01952	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD DEGREE BURN, 4-9% OF TOTAL BODY	$22.80
01953	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD DEGREE BURN, EACH ADDITIONAL 9% OF	$22.80
01958	ANESTHESIA FOR PROCEDURE TO TURN THE POSITION OF FETUS IN UTERUS	$0.00
01960	ANESTHESIA FOR VAGINAL DELIVERY	$22.80
01961	ANESTHESIA FOR CESAREAN DELIVERY	$22.80
01962	ANESTHESIA FOR PROCEDURE TO REMOVE UTERUS FOLLOWING DELIVERY	$22.80
01963	ANESTHESIA FOR CESAREAN AND REMOVAL OF UTERUS	$22.80
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION	$22.80
01966	ANESTHESIA FOR INDUCED ABORTION	$22.80
01967	ANESTHESIA FOR LABOR DURING PLANNED VAGINAL DELIVERY	$0.00
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING LABOR	$22.80
01969	ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS FOLLOWING LABOR	$22.80
0198T	MEASUREMENT OF EYE BLOOD FLOW BY REPEATED EYEBALL PRESSURE ASSESSMENT	$0.00
01990	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGANS	$22.80
01991	ANESTHESIA FOR NERVE BLOCK AND INJECTION	$22.80
01992	ANESTHESIA FOR NERVE BLOCK AND INJECTION PROCEDURE, PRONE POSITION	$22.80
01996	DAILY HOSPITAL MANAGEMENT OF CONTINUOUS SPINAL DRUG ADMINISTRATION	$27.32
01999	OTHER ANESTHESIA PROCEDURE	$22.80
0200T	INJECTIONS OF ONE SIDE OF SACRUM FOR ENLARGEMENT, 1 OR MORE NEEDLES, ACCESSED	$0.00
0201T	INJECTIONS OF BOTH SIDES OF SACRUM FOR ENLARGEMENT, 2 OR MORE NEEDLES, ACCESSED	$0.00
0202T	FUSION OF SPINAL FACET JOINTS USING IMAGING GUIDANCE	$0.00
0207T	DRAINAGE OF ONE EYELID GLANDS USING HEAT AND PRESSURE	$0.00
0208T	PURE TONE AIR HEARING TEST	$0.00
0209T	PURE TONE AIR AND BONE HEARING TEST	$0.00
0210T	SPEECH THRESHOLD HEARING TEST	$0.00
0211T	SPEECH RECOGNITION HEARING TEST	$0.00
0212T	SPEECH THRESHOLD AND RECOGNITION HEARING TEST	$0.00
0213T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE,	$0.00
0214T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE,	$0.00
0215T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING IMAGING GUIDANCE	$0.00
0216T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE,	$0.00
0217T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE,	$0.00

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0218T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING IMAGING GUIDANCE	$0.00
0219T	INSERTION OF UPPER SPINE FACET JOINT IMPLANTS	$0.00
0220T	INSERTION OF MIDDLE SPINE FACET JOINT IMPLANTS	$0.00
0221T	INSERTION OF LOWER SPINE FACET JOINT IMPLANTS	$0.00
0222T	INSERTION OF SPINAL FACET JOINT IMPLANTS	$0.00
0232T	HARVEST AND INJECTIONS OF PLATELET RICH PLASMA USING IMAGING GUIDANCE	$0.00
0234T	CATHETER REMOVAL OF PLAQUE FROM KIDNEY ARTERY, ACCESSED THROUGH THE SKIN OR	$0.00
0235T	CATHETER REMOVAL OF PLAQUE FROM ORGAN ARTERY, ACCESSED THROUGH THE SKIN OR OPE	$0.00
0236T	OPEN OR PERCUTANEOUS CATHETER REMOVAL OF PLAQUE FROM ABDOMINAL AORTA INCLUDIN	$0.00
0237T	CATHETER REMOVAL OF PLAQUE FROM UPPER ARM ARTERY, ACCESSED THROUGH THE SKIN OR	$0.00
0238T	CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPE	$0.00
0242U	GENE ANALYSIS OF 55-74 GENES ASSOCIATED WITH SOLID ORGAN CANCER IN CELL-FREE	$0.00
0243U	TIME-RESOLVED FLUORESCENCE IMMUNOASSAY OF PLACENTAL-GROWTH FACTOR IN MATERNAL	$0.00
0244U	GENE ANALYSIS OF 257 GENES ASSOCIATED WITH SOLID ORGAN CANCER IN TUMOR TISSUE	$0.00
0245U	GENE ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS,	$0.00
0246U	BLOOD TYPING FOR 16 OR MORE BLOOD GROUPS WITH PHENOTYPE PREDICTION OF 51 OR	$0.00
0247U	QUANTITATIVE MEASUREMENT OF INSULIN-LIKE GROWTH FACTOR-BINDING PROTEIN 4 AND	$0.00
0248U	CULTURE OF BRAIN CANCER CELLS WITH 12 DRUG PANEL TESTING FOR TUMOR RESPONSE	$0.00
0249U	ANALYSIS OF 32 PHOSPHOPROTEINS AND PROTEIN ANALYTES ASSOCIATED WITH BREAST	$0.00
0250U	GENE ANALYSIS OF 505 GENES ASSOCIATED WITH SOLID ORGAN CANCER IN TUMOR TISSUE	$0.00
0251U	ELISA ASSAY FOR HEPACIDIN-25 IN SERUM OR PLASMA	$0.00
0252U	ANALYSIS OF FETAL DNA, SHORT TANDEM-REPEAT COMPARATIVE ANALYSIS, FOR ABNORMAL	$0.00
0253T	INSERTION OF EYE FLUID DRAINAGE DEVICE, INTERNAL APPROACH	$0.00
0254U	PREIMPLANTATION GENETIC ASSESSMENT OF EMBRYO BY GENE SEQUENCE ANALYSIS OF 24	$0.00
0263T	MULTIPLE INJECTIONS OF PATIENT-DERIVED BONE MARROW CELLS INTO A MUSCLE OF ONE	$0.00
0264T	MULTIPLE INJECTIONS OF PATIENT-DERIVED BONE MARROW CELLS INTO A MUSCLE OF ONE	$0.00
0265T	HARVEST OF PATIENT-DERIVED BONE MARROW CELLS FOR MULTIPLE INJECTIONS INTO A	$0.00
0266T	INSERTION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE	$0.00
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE LEAD	$0.00
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE PULSE	$0.00
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE	$0.00
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE LEAD ON ONE	$0.00
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE PULSE	$0.00
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON) CAROTID SINUS BAROREFLEX ACTIVATION	$0.00
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON) CAROTID SINUS BAROREFLEX ACTIVATION	$0.00
0274T	REMOVAL OF BONE FROM UPPER OR MIDDLE SPINE FOR DECOMPRESSION OF NERVE TISSUE	$0.00
0275T	REMOVAL OF BONE FROM LOWER SPINE FOR DECOMPRESSION OF NERVE TISSUE USING	$0.00
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING EACH TREATMENT SESSION	$0.00
0308T	INSERTION OF PROSTHETIC TELESCOPE IN EYE FOR THE TREATMENT OF CENTRAL VISION	$0.00
0312T	IMPLANTATION OF NEUROSTIMULATOR ELECTRODES AND PULSE GENERATOR FOR VAGUS NERV	$0.00
0313T	REVISION OR REPLACEMENT OF NEUROSTIMULATOR ELECTRODES FOR VAGUS NERVE BLOCKIN	$0.00
0314T	REMOVAL OF NEUROSTIMULATOR ELECTRODES AND PULSE GENERATOR FOR VAGUS NERVE	$0.00
0315T	REMOVAL OF PULSE GENERATOR FOR VAGUS NERVE BLOCKING THERAPY FOR TREATMENT OF	$0.00
0316T	REPLACEMENT OF PULSE GENERATOR FOR VAGUS NERVE BLOCKING THERAPY FOR TREATMENT	$0.00
0317T	PULSE GENERATOR ANALYSIS OF A VAGUS NERVE BLOCKING THERAPY SYSTEM FOR TREATMEN	$0.00
0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER	$0.00
0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES	$0.00
0331T	IMAGING OF HEART MUSCLE	$0.00
0332T	IMAGING OF HEART MUSCLE WITH SPECT	$0.00
0335T	INSERTION OF IMPLANT INTO SUBTALAR (BELOW ANKLE) FOOT JOINT	$0.00
0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN	$0.00
0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH	$0.00
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	$0.00
0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	$0.00
0347T	INSERTION OF DEVICES IN BONE FOR VISUALIZATION AND MEASUREMENT USING	$0.00
0348T	X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0349T	X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0350T	X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0351T	INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0352T	INTERPRETATION AND REPORT OF TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	$0.00
0353T	INTRAOPERATIVE TOMOGRAPHY OF BREAST	$0.00
0354T	INTERPRETATION AND REPORT OF INTRAOPERATIVE TOMOGRAPHY OF BREAST	$0.00
0358T	WHOLE BODY COMPOSITION TISSUE AND FLUID MEASUREMENTS WITH INTERPRETATION AND	$0.00
0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT FOR PATIENT EXHIBITING	$31.25
0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FOR PATIENT EXHIBITING	$0.00
0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE	$0.00
0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA	$0.00
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, EXTERNAL	$0.00
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERNAL	$0.00
0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS	$0.00
0398T	DESTRUCTION OF TISSUE OF BRAIN USING MRI GUIDANCE	$0.00
0402T	COLLAGEN CROSS-LINKING TREATMENT OF DISEASE OF CORNEA	$0.00
0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60	$0.00
0404T	DESTRUCTION OF GROWTHS IN UTERUS WITH ULTRASOUND GUIDANCE USING AN ENDOSCOPE	$0.00
0408T	INSERTION OR REPLACEMENT OF PULSE GENERATOR AND ELECTRODES OF HEART	$0.00
0409T	INSERTION OR REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR	$0.00
0410T	INSERTION OR REPLACEMENT OF ELECTRODES IN UPPER CHAMBER OF HEART FOR HEART	$0.00
0411T	INSERTION OR REPLACEMENT OF ELECTRODES IN LOWER CHAMBER OF HEART FOR HEART	$0.00
0412T	REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0414T	REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0415T	REPOSITIONING OF ELECTRODE OF HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0416T	RELOCATION OF SKIN POCKET FOR PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR	$0.00
0417T	PROGRAMMING EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0418T	INTERROGATION EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0419T	DESTRUCTION OF MORE THAN 50 NEUROFIBROMAS OF SKIN OF HEAD AND NECK	$0.00
0420T	DESTRUCTION OF MORE THAN 100 NEUROFIBROMAS OF SKIN OF HEAD AND NECK	$0.00
0421T	WATERJET DESTRUCTION OF PROSTRATE ACCESSED THROUGH THE URETHRA	$0.00
0422T	TACTILE IMAGING OF ONE OR BOTH BREASTS	$0.00
0424T	INSERTION OR REPLACEMENT OF COMPLETE NEUROSTIMULATOR SYSTEM FOR TREATMENT OF	$0.00
0425T	INSERTION OR REPLACEMENT OF COMPLETE NEUROSTIMULATOR SYSTEM FOR TREATMENT OF	$0.00
0426T	INSERTION OR REPLACEMENT OF STIMULATION LEAD OF NEUROSTIMULATOR SYSTEM FOR	$0.00
0427T	INSERTION OR REPLACEMENT OF PULSE GENERATOR OF NEUROSTIMULATOR SYSTEM FOR	$0.00
0428T	REMOVAL OF PULSE GENERATOR OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL	$0.00
0429T	REMOVAL OF SENSING LEAD OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL	$0.00
0430T	REMOVAL OF STIMULATING LEAD OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL	$0.00
0431T	REPLACEMENT OF PULSE GENERATOR OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF	$0.00
0432T	REPOSITIONING OF STIMULATING LEAD OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF	$0.00
0433T	REPOSITIONING OF SENSING LEAD OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF	$0.00
0434T	INTERROGATION EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	$0.00
0435T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FC	$0.00
0436T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FC	$0.00
0437T	REINFORCEMENT OF FASCIA OF ABDOMINAL WALL WITH SYNTHETIC IMPLANT	$0.00
0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING	$0.00
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING	$0.00
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING	$0.00
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING	$0.00
0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY	$0.00
0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	$0.00
0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	$0.00
0446T	CREATION OF SKIN POCKET AND INSERTION OF GLUCOSE SENSOR, WITH PATIENT TRAINING	$0.00
0447T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET	$0.00
0448T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET WITH CREATION OF NEW SKIN POCKET AND	$0.00
0449T	INSERTION OF INITIAL AQUEOUS FLUID DRAINAGE DEVICE INTO EYE	$0.00
0450T	INSERTION OF EACH ADDITIONAL AQUEOUS FLUID DRAINAGE DEVICE INTO EYE	$0.00
0465T	INJECTION OF MEDICATION INTO SPACE ABOVE CHOROID MEMBRANE OF EYE	$0.00
0470T	OCT SCAN OF SKIN LESION WITH INTERPRETATION AND REPORT, FIRST LESION	$0.00
0471T	OCT SCAN OF SKIN LESION WITH INTERPRETATION AND REPORT, EACH ADDITIONAL LESION	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
0472T	EVALUATION AND INITIAL PROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING,	$0.00
0473T	EVALUATION AND REPROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING,	$0.00
0474T	INSERTION OF DRAINAGE DEVICE AND CREATION OF FLUID RESERVOIR IN FRONT CHAMBER	$0.00
0475T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH TECHNICAL ANALYSIS AND	$0.00
0476T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH ELECTRONIC SIGNAL TRANSFER OF	$0.00
0477T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH SIGNAL EXTRACTION, TECHNICAL	$0.00
0478T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH REVIEW AND INTERPRETATION OF	$0.00
0479T	LASER DESTRUCTION OF SCAR TISSUE, FIRST 100 CM2, OR 1% OF BODY SURFACE AREA OF	$0.00
0480T	LASER DESTRUCTION OF SCAR TISSUE, EACH ADDITIONAL 100 CM2, OR 1% OF BODY	$0.00
0481T	INJECTION OF PATIENT'S OWN WHITE BLOOD CELL CONCENTRATE	$0.00
0483T	INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, ACCESSED THROUGH THE	$0.00
0484T	INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, OPEN CHEST PROCEDURE	$0.00
0485T	OCT SCAN OF ONE EAR	$0.00
0486T	OCT SCAN OF BOTH EARS	$0.00
0487T	BIOMECHANICAL MAPPING ACCESSED THROUGH THE VAGINA	$0.00
0488T	ONLINE/ELECTRONIC PROGRAM FOR PREVENTION OF DIABETES USING STANDARDIZED	$0.00
0489T	HARVESTING AND PREPARATION OF PATIENT'S OWN FAT CELLS FOR CELL THERAPY FOR	$0.00
0490T	CELL THERAPY FOR SCLERODERMA OF HANDS USING PATIENT'S OWN FAT CELLS	$0.00
0491T	LASER TREATMENT OF OPEN WOUND, FIRST 20 SQ CM OR LESS	$0.00
0492T	LASER TREATMENT OF OPEN WOUND, EACH ADDITIONAL 20 SQ CM	$0.00
0493T	CONTACT NEAR-INFRARED SPECTROSCOPY OF WOUND OF LEG	$0.00
0494T	PREPARATION AND STORAGE OF DONOR LUNG	$0.00
0495T	INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG, FIRST TWO HOURS	$0.00
0496T	INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG, EACH ADDITIONAL HOUR	$0.00
0497T	CONNECTION OF EXTERNAL PATIENT-ACTIVATED EKG EVENT RECORDER	$0.00
0498T	REVIEW AND INTERPRETATION OF EXTERNAL PATIENT-ACTIVATED EKG EVENT RECORDINGS	$0.00
0499T	EXAMINATION OF BLADDER AND URETHRA WITH MECHANICAL DILATION AND DRUG DELIVERY	$0.00
0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS	$0.00
0501T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF	$0.00
0502T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF	$0.00
0503T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF	$0.00
0504T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF	$0.00
0505T	REOPENING OF ARTERIES IN THIGH AND BEHIND KNEE WITH PLACEMENT OF STENT VIA	$0.00
0506T	MEASUREMENT OF PIGMENT DENSITY IN RETINAS WITH INTERPRETATION AND REPORT	$0.00
0507T	NEAR INFRARED DUAL IMAGING OF TEAR GLANDS WITH INTERPRETATION AND REPORT	$0.00
0508T	ULTRASOUND MEASUREMENT OF BONE DENSITY IN SHIN BONE	$0.00
0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH	$54.02
0510T	REMOVAL OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS TARSI)	$0.00
0511T	REMOVAL AND REINSERTION OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS	$0.00
0512T	HIGH ENERGY SHOCK WAVE THERAPY FOR INITIAL WOUND OF OUTER BODY SURFACE	$0.00
0514T	VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION DURING OPERATION	$0.00
0515T	INSERTION OF COMPLETE WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT	$0.00
0516T	INSERTION OF ELECTRODE OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER	$0.00
0517T	INSERTION OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FO	$0.00
0518T	REMOVAL OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR	$0.00
0519T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART	$0.00
0520T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART	$0.00
0521T	EVALUATION OF PARAMETERS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF	$0.00
0522T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF WIRELESS HEART STIMULATOR	$0.00
0523T	MEASUREMENT FRACTIONAL FLOW RESERVE IN ARTERIES OF HEART WITH 3D FUNCTIONAL	$0.00
0524T	CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG VIA CATHETER USING	$0.00
0525T	INSERTION OR REPLACEMENT OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW	$0.00
0526T	INSERTION OR REPLACEMENT OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD	$0.00
0527T	INSERTION OR REPLACEMENT OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR	$0.00
0528T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF MONITORING SYSTEM FOR	$0.00
0529T	EVALUATION OF PARAMETERS OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART	$0.00
0530T	REMOVAL OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE	$0.00
0531T	REMOVAL OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART	$0.00
0532T	REMOVAL OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP,	$0.00
0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP,	$0.00
0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DATA	$0.00
0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DOWNLOA	$0.00
0540T	ADMINISTRATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR	$0.00
0541T	IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY TO DETECT DEFICIENT BLOOD	$0.00
0542T	INTERPRETATION AND REPORT OF IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY	$0.00
0543T	REPAIR OF VALVE BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART (MITRAL	$0.00
0544T	RECONSTRUCTION OF JUNCTION BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART	$0.00
0545T	RECONSTRUCTION OF JUNCTION BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF	$0.00
0546T	RADIOFREQUENCY SPECTROSCOPY EVALUATION OF SURGICAL MARGINS DURING PARTIAL	$0.00
0547T	BONE MATERIAL QUALITY TESTING BY MICROINDENTATIONS OF SHIN BONE	$0.00
0552T	LOW-LEVEL LASER THERAPY	$0.00
0553T	INSERTION OF IMPLANT CONNECTING GROIN ARTERY AND GROIN VEIN, WITH RADIOLOGICAL	$0.00
0554T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT	$0.00
0555T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT	$0.00
0556T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: ASSESSMENT OF BONE STRENGTH AND	$0.00
0557T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: INTERPRETATION AND REPORT	$0.00
0558T	CT SCAN FOR BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS	$0.00
0563T	EVACUATION OF MEIBOMIAN TEAR GLANDS OF EYELIDS OF BOTH EYES	$0.00
0564T	EVALUATION OF TOXICITY OF CHEMOTHERAPY DRUGS ON CANCER STEM CELLS	$0.00
0565T	HARVESTING OF FATTY TISSUE AND CREATION OF CELLULAR IMPLANT FOR TREATMENT OF	$0.00
0566T	INJECTION OF FATTY TISSUE CELLULAR IMPLANT FOR TREATMENT OF OSTEOARTHRITIS IN	$0.00
0567T	BLOCKAGE OF FALLOPIAN TUBES WITH IMPLANTS INSERTED THROUGH CERVIX	$0.00
0568T	INTRODUCTION OF SALINE AND AIR INTO FALLOPIAN TUBES TO TEST FOR BLOCKAGE	$0.00
0569T	REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART	$0.00
0570T	REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART	$0.00
0571T	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH	$0.00
0572T	INSERTION OF IMPLANTABLE DEFIBRILLATOR ELECTRODE UNDER BREASTBONE	$0.00
0573T	REMOVAL OF IMPLANTABLE DEFIBRILLATOR ELECTRODE FROM UNDER BREASTBONE	$0.00
0574T	REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE UNDER BREASTBONE	$0.00
0575T	IN-PERSON PROGRAMMING DEVICE EVALUATION OF IMPLANTABLE	$0.00
0576T	IN-PERSON INTERROGATION DEVICE EVALUATION OF IMPLANTABLE	$0.00
0577T	ELECTROPHYSIOLOGICAL EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	$0.00
0578T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE	$0.00
0579T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE	$0.00
0580T	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR FROM UNDER BREASTBONE	$0.00
0581T	FREEZING DESTRUCTION OF MALIGNANT BREAST TUMORS IN ONE BREAST, ACCESSED THROUGH	$0.00
0582T	HIGH-ENERGY WATER VAPOR HEAT DESTRUCTION OF MALIGNANT PROSTATE TISSUE,	$0.00
0583T	INSERTION OF VENTILATING TUBE IN EARDRUM USING AN AUTOMATED TUBE DELIVERY	$0.00
0587T	IMPLANTATION OF NERVE-STIMULATING DEVICE IN POSTERIOR TIBIAL NERVE, ACCESSED	$0.00
0588T	REVISION OR REMOVAL OF NERVE-STIMULATING DEVICE IN POSTERIOR TIBIAL NERVE	$0.00
0589T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF NERVE-STIMULATING DEVICE IN	$0.00
0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF NERVE-STIMULATING DEVICE IN	$0.00
0643T	IMPLANTATION OF RESTORATION DEVICE INTO LEFT LOWER CHAMBER OF HEART THROUGH	$0.00
0644T	REMOVAL OR REDUCTION OF MASS WITHIN HEART BY SUCTION THROUGH CATHETER	$0.00
0645T	IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE IN HEART THROUGH CATHETER	$0.00
0646T	IMPLANTATION OF ARTIFICIAL VALVE BETWEEN RIGHT UPPER AND LOWER CHAMBERS OF	$0.00
0647T	INSERTION OF TUBE INTO STOMACH THROUGH SKIN USING ULTRASOUND GUIDANCE	$0.00
0648T	QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITHOUT	$0.00
0649T	QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITH DIAGNOSTIC	$0.00
0650T	REMOTE PROGRAMMING DEVICE EVALUATION OF SUBCUTANEOUS (UNDER SKIN) HEART RHYTHM	$0.00
0651T	EXAMINATION OF ESOPHAGUS AND STOMACH USING A MAGNETICALLY CONTROLLED CAPSULE	$0.00
0652T	DIAGNOSTIC INSPECTION OF ESOPHAGUS, STOMACH, AND UPPER SMALL INTESTINE USING A	$0.00
0653T	INSPECTION OF ESOPHAGUS, STOMACH, AND UPPER SMALL INTESTINE WITH BIOPSY USING A	$0.00
10004	FINE NEEDLE ASPIRATION BIOPSY, EACH ADDITIONAL GROWTH	$27.20
10005	FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, FIRST GROWTH	$45.74
10006	FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, EACH ADDITIONAL GROWTH	$31.15
10007	FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, FIRST GROWTH	$59.05

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
10008	FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL	$38.53
10009	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, FIRST GROWTH	$71.42
10010	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, EACH ADDITIONAL	$52.21
10011	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING MRI GUIDANCE, FIRST GROWTH	$0.00
10012	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING MRI GUIDANCE, EACH ADDITIONAL	$0.00
10021	FINE NEEDLE ASPIRATION BIOPSY, FIRST GROWTH	$65.06
10030	DRAINAGE OF FLUID COLLECTION IN SOFT TISSUE USING IMAGING GUIDANCE	$97.81
10035	PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, FIRST GROWTH	$54.65
10036	PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, EACH ADDITIONAL GROWTH	$27.52
10040	ACNE SURGERY	$47.83
10060	SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS	$52.42
10061	COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS	$97.47
10080	SIMPLE DRAINAGE OF CYST OF TAILBONE	$56.78
10081	COMPLICATED DRAINAGE OF CYST OF TAILBONE	$103.48
10120	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, SIMPLE	$54.57
10121	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, COMPLEX	$112.70
10140	DRAINAGE OF BLOOD OR FLUID ACCUMULATION	$71.01
10160	ASPIRATION OF ABSCESS, BLOOD, OR CYST	$57.25
10180	COMPLEX DRAINAGE OF WOUND INFECTION AFTER SURGERY	$108.05
11000	REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE	$23.96
11001	REMOVAL OF INFLAMED OR INFECTED SKIN, EACH ADDITIONAL 10% OF BODY SURFACE OR	$12.45
11004	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS	$415.20
11005	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF ABDOMEN	$566.13
11006	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS, PERINEUM, OR ABDOMEN	$520.32
11008	REMOVAL OF INFECTED ARTIFICIAL MATERIAL OR MESH FROM ABDOMEN	$211.51
11010	REMOVAL OF FOREIGN MATERIAL FROM SKIN AND TISSUE AT OPEN BROKEN AND/OR	$219.04
11011	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN BROKEN AND/OR	$262.37
11012	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN BROKEN	$373.19
11042	REMOVAL OF SKIN AND TISSUE, 20.0 SQ CM OR LESS	$44.20
11043	REMOVAL OF MUSCLE AND/OR TISSUE, 20.0 SQ CM OR LESS	$125.89
11044	REMOVAL OF BONE, 20.0 SQ CM OR LESS	$172.73
11045	REMOVAL OF SKIN AND TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$10.88
11046	REMOVAL OF MUSCLE AND/OR TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$23.27
11047	REMOVAL OF BONE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$40.48
11055	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 1 GROWTH	$15.03
11056	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 2-4 GROWTHS	$21.02
11057	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, MORE THAN 4 GROWTHS	$27.45
11102	BIOPSY OF RELATED SKIN GROWTH, FIRST GROWTH	$25.15
11103	BIOPSY OF RELATED SKIN GROWTH, EACH ADDITIONAL GROWTH	$14.59
11104	PUNCH BIOPSY, FIRST SKIN GROWTH	$31.57
11105	PUNCH BIOPSY, EACH ADDITIONAL SKIN GROWTH	$17.23
11106	INCISION BIOPSY, FIRST SKIN GROWTH	$38.34
11107	INCISION BIOPSY, EACH ADDITIONAL SKIN GROWTH	$20.55
11200	REMOVAL OF SKIN TAG, 1-15 SKIN TAGS	$37.52
11201	REMOVAL OF SKIN TAG, EACH ADDITIONAL 10 SKIN TAGS	$11.56
11300	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$22.28
11301	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$35.53
11302	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$44.16
11303	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 2.0 CM	$54.40
11305	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS	$27.37
11306	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM	$40.09
11307	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0 CM	$47.15
11308	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE THAN 2.0	$60.37
11310	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR	$31.44
11311	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM	$44.16
11312	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM	$51.54
11313	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE THAN	$69.27
11400	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$42.74
11401	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$56.58

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11402	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$67.58
11403	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM	$81.11
11404	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM	$92.35
11406	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM	$132.54
11420	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5	$47.53
11421	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$64.22
11422	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$73.76
11423	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$91.62
11424	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$107.64
11426	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE	$167.69
11440	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$58.77
11441	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$73.83
11442	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$81.88
11443	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$106.21
11444	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$138.99
11446	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$180.43
11450	REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH SIMPLE	$140.23
11451	REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH COMPLEX	$186.83
11462	REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH SIMPLE OR	$128.58
11463	REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH COMPLICATED	$172.98
11470	REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH	$160.66
11471	REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH	$196.44
11600	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$63.99
11601	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$82.23
11602	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$93.25
11603	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM	$105.83
11604	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM	$116.69
11606	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM	$177.12
11620	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM	$64.34
11621	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0	$88.59
11622	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0	$106.25
11623	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-3.0	$130.14
11624	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-4.0	$153.29
11626	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE	$215.24
11640	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5	$74.58
11641	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$110.13
11642	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$131.51
11643	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$156.43
11644	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$198.24
11646	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$293.16
11700	DEBRIDEMENT OF NAILS, MANUAL; FIVE OR LESS	$0.00
11701	DEBRIDEMENT OF NAILS, MANUAL; EACH ADDITIONAL, FIVE OR LESS	$0.00
11710	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; FIVE OR LESS	$0.00
11711	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; EACH ADDITIONAL, FIVE OR LESS	$0.00
11719	TRIMMING OF FINGERNAILS OR TOENAILS	$6.02
11720	REMOVAL OF FINGERNAILS OR TOENAILS, 1-5 NAILS	$13.91
11721	REMOVAL OF FINGERNAILS OR TOENAILS, 6 OR MORE NAILS	$23.32
11730	SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, FIRST NAIL	$42.41
11732	SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, EACH ADDITIONAL NAIL	$21.92
11740	REMOVAL OF BLOOD ACCUMULATION UNDER FINGERNAIL OR TOENAIL	$18.02
11750	PERMANENT REMOVAL FINGERNAIL OR TOENAIL	$90.97
11755	BIOPSY OF FINGERNAIL OR TOENAIL	$62.05
11760	REPAIR OF FINGERNAIL OR TOENAIL BED	$85.15
11762	REPAIR OF FINGERNAIL OR TOENAIL BED WITH GRAFT	$131.96
11765	REMOVAL OF SKIN OF FINGERNAIL OR TOENAIL	$36.42
11770	SIMPLE REMOVAL OF CYST OF TAILBONE	$139.88
11771	EXTENSIVE REMOVAL OF CYST OF TAILBONE	$303.93
11772	COMPLICATED REMOVAL OF CYST OF TAILBONE	$352.81
11900	INJECTION INTO SKIN GROWTH, 1-7 GROWTHS	$19.80

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11901	INJECTION INTO SKIN GROWTH, MORE THAN 7 GROWTHS	$30.84
11920	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.0 SQ CM OR LESS	$78.75
11921	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.1-20.0 SQ CM	$94.79
11922	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, EACH ADDITIONAL 20.0 SQ CM	$24.44
11950	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.0 CC OR LESS	$49.49
11951	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.1-5.0 CC	$61.95
11952	INJECTION OF FILLING MATERIAL UNDER SKIN, 5.1-10.0 CC	$79.66
11954	INJECTION OF FILLING MATERIAL UNDER SKIN, MORE THAN 10.0 CC	$84.89
11960	INSERTION OF TISSUE EXPANDER	$537.58
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	$408.87
11971	REMOVAL OF TISSUE EXPANDER	$151.08
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES	$81.91
11980	PLACEMENT OF HORMONE PELLET UNDER SKIN	$59.48
11981	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	$82.56
11982	REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE	$99.44
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	$160.16
12001	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$70.95
12002	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$79.78
12004	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$98.58
12005	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$125.76
12006	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$164.67
12007	SIMPLE REPAIR OF SURFACE WOUND TO SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$181.57
12011	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$75.59
12013	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$88.07
12014	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$106.74
12015	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$138.00
12016	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$175.13
12017	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$260.29
12018	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$302.17
12020	SIMPLE CLOSURE OF SURFACE WOUND REOPENING	$118.68
12021	REPAIR OF SEPARATION OF WOUND CLOSURE WITH INSERTION OF PACKING	$82.03
12031	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.5 CM	$84.41
12032	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.6-7.5	$104.83
12034	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS,	$129.95
12035	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS,	$155.98
12036	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS,	$192.39
12037	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, MORE	$229.67
12041	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.5 CM OR LESS	$92.51
12042	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.6-7.5 CM	$107.80
12044	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 7.6-12.5 CM	$140.61
12045	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 12.6-20.0 CM	$168.06
12046	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 20.1-30.0 CM	$206.57
12047	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, MORE THAN 30.0	$245.67
12051	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5	$98.88
12052	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$110.21
12053	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$140.57
12054	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$166.93
12055	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$214.30
12056	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$274.67
12057	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE	$318.20
13100	COMPLICATED REPAIR OF WOUND OF TRUNK, 1.1-2.5 CM	$134.38
13101	COMPLICATED REPAIR OF WOUND OF TRUNK, 2.6-7.5 CM	$162.04
13102	COMPLICATED REPAIR OF WOUND OF TRUNK, EACH ADDITIONAL 5.0 CM OR LESS	$52.41
13120	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 1.1-2.5 CM	$139.51
13121	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 2.6-7.5 CM	$179.03
13122	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, EACH ADDITIONAL 5.0 CM OR	$60.73
13131	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$159.07
13132	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$252.72
13133	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$92.13

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
13151	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 1.1-2.5 CM	$190.43
13152	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 2.6-7.5 CM	$279.51
13153	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, EACH ADDITIONAL 5.0	$100.38
13160	EXTENSIVE OR COMPLICATED REPAIR OF SURFACE WOUND REOPENING	$456.31
14000	REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS	$283.54
14001	REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.1-30.0 SQ CM	$407.78
14020	REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS	$345.56
14021	REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.1-30.0 SQ CM	$491.98
14040	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS,	$373.29
14041	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS,	$503.33
14060	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.0 SQ	$469.81
14061	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.1-30.0	$562.06
14301	REPAIR OF WOUND BY TRANSFERRING SKIN, 30.1-60.0 SQ CM	$429.35
14302	REPAIR OF WOUND BY TRANSFERRING SKIN, EACH ADDITIONAL 30.0 SQ CM	$109.64
14350	REPAIR OF TISSUE LOSS OF FINGER OR TOE	$468.19
15002	PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY	$146.40
15003	PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0	$29.76
15004	PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	$180.95
15005	PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	$59.52
15040	RELOCATION OF SKIN FOR SELF SKIN GRAFT, 100.0 SQ CM OR LESS	$87.56
15050	SKIN GRAFT TO TIP OF FINGER OR TOE, 2.0 CM OR LESS	$237.75
15100	PARTIAL THICKNESS SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1%	$429.21
15101	PARTIAL THICKNESS SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL	$88.76
15110	OUTER LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY	$465.83
15111	OUTER LAYER SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ	$74.58
15115	OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$480.32
15116	OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$101.82
15120	PARTIAL THICKNESS SELF SKIN GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	$483.63
15121	PARTIAL THICKNESS SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	$146.33
15130	DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY AREA	$376.74
15131	DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM	$60.44
15135	DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$521.45
15136	DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$61.08
15150	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, 25.0 SQ CM OR LESS	$414.81
15151	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 1.0-75.0	$80.49
15152	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ	$100.51
15155	TISSUE SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EYES,	$446.71
15156	TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$112.17
15157	TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND	$122.23
15200	FULL THICKNESS SKIN GRAFT TO TRUNK, 20.0 SQ CM OR LESS	$382.18
15201	FULL THICKNESS SKIN GRAFT TO TRUNK, EACH ADDITIONAL 20.0 SQ CM	$72.61
15220	FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, 20.0 SQ CM OR LESS	$395.06
15221	FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, EACH ADDITIONAL 20.0 SQ CM	$65.26
15240	FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$460.84
15241	FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$102.79
15260	FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, 20.0 SQ CM OR LESS	$676.17
15261	FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, EACH ADDITIONAL 20.0	$122.51
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, 25.0 SQ	$53.77
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, EACH	$10.61
15273	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS,	$128.18
15274	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS,	$27.19
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH,	$61.84
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH,	$15.08
15277	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS,	$131.60
15278	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS,	$33.59
15570	CREATION OF FLAP GRAFT TO TRUNK	$447.63
15572	CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS	$435.42
15574	CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS,	$471.48
15576	CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH	$393.68

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15600	TRANSFER OF SKIN FLAP TO TRUNK	$126.11
15610	TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS	$150.11
15620	TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS,	$185.18
15630	TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS	$204.34
15650	TRANSFER OF SKIN FLAP	$239.36
15730	CREATION OF FLAP GRAFT TO MIDFACE	$590.79
15731	CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP	$614.89
15733	CREATION OF FLAP GRAFT TO HEAD AND/OR NECK	$673.11
15734	CREATION OF MUSCLE GRAFT TO TRUNK	$1,167.22
15736	CREATION OF MUSCLE GRAFT TO ARM	$903.23
15738	CREATION OF MUSCLE GRAFT TO LEG	$904.33
15740	CREATION OF SKIN AND TISSUE GRAFT	$566.13
15750	CREATION OF NERVE AND BLOOD VESSEL SKIN GRAFT	$656.13
15756	MUSCLE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$2,178.00
15757	SKIN GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$1,857.70
15758	TISSUE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$1,852.23
15760	GRAFT WITH CLOSURE OF WOUND	$464.80
15769	SELF SOFT TISSUE GRAFT	$311.01
15770	CREATION OF SKIN, FAT AND MUSCLE GRAFT	$435.90
15771	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK,	$308.27
15772	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK,	$88.69
15773	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE,	$311.69
15774	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE,	$85.32
15777	IMPLANTATION OF BIOLOGIC IMPLANT TO SOFT TISSUE	$129.62
15780	DERMABRASION OF SKIN OF TOTAL FACE	$387.47
15781	DERMABRASION OF SKIN OF PART OF FACE	$252.70
15782	DERMABRASION OF SKIN OTHER THAN FACE	$270.65
15783	DERMABRASION OF SUPERFICIAL SCARS OR TATTOOS FROM SKIN	$208.75
15785	ABRSN SKN RMVL SCRS TATTS ACTNC CHNGS PRMRY OR SEC	$0.00
15786	SCRAPING OF SKIN GROWTH, FIRST GROWTH	$81.74
15787	SCRAPING OF SKIN GROWTH, EACH ADDITIONAL 1-4 GROWTHS	$14.18
15788	CHEMICAL PEEL OF OUTER LAYER OF SKIN OF FACE	$127.82
15789	CHEMICAL PEEL OF DEEP LAYER OF SKIN OF FACE	$237.35
15792	CHEMICAL PEEL OF OUTER LAYER OF NONFACIAL SKIN	$157.54
15793	CHEMICAL PEEL OF DEEP LAYER OF NONFACIAL SKIN	$199.60
15819	REMOVAL OF EXTRA SKIN OF NECK	$502.17
15820	REPAIR OF LOWER EYELID DEFECT	$330.78
15821	REMOVAL OF EXCESSIVE SKIN OF LOWER EYELID AND FAT AROUND EYE	$362.61
15822	REMOVAL OF EXCESSIVE SKIN OF UPPER EYELID	$292.82
15823	REMOVAL OF EXCESSIVE SKIN AND FAT OF UPPER EYELID	$432.04
15824	REMOVAL OF WRINKLES AND EXTRA SKIN OF FOREHEAD	$0.00
15825	REMOVAL OF WRINKLES AND EXTRA SKIN OF NECK	$0.00
15826	INCISION, STRETCHING, AND SUTURE OF SKIN BETWEEN EYEBROWS	$0.00
15828	REMOVAL OF WRINKLES AND EXTRA SKIN OF CHEEKS, CHIN, AND NECK	$0.00
15829	REMOVAL OF WRINKLES AND EXTRA SKIN WITH GRAFTING OF CHEEKS, CHIN, AND NECK	$0.00
15830	REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN	$766.11
15832	REMOVAL OF EXTRA SKIN AND TISSUE OF THIGH	$592.70
15833	REMOVAL OF EXTRA SKIN AND TISSUE OF LEG	$530.86
15834	REMOVAL OF EXTRA SKIN AND TISSUE OF HIP	$533.13
15835	REMOVAL OF EXTRA SKIN AND TISSUE OF BUTTOCK	$547.68
15836	REMOVAL OF EXTRA SKIN AND TISSUE OF ARM	$459.86
15837	REMOVAL OF EXTRA SKIN AND TISSUE OF FOREARM OR HAND	$441.37
15838	REMOVAL OF EXTRA SKIN AND TISSUE OF CHIN	$387.09
15839	REMOVAL OF EXTRA SKIN AND TISSUE OF OTHER AREA	$398.25
15840	TISSUE GRAFT TO TREAT FACIAL PARALYSIS	$770.34
15841	MUSCLE GRAFT TO TREAT FACIAL PARALYSIS	$1,189.02
15842	MICROSURGICAL MUSCLE GRAFT TO TREAT FACIAL PARALYSIS	$1,977.93
15845	MUSCLE TRANSFER TO TREAT FACIAL PARALYSIS	$724.64
15847	EXTENSIVE REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15850	REMOVAL OF SUTURES UNDER ANESTHESIA BY SAME SURGEON	$0.00
15851	REMOVAL OF SUTURES UNDER ANESTHESIA BY OTHER SURGEON	$31.93
15852	DRESSING CHANGE UNDER ANESTHESIA	$33.43
15860	INJECTION OF AGENT INTO VEIN TO ASSESS BLOOD FLOW OF SKIN GRAFT OR FLAP	$92.57
15920	REMOVAL OF PRESSURE SORE TISSUE AND TAILBONE WITH CLOSURE	$361.18
15922	REMOVAL OF PRESSURE SORE AND BONE AT TAILBONE WITH SKIN GRAFT	$492.19
15931	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH CLOSURE	$401.71
15933	REMOVAL OF PRESSURE SORE TISSUE AND SACRUM BONE WITH CLOSURE	$549.95
15934	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH SKIN GRAFT	$617.36
15935	REMOVAL OF PRESSURE SORE AND BONE AT SACRUM WITH SKIN GRAFT	$759.23
15936	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM IN PREPARATION OF MUSCLE FLAP OR SKIN	$663.09
15937	REMOVAL OF PRESSURE SORE AND BONE AT SACRUM IN PREPARATION OF MUSCLE FLAP OR	$788.36
15940	REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH CLOSURE	$418.63
15941	REMOVAL OF PRESSURE SORE TISSUE AND LOWER PELVIC BONE WITH CLOSURE	$588.18
15944	REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH SKIN GRAFT	$613.04
15945	REMOVAL OF PRESSURE SORE AND LOWER PELVIC BONE WITH SKIN GRAFT	$694.45
15946	REMOVAL OF PRESSURE SORE AND LOWER PELVIC BONE IN PREPARATION OF MUSCLE FLAP OR	$1,113.06
15950	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH CLOSURE	$347.78
15951	REMOVAL OF PRESSURE SORE TISSUE AND HEAD OF THIGH BONE WITH CLOSURE	$558.81
15952	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH SKIN GRAFT	$558.50
15953	REMOVAL OF PRESSURE SORE AND BONE AT HIP BONE WITH SKIN GRAFT	$648.71
15956	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE IN PREPARATION OF MUSCLE	$894.46
15958	REMOVAL OF PRESSURE SORE AND BONE AT HIP BONE IN PREPARATION OF MUSCLE FLAP OR	$892.28
15999	OTHER REMOVAL OF PRESSURE ULCER	$0.00
16000	FIRST DEGREE BURN TREATMENT	$32.04
16020	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, LESS THAN 5% OF TOTAL BODY SURFACE	$34.39
16025	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, 5-10% OF TOTAL BODY SURFACE	$69.98
16030	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, MORE THAN 10% OF TOTAL BODY SURFACE	$81.33
16035	INITIAL INCISION OF DEAD BURN TISSUE	$209.68
16036	ADDITIONAL INCISION OF BURN TISSUE	$59.53
17000	DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH	$27.90
17003	DESTRUCTION OF PRECANCER SKIN GROWTH, 2-14 GROWTHS	$6.38
17004	DESTRUCTION OF PRECANCER SKIN GROWTH, 15 OR MORE GROWTHS	$115.15
17106	DESTRUCTION OF BIRTHMARK, LESS THAN 10.0 SQ CM	$195.41
17107	DESTRUCTION OF BIRTHMARK, 10.0-50.0 SQ CM	$361.72
17108	DESTRUCTION OF BIRTHMARK, MORE THAN 50.0 SQ CM	$635.22
17110	DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS	$33.45
17111	DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS	$42.40
17250	APPLICATION OF CHEMICAL TO STOP TISSUE REGROWTH IN WOUND	$21.11
17260	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.5 CM OR LESS	$41.16
17261	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.6-1.0 CM	$52.31
17262	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 1.1-2.0 CM	$70.21
17263	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 2.1-3.0 CM	$80.98
17264	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 3.1-4.0 CM	$88.91
17266	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, MORE THAN 4.0 CM	$106.12
17270	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5	$57.13
17271	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$66.59
17272	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$80.14
17273	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$93.06
17274	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$117.37
17276	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS,	$141.91
17280	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$54.49
17281	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$77.57
17282	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$92.79
17283	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$117.44
17284	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$141.36
17286	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$198.19
17311	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS,	$247.08
17312	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS,	$131.50

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
17313	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, 1-5 TISSUE	$221.46
17314	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL	$121.59
17315	REMOVAL AND MICROSCOPIC EXAM OF GROWTH, EACH ADDITIONAL BLOCK AFTER 5 TISSUE	$34.41
17340	COLD TREATMENT OF ACNE	$27.80
17360	CHEMICAL TREATMENT OF ACNE	$55.75
17380	HAIR REMOVAL BY ELECTROLYSIS, EACH 30 MINUTES	$0.00
17999	OTHER PROCEDURE ON SKIN, MUCOUS MEMBRANE, AND TISSUE	$329.32
19000	ASPIRATION OF CYST OF BREAST, FIRST CYST	$31.03
19001	ASPIRATION OF CYST OF BREAST, EACH ADDITIONAL CYST	$15.86
19020	DRAINAGE OF ABSCESS OF BREAST	$176.39
19030	INJECTION FOR X-RAY IMAGING OF BREAST DUCT	$56.73
19081	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE,	$111.31
19082	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE, EACH	$53.87
19083	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, FIRST GROWTH	$104.48
19084	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, EACH	$50.69
19085	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, FIRST GROWTH	$122.12
19086	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, EACH ADDITIONAL	$56.72
19100	NEEDLE BIOPSY OF BREAST	$47.22
19101	BIOPSY OF BREAST THROUGH INCISION	$168.35
19105	REMOVAL OF GROWTH OF BREAST USING ULTRASOUND, EACH GROWTH	$124.31
19110	EXPLORATION OF BREAST NIPPLE	$231.29
19112	REMOVAL OF ABNORMAL DRAINAGE OF BREAST DUCT	$190.18
19120	REMOVAL OF GROWTH AND TISSUE OF BREAST, DUCT, OR NIPPLE	$263.34
19125	REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, FIRST GROWTH	$280.86
19126	REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, EACH ADDITIONAL GROWTH	$126.42
19281	PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, FIRST GROWTH	$64.18
19282	PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, EACH ADDITIONAL	$31.17
19283	PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, FIRST	$64.93
19284	PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, EACH	$31.42
19285	PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, FIRST GROWTH	$55.06
19286	PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, EACH	$26.95
19287	PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, FIRST GROWTH	$87.10
19288	PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, EACH ADDITIONAL	$40.33
19294	PLACEMENT OF RADIATION THERAPY DEVICE IN BREAST FOR RADIATION THERAPY DURING	$101.00
19296	INSERTION OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING	$128.15
19297	PLACEMENT OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING	$70.21
19298	PLACEMENT OF TUBES IN BREAST FOR RADIATION TREATMENT USING IMAGING GUIDANCE	$246.79
19300	REMOVAL OF EXTRA BREAST TISSUE IN MALE	$242.52
19301	PARTIAL REMOVAL OF BREAST	$263.45
19302	PARTIAL REMOVAL OF BREAST AND UNDERARM LYMPH NODES	$556.02
19303	SIMPLE COMPLETE REMOVAL OF BREAST	$563.27
19305	EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, AND UNDERARM LYMPH NODES	$690.04
19306	EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, UNDERARM LYMPH NODES, AND BREAST	$717.28
19307	REMOVAL OF BREAST AND UNDERARM LYMPH NODES	$721.02
19316	REPAIR FOR SAGGING OF THE BREAST	$617.47
19318	BREAST REDUCTION	$844.14
19325	INSERTION OF BREAST IMPLANT	$418.34
19328	REMOVAL OF INTACT BREAST IMPLANT	$292.70
19330	REMOVAL OF RUPTURED BREAST IMPLANT AND IMPLANT MATERIAL	$361.70
19331	REMOVAL MANNARY IMPLNT MAT;BILAT	$0.00
19340	PLACEMENT OF IMPLANT ON SAME DAY OF BREAST RECONSTRUCTION	$351.48
19342	PLACEMENT OF IMPLANT ON SEPARATE DAY OF BREAST RECONSTRUCTION	$620.86
19350	RECONSTRUCTION OF NIPPLE OR AREA AROUND NIPPLE	$475.32
19351	RECONST. NIPPLE &/OR AREOLA,INCL GRFT.; BILAT	$0.00
19355	CORRECTION OF INVERTED NIPPLE	$371.15
19357	RECONSTRUCTION OF BREAST USING TISSUE EXPANDER	$926.80
19360	BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP	$0.00
19361	RECONSTRUCTION OF BREAST WITH SHOULDER MUSCLE TISSUE GRAFT	$1,075.08
19364	RECONSTRUCTION OF BREAST WITH TISSUE GRAFT	$1,838.78

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
19367	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE FLAP	$1,315.42
19368	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND SKIN FLAP GRAFT	$1,553.39
19369	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND 2 SKIN FLAP GRAFTS	$1,477.38
19370	REVISION OF CAPSULE AROUND BREAST IMPLANT	$424.59
19371	REMOVAL OF CAPSULE AROUND BREAST IMPLANT	$506.66
19380	SURGICAL CHANGE TO RECONSTRUCTED BREAST	$502.19
19396	PREPARATION OF MOLD FOR CUSTOM BREAST IMPLANT	$107.16
19499	OTHER PROCEDURE ON BREAST	$127.70
2000F	BLOOD PRESSURE MEASURED (CKD)(DM)	$0.00
20010	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	$0.00
20100	EXPLORATION OF WOUND OF NECK	$448.20
20101	EXPLORATION OF WOUND OF CHEST	$167.73
20102	EXPLORATION OF WOUND OF ABDOMEN, BACK, OR FLANK	$175.84
20103	EXPLORATION OF WOUND OF ARM OR LEG	$258.18
20150	REMOVAL OF GROWTH PLATE	$661.36
20200	BIOPSY OF MUSCLE	$83.98
20205	DEEP BIOPSY OF MUSCLE	$132.94
20206	NEEDLE BIOPSY OF MUSCLE	$52.62
20220	BIOPSY OF BONE USING NEEDLE OR TROCAR	$84.38
20225	DEEP BIOPSY OF BONE USING NEEDLE OR TROCAR	$102.23
20240	BIOPSY OF SURFACE BONE	$146.49
20245	BIOPSY OF DEEP BONE	$367.87
20250	BIOPSY OF MIDDLE SPINE BONE	$289.23
20251	BIOPSY OF UPPER OR LOWER SPINE BONE	$253.09
20500	INJECTION FOR REPAIR OF ABNORMAL MUSCLE DRAINAGE TRACT	$68.94
20501	INJECTION OF ABNORMAL MUSCLE DRAINAGE TRACT FOR X-RAY STUDY	$39.54
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON	$134.78
20525	COMPLICATED REMOVAL OF FOREIGN BODY IN DEEP MUSCLE OR TENDON	$155.47
20526	INJECTION OF CARPAL TUNNEL	$46.50
20527	INJECTION OF MEDICATION INTO PALM	$36.71
20550	INJECTION INTO TENDON OR LIGAMENT	$39.27
20551	INJECTION INTO TENDON AT ATTACHMENT TO BONE OR MUSCLE	$43.41
20552	INJECTION OF TRIGGER POINTS, 1-2 MUSCLES	$35.03
20553	INJECTION OF TRIGGER POINTS, 3 OR MORE MUSCLES	$39.29
20555	INSERTION OF NEEDLES OR TUBES INTO MUSCLE OR TISSUE FOR RADIATION TREATMENT	$165.01
20600	ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT	$40.93
20604	ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT USING ULTRASOUND GUIDANCE	$28.34
20605	ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT	$42.08
20606	ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT USING ULTRASOUND GUIDANCE	$32.21
20610	ASPIRATION AND/OR INJECTION OF FLUID FROM LARGE JOINT	$48.79
20611	ASPIRATION AND/OR INJECTION OF FLUID LARGE JOINT USING ULTRASOUND GUIDANCE	$37.89
20612	ASPIRATION AND/OR INJECTION OF CYST OF TENDON	$28.14
20615	ASPIRATION AND INJECTION OF CYST OF BONE	$130.44
20650	INSERTION OF WIRE OR PIN TO BONE FOR TRACTION	$138.73
20660	PLACEMENT OF DEVICE TO SKULL	$158.66
20661	PLACEMENT OF STABILIZING DEVICE TO SKULL	$308.58
20662	APPLICATION OF PELVIC HALO DEVICE (STABILIZATION DEVICE FOR PELVIS)	$288.62
20663	PLACEMENT OF STABILIZING DEVICE TO THIGH	$263.23
20664	APPLICATION OF CRANIAL HALO (STABILIZATION DEVICE FOR SKULL)	$432.00
20665	REMOVAL OF STABILIZING DEVICE FROM HEAD ORIGINALLY APPLIED BY OTHER PROVIDER	$79.91
20670	REMOVAL OF SURFACE IMPLANT FROM BONE	$137.06
20680	REMOVAL OF DEEP IMPLANT FROM BONE	$217.12
20690	PLACEMENT OF SINGLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$192.28
20692	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$330.69
20693	REVISION OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA	$368.18
20694	REMOVAL OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA	$275.57
20696	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$615.95
20697	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$831.25
20700	INSERTION OF DRUG-DELIVERY DEVICE IN DEEP TISSUE	$53.03

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
20701	REMOVAL OF DRUG-DELIVERY DEVICES FROM BENEATH FIBROUS COVERING OF MUSCLE	$39.65
20702	INSERTION OF DRUG-DELIVERY DEVICE IN BONE	$88.12
20703	REMOVAL OF DRUG-DELIVERY DEVICES FROM MARROW CAVITY OF BONE	$63.65
20704	INSERTION OF DRUG-DELIVERY DEVICE IN JOINT	$91.81
20705	REMOVAL OF DRUG-DELIVERY DEVICES INTO JOINT	$75.66
20802	REATTACHMENT OF CUTOFF ARM	$2,043.68
20805	REATTACHMENT OF CUTOFF FOREARM	$2,519.44
20808	REATTACHMENT OF CUTOFF HAND	$2,601.18
20816	REATTACHMENT OF CUTOFF FINGER	$1,745.57
20822	REATTACHMENT OF PART OF CUTOFF FINGER	$1,638.74
20824	REATTACHMENT OF CUTOFF THUMB	$1,715.63
20827	REATTACHMENT OF PART OF CUTOFF THUMB	$1,593.29
20838	REATTACHMENT OF CUTOFF FOOT	$1,959.62
20900	HARVEST OF GRAFT FROM SMALL BONE	$288.13
20902	HARVEST OF GRAFT FROM LARGE BONE	$424.70
20910	RIB CARTILAGE GRAFT	$424.70
20912	GRAFT OF NOSE CARTILAGE	$304.21
20920	REMOVAL OF DEEP THIGH TISSUE FOR GRAFT	$239.98
20922	INCISION OF DEEP THIGH TISSUE FOR GRAFT	$286.84
20924	TENDON GRAFT	$315.82
20930	PLACEMENT OF FRAGMENTED BONE GRAFT OR MATERIAL TO SPINE TO PROMOTE BONE GROWTH	$138.47
20931	GRAFT OF DONOR BONE TO SPINE	$99.70
20932	GRAFT OF DONOR BONE AND JOINT TISSUE	$444.62
20933	GRAFT OF DONOR BONE TO PART OF LONG BONE BETWEEN JOINTS	$407.92
20934	GRAFT OF DONOR BONE TO LONG BONE BETWEEN JOINTS	$444.40
20936	HARVEST OF BONE FROM SAME SPINE INCISION FOR GRAFT	$138.47
20937	HARVEST OF BONE FRAGMENT FOR SPINE BONE GRAFT	$150.25
20938	HARVEST OF BONE FOR SPINE SURGERY GRAFT	$164.43
20939	ASPIRATION OF BONE MARROW FOR SPINE BONE GRAFT	$42.20
20950	PLACEMENT OF DEVICE IN MUSCLE TO MONITOR FLUID PRESSURE	$80.39
20955	BONE GRAFT AT LOWER LEG WITH MICROVASCULAR CONNECTION	$2,007.53
20956	BONE GRAFT OF PELVIC BONE WITH MICROVASCULAR CONNECTION	$1,650.31
20957	BONE GRAFT OF FOOT BONE WITH MICROVASCULAR CONNECTION	$1,817.07
20962	BONE GRAFT WITH MICROVASCULAR CONNECTION	$1,687.16
20969	PLACEMENT OF SKIN AND BONE FLAP WITH MICROVASCULAR CONNECTION	$2,211.44
20970	PLACEMENT OF BONE AND SKIN FLAP FROM HIP BONE WITH CONNECTION OF SMALL BLOOD	$2,100.99
20972	PLACEMENT OF BONE AND SKIN FLAP FROM FOOT BONE WITH CONNECTION OF SMALL BLOOD	$1,783.10
20973	PLACEMENT OF BONE AND SKIN FLAP FROM BIG TOE WITH CONNECTION OF SMALL BLOOD	$2,184.25
20974	PLACEMENT OF ELECTRICAL STIMULATION DEVICE FOR BONE HEALING	$31.84
20975	PLACEMENT OF ELECTRICAL STIMULATION DEVICE AT BROKEN BONE FOR HEALING	$118.29
20976	ELECTRICAL STIMULATION TO AID BONE HEALING PERCUTANEOUS INSERTION OF ELECTRODES	$0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	$24.40
20982	DESTRUCTION OF GROWTHS AND ADJACENT SOFT TISSUE	$300.94
20983	FREEZING OF GROWTH OF BONE AND ADJACENT SOFT TISSUE	$250.73
20985	COMPUTER-ASSISTED SURGERY FOR MUSCLE AND BONE PROCEDURE	$75.09
20999	OTHER PROCEDURE ON MUSCLE OR BONE	$0.00
21010	INCISION OF JAW JOINT	$487.32
21011	REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, LESS THAN 2.0 CM	$120.31
21012	REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, 2.0 CM OR MORE	$163.01
21013	REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, LESS THAN 2.0 CM	$191.57
21014	REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, 2.0 CM OR MORE	$250.93
21015	EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, LESS THAN 2.0 CM	$260.21
21016	EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, 2.0 CM OR MORE	$285.50
21025	REMOVAL OF LOWER JAW BONE	$490.41
21026	REMOVAL OF FACE BONE	$281.68
21029	REMOVAL OF GROWTH OF FACE BONE	$426.77
21030	REMOVAL OF GROWTH OR CYST OF JAW OR UPPER CHEEK	$239.75
21031	REMOVAL OF BONY GROWTH OF JAW BONE INSIDE MOUTH	$174.47
21032	REMOVAL OF BONY GROWTH OF UPPER JAW BONE INSIDE MOUTH	$189.08

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21034	REMOVAL OF GROWTH OF UPPER JAW OR UPPER CHEEK BONE	$721.00
21040	REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE	$231.92
21044	REMOVAL OF GROWTH OF LOWER JAW BONE	$528.41
21045	EXTENSIVE REMOVAL OF GROWTH OF LOWER JAW BONE	$709.72
21046	REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE THROUGH MOUTH	$675.79
21047	REMOVAL OF GROWTH OR CYST OF PART OF LOWER JAW BONE	$822.74
21048	REMOVAL OF GROWTH OR CYST OF UPPER JAW BONE THROUGH MOUTH	$695.25
21049	REMOVAL OF GROWTH OR CYST OF PART OF UPPER JAW BONE	$781.92
21050	REMOVAL OF ROUNDED ENDS OF LOWER JAW JOINT BONE	$511.64
21060	REMOVAL OF LOWER JAW JOINT BONE TISSUE	$476.44
21070	PARTIAL REMOVAL OF LOWER JAW BONE	$390.13
21071	CORONOIDECTOMY (SEPARATE PROCEDURE)	$0.00
21073	MANIPULATION OF HINGED JOINTS OF UPPER AND LOWER JAW BONES UNDER ANESTHESIA	$119.94
21076	PREPARATION OF TEMPORARY PROSTHESIS TO CLOSE AN OPENING IN MOUTH	$667.43
21077	IMPRESSION AND PREPARATION OF EYE SOCKET PROSTHESIS	$1,678.96
21079	IMPRESSION AND CUSTOM PREPARATION OF TEMPORARY ORAL PROSTHESIS	$1,129.20
21080	PREPARATION OF PERMANENT PROSTHESIS TO CLOSE MOUTH OPENING	$1,285.36
21081	IMPRESSION AND CUSTOM PREPARATION OF LOWER JAW BONE PROSTHESIS	$1,161.63
21082	IMPRESSION AND CUSTOM PREPARATION OF PROSTHESIS FOR ROOF OF MOUTH ENLARGEMENT	$1,023.73
21083	PREPARATION OF PROSTHESIS TO LIFT ROOF OF MOUTH	$988.24
21084	IMPRESSION AND CUSTOM PREPARATION OF SPEECH AID PROSTHESIS	$1,137.00
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	$519.71
21086	IMPRESSION AND CUSTOM PREPARATION OF OUTER EAR PROSTHESIS	$1,261.58
21087	IMPRESSION AND CUSTOM PREPARATION OF NASAL PROSTHESIS	$1,232.79
21088	IMPRESSION AND CUSTOM PREPARATION OF FACIAL PROSTHESIS	$0.00
21089	OTHER PROSTHETIC PROCEDURE FOR UPPER JAW AND FACE	$0.00
21100	PLACEMENT OF STABILIZING DEVICE TO UPPER JAW AND FACE	$222.39
21110	APPLICATION AND REMOVAL OF DENTAL FIXATION DEVICE	$343.63
21116	INJECTION FOR X-RAY OF HINGED JOINT OF UPPER AND LOWER JAW BONES	$27.94
21120	IMPLANTATION OF GRAFT TO ENLARGE CHIN BONE	$313.07
21121	ENLARGEMENT OF CHIN BY MOVEMENT OF BONE	$388.79
21122	ENLARGEMENT OF CHIN BY MOVEMENT OF MULTIPLE BONES	$432.20
21123	INSERTION OF SLIDING BONE GRAFT TO ENLARGE CHIN BONE, ADDITIONAL BONE GRAFT	$553.63
21125	ENLARGEMENT OF LOWER JAW WITH IMPLANT	$467.29
21127	INSERTION OF BONE GRAFTS BETWEEN PORTIONS OF BONE TO ENLARGE LOWER JAW BONE	$520.80
21137	REPAIR OF BONY DEFECT OF FOREHEAD	$443.98
21138	REPAIR OF BONY DEFECT OF FOREHEAD WITH INSERTION OF PROSTHETIC MATERIAL	$551.27
21139	REPAIR OF FRONTAL SINUS THROUGH FOREHEAD	$642.92
21141	RECONSTRUCTION OF UPPER JAW AND MIDFACE BONES	$818.93
21142	REPAIR OF MIDFACE BONES, 2 BONES	$918.27
21143	REPAIR OF MIDFACE BONES, 3 OR MORE BONES	$856.76
21145	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT, SINGLE PIECE (LEFORT I)	$858.81
21146	REPAIR OF MIDFACE BONES WITH BONE GRAFT, 2 BONES	$917.08
21147	REPAIR OF MIDFACE BONES WITH BONE GRAFT, 3 OR MORE BONES	$1,046.58
21150	RECONSTRUCTION OF MIDFACE BONES (LEFORT II)	$1,183.44
21151	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT (LEFORT II)	$1,269.19
21154	RECONSTRUCTION OF NOSE, CHEEK, AND MOUTH BONES WITH BONE GRAFTS	$1,327.25
21155	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT WITH LEFORT I (LEFORT III)	$1,512.19
21159	RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS	$2,110.76
21160	RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS AND	$2,192.46
21172	RECONSTRUCTION OF OUTER SIDE OF EYE AND LOWER FOREHEAD BONES	$1,244.06
21175	REPAIR OF BONY DEFECT OF LOWER FOREHEAD AND BOTH OUTER PORTIONS OF EYE BONES	$1,553.85
21179	RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT OR IMPLANT	$916.68
21180	RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT	$1,238.28
21181	RECONSTRUCTION OF SKULL BONES WITH REMOVAL OF BONE GROWTH	$438.98
21182	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH	$1,535.08
21183	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH	$1,649.06
21184	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH	$1,655.66
21188	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT	$1,088.47

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
21193	RECONSTRUCTION OF JAW BONE	$752.38
21194	RECONSTRUCTION OF LOWER JAW BONE WITH BONE GRAFT	$837.82
21195	RECONSTRUCTION OF LOWER JAW BONES	$798.52
21196	RECONSTRUCTION OF JAW BONES WITH INSERTION OF HARDWARE	$957.49
21198	INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE	$671.17
21199	INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE AND MOVEMENT OF TONGUE MUSCLE	$761.00
21200	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRU	$0.00
21202	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRU	$0.00
21203	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRU	$0.00
21204	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRU	$0.00
21206	INCISION OR PARTIAL REMOVAL OF UPPER JAW BONE	$713.15
21208	INCISION AND REPAIR OF BONY DEFECT OF CHEEK BONE WITH REPOSITIONING OF BONY	$495.92
21209	INCISION AND REPAIR OF BONY DEFECT OF CHEEK BONE INCLUDING BONY SEGMENT	$374.08
21210	REPAIR OF NASAL OR CHEEK BONE WITH BONE GRAFT	$543.34
21215	REPAIR OF LOWER JAW BONE WITH BONE GRAFT	$564.66
21230	HARVEST OF RIB CARTILAGE FOR GRAFTING	$472.74
21235	OBTAINING EAR CARTILAGE FOR GRAFTING	$326.87
21240	REPAIR OF HINGED JOINT OF UPPER AND LOWER JAW BONES	$735.48
21241	ARTHRPLSTY TMJ JOINT;BILATERAL	$0.00
21242	REPAIR OF HINGED JOINT OF UPPER AND LOWER JAW BONES WITH DONOR GRAFT	$684.79
21243	REPAIR OF HINGED JOINT OF UPPER AND LOWER JAW BONES WITH PROSTHESIS	$975.12
21244	RECONSTRUCTION OF LOWER JAW BONE WITH INSERTION OF BONE PLATE	$608.90
21245	PARTIAL REPAIR OF LOWER JAW OR CHEEK BONE WITH IMPLANT	$541.81
21246	COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT	$538.20
21247	RECONSTRUCTION OF HINGED JOINT OF JAW BONES WITH INSERTION OF RIB CARTILAGE	$1,226.97
21248	RECONSTRUCTION OF PART OF LOWER OR UPPER JAW BONE WITH IMPLANT	$581.28
21249	COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT	$820.61
21250	OSTEOPLASTY OF MAXILLA AND/OR OTHER FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRU	$0.00
21254	OSTEOPLASTY OF MAXILLA AND/OR OTHER FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRU	$0.00
21255	RECONSTRUCTION OF CHEEK BONE WITH BONE GRAFT	$844.56
21256	RECONSTRUCTION OF EYE SOCKET BONE WITH BONE GRAFT	$849.64
21260	REPOSITIONING OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT	$853.11
21261	REPOSITIONING OF EYE SOCKET BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT	$1,394.56
21263	REPOSITIONING OF CHEEK BONE PROMINENCE WITH FOREHEAD ADVANCEMENT	$1,227.52
21267	RECONSTRUCTION OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT	$963.10
21268	REPOSITIONING OF EYE BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT	$1,136.98
21270	INSERTION OF PROSTHETIC MATERIAL TO ENLARGE CHEEK BONE	$430.07
21275	SECONDARY REVISION OF RECONSTRUCTION OF EYE, SKULL, AND FACE BONES	$486.52
21280	TIGHTENING OF TENDON OF INNER PORT OF LOWER EYELID	$295.27
21282	TIGHTENING OF TENDON OF OUTER EDGE OF LOWER EYELID	$237.19
21295	REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM OUTSIDE MOUTH	$102.04
21296	REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM INSIDE MOUTH	$227.37
21299	OTHER PROCEDURE ON SKULL, FACE, AND UPPER JAW BONES	$0.00
21315	CLOSED TREATMENT OF BROKEN NOSE BONE WITH MANIPULATION	$84.80
21320	CLOSED TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE	$144.28
21325	TREATMENT OF BROKEN NOSE BONE	$309.83
21330	TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE	$378.71
21335	TREATMENT OF BROKEN NOSE BONE AND TISSUE SEPARATING NOSE AIRWAYS	$453.77
21336	TREATMENT OF BROKEN BONE AND TISSUE SEPARATING NOSE AIRWAYS	$384.02
21337	CLOSED TREATMENT OF BROKEN BONE SEPARATING NOSE AIRWAYS	$197.82
21338	TREATMENT OF BROKEN NOSE AND EYE BONES	$517.51
21339	TREATMENT OF BROKEN NOSE AND EYE BONES WITH PLACEMENT OF OUTSIDE STABILIZING	$554.27
21340	TREATMENT OF BROKEN NOSE BONES WITH PLACEMENT OF STABILIZING DEVICE	$479.29
21343	TREATMENT OF DEPRESSED BROKEN FRONT SINUS BONE	$911.42
21344	TREATMENT OF COMPLICATED BROKEN FRONT SINUS BONE	$920.66
21345	CLOSED TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF	$384.62
21346	TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF STABILIZING	$592.85
21347	TREATMENT OF COMPLEX BROKEN NOSE AND UPPER JAW BONES THROUGH MULTIPLE OPENING	$726.54
21348	TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH BONE GRAFT	$707.26

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21350	TRTMNT CLSD OR OPN FX MLR INCL ZYGMTC ARCH W/O MAN	$0.00
21355	TREATMENT OF BROKEN CHEEK BONE ACCESSED THROUGH THE SKIN WITH MANIPULATION	$180.28
21356	TREATMENT OF DEPRESSED BROKEN UPPER PORTION OF CHEEK BONE	$218.17
21360	TREATMENT OF DEPRESSED BROKEN CHEEK BONE	$347.32
21365	TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH PLACEMENT OF INTERNAL	$797.25
21366	TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH BONE GRAFT	$737.68
21380	ORB FLOOR "BLOWOUT" FX W/O MANIP.	$0.00
21385	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK	$525.73
21386	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA	$501.50
21387	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK AND EYE AREA	$467.94
21390	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH IMPLANT	$598.54
21395	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH BONE GRAFT	$544.13
21400	CLOSED TREATMENT OF BROKEN EYE BONE	$82.22
21401	CLOSED TREATMENT OF BROKEN EYE BONE WITH MANIPULATION	$169.83
21406	TREATMENT OF BROKEN EYE BONE	$377.59
21407	TREATMENT OF BROKEN EYE BONE WITH IMPLANT	$645.46
21408	TREATMENT OF BROKEN EYE BONE WITH BONE GRAFT	$533.74
21420	TRTMNT CLSD OPN MXLLRY FX W/O MANPLTN	$0.00
21421	CLOSED TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE WITH PLACEMENT OF	$340.95
21422	TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE	$463.51
21423	COMPLICATED TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE	$574.91
21431	CLOSED TREATMENT OF BROKEN BONES OF CHEEK, NOSE, AND FACE WITH PLACEMENT OF	$414.87
21432	TREATMENT OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING DEVICE	$479.69
21433	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES	$1,267.63
21435	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING	$751.37
21436	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING	$1,157.62
21440	CLOSED TREATMENT OF BROKEN UPPER OR LOWER JAW BONE	$224.74
21445	TREATMENT OF BROKEN UPPER OR LOWER JAW BONE	$348.86
21450	CLOSED TREATMENT OF BROKEN LOWER JAW BONE	$247.93
21451	CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH MANIPULATION	$335.23
21452	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE	$166.87
21453	CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE	$411.66
21454	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF EXTERNAL STABILIZING DEVICE	$347.39
21455	CLOSED MANIPULATIVE TREATMENT BY INTERDENTAL FIXATION OF CLOSED OR OPEN MANDIBUL	$0.00
21461	TREATMENT OF BROKEN LOWER JAW BONE	$523.31
21462	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE TO TEETH	$717.68
21465	TREATMENT OF BROKEN HINGED END OF LOWER JAW BONE	$547.58
21470	COMPLICATED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING	$1,014.18
21480	CLOSED TREATMENT OF DISLOCATED JAW JOINT	$54.73
21485	COMPLICATED REPAIR OF DISLOCATED JAW JOINT WITH PLACEMENT OF STABILIZING DEVICE	$294.25
21490	TREATMENT OF DISLOCATED JAW JOINT	$551.78
21497	WIRING OF JAW OR ORAL SPLINT TO TEETH	$290.59
21499	OTHER PROCEDURE ON HEAD MUSCLE OR HEAD BONE	$0.00
21501	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION IN SOFT TISSUE OF NECK OR CHEST	$202.17
21502	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION IN SOFT TISSUE OF NECK OR CHEST	$322.86
21510	DEEP INCISION OF CHEST BONE	$288.98
21511	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
21550	BIOPSY OF SOFT TISSUE OF NECK OR CHEST	$106.18
21552	REMOVAL OF GROWTH OF SOFT TISSUE UNDER SKIN OF NECK OR FRONT OF CHEST, 3.0 CM	$214.37
21554	REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE	$350.76
21555	REMOVAL OF GROWTH UNDER SKIN OF NECK OR FRONT OF CHEST, LESS THAN 3.0 CM	$190.68
21556	REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM	$275.32
21557	EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM	$358.00
21558	EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE	$655.55
21600	PARTIAL REMOVAL OF RIB	$320.49
21601	REMOVAL OF GROWTH OF CHEST WALL AND RIB	$748.34
21602	REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION	$1,014.34
21603	REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION AND REMOVAL OF	$1,117.90
21610	PARTIAL REMOVAL OF RIB AND SPINE BONE AT JOINT	$613.84

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
21615	REMOVAL OF FIRST AND/OR EXTRA RIB AT NECK	$513.99
21616	REMOVAL OF FIRST AND/OR EXTRA RIB AT NECK WITH REMOVAL OF SYMPATHETIC NERVES	$511.63
21620	PARTIAL REMOVAL OF CHEST BONE	$324.09
21627	REMOVAL OF CHEST BONE TISSUE	$523.07
21630	EXTENSIVE REMOVAL OF CHEST BONE	$743.29
21632	EXTENSIVE REMOVAL OF CHEST BONE AND LYMPH NODES	$743.48
21685	REPOSITIONING OF BONE AND MUSCLES IN NECK	$658.65
21700	REMOVAL OF NECK MUSCLE WITH RELEASE OF NERVES	$367.96
21705	REMOVAL OF NECK MUSCLE AND EXTRA RIB AT NECK WITH RELEASE OF NERVES	$474.43
21720	RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE	$208.52
21725	RELEASE OF NECK MUSCLE AND PLACEMENT OF A CAST TO TREAT TILTING HEAD	$319.45
21740	REPAIR OF ABNORMAL POSITION OF CHEST BONE	$635.27
21741	XIPHOID RESECTION PECTUS EXCAVATUM	$0.00
21742	MINIMALLY INVASIVE REPAIR OF ABNORMAL POSITION OF CHEST BONE	$0.00
21743	REPAIR OF BREAST BONE DEPRESSION USING AN ENDOSCOPE	$0.00
21750	TREATMENT OF BROKEN CHEST BONE FOLLOWING SURGERY	$654.42
21811	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 1-3 RIBS	$350.13
21812	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 4-6 RIBS	$417.47
21813	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 7 OR	$565.71
21820	CLOSED TREATMENT OF BROKEN CHEST BONE	$76.88
21825	TREATMENT OF BROKEN CHEST BONE	$351.23
21899	OTHER PROCEDURE ON NECK OR CHEST	$307.00
21920	BIOPSY OF SURFACE SOFT TISSUE TO BACK OR LOWER SIDES	$86.76
21925	DEEP BIOPSY OF SOFT TISSUE OF BACK OR LOWER SIDES	$195.40
21930	REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, LESS THAN 3.0 CM	$231.00
21931	REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, 3.0 CM OR MORE	$223.72
21932	REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, LESS THAN 5.0 CM	$321.37
21933	REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, 5.0 CM OR MORE	$353.14
21935	EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, LESS THAN 5.0 CM	$808.50
21936	EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, 5.0 CM OR MORE	$680.58
22010	DRAINAGE OF ABSCESS OF DEEP TISSUE OF UPPER OR MIDDLE SPINE	$566.96
22015	DRAINAGE OF ABSCESS OF DEEP TISSUE OF LOWER SPINE OR SACRUM	$562.07
22100	REMOVAL OF REAR PIECE OF UPPER SPINE BONE	$451.60
22101	REMOVAL OF REAR PIECE OF MIDDLE SPINE BONE	$454.81
22102	REMOVAL OF REAR PIECE OF LOWER SPINE BONE	$463.35
22103	PARTIAL REMOVAL OF BONE AT BACK OF SPINE, EACH ADDITIONAL SEGMENT	$106.06
22110	PARTIAL REMOVAL OF UPPER SPINE BONE	$573.05
22111	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22112	PARTIAL REMOVAL OF MIDDLE SPINE BONE	$573.06
22113	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22114	PARTIAL REMOVAL OF LOWER SPINE BONE	$574.56
22115	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22116	PARTIAL REMOVAL OF SPINE BONE, EACH ADDITIONAL SEGMENT	$105.89
22120	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	$0.00
22128	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	$0.00
22129	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	$0.00
22130	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	$0.00
22200	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY	$0.00
22201	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY	$0.00
22202	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY (NOT SCOLIOSIS),	$0.00
22203	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY (NOT SCOLIOSIS),	$0.00
22206	INCISION OR REMOVAL OF SEGMENT OF MIDDLE SPINE BONE TO CORRECT DEFORMITY	$1,170.28
22207	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT TO CORRECT DEFORMITY	$1,156.13
22208	INCISION OR REMOVAL OF SPINE BONE SEGMENT TO CORRECT DEFORMITY, EACH ADDITIONAL	$291.29
22210	INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT	$1,032.69
22212	INCISION OR REMOVAL OF MIDDLE SPINE BONE SEGMENT	$850.29
22214	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT	$864.80
22216	INCISION OR REMOVAL OF SPINE BONE SEGMENT, EACH ADDITIONAL SEGMENT	$275.22
22220	INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT AND REMOVAL OF DISC	$924.80

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
22222	INCISION OR REMOVAL OF MIDDLE SPINE BONE AND REMOVAL OF DISC	$847.97
22224	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT AND REMOVAL OF DISC	$927.37
22226	INCISION OR REMOVAL OF SPINE BONE SEGMENT AND REMOVAL OF DISC, EACH ADDITIONAL	$273.23
22250	PROPHYLACTIC TREATMENT (PLATING AND/OR WIRING) WITH OR	$0.00
22251	PROPHYLACTIC TREATMENT (PLATING AND/OR WIRING) WITH OR	$0.00
22310	CLOSED TREATMENT OF BROKEN SPINE BONE WITH CAST OR BRACE	$128.36
22315	CLOSED TREATMENT OF BROKEN OR DISLOCATED SPINE BONE WITH CAST OR BRACE AND	$483.91
22318	TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF	$1,091.30
22319	TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF	$1,237.44
22325	TREATMENT OF BROKEN OR DISLOCATED LOWER SPINE BONE	$893.94
22326	TREATMENT OF BROKEN OR DISLOCATED UPPER SPINE BONE	$1,097.16
22327	TREATMENT OF BROKEN OR DISLOCATED MIDDLE SPINE BONE	$1,067.08
22328	TREATMENT OF BROKEN OR DISLOCATED SPINE BONE, EACH ADDITIONAL SEGMENT	$205.32
22330	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	$0.00
22335	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	$0.00
22345	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	$0.00
22355	OPEN TREATMENT AND FUSION, POSTERIOR APPROACH, WITH	$0.00
22356	OPEN TREATMENT AND FUSION, POSTERIOR APPROACH, WITH	$0.00
22360	OPEN TREATMENT AND FUSION, POSTERIOR APPROACH	$0.00
22361	OPEN TREATMENT AND FUSION, POSTERIOR APPROACH	$0.00
22370	OPEN TREATMENT AND FUSION, POSTEROLATERAL OR	$0.00
22371	OPEN TREATMENT AND FUSION, POSTEROLATERAL OR	$0.00
22379	HARRINGTON ROD TECHNIQUE	$0.00
22505	MANIPULATION OF SPINE UNDER ANESTHESIA	$73.03
22510	STABILIZATION OF UPPER SPINE BONE	$282.29
22511	STABILIZATION OF LOWER SPINE BONE	$264.73
22512	STABILIZATION OF SPINE BONE, EACH ADDITIONAL BONE	$127.47
22513	TREATMENT OF BROKEN MIDDLE SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE	$324.52
22514	TREATMENT OF BROKEN LOWER SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE	$303.41
22515	TREATMENT OF BROKEN SPINE BONE WITH STABILIZING DEVICE, EACH ADDITIONAL SEGMENT	$133.84
22526	TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, SINGLE LEVEL	$231.20
22527	TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL BONE LEVEL	$105.56
22532	FUSION OF MIDDLE SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE	$1,192.02
22533	FUSION OF LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE	$1,112.39
22534	FUSION OF MIDDLE OR LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC,	$278.81
22548	FUSION OF SPINE BONES AT BASE OF NECK, ORAL APPROACH	$1,091.23
22550	ARTHRODESIS WITH DISKECTOMY, CERVICAL,	$0.00
22551	FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR	$1,068.88
22552	FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR	$246.26
22554	FUSION OF UPPER SPINE BONES THROUGH FRONT OF NECK WITH PARTIAL REMOVAL OF DISC	$1,114.60
22555	ARTHRODESIS WITH DISKECTOMY, CERVICAL, ANTERIOR	$0.00
22556	FUSION OF MIDDLE SPINE BONE THROUGH SIDE OF CHEST WITH PARTIAL REMOVAL OF DISC	$1,322.34
22558	FUSION OF LOWER SPINE BONE THROUGH ABDOMEN WITH PARTIAL REMOVAL OF DISC	$1,226.82
22560	ARTHRODESIS WITH DISKECTOMY, LUMBAR OR THORACIC,	$0.00
22561	ARTHRODESIS WITH DISKECTOMY, LUMBAR OR THORACIC,	$0.00
22565	ARTHRODESIS WITH DISKECTOMY, LOWER LUMBAR SPINE,	$0.00
22585	FUSION OF SPINE BONES THROUGH FRONT OF BODY WITH PARTIAL REMOVAL OF DISC, EACH	$303.46
22586	FUSION OF LOWER SPINE OR SACRAL BONE WITH REMOVAL OF DISC USING IMAGE GUIDANCE	$914.93
22590	FUSION OF SKULL AND FIRST 2 UPPER SPINE BONES THROUGH BACK	$1,071.61
22595	FUSION OF FIRST 2 SPINE BONES THROUGH BACK OF NECK	$1,009.66
22600	FUSION OF SPINE IN NECK BY POSTERIOR APPROACH	$981.00
22610	FUSION OF SPINE IN UPPER BACK	$854.36
22612	FUSION OF SPINE IN LOWER BACK	$1,200.94
22614	FUSION OF ADDITIONAL SEGMENT OF SPINE	$339.12
22615	CERVICAL FUSION, ANTERIOR APPROACH (C3-T1) WITH ILIAC	$0.00
22617	ATLAS-AXIS FUSION (C1-C2 OR C3) WITH ILIAC OR	$0.00
22620	CERVICOCRANIAL FUSION (OCCIPUT THROUGH C2) WITH	$0.00
22630	FUSION OF LOWER SPINE BONE AND PARTIAL REMOVAL OF SPINE BONE OR DISC THROUGH	$1,179.48
22632	FUSION OF LOWER BACK SPINE BONE AND PARTIAL REMOVAL OF SPINE BONE OR DISC	$283.26

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
22633	FUSION OF SPINE IN LOWER BACK WITH PARTIAL REMOVAL OF SPINE BONE AND DISC	$1,135.85
22634	FUSION OF ADDITIONAL SEGMENT OF SPINE WITH PARTIAL REMOVAL OF SPINE BONE AND	$301.81
22640	THORACIC OR LUMBAR FUSION, POSTERIOR OR POSTEROLATERAL	$0.00
22645	THORACIC OR LUMBAR FUSION, POSTERIOR OR POSTEROLATERAL	$0.00
22655	THORACIC OR LUMBAR FUSION;	$0.00
22670	THORACIC OR LUMBAR FUSION;	$0.00
22680	THORACIC OR LUMBAR FUSION;	$0.00
22700	LUMBAR SPINE FUSION;	$0.00
22720	LUMBAR SPINE FUSION;	$0.00
22730	ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS;	$0.00
22735	ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS;	$0.00
22800	FUSION TO REPAIR SPINE DEFORMITY THROUGH BACK, UP TO 6 BONES	$952.06
22802	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, 7 TO 12	$1,694.86
22804	FUSION TO REPAIR SPINE DEFORMITY THROUGH BACK, 13 OR MORE BONES	$1,891.39
22808	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 2 TO 3	$1,101.95
22810	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 4 TO 7	$1,500.89
22812	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 8 OR MORE	$1,350.45
22818	REMOVAL OF 1-2 SPINE BONES TO CORRECT OUTWARD CURVING SPINE DEFORMITY	$1,571.43
22819	REMOVAL OF PARTS OF 3 OR MORE SPINE BONES TO CORRECT OUTWARD CURVING SPINE	$1,709.99
22830	EXPLORATION OF SPINE FUSION	$795.01
22840	PLACEMENT OF STABILIZING DEVICE TO BACK OF 1 SPINE BONE IN NECK	$792.17
22841	INSERTION OF WIRE TO STABILIZE SPINE BONES	$88.50
22842	PLACEMENT OF STABILIZING DEVICE TO BACK, 3-6 SPINE BONE SEGMENTS	$592.14
22843	PLACEMENT OF STABILIZING DEVICE TO BACK, 7-12 SPINE BONE SEGMENTS	$652.96
22844	PLACEMENT OF STABILIZING DEVICE TO BACK, 13 OR MORE SPINE BONE SEGMENTS	$814.53
22845	PLACEMENT OF STABILIZING DEVICE TO FRONT, 2-3 SPINE BONE SEGMENTS	$582.00
22846	PLACEMENT OF STABILIZING DEVICE TO FRONT, 4-7 SPINE BONE SEGMENTS	$789.08
22847	PLACEMENT OF STABILIZING DEVICE TO FRONT, 8 OR MORE SPINE BONE SEGMENTS	$582.00
22848	INSERTION OF INSTRUMENTATION TO PELVIC BONES	$341.73
22849	REINSERTION OF SPINAL FIXATION DEVICE	$949.61
22850	REMOVAL OF STABILIZING DEVICE FROM BACK OF SPINE	$564.49
22852	REMOVAL OF SEGMENTAL STABILIZING DEVICE FROM BACK OF SPINE	$412.09
22853	INSERTION OF CAGE OR MESH DEVICE TO SPINE BONE AND DISC SPACE DURING SPINE	$160.18
22854	INSERTION OF CAGE OR MESH DEVICE IN DISC SPACE DURING SPINE FUSION	$207.37
22855	REMOVAL OF STABILIZING DEVICE FROM FRONT OF SPINE	$653.94
22856	INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH	$940.51
22857	INSERTION OF ARTIFICIAL LOWER SPINE DISC, ANTERIOR APPROACH	$979.88
22858	INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH	$359.54
22859	PLACEMENT OF MESH OR CAGE DEVICE INTO SPINE DISC SPACE	$207.37
22861	REVISION OF TOTAL DISC REPLACEMENT IN UPPER BACK	$1,137.85
22862	REVISION OF TOTAL DISC REPLACEMENT IN LOWER BACK	$1,186.93
22864	REVISION OF ARTIFICIAL UPPER SPINE DISC, CERVICAL	$1,041.29
22865	REVISION OF ARTIFICIAL LOWER SPINE DISC, LUMBAR	$1,156.20
22867	PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN 1 DISC	$615.79
22868	PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN SECOND	$150.20
22869	PLACEMENT OF STABILIZING DEVICE TO LOWER SPINE LEVEL	$344.42
22870	PLACEMENT OF STABILIZING DEVICE TO SECOND LOWER SPINE LEVEL	$87.72
22899	OTHER PROCEDURE ON SPINE	$555.11
22900	REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, LESS THAN 5.0 CM	$284.50
22901	REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, 5.0 CM OR MORE	$314.75
22902	REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 3.0 CM	$162.79
22903	REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 3.0 CM OR MORE	$209.93
22904	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 5.0 CM	$488.93
22905	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 5.0 CM OR MORE	$634.03
22910	ABDOMINAL FASCIAL TRANSPLANTS, BILATERAL	$0.00
22999	OTHER PROCEDURE ON ABDOMINAL MUSCLE OR BONE	$757.48
23000	REMOVAL OF CALCIUM DEPOSITS AT ROTATOR CUFF TENDONS, OPEN PROCEDURE	$286.62
23020	RELEASE OF TENDON OF SHOULDER JOINT	$522.78
23030	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF SHOULDER	$193.66

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23031	DRAINAGE OF INFECTED FLUID-FILLED SAC (BURSA) OF SHOULDER JOINT	$139.95
23035	INCISION OF SHOULDER BONE FOR REMOVAL OF INFECTED TISSUE	$572.05
23036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	$0.00
23040	INCISION OF SHOULDER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$586.22
23042	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION,	$0.00
23044	INCISION OF COLLAR BONE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$462.90
23065	BIOPSY OF SURFACE TISSUE OF SHOULDER	$96.44
23066	BIOPSY OF DEEP TISSUE OF SHOULDER	$223.29
23071	REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, 3.0 CM OR MORE	$199.60
23073	REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, 5.0 CM OR MORE	$329.58
23075	REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, LESS THAN 3.0 CM	$140.08
23076	REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, LESS THAN 5.0 CM	$392.82
23077	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, LESS THAN 5.0 CM	$782.09
23078	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, 5.0 CM OR MORE	$659.34
23100	INCISION AND BIOPSY OF SHOULDER JOINT	$403.26
23101	INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES	$382.25
23105	REMOVAL OF SHOULDER JOINT LINING	$531.68
23106	REMOVAL OF LINING OF JOINT BETWEEN COLLAR AND CHEST BONES	$378.73
23107	INCISION OF SHOULDER JOINT FOR EXAM	$556.10
23110	EXCISION, SUBACROMIAL (SUBDELTOID) BURSA	$0.00
23120	PARTIAL REMOVAL OF COLLAR BONE	$418.42
23125	REMOVAL OF COLLAR BONE	$561.47
23130	PARTIAL REMOVAL OR REPAIR OF SHOULDER BONE NEAR COLLAR BONE	$470.30
23140	REMOVAL OF CYST OR GROWTH OF COLLAR BONE OR SHOULDER BLADE	$385.18
23145	REMOVAL OF CYST OR GROWTH OF COLLAR BONE OR SHOULDER BLADE WITH SELF BONE GRAF	$580.87
23146	REMOVAL OF CYST OR GROWTH OF COLLAR BONE OR SHOULDER BLADE WITH DONOR BONE GRA	$455.84
23150	REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE	$488.66
23155	REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE WITH SELF BONE GRAFT	$612.88
23156	REMOVAL OF CYST OR GROWTH OF TOP OF UPPER ARM BONE WITH DONOR BONE GRAFT	$515.20
23170	REMOVAL OF DEAD BONE FRAGMENT FROM COLLAR BONE	$419.39
23171	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23172	REMOVAL OF DEAD BONE FRAGMENT FROM SHOULDER BLADE	$414.51
23173	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23174	REMOVAL OF DEAD BONE FRAGMENT FROM TOP OF UPPER ARM BONE	$572.91
23175	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23180	PARTIAL REMOVAL OF INFECTED COLLAR BONE	$527.54
23181	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23182	PARTIAL REMOVAL OF INFECTED SHOULDER BLADE	$582.02
23183	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23184	PARTIAL REMOVAL OF INFECTED TOP OF UPPER ARM BONE	$630.56
23185	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23190	PARTIAL REMOVAL OF SHOULDER BLADE	$425.52
23195	REMOVAL OF SHOULDER BLADE	$585.00
23200	EXTENSIVE REMOVAL OF GROWTH OF COLLAR BONE	$709.94
23210	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER BLADE	$707.76
23220	EXTENSIVE REMOVAL OF GROWTH OF UPPER END OF UPPER ARM	$846.35
23330	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN	$107.78
23333	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE	$291.68
23334	REMOVAL OF BALL OR SOCKET PROSTHESIS FROM SHOULDER	$681.29
23335	REMOVAL OF BALL AND SOCKET PROSTHESIS FROM SHOULDER	$809.68
23350	INJECTION OF CONTRAST FOR IMAGING OF SHOULDER JOINT	$40.41
23355	ARTHROSCOPY,SHOULDER,DIAG	$0.00
23356	ARTHRSCPY SHLDR SRGCL;DBRDMNT W/CRTLG SHVNG&ETC	$0.00
23357	ARTHRSCPY SHLDR; W/SYNVL BIOPSY	$0.00
23358	ARTHRSCPY SHLDR SURGCL; W/RMVL LOOSE BODY	$0.00
23395	RELOCATION OF ONE MUSCLE OF SHOULDER OR UPPER ARM	$875.65
23397	RELOCATION OF MULTIPLE MUSCLES OF SHOULDER OR UPPER ARM	$905.41
23400	RESHAPING AND RELOCATION OF SHOULDER BLADE BONE	$773.34
23405	INCISION OF SHOULDER TENDON	$520.33

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23406	INCISION OF SHOULDER MULTIPLE TENDONS THROUGH SAME INCISION	$632.89
23410	REPAIR OF ACUTE TORN SHOULDER ROTATOR CUFF	$724.68
23412	REPAIR OF CHRONIC TORN SHOULDER ROTATOR CUFF	$798.21
23415	RELEASE OF COLLAR BONE AND SHOULDER LIGAMENT	$516.86
23420	REPAIR OF COMPLETE TEAR OF SHOULDER ROTATOR CUFF WITH RELEASE OF PRESSURE ON	$831.01
23430	ANCHORING OF BICEPS TENDON	$572.01
23440	REMOVAL OR RELOCATION OF BICEPS TENDON	$584.81
23450	REATTACHMENT OF SHOULDER JOINT CAPSULE WITHOUT BONE TRANSFER	$784.31
23455	REATTACHMENT OF SHOULDER JOINT CAPSULE AND CARTILAGE WITHOUT BONE TRANSFER WITH	$870.97
23460	REPAIR OF SHOULDER JOINT CAPSULE AND SHOULDER BLADE WITH BONE BLOCK	$882.71
23462	REATTACHMENT OF SHOULDER JOINT CAPSULE WITH BONE TRANSFER (CORACOID BONE)	$896.51
23465	REPAIR OF SHOULDER JOINT CAPSULE IN THE BACK OF THE JOINT	$903.64
23466	REPAIR AND TIGHTENING OF SHOULDER JOINT CAPSULE	$866.09
23470	PARTIAL REPLACEMENT OF SHOULDER JOINT	$997.25
23472	PROSTHETIC REPAIR OF SHOULDER JOINT, TOTAL SHOULDER	$1,020.01
23473	REVISION OF TOTAL SHOULDER REPAIR	$1,013.30
23474	REVISION OF TOTAL SHOULDER REPAIR, TOTAL SHOULDER	$1,093.31
23480	INCISION OR PARTIAL REMOVAL OF COLLAR BONE	$594.94
23485	INCISION OR PARTIAL REMOVAL OF COLLAR BONE WITH BONE GRAFT	$763.58
23490	STABILIZATION OF COLLAR BONE WITH DEVICE	$670.04
23491	STABILIZATION OF TOP OF UPPER ARM BONE WITH DEVICE	$808.70
23500	CLOSED TREATMENT OF BROKEN COLLAR BONE	$121.75
23505	CLOSED TREATMENT OF BROKEN COLLAR BONE WITH MANIPULATION	$203.37
23510	TREATMENT OF OPEN CLAVICULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23515	TREATMENT OF BROKEN COLLAR BONE	$446.71
23520	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE	$125.02
23525	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE WITH	$190.19
23530	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES	$426.74
23532	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES WITH TISSUE GRAFT	$461.39
23540	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER	$124.45
23545	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH	$175.57
23550	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER	$457.08
23552	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH TISSUE GRAF	$487.63
23570	CLOSED TREATMENT OF BROKEN SHOULDER BLADE	$130.77
23575	CLOSED TREATMENT OF BROKEN SHOULDER BLADE WITH MANIPULATION	$223.47
23580	TREATMENT OF OPEN SCAPULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23585	TREATMENT OF BROKEN SHOULDER BLADE	$524.26
23600	CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE	$183.80
23605	CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE WITH MANIPULATION	$312.16
23610	TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLI	$0.00
23615	TREATMENT OF BROKEN TOP OF UPPER ARM BONE	$586.36
23616	TREATMENT OF BROKEN UPPER ARM BONE WITH REPLACEMENT	$1,225.92
23620	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT	$138.66
23625	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT WITH MANIPULATION	$253.74
23630	TREATMENT OF UPPER ARM BONE, BROKEN AT SHOULDER JOINT	$464.22
23650	CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION	$180.50
23655	CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION UNDER ANESTHESIA	$239.70
23658	TREATMENT OF OPEN SHOULDER DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23660	TREATMENT OF DISLOCATED SHOULDER	$464.21
23665	CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN UPPER ARM BONE AT SHOULDER	$265.46
23670	TREATMENT OF DISLOCATED SHOULDER AND UPPER ARM BONE, BROKEN AT SHOULDER JOINT	$494.23
23675	CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE WITH	$333.81
23680	TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE	$614.28
23700	MANIPULATION OF SHOULDER JOINT UNDER ANESTHESIA	$153.92
23800	FUSION OF BONES OF SHOULDER JOINT	$876.10
23802	FUSION OF SHOULDER JOINT BONE WITH SELF BONE GRAFT	$878.67
23810	FOLLOW UP FAMILY PLANNING VISIT	$0.00
23900	AMPUTATION OF ENTIRE ARM WITH REMOVAL SHOULDER BLADE AND A PORTION OF COLLAR	$998.77
23920	REMOVAL OF ARM AND SHOULDER BLADE AT SHOULDER JOINT	$841.12

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23921	REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF ARM AND SHOULDER BLADE	$322.61
23929	OTHER PROCEDURE ON SHOULDER	$313.82
23930	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF UPPER ARM OR ELBOW	$166.04
23931	DRAINAGE OF FLUID FILLED SAC IN ELBOW JOINT	$104.39
23935	INCISION OF UPPER ARM OR ELBOW BONE	$416.26
23936	INCISION, DEEP, WITH OPENING OF (EG, CORTEX FOR	$0.00
24000	INCISION OF ELBOW JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$357.63
24001	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
24006	INCISION OF ELBOW WITH RELEASE OF JOINT CAPSULE	$511.08
24065	BIOPSY OF SURFACE TISSUE OF UPPER ARM OR ELBOW	$107.39
24066	BIOPSY OF DEEP TISSUE OF UPPER ARM OR ELBOW	$286.56
24071	REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, 3.0 CM OR MORE	$193.99
24073	REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, 5.0 CM OR MORE	$331.61
24075	REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, LESS THAN 3.0 CM	$225.58
24076	REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM	$340.26
24077	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM	$685.30
24079	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, 5.0 CM OR MORE	$608.72
24100	INCISION OF ELBOW WITH BIOPSY OF JOINT LINING	$304.37
24101	INCISION AND EXPLORATION OF ELBOW JOINT	$385.44
24102	REMOVAL OF ELBOW JOINT LINING	$490.98
24105	REMOVAL OF FLUID-FILLED SAC OF ELBOW	$235.26
24110	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE	$472.26
24115	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND SELF BONE GRAFT	$584.41
24116	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND DONOR BONE GRAFT	$670.21
24120	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE	$385.10
24125	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE AND SELF BONE GRAFT	$426.91
24126	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE WITH BONE GRAFT	$472.54
24130	REMOVAL OF FOREARM BONE AT ELBOW JOINT	$387.54
24134	REMOVAL OF DEAD UPPER ARM BONE FOR BONE INFECTION IN THE MAIN PORTION AND LOWER	$631.40
24135	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
24136	REMOVAL OF DEAD FOREARM BONE AT ELBOW JOINT	$466.41
24137	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
24138	REMOVAL OF DEAD ELBOW BONE	$449.34
24139	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
24140	PARTIAL REMOVAL OF INFECTED UPPER ARM BONE	$631.84
24144	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24145	PARTIAL REMOVAL OF INFECTED FOREARM BONE AT ELBOW	$476.07
24146	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24147	PARTIAL REMOVAL OF INFECTED ELBOW BONE	$474.53
24148	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24149	EXTENSIVE REMOVAL OF BONY GROWTH AND TISSUE FROM ELBOW TO INCREASE ELBOW MOTIO	$789.53
24150	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM BONE	$823.48
24152	EXTENSIVE REMOVAL OF GROWTH OF INNER FOREARM BONE	$532.44
24155	REMOVAL OF ELBOW JOINT BONES	$657.94
24160	REMOVAL OF ELBOW JOINT PROSTHESIS	$413.36
24164	REMOVAL OF FOREARM BONE PROSTHESIS AT ELBOW JOINT	$365.18
24200	REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN	$96.60
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	$273.94
24220	INJECTION OF CONTRAST FOR IMAGING OF ELBOW JOINT	$50.57
24300	MANIPULATION OF ELBOW UNDER ANESTHESIA	$268.70
24301	RELOCATION OF MUSCLE OR TENDON OF UPPER ARM OR ELBOW	$559.90
24305	LENGTHENING OF TENDON OF UPPER ARM OR ELBOW	$369.55
24310	INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE	$329.10
24320	RELOCATION OF TENDON FROM ELBOW TO SHOULDER WITH MUSCLE TRANSFER	$611.83
24330	RELOCATION OF FOREARM TENDONS	$545.74
24331	RELOCATION OF FOREARM TENDONS WITH ADVANCEMENT OF THE EXTENSOR TENDONS	$598.45
24332	RELEASE OF UPPER ARM TENDON	$363.93
24340	ANCHORING OF BICEPS TENDON AT ELBOW	$450.93
24341	REPAIR OF TENDON OR MUSCLE OF UPPER ARM OR ELBOW	$453.94

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24342	REINSERTION OF TORN UPPER ARM TENDON	$614.56
24343	REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW	$482.80
24344	REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW WITH TENDON GRAFT	$724.62
24345	REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW	$482.80
24346	REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW WITH TENDON GRAFT	$724.62
24357	INCISION OF ELBOW TENDON	$228.19
24358	INCISION OF ELBOW TENDON WITH REMOVAL OF TISSUE	$266.71
24359	INCISION AND REPAIR OF ELBOW TENDON WITH REMOVAL OF TISSUE OR BONE	$324.38
24360	REPAIR OF ELBOW JOINT WITH TISSUE GRAFT	$729.27
24361	REPAIR OF ELBOW JOINT WITH REPLACEMENT OF LOWER PORTION OF UPPER ARM BONE	$783.88
24362	REPAIR OF ELBOW JOINT WITH IMPLANT WITH AND REPAIR OF LIGAMENT	$817.90
24363	PROSTHETIC REPAIR OF ELBOW JOINT	$1,077.13
24365	JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE	$483.37
24366	JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE	$552.25
24370	REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM OR FOREARM COMPONENTS	$960.07
24371	REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM AND FOREARM COMPONENTS	$1,104.37
24400	INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE	$641.55
24410	INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE WITH INSERTION OF ROD	$854.41
24420	RECONSTRUCTION OF UPPER ARM BONE	$822.54
24430	REPAIR OF NONHEALED BROKEN UPPER ARM BONE	$786.24
24435	REPAIR OF NONHEALED BROKEN UPPER ARM BONE WITH SELF BONE GRAFT	$820.73
24470	REPAIR OF GROWTH PLATE OF UPPER ARM BONE	$500.70
24495	INCISION OF TISSUE OF FOREARM MUSCLE WITH EXPLORATION OF ARTERY	$481.02
24498	STABILIZATION OF UPPER ARM BONE WITH DEVICE	$696.94
24500	CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE	$182.00
24505	CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH MANIPULATION	$319.62
24506	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; PERCUTANEOUS INSERTION OF PIN OR RO	$0.00
24510	TREATMENT OF OPEN HUMERAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSUR	$0.00
24515	TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH PLACEMENT OF STABILIZING	$657.83
24516	TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH PLACEMENT OF STABILIZING	$665.38
24530	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW	$213.78
24531	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT	$0.00
24535	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW WITH MANIPULATION	$375.67
24536	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MA	$0.00
24538	PLACEMENT OF STABILIZING DEVICE TO UPPER ARM BROKEN AT ELBOW	$550.73
24540	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCO	$0.00
24542	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCO	$0.00
24545	TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW	$612.66
24546	TREATMENT OF BROKEN UPPER ARM BONE AT ELBOW WITH EXTENSION	$815.91
24560	CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW	$160.55
24565	CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW WITH	$300.33
24566	PLACEMENT OF STABILIZING DEVICE FOR BROKEN OUTER PART OF UPPER ARM AT ELBOW	$456.90
24575	TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW	$559.48
24576	CLOSED TREATMENT OF BROKEN ELBOW	$167.70
24577	CLOSED TREATMENT OF BROKEN ELBOW WITH MANIPULATION	$320.54
24578	TREATMENT OF OPEN HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLICA	$0.00
24579	TREATMENT OF BROKEN ELBOW	$619.22
24580	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR	$0.00
24581	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR	$0.00
24582	PLACEMENT OF STABILIZING DEVICE FOR BROKEN ELBOW WITH MANIPULATION	$500.93
24583	TREATMENT OF OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PR	$0.00
24585	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HU	$0.00
24586	TREATMENT OF BROKEN OR DISLOCATED UPPER OR FOREARM BONES AT ELBOW	$847.62
24587	TREATMENT OF BROKEN OR DISLOCATED UPPER OR FOREARM BONES AT ELBOW WITH IMPLANT	$823.20
24588	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HU	$0.00
24600	REPAIR OF DISLOCATED ELBOW	$225.39
24605	REPAIR OF DISLOCATED ELBOW UNDER ANESTHESIA	$275.73
24610	TREATMENT OF OPEN ELBOW DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
24615	TREATMENT OF DISLOCATED ELBOW	$540.99

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24620	CLOSED TREATMENT OF BROKEN AND DISLOCATED FOREARM BONES AT ELBOW WITH	$358.42
24625	TREATMENT OF OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PRO	$0.00
24635	TREATMENT OF BROKEN AND DISLOCATED FOREARM BONES AT ELBOW	$869.22
24640	CLOSED TREATMENT OF DISLOCATED FOREARM BONE ON THUMB SIDE AT ELBOW WITH	$76.75
24650	CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW	$125.45
24655	CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH MANIPULATIO	$250.88
24660	TREATMENT OF OPEN RADIAL HEAD OR NECK FRACTURE, WITH UNCOMPLICATED SOFT TISSUE C	$0.00
24665	TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW	$486.33
24666	TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH PROSTHESIS	$588.99
24670	CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW	$149.15
24675	CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW WITH	$272.48
24680	TREATMENT OF OPEN ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS), WITH UNCOMP	$0.00
24685	TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW	$532.27
24700	MANIPULATION UNDER GENERAL ANESTHESIA (INCLUDES	$0.00
24800	FUSION OF ELBOW JOINT WITHOUT BONE GRAFT FROM THE PATIENT	$635.88
24802	FUSION OF ELBOW JOINT WITH BONE GRAFT FROM THE PATIENT	$762.00
24900	AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH CLOSURE	$555.59
24920	AMPUTATION OF ARM THROUGH UPPER ARM BONE LEAVING WOUND	$550.56
24925	SECONDARY CLOSURE OR REVISION OF SCAR OF PREVIOUS UPPER ARM BONE AMPUTATION	$429.96
24930	RE-AMPUTATION OF REMAINING ARM AT UPPER ARM BONE	$601.44
24931	AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH IMPLANT	$683.32
24935	LENGTHENING OF REMAINING AMPUTATED ARM BONE	$855.46
24940	INSERTION OF LEVER INTO MUSCLE OF AMPUTATION STUMP OF ARM	$0.00
24999	OTHER PROCEDURE ON UPPER ARM OR ELBOW	$0.00
25000	INCISION OR THE TENDON COVERING ON THE TOP SIDE OF THE WRIST	$261.08
25001	INCISION OR THE TENDON COVERING ON THE PALM SIDE OF THE WRIST	$223.58
25020	INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON ONE SIDE OF	$394.24
25023	INCISION TO RELIEVE PRESSURE IN TOP OR PALM SIDE OF WRIST COMPARTMENT WITH	$711.07
25024	INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON BOTH SIDES OF	$512.29
25025	INCISION TO RELIEVE PRESSURE IN TOP AND PALM SIDE OF WRIST COMPARTMENT WITH	$824.32
25028	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF FOREARM OR WRIST	$341.13
25031	DRAINAGE OF FLUID FILLED SAC IN WRIST JOINT	$306.43
25035	INCISION OF FOREARM OR WRIST BONE	$534.85
25036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	$0.00
25040	INCISION OF WRIST JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$424.25
25041	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION,	$0.00
25065	BIOPSY OF SURFACE TISSUE OF FOREARM OR WRIST	$105.70
25066	BIOPSY OF DEEP TISSUE OF FOREARM AND/OR WRIST	$284.65
25071	REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, 3.0 CM OR MORE	$203.61
25073	REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, 3.0 CM OR MORE	$254.69
25075	REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, LESS THAN 3.0 CM	$244.54
25076	REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, LESS THAN 3.0 CM	$367.43
25077	EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, LESS THAN 3.0 CM	$625.15
25078	EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, 3.0 CM OR MORE	$532.74
25085	INCISION TO REPAIR OR RELEASE CAPSULE OF WRIST JOINT	$368.29
25100	INCISION OF JOINT CAPSULE OF WRIST	$276.33
25101	INCISION AND EXPLORATION OF WRIST JOINT	$322.83
25105	INCISION INTO WRIST JOINT WITH REMOVAL OF JOINT LINING TISSUE	$417.87
25107	INCISION TO REPAIR WRIST JOINT WITH REPAIR OF CARTILAGE	$416.79
25109	REMOVAL OF TENDON OF FOREARM AND/OR WRIST	$0.00
25110	REMOVAL OF GROWTH OF TENDON COVERING OF FOREARM OR WRIST	$279.23
25111	REMOVAL OF FIRST CYST OF WRIST	$233.71
25112	REMOVAL OF RECURRENT CYST OF WRIST	$287.86
25115	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN PALM SIDE OF WRIST	$586.69
25116	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN TOP SIDE OF WRIST	$532.50
25118	REMOVAL OF LINING OF TENDON COVERING OF WRIST	$306.17
25119	REMOVAL OF TENDON LINING ON TOP SIDE OF WRIST AND END OF FOREARM BONE AT WRIST	$429.29
25120	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE	$470.98
25125	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH SELF BONE GRAFT	$528.33

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
25126	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH BONE GRAFT	$525.08
25130	REMOVAL OF CYST OR GROWTH OF WRIST BONE	$326.61
25135	REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH SELF BONE GRAFT	$408.89
25136	REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH BONE GRAFT	$353.85
25145	REMOVAL OF FRAGMENT OF DEAD FOREARM OR WRIST BONE ON SMALL FINGER SIDE	$470.17
25146	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS);	$0.00
25150	REMOVAL OF DISEASED PART OF FOREARM BONE ON SMALL FINGER SIDE	$471.28
25151	REMOVAL OF DISEASED PART OF FOREARM BONE ON THUMB SIDE	$512.47
25153	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
25170	EXTENSIVE REMOVAL OF GROWTH OF FOREARM BONE (RADIUS OR ULNA)	$708.27
25210	REMOVAL OF WRIST BONE	$364.86
25215	REMOVAL OF MULTIPLE WRIST BONES	$535.76
25230	PARTIAL REMOVAL OF WRIST BONE NEAR THUMB	$347.40
25240	REMOVAL OR PARTIAL REMOVAL OF LOWER END OF FOREARM BONE ON SMALL FINGER SIDE AT	$373.26
25246	INJECTION OF CONTRAST FOR IMAGING OF WRIST	$54.32
25248	REMOVAL OF DEEP FOREIGN BODY IN FOREARM OR WRIST	$346.07
25250	REMOVAL OF WRIST PROSTHESIS	$400.62
25251	REMOVAL OF WRIST PROSTHESIS, COMPLICATED	$608.87
25259	MANIPULATION OF WRIST UNDER ANESTHESIA	$265.48
25260	PRIMARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST	$536.92
25263	SECONDARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST	$548.58
25265	REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE UNDERSIDE OF THE WRIST	$653.27
25270	PRIMARY REPAIR OF TENDON OR MUSCLE OF TOP SIDE OF FOREARM OR WRIST	$458.83
25272	REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE TOP OF THE WRIST	$504.96
25274	REPAIR OF TENDON OR MUSCLE ON TOP SIDE OF FOREARM OR WRIST WITH GRAFT	$580.23
25275	REPAIR OF FOREARM AND/OR WRIST TENDON COVERING WITH GRAFT	$465.60
25280	LENGTHENING OR SHORTENING OF TENDON OF FOREARM AND/OR WRIST	$504.49
25290	INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE	$515.27
25295	REMOVAL OF SCAR TISSUE TO RELEASE TENDON OF FOREARM OR WRIST	$475.60
25300	ANCHORING OF FLEXING TENDON OF FINGERS TO WRIST BONE	$524.10
25301	ANCHORING OF EXTENDING TENDON OF FINGERS TO WRIST BONE	$490.42
25310	RELOCATION OF TENDON OF FOREARM AND/OR WRIST	$568.66
25312	RELOCATION OF TENDON OF FOREARM AND/OR WRIST WITH GRAFTS	$633.82
25315	REPAIR OF TENDON OF FOREARM AND/OR WRIST	$655.28
25316	RELEASE AND RELOCATION OF TENDONS OF FOREARM OR WRIST	$785.38
25320	RECONSTRUCTION OF WRIST JOINT	$616.58
25332	REPAIR OF WRIST JOINT	$661.80
25335	ADVANCEMENT OF TENDONS OF OUTER FOREARM AT WRIST JOINT	$755.72
25337	REPAIR OF TENDONS OF OUTER FOREARM AT WRIST JOINT	$614.19
25350	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR HAND	$598.80
25355	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR ELBOW OR IN	$662.90
25360	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON SMALL FINGER SIDE	$570.63
25365	INCISION OR PARTIAL REMOVAL OF BOTH FOREARM BONES	$793.95
25370	MULTIPLE INCISIONS OR REMOVAL OF PARTS OF FOREARM BONE	$787.42
25375	MULTIPLE INCISIONS OR REMOVAL OF PARTS OF BOTH FOREARM BONES WITH INSERTION OF	$836.25
25390	SHORTENING OF ONE OF THE FOREARM BONES	$681.93
25391	LENGTHENING OF ONE OF THE FOREARM BONES WITH PATIENT-DERIVED BONE GRAFT	$881.02
25392	SHORTENING OF BOTH BONES OF FOREARM	$840.02
25393	LENGTHENING OF BOTH BONES OF FOREARM WITH PATIENT-DERIVED BONE GRAFT	$956.62
25394	SHORTENING OF WRIST BONE	$542.20
25400	REPAIR NON-HEALED FRACTURE OF FOREARM BONE	$727.99
25405	REPAIR NON-HEALED FRACTURE OF FOREARM BONE WITH PATIENT-DERIVED BONE GRAFT	$904.54
25415	TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES	$878.30
25420	TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES WITH SELF BONE GRAFT	$1,011.65
25425	REPAIR OF FOREARM BONE	$921.76
25426	REPAIR OF DEFECT OF BOTH FOREARM BONES WITH SELF BONES GRAFT	$907.78
25430	INSERTION OF VASCULAR BONE GRAFT INTO WRIST BONE	$481.62
25431	REPAIR OF NON-HEALED WRIST BONE OTHER THAN (SCAPHOID OR NAVICULAR)	$485.39
25440	REPAIR OF NON-HEALED WRIST BONE, SCAPHOID OR NAVICULAR AT THE BASE OF THE THUMB	$602.71

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25441	ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE THUMB SIDE AT	$741.65
25442	ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE SMALL FINGER	$603.59
25443	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (SCAPHOID OR	$630.09
25444	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (LUNATE BONE)	$669.31
25445	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (TRAPEZIUM BONE)	$626.25
25446	ARTHROPLASTY OR REPLACEMENT OF THE ENTIRE WRIST JOINT	$1,001.79
25447	REMOVAL OF BONE JOINTS BETWEEN WRIST AND FINGERS	$617.52
25449	REVISION OF WRIST JOINT REPLACEMENT WITH REMOVAL OF EXISTING PROSTHESIS	$761.68
25450	STAPLING OR REMOVAL OF GROWTH PLATE OF FOREARM BONE	$528.40
25455	STAPLING OR REMOVAL OF GROWTH PLATE OF BOTH FOREARM BONES	$586.50
25490	STABILIZATION OF FOREARM BONE ON THUMB SIDE WITH DEVICE	$624.23
25491	STABILIZATION OF FOREARM BONE ON SMALL FINGER SIDE WITH DEVICE	$658.38
25492	STABILIZATION OF BOTH FOREARM BONES WITH DEVICE	$761.00
25500	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE	$131.07
25505	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE WITH	$289.18
25510	TREATMENT OF OPEN RADIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
25515	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE	$531.35
25520	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED	$366.03
25525	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND CLOSED TREATMENT	$710.36
25526	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED WRIST	$844.86
25530	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE	$126.45
25535	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE WITH	$288.08
25540	TREATMENT OF OPEN ULNAR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
25545	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE	$520.50
25560	CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES	$148.88
25565	CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH MANIPULATION	$322.44
25570	TREATMENT OF OPEN RADIAL AND ULNAR SHAFT FRACTURES, WITH UNCOMPLICATED SOFT TISS	$0.00
25574	TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH PLACEMENT OF STABILIZING	$452.28
25575	TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH PLACEMENT OF STABILIZING	$632.66
25600	CLOSED TREATMENT OF BROKEN FOREARM (RADIUS) BONE AT THE WRIST AREA ON THE THUMB	$143.02
25605	CLOSED TREATMENT OF BROKEN OR GROWTH PLATE SEPARATE OF FOREARM BONE AT WRIST	$320.44
25606	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOREARM BONE ON THUMB SIDE AT WRIST	$468.98
25607	TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE OF WRIST, ABOVE WRIST, WITH	$466.97
25608	TREATMENT OF 2 BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE WRIST	$531.56
25609	TREATMENT OF 3 OR MORE BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE	$676.75
25610	TREATMENT OF CLOSED, COMPLEX, DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)	$0.00
25615	TREATMENT OF OPEN DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEA	$0.00
25622	CLOSED TREATMENT OF BROKEN WRIST BONE NEAR BASE OF THUMB	$145.67
25624	CLOSED TREATMENT OF BROKEN WRIST BONE NEAR BASE OF THUMB WITH MANIPULATION	$245.45
25626	TREATMENT OF OPEN CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH UNCOMPLICATED SOFT	$0.00
25628	TREATMENT OF BROKEN WRIST BONE LOCATED NEAR BASE OF THUMB	$495.84
25630	CLOSED TREATMENT OF OTHER BROKEN WRIST BONE	$148.52
25635	CLOSED TREATMENT OF OTHER BROKEN WRIST BONE WITH MANIPULATION	$225.68
25640	TREATMENT OF OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)),	$0.00
25645	TREATMENT OF OTHER BROKEN WRIST BONES	$442.87
25650	CLOSED TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST	$158.22
25651	PLACEMENT OF STABILIZING DEVICE FOR BROKEN BASE OF FOREARM BONE ON SMALL FINGER	$283.75
25652	TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST	$420.71
25660	CLOSED TREATMENT OF DISLOCATED WRIST BONES WITH MANIPULATION	$242.09
25665	TREATMENT OF OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WIT	$0.00
25670	TREATMENT OF DISLOCATED WRIST BONES	$474.74
25671	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FOREARM BONES AT WRIST	$348.57
25675	CLOSED TREATMENT OF DISLOCATED FOREARM BONE AT WRIST WITH MANIPULATION	$247.58
25676	TREATMENT OF DISLOCATED FOREARM BONES AT WRIST	$481.38
25680	CLOSED TREATMENT OF BROKEN AND DISLOCATED WRIST BONES WITH MANIPULATION	$301.28
25685	TREATMENT OF BROKEN AND DISLOCATED WRIST BONES	$575.41
25690	CLOSED TREATMENT OF DISLOCATED WRIST (LUNATE) BONE WITH MANIPULATION	$336.86
25695	TREATMENT OF BROKEN WRIST (LUNATE) BONE	$491.10
25700	MANIPULATION OF JOINT UNDER GENERAL ANESTHESIA	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
25800	COMPLETE FUSION OF WRIST JOINT	$612.50
25805	FUSION OF WRIST JOINT WITH BONE GRAFT	$701.67
25810	FUSION OF WRIST JOINT WITH GRAFT FROM HIP OR OTHER BONE	$656.09
25815	ARTHRODESIS, INTERCARPAL	$0.00
25820	FUSION OF PART OF WRIST JOINT	$481.56
25825	FUSION OF PART OF WRIST JOINT WITH PATIENT-DERIVED BONE GRAFT	$583.69
25830	FUSION OF BOTH FOREARM BONES AT WRIST	$647.03
25900	AMPUTATION OF ARM THROUGH FOREARM BONES	$567.81
25905	AMPUTATION OF ARM THROUGH FOREARM BONES LEAVING WOUND	$587.54
25907	REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT FOREARM BONES	$523.66
25909	RE-AMPUTATION OF REMAINING ARM AT FOREARM BONE	$552.40
25915	CONVERSION OF WRIST AMPUTATION STUMP TO GRASPING FUNCTION	$985.32
25920	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST	$498.49
25922	REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF HAND AT WRIST JOINT	$433.81
25924	RE-AMPUTATION FOLLOWING REMOVAL OF HAND AT WRIST JOINT	$499.26
25927	AMPUTATION OF FINGERS AND PART OF HAND AT MIDHAND BONES	$539.95
25929	REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT MIDHAND BONES	$415.89
25931	RE-AMPUTATION OF REMAINING HAND AT MIDHAND BONES	$514.75
25999	OTHER PROCEDURE ON FOREARM OR WRIST	$0.00
26010	SIMPLE DRAINAGE OF ABSCESS OF FINGER	$96.86
26011	COMPLICATED DRAINAGE OF ABSCESS IN FINGER	$165.44
26020	DRAINAGE OF TENDON OF FINGER AND/OR PALM	$350.06
26025	DRAINAGE OF FLUID FILLED SAC IN PALM	$368.91
26030	DRAINAGE OF MULTIPLE FLUID FILLED SACS IN PALM	$431.70
26032	DRAINAGE OF PALMAR BURSA;	$0.00
26034	INCISION OF HAND OR FINGER BONE	$433.23
26035	RELEASE OF PRESSURE ON TISSUES OF FINGERS AND/OR HAND	$573.05
26037	INCISION OF TISSUE OF HAND TO RELEASE PRESSURE	$477.49
26040	RELEASE OF TISSUE OF PALM	$290.99
26045	PARTIAL RELEASE OF CONNECTIVE TISSUE OF PALM	$409.48
26055	INCISION OF TENDON COVERING OF FINGER	$224.70
26060	INCISION OF FINGER TENDON	$195.30
26070	INCISION OF WRIST JOINT AT FINGER FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL	$283.34
26075	INCISION OF LOWER FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$303.01
26080	INCISION OF FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$331.00
26100	INCISION OF WRIST JOINT AT FINGER WITH BIOPSY	$262.16
26105	INCISION OF JOINT AT BASE OF FINGER WITH BIOPSY	$312.36
26110	INCISION OF FINGER JOINT WITH BIOPSY	$296.52
26111	REMOVAL (1.5 CENTIMETERS OR GREATER) TISSUE BENEATH THE SKIN GROWTH OF HAND OR	$199.03
26113	REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, 1.5 CM OR MORE	$262.01
26115	REMOVAL (LESS THAN 1.5 CENTIMETERS) TISSUE BENEATH THE SKIN GROWTH OF HAND OR	$241.72
26116	REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, LESS THAN 1.5 CM	$388.42
26117	EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, LESS THAN 3.0 CM	$524.01
26118	EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, 3.0 CM OR MORE	$509.39
26120	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	$0.00
26121	REMOVAL OF CONNECTIVE TISSUE OF PALM	$549.18
26122	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	$0.00
26123	REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, FIRST DIGIT	$628.70
26124	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00
26125	REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, EACH ADDITIONAL	$216.88
26126	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00
26128	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00
26130	REMOVAL OF WRIST JOINT LINING	$427.06
26135	REPAIR OF HAND JOINT	$490.87
26140	REMOVAL OF JOINT LINING AND REPAIR OF TENDON ON THE TOPSIDE OF FINGER	$446.31
26145	REPAIR OF TENDON, FINGER, AND/OR PALM OF HAND	$460.12
26160	REMOVAL OF GROWTH OF TENDON FINGER OR HAND	$224.40
26170	REMOVAL OF TENDON OF PALM	$295.69
26180	REMOVAL OF TENDON OF FINGER	$331.31

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26185	REMOVAL OF BONE AT BASE OF THUMB OR FINGER	$333.52
26200	REMOVAL OF CYST OR GROWTH FROM HAND BONE	$402.61
26205	REMOVAL OF CYST OR GROWTH FROM HAND BONE WITH SELF BONE GRAFT	$516.10
26206	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	$0.00
26210	REMOVAL OF CYST OR GROWTH OF FINGER BONE	$385.52
26215	REMOVAL OF CYST OR GROWTH OF FINGER BONE WITH SELF BONE GRAFT	$479.70
26216	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	$0.00
26230	PARTIAL REMOVAL OF HAND BONE	$418.28
26235	PARTIAL REMOVAL OF FINGER BONE NEAREST HAND OR MIDDLE OF FINGER	$403.74
26236	PARTIAL REMOVAL OF FINGER BONE AT END OF FINGER	$369.60
26250	EXTENSIVE REMOVAL OF GROWTH OF HAND BONE	$535.59
26260	EXTENSIVE REMOVAL OF GROWTH OF FINGER	$498.39
26262	EXTENSIVE REMOVAL OF GROWTH AT END OF FINGER BONE	$420.67
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	$330.21
26340	MANIPULATION OF FINGER JOINT UNDER ANESTHESIA	$204.62
26341	MANIPULATION OF FINGER FOR CONNECTIVE TISSUE RELEASE FOLLOWING ENZYME INJECTION	$47.45
26350	REPAIR OF FINGER TENDON OF UNDER SIDE OF HAND OTHER THAN UPPER MOST PART OF	$523.67
26352	REPAIR OF FINGER TENDON ON UNDER SIDE OF HAND WITH A GRAFT NOT IN ZONE 2	$596.10
26356	PRIMARY REPAIR OF FINGER TENDON ON UNDERSIDE OF THE HAND WITHOUT A GRAFT IN	$671.53
26357	SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITHOUT A GRAFT IN ZONE 2	$616.15
26358	SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITH A GRAFT IN ZONE 2	$655.37
26370	REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER	$565.35
26372	SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER WITH A GRAFT	$644.27
26373	SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER	$615.10
26390	REPAIR OF TENDON ON UNDERSIDE OF FINGER OR HAND WITH IMPLANTED ROD	$605.92
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF TENDON GRAFT IN HAND OR FINGER	$756.22
26410	REPAIR OF TENDON ON TOP OF HAND	$421.25
26412	REPAIR OF TENDON ON TOP OF HAND WITH GRAFT	$497.86
26415	REMOVAL OF TENDON FROM TOP OF HAND OR FINGER WITH ROD INSERTION	$554.26
26416	REMOVAL OF ROD WITH TENDON GRAFT AT TOP OF HAND OR FINGER	$764.02
26418	REPAIR OF TENDON ON TOP SIDE OF FINGER	$421.33
26420	REPAIR OF TENDON OF TOP SIDE OF FINGER WITH GRAFT	$536.27
26426	SECONDARY REPAIR OF TENDON OF TOP OF FINGER USING TISSUE	$491.06
26428	SECONDARY REPAIR OF TENDON OF UPPER SIDE OF FINGER WITH GRAFT	$535.51
26432	CLOSED TREATMENT OF TENDON OF UPPER SIDE OF FINGER	$363.23
26433	REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER	$390.41
26434	REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER WITH GRAFT	$448.15
26437	REPAIR OF TENDON ON UPPER SIDE OF HAND	$442.01
26440	RELEASE OF TENDON OF PALM OR FINGER	$468.42
26442	RELEASE OF TENDON OF PALM AND FINGER	$612.02
26445	RELEASE OF TENDON OF TOP OF HAND OR FINGER	$443.05
26449	RELEASE OF TENDON EXTENDING FROM FINGER TO FOREARM	$578.67
26450	INCISION OF TENDON OF PALM	$280.05
26455	INCISION OF TENDON OF FINGER	$277.92
26460	INCISION OF TENDON AT TOP OF HAND OR FINGER	$269.72
26471	SUTURE OF TENDON TO FIRST JOINT OF FINGER	$431.43
26474	SUTURE OF TENDON TO JOINT OF FINGER NEAR TOP OF FINGER	$423.67
26476	LENGTHENING OF TENDON ON UPPER SIDE OF HAND OR FINGER	$409.39
26477	SHORTENING OF TENDON OF UPPER SIDE OF HAND OR FINGER	$412.36
26478	LENGTHENING OF TENDON OF PALM SIDE OF FINGER OR HAND	$448.55
26479	SHORTENING OF TENDON OF PALM SIDE OF HAND OR FINGER	$440.47
26480	TRANSFER OF TENDON TO BACK OF HAND	$552.17
26483	TRANSFER OF TENDON TO BACK OF HAND WITH GRAFT	$653.26
26485	TRANSFER OF TENDON TO PALM	$589.51
26489	TRANSFER OF TENDON TO PALM WITH GRAFT	$546.35
26490	TRANSFER OF TENDON FROM RING FINGER TO THUMB	$568.97
26492	TRANSFER OF TENDON TO THUMB WITH GRAFT	$635.31
26494	TRANSFER OF TENDON IN PALM TO THUMB	$623.45
26496	TRANSFER OF TENDON TO THUMB, PALM, OR WRIST	$619.88

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
26497	TRANSFER OF TENDON TO RING AND SMALL FINGERS	$617.72
26498	TRANSFER OF TENDONS OF HAND, ALL 4 FINGERS	$856.37
26499	CORRECTION OF CLAW FINGER	$613.40
26500	REPAIR OF LIGAMENT SURROUNDING FINGER TENDON	$442.10
26502	REPAIR OF LIGAMENT SURROUNDING FINGER TENDON WITH GRAFT	$487.90
26508	RELEASE OF MUSCLES OF PALM NEAR THUMB	$450.76
26510	TRANSFER OF FINGER TENDON	$425.47
26516	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 1 FINGER	$493.15
26517	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 2 FINGERS	$582.40
26518	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 3-4 FINGERS	$571.87
26520	INCISION OR REMOVAL OF JOINT CAPSULE BETWEEN HAND AND FINGER	$487.34
26525	REPAIR OF JOINT CAPSULE OF FINGER	$490.24
26530	REPAIR OF JOINT CONNECTING HAND AND FINGER BONES WITH IMPLANT	$521.48
26531	REPAIR OF JOINT BETWEEN HAND AND FINGER BONES WITH PROSTHESIS	$590.49
26535	REPLACEMENT OF FINGER JOINT	$359.11
26536	REPLACEMENT OF FINGER JOINT WITH PROSTHESIS	$510.83
26540	REPAIR OF LIGAMENT OF FINGER OR HAND AND FINGER JOINT	$479.17
26541	REPAIR OF LIGAMENT OF FINGER OR HAND TO FINGER JOINT WITH GRAFT	$609.11
26542	REPAIR OF LIGAMENT OF HAND TO FINGER JOINT WITH LOCAL TISSUE	$477.93
26545	REPAIR OF LIGAMENT OF FINGER JOINT WITH GRAFT	$484.45
26546	REPAIR OF NONHEALED HAND OR FINGER BONE	$610.51
26548	REPAIR OF JOINT BETWEEN FINGER AND PALM	$530.74
26550	SURGICAL CREATION OF THUMB	$1,202.06
26551	TRANSFER OF GREAT TOE TO HAND	$2,507.36
26553	TRANSFER OF TOE TO HAND	$2,485.72
26554	TRANSFER OF 2 TOES TO HAND	$2,923.25
26555	TRANSFER OF FINGER	$1,019.30
26556	TRANSFER OF TOE AND JOINT TO FINGER	$2,577.84
26560	REPAIR OF WEBBED FINGER WITH SKIN FLAPS	$386.51
26561	REPAIR OF WEBBED FINGER WITH SKIN FLAPS AND GRAFTS	$695.87
26562	COMPLEX REPAIR OF EACH WEBBED FINGER	$817.15
26565	INCISION OR REMOVAL OF HAND BONE	$480.59
26567	PARTIAL REMOVAL OF FINGER BONE	$477.19
26568	LENGTHENING OF HAND OR FINGER BONE	$661.27
26570	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	$0.00
26574	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	$0.00
26580	REPAIR OF DEFORMED HAND	$1,025.86
26587	REMOVAL OF EXTRA FINGER	$581.87
26590	REPAIR OF ENLARGED FINGER	$1,041.77
26591	REPAIR OF HAND MUSCLE	$326.78
26593	RELEASE OF HAND MUSCLE	$417.23
26596	REMOVAL OF CONSTRICTING RING OF SKIN OF FINGER	$524.30
26600	CLOSED TREATMENT OF BROKEN HAND BONE	$117.44
26605	CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION	$166.50
26607	CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION AND PLACEMENT OF	$323.57
26608	TREATMENT OF BROKEN FINGER BONE WITH STABILIZING DEVICE ACCESSED THROUGH SKIN	$322.88
26610	TREATMENT OF OPEN METACARPAL FRACTURE, SINGLE, WITH UNCOMPLICATED SOFT TISSUE CL	$0.00
26615	TREATMENT OF BROKEN MIDHAND BONE	$339.62
26641	CLOSED TREATMENT OF DISLOCATED THUMB AT WRIST WITH MANIPULATION	$199.66
26645	CLOSED TREATMENT OF BROKEN THUMB AT WRIST WITH MANIPULATION	$235.74
26650	PLACEMENT OF STABILIZING DEVICE FOR BROKEN THUMB AT WRIST WITH MANIPULATION	$346.20
26655	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTUR	$0.00
26660	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTUR	$0.00
26665	TREATMENT OF BROKEN THUMB AT WRIST	$449.09
26670	CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION	$187.91
26675	CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION UNDER	$266.13
26676	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND BONE AT WRIST JOINT WITH	$359.15
26680	TREATMENT OF OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SIN	$0.00
26685	TREATMENT OF BROKEN HAND BONE AT WRIST	$414.75

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
26686	COMPLICATED TREATMENT OF DISLOCATED MIDHAND BONE AT WRIST	$459.42
26700	CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION	$162.97
26705	CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION	$216.41
26706	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND JOINT AT BASE OF FINGER	$304.59
26710	TREATMENT OF OPEN METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH UNCOMPLICATED S	$0.00
26715	TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER	$341.06
26720	CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND	$94.34
26725	CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND WITH	$174.41
26727	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FINGER OR THUMB AT MIDPORTION OR	$303.06
26730	TREATMENT OF OPEN PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	$0.00
26735	TREATMENT OF BROKEN FINGER AT MIDPORTION OR PART NEAR HAND	$344.51
26740	CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER	$118.43
26742	CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER WITH MANIPULATION	$214.01
26743	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	$0.00
26744	TREATMENT OF OPEN ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMA	$0.00
26746	TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER	$356.56
26750	CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB	$94.28
26755	CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB WITH MANIPULATION	$154.52
26756	PLACEMENT OF STABILIZING DEVICE FOR BROKEN END OF FINGER OR THUMB	$263.35
26760	TREATMENT OF OPEN DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH UNCOMPLICATE	$0.00
26765	TREATMENT OF BROKEN END OF FINGER OR THUMB	$259.30
26770	CLOSED TREATMENT OF DISLOCATED FINGER JOINT WITH MANIPULATION	$136.33
26775	CLOSED TREATMENT OF DISLOCATED FINGER JOINT WITH MANIPULATION UNDER ANESTHESIA	$190.88
26776	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FINGER JOINT WITH MANIPULATION	$281.32
26780	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH UNCOMPLICATED	$0.00
26785	TREATMENT OF DISLOCATED FINGER JOINT	$266.22
26820	FUSION OF THUMB	$560.16
26841	FUSION OF THUMB AT WRIST	$519.41
26842	FUSION OF THUMB AT WRIST WITH BONE GRAFT	$593.06
26843	FUSION OF HAND JOINT	$525.26
26844	FUSION OF FINGER AT HAND JOINT WITH SELF BONE GRAFT	$572.40
26850	FUSION OF JOINT BETWEEN FINGER AND HAND	$487.55
26852	FUSION OF FINGER JOINT AT HAND WITH SELF BONE GRAFT	$541.94
26860	FUSION OF FINGER JOINT, INITIAL JOINT	$403.67
26861	FUSION OF FINGER JOINT, EACH ADDITIONAL JOINT	$97.39
26862	FUSION OF FINGER JOINT WITH SELF BONE GRAFT, INITIAL JOINT	$500.95
26863	FUSION OF FINGER JOINT WITH SELF BONE GRAFT, EACH ADDITIONAL JOINT	$203.10
26910	AMPUTATION OF FINGER OR THUMB	$487.40
26951	AMPUTATION OF FINGER OR THUMB WITH DIRECT CLOSURE	$374.75
26952	AMPUTATION OF FINGER OR THUMB WITH TISSUE FLAP	$456.57
26989	OTHER PROCEDURE ON HANDS OR FINGERS	$0.00
26990	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF PELVIS OR HIP NEAR JOINT	$470.25
26991	DRAINAGE OF INFECTED FLUID-FILLED SAC NEAR PELVIS OR HIP JOINT	$345.22
26992	INCISION OF PELVIS AND/OR HIP JOINT BONE	$740.38
26995	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
27000	INCISION OF HIP TENDON THROUGH SKIN	$293.74
27001	INCISION OF HIP TENDON	$352.01
27002	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	$0.00
27003	INCISION OF HIP TENDON WITH REMOVAL OF NERVE	$454.23
27004	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN,	$0.00
27005	INCISION OF TENDON OF HIP	$476.20
27006	INCISION OF TENDON OF HIP (ABDUCTOR AND/OR EXTENSOR)	$505.24
27010	GLUTEAL-ILIOTIBIAL FASCIOTOMY (OBER TYPE PROCEDURE)	$0.00
27015	ILIAC CREST FASCIOTOMY (SOUTTER OR CAMPBELL TYPE PROCEDURE), STRIPPING OF ILIUM	$0.00
27025	INCISION OF CONNECTIVE TISSUE OF HIP OR THIGH	$573.77
27026	OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST,	$0.00
27027	INCISION OF CONNECTIVE TISSUE ON SIDE OF PELVIS OR BUTTOCK	$496.54
27030	INCISION AND DRAINAGE OF HIP JOINT	$742.10
27031	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE;	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27033	INCISION OF HIP JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$758.16
27035	REMOVAL OF HIP OR PELVIC NERVE	$910.10
27036	REPAIR OF HIP JOINT CAPSULE	$762.45
27040	BIOPSY OF SURFACE TISSUE OF PELVIS AND HIP	$142.78
27041	BIOPSY OF DEEP TISSUE OF PELVIS AND HIP	$442.25
27043	REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, 3.0 CM OR MORE	$223.33
27045	REMOVAL OF GROWTH OF MUSCLE OF PELVIS AND HIP, 5.0 CM OR MORE	$354.41
27047	REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, LESS THAN 3.0 CM	$346.22
27048	REMOVAL OF GROWTH OF SOFT TISSUE OF PELVIS AND HIP, LESS THAN 5.0 CM	$363.96
27049	EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, LESS THAN 5.0 CM	$748.98
27050	BIOPSY OF JOINT BETWEEN LOWER SPINE AND PELVIS	$294.49
27052	BIOPSY OF HIP JOINT	$407.97
27054	REMOVAL OF HIP JOINT LINING	$550.94
27057	INCISION OF TISSUE ON SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSCLE	$550.53
27059	EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, 5.0 CM OR MORE	$861.61
27060	REMOVAL OF FLUID-FILLED SAC (BURSA) OF PELVIS	$317.92
27062	REMOVAL OF FLUID-FILLED SAC (BURSA) OR CALCIUM DEPOSIT OF PELVIS	$323.83
27065	REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE	$381.13
27066	REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF	$603.55
27067	REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE	$798.75
27070	PARTIAL REMOVAL OF SUPERFICIAL CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH	$678.32
27071	PARTIAL REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE	$725.12
27075	EXTENSIVE REMOVAL OF GROWTH OF HIP BONE	$1,387.84
27076	EXTENSIVE REMOVAL OF GROWTH OF UPPER PELVIC BONE INCLUDING HIP SOCKET, BASE OF	$1,196.52
27077	EXTENSIVE REMOVAL OF GROWTH OF SIDE OF PELVIC BONE	$1,598.26
27078	EXTENSIVE REMOVAL OF GROWTH OF BASE OF PELVIS AND UPPER END OF THIGH BONE	$750.93
27080	REMOVAL OF TAILBONE	$367.40
27086	REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSED BENEATH THE SKIN	$108.17
27087	REMOVAL OF FOREIGN BODY IN TISSUE OR MUSCLE OF PELVIS OR HIP	$430.06
27090	REMOVAL OF HIP PROSTHESIS	$633.82
27091	REMOVAL OF HIP PROSTHESIS, COMPLICATED	$1,224.30
27093	INJECTION OF CONTRAST FOR IMAGING OF HIP JOINT	$57.11
27095	INJECTION OF CONTRAST FOR IMAGING OF HIP UNDER ANESTHESIA	$65.12
27096	INJECTION OF ANESTHETIC OR STEROID INTO JOINT BETWEEN LOWER SPINE AND HIP BONE	$42.43
27097	RELEASE OF UPPER HAMSTRING MUSCLE	$515.06
27098	TRANSFER OF TENDON TO PELVIC BONE	$517.41
27100	TRANSFER OF ABDOMINAL MUSCLE TO THIGH BONE AT HIP JOINT	$639.14
27105	TRANSFER OF MUSCLE TO HIP	$605.99
27110	TRANSFER OF MUSCLE TO THIGH BONE AT HIP JOINT	$760.26
27111	TRANSFER OF MUSCLE TO UPPER THIGH BONE	$712.11
27115	MUSCLE RELEASE, COMPLETE (HANGING HIP OPERATION)	$0.00
27120	REPAIR OF HIP SOCKET	$1,037.48
27122	REPAIR OF HIP SOCKET WITH REMOVAL OF HEAD OF THIGH BONE	$914.04
27125	PARTIAL REPLACEMENT OF THIGH BONE AT HIP JOINT WITH PROSTHESIS	$891.37
27126	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP	$0.00
27127	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP WITH ACETABULOPLASTY	$0.00
27130	REPLACEMENT OF THIGH BONE AND HIP JOINT WITH PROSTHESIS	$1,385.91
27132	TOTAL HIP REPLACEMENT AFTER PREVIOUS HIP SURGERY	$1,380.47
27134	REVISION OF THIGH BONE AND HIP JOINT PROSTHESIS	$1,668.92
27135	SECONDARY RECONSTRUCTION OR REVISION OF	$0.00
27137	REVISION OF HIP SOCKET PART OF HIP PROSTHESIS	$1,262.71
27138	REVISION OF THIGH BONE PROSTHESIS	$1,313.61
27140	REPOSITIONING OF PART OF HEAD OF THIGH BONE	$826.65
27146	INCISION OR PARTIAL REMOVAL OF HIP BONE	$918.92
27147	INCISION OR PARTIAL REMOVAL OF HIP BONE AND REPAIR OF DISLOCATED HIP JOINT	$1,123.29
27151	RESHAPING OF PART OF HIP BONE	$1,103.46
27156	INCISION AND RESHAPING OF PART OF HIP AND THIGH BONES AND REPAIR OF DISLOCATED	$1,293.93
27157	ACETABULAR AUGMENTATION (WILSON PROCEDURE)	$0.00
27158	INCISION OR PARTIAL REMOVAL OF BOTH SIDES OF PELVIC BONES	$1,016.80

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27161	INCISION OR PARTIAL REMOVAL OF NECK OF THIGH BONE	$930.77
27165	INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK WITH PLACEMENT OF	$1,015.63
27170	BONE GRAFT TO UPPER THIGH BONE	$941.75
27175	TREATMENT OF SLIPPED GROWTH PLATE AT UPPER THIGH BONE	$388.67
27176	TREATMENT OF GROWTH PLATE AT TOP OF THIGH WITH PINS INSERTED THROUGH SKIN'	$660.06
27177	TREATMENT OF SLIPPED GROWTH PLATE AT UPPER END OF THIGH BONE WITH PINNING OR	$807.96
27178	TREATMENT OF SLIPPED GROWTH PLATE AT UPPER THIGH BONE WITH MANIPULATION AND	$658.20
27179	REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE	$713.19
27181	REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING	$775.26
27185	REMOVAL OF GROWTH PLATE OF UPPER THIGH BONE	$443.51
27187	STABILIZATION OF UPPER THIGH BONE WITH DEVICE	$833.15
27190	TREATMENT OF CLOSED SACRAL FRACTURE	$0.00
27192	OPEN TREATMENT OF CLOSED OR OPEN SACRAL FRACTURE	$0.00
27195	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITHOUT MANIPULATION	$0.00
27196	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITH ANESTHESIA AND	$0.00
27197	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED PELVIS AND/OR SACRUM	$75.80
27198	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED PELVIS AND/OR SACRUM WITH	$188.09
27200	CLOSED TREATMENT OF BROKEN TAILBONE	$102.21
27201	TREATMENT OF OPEN COCCYGEAL FRACTURE	$0.00
27202	TREATMENT OF BROKEN TAILBONE	$607.12
27210	TREATMENT OF CLOSED ILIAC, PUBIC OR ISCHIAL FRACTURE	$0.00
27212	TREATMENT OF OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH UNCOMPLICATED SOFT TISS	$0.00
27214	OPEN TREATMENT OF CLOSED OR OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH OR WITHO	$0.00
27215	TREATMENT OF BROKEN BONES ON SIDE OF PELVIS	$621.37
27216	PLACEMENT OF STABILIZING DEVICE FOR BROKEN AND/OR DISLOCATED BONE ON SIDE OF	$685.24
27217	TREATMENT OF BROKEN AND/OR DISLOCATED FRONT OF PELVIS	$833.13
27218	TREATMENT OF BROKEN AND/OR DISLOCATED BACK OF PELVIS	$1,002.93
27220	CLOSED TREATMENT OF BROKEN HIP SOCKET	$331.50
27222	CLOSED TREATMENT OF BROKEN HIP SOCKET WITH MANIPULATION	$619.62
27224	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	$0.00
27225	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	$0.00
27226	TREATMENT OF BROKEN HIP SOCKET WITH PLACEMENT OF STABILIZING DEVICE	$877.37
27227	TREATMENT OF BROKEN BONES OF FRONT OR BACK COLUMN OF HIP SOCKET OR ACROSS HIP	$1,264.38
27228	TREATMENT OF BROKEN BONES OF FRONT AND BACK COLUMN OR WALL OF HIP SOCKET WITH	$1,406.26
27230	CLOSED TREATMENT OF BROKEN UPPER THIGH BONE	$297.94
27232	CLOSED TREATMENT OF BROKEN UPPER THIGH BONE WITH MANIPULATION	$590.20
27234	TREATMENT OF OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, WITH UNCOMPLICATED SOFT	$0.00
27235	PLACEMENT OF STABILIZING DEVICE FOR UPPER END OF BROKEN THIGH BONE	$732.45
27236	TREATMENT OF UPPER END OF BROKEN THIGH BONE WITH PLACEMENT OF STABILIZING	$921.32
27238	CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE	$326.78
27240	CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE WITH MANIPULATION	$670.30
27242	TREATMENT OF OPEN INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMOI	$0.00
27244	TREATMENT OF BROKEN NECK OF THIGH BONE WITH PLATE/SCREW IMPLANT	$923.47
27245	TREATMENT OF BROKEN NECK OF THIGH BONE WITH BONE IMPLANT	$1,087.13
27246	CLOSED TREATMENT OF BROKEN BELOW HEAD OF THIGH BONE	$280.32
27248	TREATMENT OF BROKEN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$637.47
27250	CLOSED TREATMENT OF DISLOCATED HIP	$340.91
27252	CLOSED TREATMENT OF DISLOCATED HIP UNDER ANESTHESIA	$490.44
27253	TREATMENT OF DISLOCATED HIP	$752.59
27254	TREATMENT OF TRAUMATIC BROKEN THIGH AND HIP AND DISLOCATED HIP	$947.13
27255	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP	$0.00
27256	CLOSED TREATMENT OF SPONTANEOUS DISLOCATED HIP	$217.99
27257	TREATMENT OF SPONTANEOUS DISLOCATED HIP UNDER ANESTHESIA	$293.81
27258	TREATMENT OF SPONTANEOUS DISLOCATED HIP	$875.74
27259	TREATMENT OF SPONTANEOUS DISLOCATED HIP WITH SHORTENING OF THIGH BONE	$1,159.68
27265	CLOSED TREATMENT OF DISLOCATED HIP PROSTHESIS	$285.28
27266	CLOSED TREATMENT OF DISLOCATED HIP PROSTHESIS UNDER ANESTHESIA	$393.81
27267	CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE	$212.29
27268	CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE WITH MANIPULATION	$259.73

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27269	TREATMENT OF BROKEN HEAD OF THIGH BONE	$610.72
27275	MANIPULATION OF HIP JOINT UNDER GENERAL ANESTHESIA	$143.41
27279	FUSION OF PELVIC JOINT USING IMAGING GUIDANCE	$356.42
27280	FUSION OF SACROILIAC JOINT OBTAINING BONE GRAFT OPEN PROCEDURE	$762.16
27281	ARTHRODESIS, SACROILIAC JOINT (INCLUDING	$0.00
27282	FUSION OF JOINT BETWEEN PUBIC BONES	$641.31
27284	FUSION OF HIP JOINT	$980.16
27286	FUSION OF HIP JOINT WITH INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK	$991.88
27290	AMPUTATION OF PELVIC STRUCTURES	$1,341.88
27295	REMOVAL OF HIP BONE AND LEG AT HIP JOINT	$1,027.02
27299	OTHER PROCEDURE ON PELVIS OR HIP JOINT	$324.74
27301	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF THIGH OR KNEE	$414.94
27303	INCISION OF BONE OF THIGH OR KNEE	$535.80
27304	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
27305	INCISION OF CONNECTIVE TISSUE BETWEEN THIGH AND KNEE	$360.89
27306	INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLE	$268.34
27307	INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLE	$325.17
27310	INCISION OF KNEE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$570.59
27311	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
27323	BIOPSY OF SURFACE TISSUE OF THIGH OR KNEE	$118.71
27324	BIOPSY OF DEEP TISSUE OF THIGH OR KNEE	$280.09
27325	REMOVAL OF NERVE OF HAMSTRING MUSCLE	$342.85
27326	REMOVAL OF NERVE OF CALF MUSCLE	$325.80
27327	REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, 3.0 CM OR MORE	$253.66
27328	REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR LESS	$325.92
27329	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, LESS THAN 5.0 CM	$807.96
27330	BIOPSY OF MEMBRANE COVERING KNEE JOINT	$321.34
27331	INCISION OF KNEE JOINT FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY	$382.16
27332	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER OR OUTER SIDE OF KNEE	$511.96
27333	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER AND OUTER SIDES OF	$457.35
27334	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT OR BACK OF KNEE	$547.79
27335	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT AND BACK OF KNEE	$624.93
27337	REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, LESS THAN 3.0 CM	$200.19
27339	REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR MORE	$358.56
27340	REMOVAL OF FLUID-FILLED SAC FROM JOINT AT FRONT OF KNEE	$263.93
27345	REMOVAL OF CYST OF BACK OF KNEE	$368.19
27347	REMOVAL OF GROWTH OF KNEE CARTILAGE OR CAPSULE	$287.11
27350	REMOVAL OF KNEECAP	$512.38
27355	REMOVAL OF CYST OR GROWTH OF THIGH BONE	$498.75
27356	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH DONOR BONE GRAFT	$572.88
27357	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH SELF BONE GRAFT	$615.43
27358	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$253.04
27360	PARTIAL REMOVAL OF THIGH AND/OR LOWER LEG BONES	$693.17
27361	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	$0.00
27364	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, 5.0 CM OR MORE	$744.19
27365	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE BONE	$917.75
27369	INJECTION OF CONTRAST FOR IMAGING OF KNEE JOINT	$25.54
27372	REMOVAL OF FOREIGN BODY DEEP IN TISSUE OF THIGH OR KNEE	$294.66
27373	ARTHROSCOPY KNEE, DIAGNOSTIC (SEP PROC)	$0.00
27374	ARTHROSCOPY KNEE SURGICAL DEBRIDE W/CART SHAVING	$0.00
27376	ARTHRSCPY KNEE SRGCL; W/SYNOVL BIOPSY	$0.00
27377	ARTHRSCPY KNEE SRGCL; W/RMVL LOOSE BDY	$0.00
27378	ARTHRSCPY KNEE SRGCL; W/MENISCECTMY	$0.00
27379	ARTHRSCPY KNEE SRGCL;W/PLICA RESCTN &/SHLF RESCTN	$0.00
27380	PRIMARY SUTURE OF TENDON BELOW KNEE	$455.54
27381	SECONDARY SUTURE OF TENDON BELOW KNEE	$632.64
27385	PRIMARY SUTURE OF RUPTURED MUSCLE OF THIGH	$491.29
27386	SECONDARY SUTURE OF RUPTURED MUSCLE OF THIGH	$657.08
27390	REPAIR OF HAMSTRING TENDON	$329.08

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27391	REPAIR OF MULTIPLE HAMSTRING TENDONS IN LEG	$418.80
27392	REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS	$540.50
27393	LENGTHENING OF HAMSTRING TENDON	$395.65
27394	LENGTHENING OF MULTIPLE HAMSTRING TENDONS IN LEG	$483.77
27395	LENGTHENING OF MULTIPLE HAMSTRING TENDONS IN BOTH LEGS	$709.84
27396	TRANSFER OF THIGH TENDON	$482.95
27397	TRANSFER OF THIGH TENDONS	$638.99
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING TO FEMUR	$540.19
27403	INCISION AND REPAIR OF KNEE CARTILAGE	$515.53
27405	PRIMARY REPAIR OF TORN LIGAMENT OR JOINT CAPSULE AT OUTSIDE PART OF KNEE	$549.03
27407	REPAIR OF TORN LIGAMENT AND/OR JOINT CAPSULE AT FRONT OF KNEE	$594.56
27409	REPAIR OF TORN LIGAMENTS OR JOINT CAPSULE AT FRONT AND SIDES OF KNEE	$788.18
27410	SEC RPR RPTD/SVRD LIG W/WO MNSCTMY; CLLTRL/CRCT	$0.00
27411	SUT SEC REP TRN RUPT LIG KNEE COLLATERAL	$0.00
27412	IMPLANTATION OF SELF CARTILAGE INTO KNEE JOINT	$1,180.50
27413	SUT SEC REP TRN RUPT LIG KNEE COLLATERAL OR CRUCIA	$0.00
27414	SUTR SEC LIG W/WO MNSCTMY KNEE CLLTRL&CRUCT LIG	$0.00
27415	IMPLANTATION OF DONOR CARTILAGE CELLS INTO KNEE JOINT	$982.40
27416	IMPLANTATION OF SELF CARTILAGE CELLS INTO KNEE BONE	$481.35
27418	REPAIR OF UPPER END OF SHIN BONE AT KNEE JOINT	$668.21
27420	REPAIR OF DISLOCATING KNEECAP	$602.86
27422	REPAIR OF DISLOCATING KNEECAP WITH REALIGNMENT	$605.23
27424	RECONSTRUCTION OF DISLOCATING KNEECAP WITH REMOVAL	$603.09
27425	RELEASE OF LIGAMENTS OF KNEE JOINT	$344.95
27427	RECONSTRUCTION OF LIGAMENTS OUTSIDE KNEE JOINT	$580.51
27428	RECONSTRUCTION LIGAMENTS INSIDE KNEE JOINT	$820.50
27429	RECONSTRUCTION OF LIGAMENTS INSIDE AND OUTSIDE KNEE JOINT	$817.42
27430	REPAIR OF MUSCLE GROUP ABOVE KNEE JOINT	$573.52
27435	INCISION OF BACK PORTION OF KNEE JOINT CAPSULE	$527.24
27437	REPAIR OF KNEECAP	$534.30
27438	REPAIR OF KNEECAP WITH PROSTHESIS	$692.99
27440	REPAIR OF LOWER PART OF KNEE JOINT	$639.55
27441	REPAIR OF LOWER PART OF KNEE JOINT WITH PROSTHESIS AND REMOVAL OF JOINT LINING	$609.60
27442	REPAIR OF END OF THIGH OR LOWER LEG BONE AT KNEE JOINT WITH PROSTHESIS	$726.15
27443	KNEE REPLACEMENT WITH REPAIR OF END OF THIGH OR LOWER LEG BONE AND REMOVAL OF	$674.68
27444	ARTHROPLASTY, KNEE, TOTAL;	$0.00
27445	KNEE JOINT REPLACEMENT USING HINGED PROSTHESIS	$1,049.75
27446	REPLACEMENT OF KNEE JOINT ON SIDE OF KNEE	$960.00
27447	REPLACEMENT OF KNEE JOINT, BOTH SIDES OF KNEE	$1,492.58
27448	INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE	$690.14
27449	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITHOUT	$0.00
27450	INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE WITH STABILIZING	$852.53
27452	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITH	$0.00
27454	MULTIPLE INCISIONS OR REMOVALS OF PARTS OF MIDDLE PORTION OF THIGH BONE WITH	$983.71
27455	INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR	$750.00
27457	INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR	$782.81
27460	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	$0.00
27462	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	$0.00
27465	SHORTENING OF THIGH BONE	$811.59
27466	LENGTHENING OF THIGH BONE	$931.62
27468	LENGTHENING AND SHORTENING OF THIGH BONE	$1,039.36
27470	REPAIR OF NONHEALED BROKEN THIGH BONE	$975.79
27472	REPAIR OF NONHEALED BROKEN THIGH BONE WITH SELF BONE GRAFT	$1,082.92
27475	REMOVAL OF GROWTH PLATE AT LOWER END OF THIGH BONE	$507.16
27477	REMOVAL OF GROWTH PLATE OF BOTH LOWER LEG BONES	$611.06
27479	REMOVAL OF GROWTH PLATE OF LEG AND THIGH BONES	$725.29
27485	REMOVAL OF GROWTH PLATE OF LEG OR THIGH BONES	$516.30
27486	REVISION OF COMPONENT OF TOTAL KNEE JOINT PROSTHESIS	$1,149.06
27487	REVISION OF THIGH AND LOWER LEG BONE COMPONENTS OF TOTAL KNEE JOINT PROSTHESIS	$1,483.24

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27488	REMOVAL OF TOTAL KNEE JOINT PROSTHESIS	$932.68
27495	STABILIZATION OF THIGH BONE WITH DEVICE	$961.48
27496	INCISION OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE	$365.40
27497	INCISION OF TISSUE OF THIGH AND/OR KNEE WITH TISSUE REMOVAL TO RELIEVE PRESSURE	$422.68
27498	MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE	$452.58
27499	MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE WITH TISSUE	$504.67
27500	CLOSED TREATMENT OF BROKEN THIGH BONE	$361.95
27501	CLOSED TREATMENT OF BROKEN THIGH BONE AT LOWER END	$375.61
27502	CLOSED TREATMENT OF BROKEN THIGH BONE AT MIDPORTION WITH MANIPULATION	$586.07
27503	CLOSED TREATMENT OF BROKEN THIGH BONE AT FAR END WITH MANIPULATION	$587.63
27504	TREATMENT OF OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH UNCOMI	$0.00
27506	TREATMENT OF BROKEN SHAFT OF THIGH BONE WITH IMPLANT	$982.50
27507	TREATMENT OF BROKEN MIDDLE OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$842.51
27508	CLOSED TREATMENT OF BROKEN INSIDE OR OUTSIDE PORTION OF LOWER END OF THIGH BONE	$316.30
27509	TREATMENT OF BROKEN THIGH BONE AT FAR END WITH PLACEMENT OF STABILIZING DEVICE	$417.25
27510	CLOSED TREATMENT OF BROKEN THIGH BONE AT KNEE AREA WITH MANIPULATION	$484.58
27511	TREATMENT OF BROKEN THIGH BONE AT FAR END	$833.16
27512	TREATMENT OF OPEN FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH	$0.00
27513	TREATMENT OF BROKEN THIGH BONE IN KNEE AREA	$1,008.97
27514	TREATMENT OF BROKEN SIDE OF LOWER END OF THIGH BONE	$973.63
27516	CLOSED TREATMENT OF THIGH BONE GROWTH PLATE BROKEN AT END OF THIGH BONE	$381.15
27517	CLOSED TREATMENT OF GROWTH PLATE BROKEN AT END OF THIGH BONE WITH MANIPULATION	$495.63
27518	TREATMENT OF OPEN DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH UNCOMPLICATED SOFT	$0.00
27519	TREATMENT OF BROKEN GROWTH PLATE AT END OF THIGH BONE	$846.67
27520	CLOSED TREATMENT OF BROKEN KNEECAP	$161.38
27522	TREATMENT OF OPEN PATELLAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27524	TREATMENT OF BROKEN KNEECAP WITH PLACEMENT OF STABILIZING DEVICE AND/OR REMOVAL	$589.94
27530	CLOSED TREATMENT OF BROKEN SHIN BONE	$227.14
27532	CLOSED TREATMENT OF BROKEN SHIN BONE WITH TRACTION	$390.49
27534	TREATMENT OF OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH UNCOMPLICATED SOFT T	$0.00
27535	TREATMENT OF BROKEN SIDE OF UPPER END OF SHIN BONE	$698.67
27536	TREATMENT OF BROKEN SHIN BONE ON BOTH SIDES OF UPPER END	$822.41
27537	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WI	$0.00
27538	CLOSED TREATMENT OF BROKEN TOP OF SHIN BONE AT KNEE	$274.74
27540	TREATMENT OF BROKEN SHIN BONE AT KNEE	$711.79
27550	CLOSED TREATMENT OF DISLOCATED KNEE	$290.62
27552	CLOSED TREATMENT OF DISLOCATED KNEE UNDER ANESTHESIA	$395.00
27554	TREATMENT OF OPEN KNEE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27556	TREATMENT OF DISLOCATED KNEE	$830.62
27557	TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR	$956.30
27558	TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR AND RECONSTRUCTION	$986.12
27560	CLOSED TREATMENT OF DISLOCATED KNEECAP	$190.64
27562	CLOSED TREATMENT OF DISLOCATED KNEECAP UNDER ANESTHESIA	$332.45
27564	TREATMENT OF OPEN PATELLAR DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27566	TREATMENT OF DISLOCATED KNEECAP	$674.98
27570	MANIPULATION OF KNEE JOINT UNDER ANESTHESIA	$120.79
27580	FUSION OF KNEE JOINT	$1,059.00
27590	AMPUTATION OF THIGH THROUGH THIGH BONE	$684.13
27591	AMPUTATION OF THIGH THROUGH THIGH BONE WITH IMMEDIATE FITTING FOR PROSTHESIS	$767.73
27592	AMPUTATION OF THIGH THROUGH THIGH BONE LEAVING WOUND	$590.54
27594	SECONDARY CLOSURE OR REVISION OF SCAR AT PREVIOUS THIGH AMPUTATION	$386.79
27596	RE-AMPUTATION OF THIGH THROUGH THIGH BONE	$601.26
27598	REMOVAL OF LEG AT KNEE JOINT	$633.72
27599	OTHER PROCEDURE ON THIGH OR KNEE	$0.00
27600	INCISION OF CONNECTIVE TISSUE OF FRONT OR SIDE OF LOWER LEG TO RELIEVE PRESSURE	$337.14
27601	INCISION OF CONNECTIVE TISSUE OF BACK OF LOWER LEG TO RELIEVE PRESSURE	$338.18
27602	INCISION OF CONNECTIVE TISSUE OF FRONT AND/OR SIDE AND BACK OF LOWER LEG TO	$399.31
27603	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF LEG OR ANKLE	$320.62
27604	DRAINAGE OF INFECTED FLUID-FILLED SAC (BURSA) OF LEG OR ANKLE	$246.35

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27605	INCISION OF ACHILLES TENDON USING LOCAL ANESTHETIC	$156.77
27606	INCISION OF ACHILLES TENDON UNDER ANESTHESIA	$224.58
27607	INCISION OF LEG OR ANKLE BONE	$526.69
27608	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
27610	INCISION OF ANKLE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$505.00
27611	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
27612	INCISION OF ANKLE JOINT WITH RELEASE OF JOINT LINING	$456.94
27613	BIOPSY OF SURFACE TISSUE OF LEG OR ANKLE	$107.14
27614	BIOPSY OF DEEP TISSUE OF LEG OR ANKLE	$297.78
27615	EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, LESS THAN 5.0 CM	$715.15
27616	EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, 5.0 CM OR MORE	$609.17
27618	REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, LESS THAN 3.0 CM	$270.11
27619	REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, LESS THAN 5.0 CM	$433.53
27620	INCISION AND EXPLORATION OF ANKLE JOINT	$383.36
27625	REMOVAL OF MEMBRANE COVERING OF ANKLE JOINT	$518.66
27626	REMOVAL OF MEMBRANE COVERING ANKLE JOINT AND TENDON	$562.80
27630	REMOVAL OF GROWTH OF LEG AND/OR ANKLE TENDON LINING OR CAPSULE	$281.06
27632	REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, 3.0 CM OR MORE	$197.93
27634	REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, 5.0 CM OR MORE	$321.38
27635	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE	$510.59
27637	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH SELF BONE GRAFT	$598.59
27638	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH BONE GRAFT	$635.32
27640	PARTIAL REMOVAL OF SHIN BONE	$732.60
27641	PARTIAL REMOVAL OF OUTER LOWER LEG BONE	$602.73
27645	EXTENSIVE REMOVAL OF GROWTH OF SHIN BONE	$844.88
27646	EXTENSIVE REMOVAL OF GROWTH OF OUTER LEG BONE	$789.95
27647	EXTENSIVE REMOVAL OF GROWTH OF HEEL BONE	$673.88
27648	INJECTION FOR X-RAY IMAGING OF ANKLE	$39.92
27650	REPAIR OF RUPTURED ACHILLES TENDON	$563.24
27652	REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT	$606.10
27654	SECONDARY REPAIR OF RUPTURED ACHILLES TENDON	$609.96
27656	REPAIR OF CONNECTIVE TISSUE DEFECT OF LEG	$281.61
27658	PRIMARY REPAIR OF TENDON ON BACK OF LEG	$329.70
27659	SECONDARY REPAIR OF TENDON ON BACK OF LEG	$422.47
27664	PRIMARY REPAIR OF TENDON ON FRONT OF LEG	$307.34
27665	SECONDARY REPAIR OF TENDON ON FRONT OF LEG	$365.90
27675	REPAIR OF DISLOCATING LOWER LEG TENDONS WITHOUT A CUT THROUGH THE LOWER LEG	$425.80
27676	REPAIR OF DISLOCATED LOWER LEG TENDONS BY INCISION OR PARTIAL REMOVAL OF LOWER	$494.61
27680	RELEASE OF LEG AND/OR ANKLE TENDON	$339.55
27681	RELEASE OF MULTIPLE LEG AND/OR ANKLE TENDONS	$411.71
27685	LENGTHENING OR SHORTENING OF TENDON OF LEG OR ANKLE	$365.66
27686	LENGTHENING OR SHORTENING OF MULTIPLE TENDONS OF LEG OR ANKLE	$459.37
27687	LENGTHENING OF CALF MUSCLE	$383.46
27690	TRANSFER OF TENDON AND MUSCLE REROUTING AT LOWER LEG OR ANKLE	$489.33
27691	TRANSFER OF DEEP TENDON OF FOOT WITH MUSCLE REROUTING	$575.65
27692	TRANSFER OF TENDON WITH MUSCLE REROUTING AT FOOT, EACH ADDITIONAL TENDON	$102.31
27695	PRIMARY REPAIR OF DISRUPTED ANKLE LIGAMENT	$430.99
27696	PRIMARY REPAIR OF DISRUPTION OF BOTH ANKLE LIGAMENTS	$492.11
27698	SECONDARY REPAIR OF DISRUPTED COLLATERAL LIGAMENT OF ANKLE	$573.94
27700	RECONSTRUCTION OF ANKLE JOINT	$542.19
27702	RECONSTRUCTION OF ANKLE JOINT WITH PROSTHESIS	$830.46
27703	REPAIR OF ANKLE JOINT WITH REVISION OF PROSTHESIS	$862.38
27704	REMOVAL OF ANKLE IMPLANT	$443.11
27705	INCISION OR PARTIAL REMOVAL OF SHIN BONE	$640.92
27707	INCISION OR PARTIAL REMOVAL OF LOWER LEG BONE	$318.71
27709	INCISION OR PARTIAL REMOVAL OF SHIN AND OUTER LOWER LEG BONES	$628.29
27712	INSERTION OF ROD IN SHIN BONE	$791.47
27715	LENGTHENING OR SHORTENING OF LOWER LEG BONES	$831.90
27720	REPAIR OF NONHEALED BROKEN SHIN BONE	$897.06

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27722	REPAIR OF NONHEALED BROKEN SHIN BONE WITH BONE GRAFT	$697.86
27724	REPAIR OF NONHEALED BROKEN SHIN BONE WITH SELF GRAFT FROM HIP OR OTHER BONE	$911.50
27725	FUSION OF NONHEALED BROKEN SHIN BONE WITH OUTER LOWER LEG BONE	$844.40
27726	REPAIR OF NONHEALED BROKEN OUTER LOWER LEG BONE WITH PLACEMENT OF STABILIZING	$455.21
27727	REPAIR OF CONGENITAL NONHEALED BROKEN SHIN BONE	$756.14
27730	SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE OF LOWER LEG BONE AT ANKLE	$408.16
27732	FUSION OF LOWER OUTER LEG BONE GROWTH PLATE	$341.04
27734	FUSION OF LOWER END OF GROWTH PLATE OF LOWER LEG BONE	$497.01
27740	FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG BONES	$544.44
27742	FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG AND THIGH BONES	$591.57
27745	PLACEMENT OF STABILIZING DEVICE FOR SHIN BONE	$610.87
27750	CLOSED TREATMENT OF BROKEN MIDDLE PART OF SHIN BONE	$205.49
27752	CLOSED TREATMENT OF MIDDLE PART OF BROKEN SHIN BONE WITH MANIPULATION	$341.45
27754	TREATMENT OF OPEN TIBIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27756	PLACEMENT OF STABILIZING DEVICE FOR BROKEN MIDDLE PART OF SHIN BONE	$464.49
27758	TREATMENT BROKEN MIDDLE PART OF SHIN BONE WITH PLATE OR SCREWS	$726.16
27759	TREATMENT OF BROKEN PART OF SHIN BONE WITH ROD	$819.11
27760	CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE	$168.46
27762	CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION	$288.36
27764	TREATMENT OF OPEN DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS), WITH UNCOMPLICATED	$0.00
27766	TREATMENT OF INSIDE PORTION OF BROKEN SHIN BONE AT ANKLE	$492.00
27767	CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE	$133.50
27768	CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION	$201.54
27769	TREATMENT OF BROKEN BACK PORTION OF SHIN BONE AT ANKLE	$342.85
27780	CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE	$149.36
27781	CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE WITH	$248.39
27782	TREATMENT OF OPEN PROXIMAL FIBULA OR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TIS	$0.00
27784	TREATMENT OF BROKEN UPPER OR MIDDLE PART OF OUTER LOWER LEG BONE	$416.55
27786	CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE	$157.64
27788	CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE WITH MANIPULATION	$232.65
27790	TREATMENT OF OPEN DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH UNCOMPLICATE	$0.00
27792	TREATMENT OF BROKEN OUTER LOWER LEG BONE AT ANKLE	$458.47
27800	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITHOUT MANIPULATION	$0.00
27802	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITH MANIPULATION	$0.00
27804	TREATMENT OF OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH UNCOMPLICATED SOFT TI	$0.00
27806	OPEN TREATMENT OF CLOSED OR OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH OR WIT	$0.00
27808	CLOSED TREATMENT OF 2 BROKEN LOWER LEG BONES AT ANKLE	$190.58
27810	CLOSED TREATMENT OF 2 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION	$313.58
27812	TREATMENT OF OPEN BIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLO	$0.00
27814	TREATMENT OF BOTH BROKEN LOWER LEG BONES AT ANKLE	$629.86
27816	CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE	$199.34
27818	CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION	$343.72
27820	TREATMENT OF OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CL	$0.00
27822	TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE	$903.66
27823	TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH FIXATION OF POSTERIOR LIP	$1,027.55
27824	CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT	$198.09
27825	CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT WITH	$378.23
27826	TREATMENT OF BROKEN OUTER LOWER LEG BONE AT LOWER WEIGHT BEARING JOINT	$734.66
27827	TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT	$1,129.61
27828	TREATMENT OF BROKEN LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	$1,265.82
27829	TREATMENT OF LIGAMENT TEAR AT ANKLE JOINT	$517.10
27830	CLOSED TREATMENT OF DISLOCATED KNEE JOINT	$218.73
27831	CLOSED TREATMENT OF DISLOCATED KNEE JOINT UNDER ANESTHESIA	$269.07
27832	TREATMENT OF DISLOCATED KNEE JOINT	$401.47
27840	CLOSED TREATMENT OF DISLOCATED ANKLE	$242.22
27842	CLOSED TREATMENT OF DISLOCATED ANKLE UNDER ANESTHESIA	$289.47
27844	TREATMENT OF OPEN ANKLE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27846	TREATMENT OF DISLOCATED ANKLE	$568.00
27848	TREATMENT OF DISLOCATED ANKLE WITH REPAIR OR PLACEMENT OF STABILIZING DEVICE	$881.98

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
27850	ARTHROSCOPY,ANKLE,DIAGNOSTIC(SEPERATE PROCEDURE)	$0.00
27851	ARTHROSCOPY,ANKLE,SURGICAL;DEBRIDE/DRILL/RESECTION	$0.00
27852	ARTHROSCOPY,ANKLE,SURGICAL;WITH SYNOVIAL BIOPSY	$0.00
27853	ARTHROSCOPY,ANKLE,SURGICAL;REMOVE LOOSE BODY	$0.00
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA	$136.89
27870	FUSION OF ANKLE JOINT, OPEN PROCEDURE	$823.12
27871	FUSION OF LOWER LEG BONE AT KNEE OR ANKLE JOINT	$547.56
27880	AMPUTATION OF BOTH LOWER LEG BONES	$654.00
27881	AMPUTATION OF BOTH LOWER LEG BONES WITH IMMEDIATE FITTING	$725.91
27882	AMPUTATION OF BOTH LOWER LEG BONES LEAVING WOUND	$555.49
27884	SECONDARY CLOSURE OR REVISION OF SCAR OF LOWER LEG BONE AMPUTATION	$443.28
27886	RE-AMPUTATION OF LOWER LEG	$540.05
27888	AMPUTATION OF FOOT AT ANKLE WITH RECONSTRUCTION OF SKIN AND TISSUE	$592.29
27889	REMOVAL OF FOOT AT ANKLE JOINT	$567.48
27892	INCISION OF CONNECTIVE TISSUE OF LOWER LEG TO RELIEVE PRESSURE WITH REMOVAL OF	$384.82
27893	INCISION OF CONNECTIVE TISSUE AT BACK OF LOWER LEG TO RELIEVE PRESSURE WITH	$370.71
27894	INCISION OF CONNECTIVE TISSUE AT FRONT AND/OR SIDE AND BACK OF LOWER LEG TO	$506.24
27899	OTHER PROCEDURE ON LEG OR ANKLE	$0.00
28001	DRAINAGE OF FLUID FILLED SAC IN FOOT	$123.13
28002	DRAINAGE OF FLUID FILLED SAC BELOW CONNECTIVE TISSUE IN FOOT JOINT	$227.84
28003	DRAINAGE OF FLUID FILLED SACS BENEATH CONNECTIVE TISSUE IN MULTIPLE FOOT JOINTS	$402.52
28004	DEEP INFECTION, BELOW FASCIA, REQUIRING DEEP	$0.00
28005	INCISION OF FOOT BONE	$452.49
28006	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
28008	INCISION OF CONNECTIVE TISSUE OF FOOT AND/OR TOE	$250.24
28010	REPAIR OF TOE TENDON	$171.50
28011	REPAIR OF MULTIPLE TOE TENDONS	$220.76
28020	INCISION OF FOOT AT ANKLE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$301.48
28022	INCISION OF MIDFOOT JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$231.78
28024	INCISION OF TOE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$220.58
28035	RELEASE OF NERVE BETWEEN TISSUE AND ANKLE BONE	$312.26
28039	REMOVAL (1.5 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF FOOT OR	$163.51
28041	REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, 1.5 CM OR MORE	$214.82
28043	REMOVAL (LESS THAN 1.5 CENTIMETERS) TISSUE GROWTH BENEATH THE SKIN OF FOOT OR	$193.49
28045	REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, LESS THAN 1.5 CM	$274.19
28046	EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, LESS THAN 3.0 CM	$518.60
28047	EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, 3.0 CM OR MORE	$452.42
28050	BIOPSY THROUGH A JOINT OPENING IN THE MIDFOOT	$256.08
28052	INCISION OF MIDFOOT JOINT WITH BIOPSY	$219.92
28054	INCISION OF TOE JOINT WITH BIOPSY	$220.00
28055	REMOVAL OF NERVE OF FOOT MUSCLE	$271.10
28060	PARTIAL REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT	$302.77
28062	REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT	$384.31
28070	REMOVAL OF FOOT BONE JOINT LINING AT ANKLE	$299.10
28072	REMOVAL OF JOINT LINING OF TOE JOINT AT FOOT	$275.51
28080	REMOVAL OF FIBROUS NERVE GROWTH FROM BETWEEN TOES	$237.64
28086	REMOVAL OF LINING OF TENDON ON UNDER SURFACE OF FOOT	$296.63
28088	REMOVAL OF LINING OF TENDON ON UPPER SURFACE OF FOOT	$258.49
28090	REMOVAL OF GROWTH OF TENDON COVERING OR JOINT CAPSULE OF FOOT	$245.38
28092	REMOVAL OF GROWTH OF TENDON COVERING OR JOINT CAPSULE OF TOES	$212.58
28100	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE	$338.68
28102	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH SELF BONE GRAFT	$453.82
28103	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH DONOR BONE GRAFT	$365.28
28104	REMOVAL OF CYST OR GROWTH OF FOOT BONE	$307.68
28106	REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH SELF BONE GRAFT	$410.03
28107	REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH BONE GRAFT	$331.91
28108	REMOVAL OF CYST OR GROWTH OF TOE BONE	$218.47
28109	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	$0.00
28110	REMOVAL OF BUNION AT FIFTH TOE JOINT	$262.02

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28111	REMOVAL OF FOOT BONE AT GREAT TOE JOINT	$324.19
28112	REMOVAL OF TOE BONE AT SECOND, THIRD, OR FOURTH JOINTS	$287.23
28113	COMPLETE REMOVAL OF FOOT BONE AT FIFTH TOE JOINT	$299.12
28114	COMPLETE REMOVAL OF SECOND TO FIFTH FOOT BONES	$578.20
28116	REMOVAL OF ABNORMAL BONES AT ANKLE JOINT	$400.10
28118	REMOVAL OF HEEL BONE	$357.86
28119	REMOVAL OF HEEL BONE SPUR	$321.08
28120	PARTIAL REMOVAL OF INFECTED FOOT OR HEEL BONE	$357.85
28121	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	$0.00
28122	PARTIAL REMOVAL OF FOOT OR HEEL BONE	$403.29
28123	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	$0.00
28124	PARTIAL REMOVAL OF TOE BONE	$264.02
28126	REMOVAL OF TOE BONE AT FOOT	$217.46
28130	REMOVAL OF ANKLE JOINT BONE	$471.12
28140	REMOVAL OF FOOT BONE	$381.57
28150	REMOVAL OF TOE	$259.42
28153	REMOVAL OF END OF TOE AT JOINT	$204.31
28160	PARTIAL REMOVAL OF TOE AT JOINT	$229.00
28171	EXTENSIVE REMOVAL OF GROWTH OF MIDDLE PORTION OF FOOT BONE	$508.61
28173	EXTENSIVE REMOVAL OF GROWTH OF FOOT BONE	$463.31
28175	EXTENSIVE REMOVAL OF GROWTH OF TOE BONE	$349.11
28190	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN	$105.05
28192	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, DEEP	$235.60
28193	COMPLICATED REMOVAL OF FOREIGN BODY IN FOOT	$285.12
28200	REPAIR OF TENDON ON SOLE OF FOOT	$296.79
28202	SECONDARY REPAIR OF TENDON ON SOLE OF FOOT WITH GRAFT	$381.33
28208	REPAIR OF TENDON OF TOP SIDE OF FOOT	$244.71
28210	REPAIR OF TENDON ON TOP SIDE OF FOOT WITH GRAFT	$362.63
28220	REMOVAL OF SCAR TISSUE OF TENDON ON BOTTOM SIDE OF FOOT	$236.50
28222	REMOVAL OF SCAR TISSUE OF MULTIPLE FOOT TENDONS	$302.55
28225	REMOVAL OF SCAR TISSUE OF TENDON ON TOP SIDE OF FOOT	$213.60
28226	REMOVAL OF SCAR TISSUE OF MULTIPLE TENDONS AT TOP OF FOOT	$264.38
28230	INCISION TO LENGTHEN FOOT TENDON	$225.06
28232	INCISION TO LENGTHEN TOE TENDON	$189.97
28234	INCISION TO RELEASE FOOT TENDON	$179.52
28238	RECONSTRUCTION OF ANKLE TENDON WITH REMOVAL OF EXTRA ANKLE JOINT BONE	$440.12
28240	RELEASE OR LENGTHENING OF TENDON IN FOOT	$238.46
28250	INCISION OF CONNECTIVE TISSUE AND MUSCLE OF SOLE OF FOOT	$336.59
28260	INCISION OF ANKLE JOINT CAPSULE TO CORRECT FOOT DEFORMITY	$395.28
28261	INCISION OF ANKLE JOINT CAPSULE AND LENGTHENING OF TENDON	$559.57
28262	EXTENSIVE REPAIR OF FOOT DEFECT WITH TENDON LENGTHENING AND RELIEF OF TENSION	$857.87
28264	RELEASE OF CAPSULE OF MIDFOOT	$590.51
28270	INCISION OF JOINT CAPSULE OF FOOT AND TOE	$245.55
28272	INCISION OF TOE JOINT CAPSULE	$190.84
28280	CREATION OF WEBBING BETWEEN TOES	$275.10
28285	CORRECTION OF TOE JOINT DEFORMITY	$285.98
28286	CORRECTION OF FIFTH TOE JOINT DEFORMITY	$268.04
28288	REMOVAL OF FOOT BONE SPUR	$299.55
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	$325.22
28291	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	$308.78
28292	CORRECTION OF BUNION	$415.47
28295	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD ANKLE	$346.67
28296	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD TOE AREA	$521.64
28297	CORRECTION OF BUNION WITH MIDFOOT AND HINDFOOT BONE FUSION	$544.86
28298	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF BIG TOE	$478.20
28299	CORRECTION OF BUNION WITH 2 AREAS OF REALIGNMENT	$522.47
28300	INCISION OR PARTIAL REMOVAL OF HEEL BONE	$513.63
28302	INCISION OR PARTIAL REMOVAL OF ANKLE BONE	$554.04
28304	INCISION OR PARTIAL REMOVAL OF FOOT BONE	$475.77

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
28305	INCISION OR PARTIAL REMOVAL OF FOOT BONE WITH BONE GRAFT	$609.06
28306	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE TO STRAIGHTEN TOE	$326.41
28307	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE WITH SELF BONE GRAFT TO STRAIGHTEN	$394.86
28308	INCISION OR PARTIAL REMOVAL OF FOOT BONE (OTHER THAN BIG TOE) TO STRAIGHTEN TOE	$313.26
28309	INCISION OR PARTIAL REMOVAL OF MULTIPLE FOOT BONES TO STRAIGHTEN TOES	$622.16
28310	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE AT FIRST TOE BONE LEVEL TO	$308.71
28312	INCISION OR PARTIAL REMOVAL OF TOE BONE TO STRAIGHTEN TOE	$298.91
28313	RECONSTRUCTION OF SOFT TISSUE ANGULAR DEFORMITY OF TOE	$297.81
28315	REMOVAL OF SMALL BONE UNDERLYING LONG BONE OF FOOT AT BIG TOE JOINT	$279.30
28320	REPAIR OF NONHEALED BROKEN MIDFOOT BONE	$540.94
28322	REPAIR OF NONHEALED BROKEN FOREFOOT BONE	$427.95
28340	RECONSTRUCTION OF ABNORMAL TOE	$391.32
28341	RECONSTRUCTION OF ABNORMAL TOE WITH BONE REMOVAL	$458.70
28344	REMOVAL OF EXTRA TOES WITH RECONSTRUCTION	$261.97
28345	REMOVAL OF CONGENITAL WEB SPACE DEFORMITY OF TOES	$355.87
28360	RECONSTRUCTION OF CONGENITAL FOOT DEFECT	$775.12
28400	CLOSED TREATMENT OF BROKEN HEEL BONE	$147.87
28405	CLOSED TREATMENT OF BROKEN HEEL BONE WITH MANIPULATION	$278.19
28406	PLACEMENT OF STABILIZING DEVICE FOR BROKEN HEEL BONE WITH MANIPULATION	$402.22
28410	TREATMENT OF OPEN CALCANEAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
28415	TREATMENT OF BROKEN HEEL BONE	$1,170.94
28420	TREATMENT OF BROKEN HEEL BONE WITH GRAFT	$1,224.82
28430	CLOSED TREATMENT OF BROKEN ANKLE JOINT BONE	$138.29
28435	CLOSED TREATMENT OF BROKEN ANKLE JOINT BONE WITH MANIPULATION	$219.81
28436	PLACEMENT OF STABILIZING DEVICE FOR BROKEN ANKLE JOINT WITH MANIPULATION	$302.40
28440	TREATMENT OF OPEN TALUS FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
28445	TREATMENT OF BROKEN BONE BETWEEN FOOT AND ANKLE	$682.83
28446	IMPLANTATION OF SELF CARTILAGE CELLS INTO FOOT JOINT WITH GRAFT	$592.04
28450	TREATMENT OF BROKEN FOOT BONE AT ANKLE	$126.55
28455	TREATMENT OF BROKEN FOOT BONE AT ANKLE WITH MANIPULATION	$171.48
28456	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT JOINT WITH MANIPULATION	$191.82
28460	TREATMENT OF OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH UNCOM	$0.00
28465	TREATMENT OF BROKEN HIND PORTION OF FOOT	$560.72
28470	CLOSED TREATMENT OF BROKEN BONE IN FOREFOOT OR MIDFOOT	$119.51
28475	CLOSED TREATMENT OF BROKEN FOOT WITH MANIPULATION	$164.82
28476	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT BONE WITH MANIPULATION	$239.80
28480	TREATMENT OF OPEN METATARSAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE, E	$0.00
28485	TREATMENT OF BROKEN MIDPORTION OF FOOT	$475.03
28490	CLOSED TREATMENT OF BROKEN GREAT TOE	$68.89
28495	CLOSED TREATMENT OF BROKEN GREAT TOE WITH MANIPULATION	$92.04
28496	PLACEMENT OF STABILIZING DEVICE FOR BROKEN BIG TOE WITH MANIPULATION	$169.37
28500	TREATMENT OF OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH UNCOMPLICATED	$0.00
28505	TREATMENT OF BROKEN GREAT TOE	$357.43
28510	CLOSED TREATMENT OF BROKEN TOE	$66.80
28515	CLOSED TREATMENT OF BROKEN TOE WITH MANIPULATION	$84.64
28520	TREATMENT OF OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH UNC	$0.00
28525	TREATMENT OF BROKEN TOE	$318.49
28530	CLOSED TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE	$73.25
28531	TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE	$205.28
28540	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT BONE	$133.23
28545	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT BONE UNDER ANESTHESIA	$148.27
28546	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT JOINT WITH MANIPULATION	$212.74
28550	TREATMENT OF OPEN TARSAL BONE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSUR	$0.00
28555	TREATMENT OF DISLOCATED MIDFOOT OR HINDFOOT BONES	$428.52
28570	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT	$113.31
28575	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT UNDER ANESTHESIA	$200.22
28576	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED ANKLE JOINT WITH MANIPULATION	$247.88
28580	TREATMENT OF OPEN TALOTARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE C	$0.00
28585	TREATMENT OF DISLOCATED ANKLE JOINT	$527.77

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28600	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT	$116.12
28605	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT UNDER ANESTHESIA	$176.08
28606	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT WITH MANIPULATION	$294.30
28610	TREATMENT OF OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	$0.00
28615	TREATMENT OF DISLOCATED MIDFOOT BONE	$664.60
28630	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT	$93.46
28635	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT UNDER ANESTHESIA	$123.57
28636	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED JOINT BETWEEN TOE AND FOOT WITH	$164.24
28640	TREATMENT OF OPEN METATARSOPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOF	$0.00
28645	TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT	$294.40
28660	CLOSED TREATMENT OF DISLOCATED JOINT IN TOE	$77.54
28665	CLOSED TREATMENT OF DISLOCATED JOINT IN TOE UNDER ANESTHESIA	$120.15
28666	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED TOE JOINT	$157.29
28670	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	$0.00
28675	TREATMENT OF DISLOCATED TOE JOINT	$282.19
28705	FUSION OF ALL BONES OF ANKLE AND HINDFOOT	$876.66
28715	FUSION OF 3 BONES OF ANKLE	$763.86
28725	FUSION OF FOOT BELOW ANKLE	$656.13
28730	FUSION OF MULTIPLE FOOT JOINTS	$611.05
28735	FUSION OF MULTIPLE FOOT JOINTS WITH BONE INCISION TO CORRECT A FOOT DEFORMITY	$622.71
28737	FUSION OF UPPER PART OF FOOT AND LENGTHENING OF TENDON	$566.52
28740	FUSION OF FOOT IN MIDFOOT REGION	$440.04
28750	FUSION OF BIG TOE AT JOINT WITH FOOT	$421.73
28755	FUSION OF BIG TOE BETWEEN TOE JOINTS	$281.15
28760	FUSION OF BIG TOE BETWEEN TOE JOINTS WITH TENDON TRANSFER	$413.65
28800	AMPUTATION OF MIDFOOT BONE	$473.32
28805	AMPUTATION OF FOOT ACROSS INSTEP	$472.02
28810	AMPUTATION OF TOE AND MIDFOOT BONE	$350.32
28820	AMPUTATION OF TOE AT JOINT BETWEEN FOREFOOT AND TOES	$264.00
28825	AMPUTATION OF TOE AT TOE JOINT	$230.80
28890	SHOCK WAVE THERAPY TO ARCH OF FOOT USING ULTRASOUND GUIDANCE UNDER ANESTHESIA	$151.10
28899	OTHER PROCEDURE ON FOOT OR TOES	$0.00
29000	APPLICATION OF HALO TYPE BODY CAST	$117.02
29010	APPLICATION OF JACKET TYPE BODY CAST	$116.56
29015	APPLICATION OF JACKET TYPE BODY CAST INCLUDING HEAD	$102.79
29035	APPLICATION OF SHOULDER TO HIP BODY CAST	$85.46
29040	APPLICATION OF SHOULDER TO HIP BODY CAST INCLUDING HEAD	$109.09
29044	APPLICATION OF SHOULDER TO HIP BODY CAST AND THIGH	$115.20
29046	APPLICATION OF SHOULDER TO HIP BODY CAST AND BOTH THIGHS	$128.01
29049	APPLICATION OF FIGURE-OF-EIGHT CAST	$36.09
29050	INTERSTITIAL PRESSURE TEST	$0.00
29055	APPLICATION OF SHOULDER SPICA CAST	$85.66
29058	APPLICATION OF PLASTER VELPEAU CAST TO UPPER FOREARM AND SHOULDER	$56.82
29065	APPLICATION OF SHOULDER TO HAND CAST	$41.56
29075	APPLICATION OF ELBOW TO FINGER CAST	$37.14
29085	APPLICATION OF HAND AND LOWER FOREARM CAST	$38.35
29086	APPLICATION OF FINGER CAST	$41.36
29105	APPLICATION OF LOWER AND UPPER ARM SPLINT	$34.95
29125	APPLICATION OF NONMOVEABLE FOREARM TO HAND SPLINT	$24.61
29126	APPLICATION OF MOVEABLE OR HINGED FOREARM TO HAND SPLINT	$30.49
29130	APPLICATION OF NONMOVEABLE FINGER SPLINT	$18.15
29131	APPLICATION OF HINGED FINGER SPLINT	$22.28
29200	PLACEMENT OF STRAPPING TO CHEST	$24.17
29240	PLACEMENT OF STRAPPING TO SHOULDER	$27.92
29260	PLACEMENT OF STRAPPING TO ELBOW OR WRIST	$21.56
29280	PLACEMENT OF STRAPPING TO HAND OR FINGER	$20.29
29305	APPLICATION OF HIP SPICA CAST ON LEG	$107.65
29325	APPLICATION OF HIP SPICA CAST ON BOTH LEGS, OR ON LEG AND PART OF OTHER LEG	$118.53
29345	APPLICATION OF LONG LEG CAST FROM THIGH TO TOE	$63.14

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29355	APPLICATION OF WALKING CAST COVERING THIGH TO TOE	$67.99
29358	APPLICATION OF LONG LEG BRACE-TYPE CAST FROM THIGH TO TOE	$66.41
29365	APPLICATION OF THIGH TO LOWER LEG CYLINDER CAST	$54.61
29405	APPLICATION OF SHORT LEG CAST	$40.13
29425	APPLICATION OF WALKING CAST COVERING BELOW KNEE TO TOE	$44.99
29435	APPLICATION OF KNEECAP TENDON BEARING CAST	$54.10
29440	ADDITION OF WALKER TO PREVIOUSLY APPLIED CAST	$22.43
29445	APPLICATION OF WALKING CAST COVERING FOOT, ANKLE, AND LOWER LEG	$91.09
29450	APPLICATION OF LEG CAST AND MANIPULATION OF FOOT TO TREAT DEFORMITY	$79.98
29455	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	$0.00
29505	APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE	$33.01
29515	APPLICATION OF SHORT LEG SPLINT FROM CALF TO FOOT	$29.94
29520	PLACEMENT OF STRAPPING TO HIP	$24.76
29530	PLACEMENT OF STRAPPING TO KNEE	$24.67
29540	PLACEMENT OF STRAPPING TO ANKLE OR FOOT	$20.58
29550	PLACEMENT OF STRAPPING TO TOES	$18.91
29580	STRAPPING, UNNA BOOT	$23.14
29581	APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON LOWER LEG, ANKLE, AND FOOT	$15.43
29584	APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON UPPER ARM, FOREARM, HAND, AND	$9.41
29700	REMOVAL OR CUTTING OF GAUNTLET, BOOT, OR BODY CAST	$22.74
29705	REMOVAL OR CUTTING OF FULL ARM OR LEG CAST	$29.80
29710	REMOVAL OR CUTTING OF SHOULDER, HIP SPICA, OR JACKET CAST	$51.99
29720	REPAIR OF SPICA, BODY CAST, OR JACKET	$27.58
29730	EXAM OF SKIN SURFACE BY CREATION OF OPENING IN CAST	$28.61
29740	INSERTION OF WEDGE IN CAST	$42.21
29750	INSERTION OF WEDGE IN CLUBFOOT CAST	$49.33
29751	WEDGING OF CLUBFOOT CAST	$0.00
29799	OTHER CASTING OR WRAPPING PROCEDURE	$0.00
29800	DIAGNOSTIC EXAM OF JAW JOINT USING AN ENDOSCOPE	$364.88
29804	EXAM OF JAW JOINT USING AN ENDOSCOPE	$511.05
29805	DIAGNOSTIC EXAM OF SHOULDER USING AN ENDOSCOPE	$296.67
29806	REPAIR OF SHOULDER JOINT CAPSULE USING AN ENDOSCOPE	$749.02
29807	REPAIR OF SHOULDER SOCKET USING AN ENDOSCOPE	$728.89
29819	REMOVAL OF LOOSE OR FOREIGN BODY IN SHOULDER JOINT USING AN ENDOSCOPE	$493.91
29820	PARTIAL REMOVAL OF SHOULDER JOINT LINING USING AN ENDOSCOPE	$469.76
29821	REMOVAL OF ENTIRE SHOULDER JOINT LINING USING AN ENDOSCOPE	$497.79
29822	LIMITED REMOVAL OF ABNORMAL SHOULDER JOINT TISSUE USING ENDOSCOPE	$489.96
29823	REMOVAL OF EXTENSIVE SHOULDER JOINT TISSUE USING AN ENDOSCOPE	$528.66
29824	PARTIAL REMOVAL OF COLLAR BONE AT SHOULDER USING AN ENDOSCOPE	$458.72
29825	REMOVAL OF SHOULDER SCAR TISSUE USING AN ENDOSCOPE	$495.15
29826	SHAVING OF PART OF SHOULDER BONE AND REPAIR OF LIGAMENT USING AN ENDOSCOPE	$575.82
29827	REPAIR OF SHOULDER ROTATOR CUFF USING AN ENDOSCOPE	$790.52
29828	RELEASE OF TENDON CONNECTING BICEPS MUSCLE AND SHOULDER USING AN ENDOSCOPE	$456.26
29830	DIAGNOSTIC EXAM OF ELBOW JOINT USING AN ENDOSCOPE	$339.28
29834	REMOVAL OF LOOSE OR FOREIGN BODY IN ELBOW JOINT USING AN ENDOSCOPE	$376.86
29835	PARTIAL REMOVAL OF ELBOW JOINT LINING USING AN ENDOSCOPE	$389.48
29836	REMOVAL OF ENTIRE ELBOW JOINT LINING USING AN ENDOSCOPE	$440.36
29837	REMOVAL OF ELBOW JOINT TISSUE USING AN ENDOSCOPE	$406.61
29838	REMOVAL OF EXTENSIVE DAMAGED TISSUE FROM ELBOW JOINT USING AN ENDOSCOPE	$446.88
29840	DIAGNOSTIC EXAM OF WRIST USING AN ENDOSCOPE	$322.26
29843	DIAGNOSTIC EXAM, WASHING, AND DRAINAGE OF INFECTED WRIST USING AN ENDOSCOPE	$378.05
29844	PARTIAL REMOVAL OF WRIST JOINT LINING USING AN ENDOSCOPE	$398.38
29845	REMOVAL OF ENTIRE WRIST JOINT LINING USING AN ENDOSCOPE	$452.04
29846	REMOVAL OR REPAIR OF WRIST CARTILAGE USING AN ENDOSCOPE	$469.88
29847	PLACEMENT OF INTERNAL STABILIZING DEVICE USING AN ENDOSCOPE TO TREAT BROKEN OR	$483.68
29848	RELEASE OF WRIST LIGAMENT USING AN ENDOSCOPE	$329.23
29850	TREATMENT OF BROKEN KNEE JOINT USING AN ENDOSCOPE	$488.43
29851	TREATMENT OF BROKEN KNEE JOINT WITH PLACEMENT OF STABILIZING DEVICE USING AN	$733.38
29855	TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON SIDE USING AN ENDOSCOPE	$655.16

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
29856	TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON BOTH SIDES USING AN	$794.44
29860	DIAGNOSTIC EXAM OF HIP USING AN ENDOSCOPE	$422.32
29861	REMOVAL OF LOOSE OR FOREIGN BODY IN HIP JOINT USING AN ENDOSCOPE	$549.15
29862	REMOVAL OR SHAVING OF HIP JOINT SOCKET CARTILAGE USING AN ENDOSCOPE	$588.73
29863	REMOVAL OF HIP JOINT LINING USING AN ENDOSCOPE	$570.02
29866	REPAIR OF KNEE CARTILAGE AND BONE WITH PATIENT-DERIVED HEALTHY CARTILAGE	$777.30
29867	REPAIR OF KNEE CARTILAGE AND BONE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE	$927.86
29868	REPAIR OF KNEE CARTILAGE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE	$1,251.04
29870	DIAGNOSTIC EXAM OF KNEE USING AN ENDOSCOPE	$298.03
29871	EXAM, WASHING, AND DRAINAGE OF INFECTED KNEE JOINT USING AN ENDOSCOPE	$411.39
29872	ARTHROSCOPY, KNEE, SURGICAL	$0.00
29873	RELEASE OF LIGAMENTS AT OUTER SIDE OF KNEE JOINT USING AN ENDOSCOPE	$369.85
29874	REMOVAL OF LOOSE OR FOREIGN BODY IN KNEE JOINT USING AN ENDOSCOPE	$440.53
29875	PARTIAL REMOVAL OF KNEE JOINT LINING USING AN ENDOSCOPE	$402.16
29876	REMOVAL OF JOINT LINING FROM MULTIPLE KNEE JOINT COMPARTMENTS USING AN ENDOSCOPE	$498.56
29877	REMOVAL OR SHAVING OF KNEE JOINT CARTILAGE USING AN ENDOSCOPE	$460.73
29879	REPAIR OF KNEE JOINT WITH DRILLING AND OR SCRAPING OF JOINT USING AN ENDOSCOPE	$498.98
29880	REMOVAL OF BOTH KNEE CARTILAGES USING AN ENDOSCOPE	$525.43
29881	REMOVAL OF KNEE CARTILAGE USING AN ENDOSCOPE	$483.75
29882	REPAIR OF INSIDE OR OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE	$532.76
29883	REPAIR OF INSIDE AND OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE	$578.53
29884	REMOVAL OF SCAR TISSUE FROM KNEE USING AN ENDOSCOPE	$470.87
29885	REPAIR OF KNEE JOINT WITH BONE GRAFT USING AN ENDOSCOPE	$539.35
29886	REPAIR OF KNEE JOINT BY DRILLING CARTILAGE USING AN ENDOSCOPE	$452.51
29887	REPAIR OF KNEE JOINT WITH BONE GRAFT AND INTERNAL STABILIZING DEVICE USING AN	$563.67
29888	REPAIR OF ANTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE	$842.13
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE	$806.54
29890	ARTHROSCOPY, ANKLE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	$0.00
29891	REMOVAL OF SHIN AND/OR ANKLE BONE DEFECT USING AN ENDOSCOPE	$517.99
29892	REMOVAL OF LARGE SHIN OR ANKLE BONE DEFECT USING AN ENDOSCOPE	$542.76
29893	REPAIR OF FIBROUS TISSUE OF ARCH OF FOOT USING AN ENDOSCOPE	$306.63
29894	REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE USING AN ENDOSCOPE	$450.22
29895	PARTIAL REMOVAL OF ANKLE JOINT LINING USING AN ENDOSCOPE	$443.19
29896	ARTHROSCOPY, ANKLE, SURGICAL	$0.00
29897	REMOVAL OF LIMITED DEAD OR INFECTED TISSUE USING AN ENDOSCOPE	$457.68
29898	REMOVAL OF EXTENSIVE DEAD OR INFECTED TISSUE USING AN ENDOSCOPE	$510.07
29899	FUSION OF ANKLE JOINT USING AN ENDOSCOPE	$725.35
29900	BIOPSY OF LINING OF JOINT OF FINGER USING AN ENDOSCOPE	$328.10
29901	REMOVAL OF DEAD OR INFECTED FINGER JOINT TISSUE USING AN ENDOSCOPE	$360.87
29902	TREATMENT OF DISPLACED FINGER JOINT LIGAMENT USING AN ENDOSCOPE	$386.80
29904	REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE JOINT AT HEEL BONES USING AN ENDOSCOPE	$308.47
29905	REMOVAL OF LINING OF ANKLE JOINT USING AN ENDOSCOPE	$333.14
29906	REMOVAL OF DEAD OR INFECTED ANKLE JOINT TISSUE USING AN ENDOSCOPE	$350.92
29907	FUSION OF FOOT JOINT USING AN ENDOSCOPE	$427.07
29914	RESHAPING OF THIGH BONE AT HIP JOINT USING AN ENDOSCOPE	$650.84
29915	RESHAPING OF HIP SOCKET USING AN ENDOSCOPE	$663.01
29916	REPAIR OF HIP JOINT SOCKET CARTILAGE USING AN ENDOSCOPE	$663.01
29999	OTHER PROCEDURE ON JOINT USING AN ENDOSCOPE	$0.00
30000	DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NOSE	$69.98
30020	DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NASAL CARTILAGE	$72.00
30100	BIOPSY OF LINING OF NOSE	$43.47
30110	SIMPLE REMOVAL OF NASAL POLYP	$79.46
30111	EXCISION, NASAL POLYP(S), SIMPLE	$0.00
30115	EXTENSIVE REMOVAL OF NASAL POLYP	$252.65
30116	EXCISION, NASAL POLYP(S), EXTENSIVE	$0.00
30117	REMOVAL OR DESTRUCTION OF GROWTH OF NOSE THROUGH NOSE	$194.16
30118	REMOVAL OR DESTRUCTION OF GROWTH OF NOSE	$528.83
30120	REMOVAL OR SCRAPING OF SKIN ON NOSE	$326.47
30124	SIMPLE REMOVAL OF CYST AND SKIN GROWTH OF NOSE	$166.84

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
30125	REMOVAL OF GROWTH UNDER NASAL BONE OR CARTILAGE	$386.63
30130	REMOVAL OF NASAL AIR PASSAGE	$224.38
30140	REMOVAL OF NASAL AIR PASSAGE UNDER LINING TISSUE	$241.40
30150	PARTIAL REMOVAL OF NOSE	$510.57
30160	REMOVAL OF NOSE	$569.04
30200	INJECTION OF MEDICATION INTO NASAL AIR PASSAGE	$37.61
30210	IRRIGATION AND DRAINAGE OF SINUS	$59.41
30220	INSERTION OF IMPLANT TO CLOSE NASAL PASSAGE	$76.03
30300	REMOVAL OF FOREIGN BODY IN NOSE	$73.73
30310	REMOVAL OF FOREIGN BODY IN NOSE UNDER ANESTHESIA	$126.27
30320	REMOVAL OF FOREIGN BODY IN NOSE BY INCISION	$288.51
30400	RESHAPING OF TIP OF NOSE	$635.65
30410	RESHAPING OF BONE, CARTILAGE, AND/OR TIP OF NOSE	$787.33
30420	RESHAPING OF BONY CARTILAGE DIVIDING NASAL PASSAGES	$924.19
30430	REVISION TO RESHAPE NOSE OR SMALL AMOUNT OF TIP OF NOSE AFTER PREVIOUS REPAIR	$584.26
30435	REVISION TO RESHAPE NASAL BONES AFTER PREVIOUS REPAIR	$779.68
30450	REVISION TO RESHAPE NASAL BONES AND TIP OF NOSE AFTER PREVIOUS REPAIR	$1,015.67
30460	REVISION OF CONGENITAL NASAL DEFECT TO LENGTHEN TIP OF NOSE	$553.36
30462	REVISION OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE	$1,050.40
30465	REPAIR OF NASAL PASSAGE	$604.20
30468	REPAIR OF COLLAPSED NOSTRIL USING IMPLANT IN SIDE OF NOSE	$99.67
30520	RESHAPING OF NASAL CARTILAGE	$347.70
30540	REPAIR OF NASAL PASSAGE THROUGH NOSE	$424.00
30545	REPAIR OF NASAL PASSAGES THROUGH PALATE	$634.64
30560	RELEASE OF NASAL SCAR TISSUE	$84.67
30580	REPAIR OF ABNORMAL DRAINAGE TRACT BETWEEN NASAL SINUSES	$365.78
30600	REPAIR OF ABNORMAL DRAINAGE TRACT BETWEEN MOUTH AND NASAL CAVITY	$298.07
30620	RECONSTRUCTION OF LINING OF NASAL PASSAGE WITH GRAFT	$370.39
30630	REPAIR OF OPENINGS OF NASAL CARTILAGE	$404.60
30800	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); SUPERFIC	$0.00
30801	DESTRUCTION OF SOFT TISSUE OF NASAL PASSAGES	$75.30
30802	DESTRUCTION OF SURFACE SOFT TISSUE OF NASAL PASSAGES	$110.57
30805	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); INTRAMUR	$0.00
30820	CRYOSURGERY OF TURBINATES, UNILATERAL OR BILATERAL	$0.00
30901	SIMPLE CONTROL OF NOSE BLEED	$44.33
30902	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	$0.00
30903	COMPLEX CONTROL OF NOSE BLEED	$65.99
30904	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	$0.00
30905	INITIAL CONTROL OF NOSE BLEED AND INSERTION OF PACKING	$98.64
30906	SUBSEQUENT CONTROL OF NOSEBLEED AND INSERTION OF PACKING	$107.34
30915	TYING OF ETHMOIDAL ARTERY ETHMOIDAL FOR CONTROL OF NOSE BLEED	$384.00
30920	TYING OF INTERNAL NASAL ARTERY FOR CONTROL OF NOSE BLEED	$559.08
30930	THERAPEUTIC FRACTURE OF NASAL PASSAGES	$74.71
30999	OTHER PROCEDURE ON NOSE	$0.00
31000	IRRIGATION OF NASAL SINUS	$63.28
31001	LAVAGE BY CANNULATION	$0.00
31002	IRRIGATION OF SPHENOID NASAL SINUS	$128.48
31020	INCISION OF NASAL SINUS THROUGH NOSE	$203.83
31021	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31030	CREATION OF WINDOW INTO NASAL SINUS	$344.95
31031	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31032	REMOVAL OF NASAL SINUS POLYP	$393.24
31033	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31040	INCISION THROUGH SINUS AT CHEEK BONE TO REACH NERVE AND BLOOD VESSEL	$497.21
31050	INCISION OF SPHENOID NASAL SINUS	$318.37
31051	REMOVAL OF NASAL POLYPS	$425.74
31070	SIMPLE INCISION OF FRONTAL NASAL SINUS	$267.60
31075	INCISION OF NASAL SINUS OF SIDE OF FACE	$546.24
31080	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH EYEBROW	$625.70

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31081	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH FOREHEAD	$698.44
31084	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP	$785.82
31085	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP	$830.43
31086	INCISION OF EYEBROW AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS	$697.73
31087	INCISION OF FOREHEAD AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS	$692.37
31090	REMOVAL OF TISSUE OR GROWTHS IN 3 OR MORE NASAL SINUSES ON SIDE OF FACE	$571.27
31200	PARTIAL REMOVAL OF NASAL SINUS	$352.05
31201	REMOVAL OF NASAL SINUS FROM WITHIN NASAL PASSAGE	$463.02
31205	REMOVAL OF NASAL SINUS FROM OUTSIDE NASAL PASSAGE	$549.83
31225	REMOVAL OF NASAL SINUS	$1,090.57
31230	REMOVAL OF NASAL SINUS AND EYE BONE	$1,235.15
31231	DIAGNOSTIC EXAM OF NASAL PASSAGES USING AN ENDOSCOPE	$63.70
31233	EXAM OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE	$104.79
31235	EXAM OF NASAL PASSAGE AND SPHENOID SINUS USING AN ENDOSCOPE	$118.58
31237	BIOPSY OR REMOVAL OF NASAL POLYP OR TISSUE USING AN ENDOSCOPE	$137.94
31238	CONTROL OF BLEEDING OF NOSE USING AN ENDOSCOPE	$151.74
31239	INCISION OF TEAR DUCT USING AN ENDOSCOPE	$504.10
31240	REMOVAL OF NASAL BREATHING PASSAGES USING AN ENDOSCOPE	$144.92
31241	TYING OF SPHENOPALATINE ARTERY USING AN ENDOSCOPE	$278.51
31253	COMPLETE EXAM OF NOSE AND SINUSES USING AN ENDOSCOPE	$312.83
31254	PARTIAL REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	$259.80
31255	REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	$389.35
31256	INCISION OF NASAL SINUS USING AN ENDOSCOPE	$184.03
31257	EXAM OF NOSE AND SINUS WITH REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	$278.69
31259	REMOVAL OF TISSUE FROM SPHENOID SINUS USING AN ENDOSCOPE	$295.33
31267	REMOVAL OF NASAL SINUS TISSUE USING AN ENDOSCOPE	$292.23
31276	EXPLORATION OF NASAL SINUS USING AN ENDOSCOPE	$442.35
31287	INCISION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE	$219.33
31288	REMOVAL OF SPHENOID NASAL SINUS TISSUE USING AN ENDOSCOPE	$256.10
31290	REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND BRIDGE OF NOSE USING	$944.19
31291	REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND EYES USING ENDOSCOPE	$1,000.15
31292	DECOMPRESSION OF MEDIAL OR INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE	$796.88
31293	DECOMPRESSION OF MEDIAL AND INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE	$868.03
31294	DECOMPRESSION OF OPTIC NERVE USING AN ENDOSCOPE	$1,021.29
31295	DILATION OF NASAL SINUS USING AN ENDOSCOPE	$111.46
31296	DILATION OF FRONTAL NASAL SINUS USING AN ENDOSCOPE	$132.77
31297	DILATION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE	$109.12
31298	DILATION OF SPHENOID AND FRONTAL NASAL SINUS USING AN ENDOSCOPE	$160.00
31299	OTHER PROCEDURE ON ACCESSORY SINUSES	$0.00
31300	REMOVAL OF VOCAL CORD GROWTH OR CARTILAGE ATTACHMENT	$842.27
31360	COMPLETE REMOVAL OF VOICE BOX	$1,064.35
31365	COMPLETE REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK	$1,457.92
31367	REMOVAL OF VOICE BOX	$1,239.76
31368	REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK	$1,612.33
31370	PARTIAL REMOVAL OF VOICE BOX	$1,226.14
31375	PARTIAL REMOVAL OF VOICE BOX THROUGH FRONT AND SIDE OF NECK	$1,112.30
31380	PARTIAL REMOVAL OF VOICE BOX AND ADJOINING TISSUE	$1,156.09
31382	PARTIAL REMOVAL OF VOICE BOX AND CARTILAGE	$1,182.54
31390	REMOVAL OF VOICE BOX, THROAT, MUSCLE, LYMPH NODES, AND GLANDS	$1,634.76
31395	REMOVAL OF VOICE BOX AND THROAT, MUSCLE, LYMPH NODES, AND GLANDS WITH	$1,916.47
31400	REMOVAL OR REPAIR OF VOICE BOX CARTILAGE	$631.97
31420	REMOVAL OF CARTILAGE ATTACHING TONGUE	$632.40
31500	EMERGENT INSERTION OF BREATHING TUBE INTO WINDPIPE USING AN ENDOSCOPE	$93.64
31502	CHANGE OF BREATHING TUBE IN WINDPIPE	$32.14
31505	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$30.26
31510	BIOPSY OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$79.29
31511	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$90.36
31512	REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$107.27
31513	INJECTION OF VOCAL CORD USING AN ENDOSCOPE WITH MIRROR	$117.65

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31515	ASPIRATION OF VOICE BOX USING AN ENDOSCOPE	$81.56
31520	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE, NEWBORN	$120.53
31525	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE	$115.20
31526	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR	$143.56
31527	INSERTION OF DEVICE TO CLOSE OPENING OF VOICE BOX USING AN ENDOSCOPE	$168.53
31528	INITIAL DILATION OF VOICE BOX USING AN ENDOSCOPE	$130.81
31529	SUBSEQUENT DILATION OF VOICE BOX USING AN ENDOSCOPE	$139.85
31530	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE	$183.54
31531	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH OPERATING	$201.10
31535	BIOPSY OF VOICE BOX USING AN ENDOSCOPE	$176.24
31536	BIOPSY OF VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR TELESCOPE	$199.06
31540	REMOVAL OF GROWTH OF THROAT AND/OR STRIPPING OF VOCAL CORDS USING AN ENDOSCOPE	$230.97
31541	REMOVAL OF GROWTH OF TONGUE AND/OR STRIPPING OF VOCAL CORD USING AN ENDOSCOPE	$245.74
31545	REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH LOCAL TISSUE FLAP USING	$286.01
31546	REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH GRAFT USING AN ENDOSCOF	$434.40
31551	REPAIR OF NARROWED VOICE BOX WITH GRAFT (YOUNGER THAN 12 YEARS)	$908.51
31552	REPAIR OF NARROWED VOICE BOX WITH GRAFT (12 YEARS OR OLDER)	$924.59
31553	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT	$1,009.69
31554	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT (12	$1,068.83
31560	REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE	$286.93
31561	REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR	$328.97
31570	INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE	$179.59
31571	INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR	$234.90
31572	REMOVAL OR DESTRUCTION OF GROWTH OF SIDE OF VOICE BOX USING AN ENDOSCOPE	$114.63
31573	INJECTION OF DRUG INTO SIDE OF VOICE BOX USING AN ENDOSCOPE	$94.84
31574	INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING AN ENDOSCOPE	$94.84
31575	DIAGNOSTIC EXAM OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	$53.40
31576	BIOPSY OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	$109.05
31577	REMOVAL OF FOREIGN BODY IN VOICE BOX USING A FLEXIBLE ENDOSCOPE	$136.25
31578	REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE	$147.42
31579	EXAM TO ASSESS MOVEMENT OF VOCAL CORD FLAPS USING AN ENDOSCOPE	$103.09
31580	REPAIR OF CONGENITAL VOCAL CORD DEFECT WITH INSERTION OF INDWELLING STENT	$793.80
31584	INCISION OF VOICE BOX TO REPAIR FRACTURE	$1,040.08
31587	REPAIR OF SPLIT OF VOICE BOX	$654.43
31590	RELOCATION OF NERVE AND MUSCLE TO RESTORE VOICE BOX FUNCTION	$567.92
31591	REPAIR OF SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE	$675.94
31592	PARTIAL REMOVAL OF WINDPIPE AND CARTILAGE	$1,079.47
31599	OTHER PROCEDURE ON VOICE BOX	$0.00
31600	INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (OLDER THAN 2 YEARS)	$259.24
31601	INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (2 YEARS OR YOUNGER)	$244.63
31603	EMERGENT INCISION OF WINDPIPE THROUGH NECK FOR INSERTION OF BREATHING TUBE	$220.41
31605	EMERGENT INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE	$189.62
31610	CREATION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING	$515.65
31611	CREATION OF OPENING OF WINDPIPE AND INSERTION OF SPEECH PROSTHESIS	$405.06
31612	PUNCTURE OF WINDPIPE FOR ASPIRATION AND/OR INJECTION	$48.22
31613	SIMPLE REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING	$294.72
31614	REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING WITH FLAP ROTATION	$483.82
31615	EXAM OF WINDPIPE AND LUNG AIRWAYS THROUGH PERMANENT WINDPIPE OPENING USING AN	$106.53
31622	DIAGNOSTIC EXAM OF LUNG AIRWAY USING AN ENDOSCOPE	$142.83
31623	EXAM OF LUNG AIRWAYS USING AN ENDOSCOPE	$146.59
31624	IRRIGATION AND SUCTION OF LUNG AIRWAYS TO OBTAIN CELLS USING AN ENDOSCOPE	$146.59
31625	BIOPSY OF LUNG AIRWAY USING AN ENDOSCOPE	$182.26
31626	PLACEMENT OF RADIATION THERAPY MARKERS INTO LUNG AIRWAYS USING AN ENDOSCOPE	$102.20
31627	COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION OF LUNG AIRWAYS USING AN ENDOSCOPE	$49.68
31628	BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, 1 LOBE	$192.38
31629	NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE	$170.33
31630	DILATION OF WINDPIPE CARTILAGE OR TREATMENT OF BROKEN WINDPIPE CARTILAGE USING	$197.31
31631	PLACEMENT OF STENT INTO WINDPIPE USING AN ENDOSCOPE	$215.08
31632	BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE	$54.39

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
31633	NEEDLE BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE	$66.72
31634	EXAM OF LUNG AIRWAYS WITH REPAIR OF AIR LEAK USING AN ENDOSCOPE	$128.89
31635	REMOVAL OF FOREIGN BODY IN LUNG AIRWAYS USING AN ENDOSCOPE	$192.10
31636	PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, FIRST STENT	$177.90
31637	PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, EACH ADDITIONAL STENT	$63.08
31638	REVISION OF PREVIOUSLY INSERTED LUNG AIRWAY STENT USING AN ENDOSCOPE	$198.19
31640	REMOVAL OF GROWTH OF LUNG AIRWAYS USING AN ENDOSCOPE	$256.53
31641	DESTRUCTION OF GROWTH OR NARROWING OF LUNG AIRWAY USING AN ENDOSCOPE	$260.69
31643	PLACEMENT OF TUBE FOR RADIATION DELIVERY IN LUNG AIRWAY USING AN ENDOSCOPE	$177.88
31645	ASPIRATION OF INITIAL SECRETION OF LUNG AIRWAY USING AN ENDOSCOPE	$169.64
31646	ASPIRATION OF SUBSEQUENT SECRETIONS OF LUNG AIRWAY USING AN ENDOSCOPE DURING	$138.51
31647	ASSESSMENT OF INITIAL LOBE OF LUNG FOR AIR LEAK AND AIRWAY SIZING WITH	$137.30
31648	REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE,	$145.10
31649	REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE,	$45.90
31651	ASSESSMENT OF AIR LEAK AND AIRWAY SIZING WITH INSERTION OF BRONCHIAL VALVE IN	$48.43
31652	EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND	$147.48
31653	EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND	$162.67
31654	EXAM OF LUNG AIRWAYS WITH DIAGNOSTIC OR THERAPEUTIC PROCEDURE ON GROWTHS USING	$42.40
31660	THERMAL REPAIR OF AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE	$138.43
31661	THERMAL REPAIR OF AIRWAYS OF MULTIPLE LOBES OF LUNG USING AN ENDOSCOPE	$145.90
31717	INSERTION OF TUBE INTO AIRWAY OF LUNG FOR BIOPSY	$80.55
31719	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF INDWELLING TUBE FOR THERAPY (EG, TI	$0.00
31720	INSERTION OF TUBE INTO AIRWAY FOR ASPIRATION OF SECRETIONS	$47.17
31725	INSERTION OF TUBE INTO WINDPIPE AND AIRWAYS OF LUNG FOR ASPIRATION OF	$87.57
31730	INSERTION OF NEEDLE WIRE DILATOR OR INDWELLING TUBE FOR OXYGEN THERAPY	$136.14
31750	REPAIR OF WINDPIPE CARTILAGE THROUGH NECK	$760.80
31755	CREATION OF DRAINAGE TRACT FROM THROAT TO WINDPIPE	$1,008.25
31760	REPAIR OF WINDPIPE CARTILAGE THROUGH CHEST	$1,046.30
31766	RECONSTRUCTION OF UPPER BREAST BONE THROUGH CHEST	$1,469.78
31770	REPAIR OF LUNG AIRWAY WITH GRAFT	$1,164.52
31775	REPAIR OF NARROWED AREA OF LUNG AIRWAY	$1,266.99
31780	REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK WITH SUTURE REPAIR	$1,020.72
31781	REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK AND CHEST WITH SUTURE REPAIR	$1,240.35
31785	REMOVAL OF GROWTH OF WINDPIPE CARTILAGE	$843.72
31786	REMOVAL OF GROWTH OF WINDPIPE CARTILAGE THROUGH CHEST	$1,193.33
31800	SUTURE OF INJURY OF WINDPIPE IN NECK	$418.12
31805	SUTURE OF INJURY OF WINDPIPE IN CHEST	$758.25
31820	CLOSURE OF PERMANENT WINDPIPE OPENING OR ABNORMAL DRAINAGE TRACT	$300.69
31825	CLOSURE OF PERMANENT WINDPIPE OPENING OR ABNORMAL DRAINAGE TRACT WITH PLASTIC	$430.82
31830	REVISION OF PERMANENT WINDPIPE OPENING SCAR	$301.77
31899	OTHER PROCEDURE ON WINDPIPE OR LUNG AIRWAY	$0.00
32035	REMOVAL OF RIB WITH CREATION OF TRACT FOR DRAINAGE OF INFECTED MATERIAL	$533.31
32036	CREATION OF OPEN FLAP TRACT FOR DRAINAGE OF INFECTED MATERIAL FROM LINING	$588.97
32096	BIOPSY OF FLUID COLLECTION OF LUNG	$498.41
32097	BIOPSY OF GROWTH OF LUNG	$498.41
32098	BIOPSY OF LUNG LINING	$468.59
32100	INCISION AND EXPLORATION OF CHEST CAVITY	$727.19
32110	REPAIR OF TEAR OF LUNG AND/OR CONTROL OF TRAUMATIC BLEEDING THROUGH CHEST	$855.13
32120	INCISION OF CHEST CAVITY FOR COMPLICATIONS AFTER SURGERY	$698.40
32124	RELEASE OF LUNG LINING THROUGH CHEST	$739.32
32140	REMOVAL OF CYSTS OF LUNG THROUGH CHEST	$832.24
32141	REMOVAL OF AIR SAC OF LUNG THROUGH CHEST	$819.06
32150	REMOVAL OF FOREIGN BODY OR CLOT IN LINING OF LUNG THROUGH CHEST	$789.52
32151	REMOVAL OF FOREIGN BODY IN LUNG	$792.66
32160	MASSAGE OF HEART MUSCLE THROUGH CHEST	$544.77
32200	DRAINAGE OF ABSCESS OR CYST OF INFECTED LUNG	$720.30
32215	CREATION OF SCARRING ON SURFACE OF LUNG	$662.49
32220	REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION	$1,082.94
32225	PARTIAL REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION	$819.89

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
32310	REMOVAL OF LINING OF CHEST CAVITY	$789.60
32320	REMOVAL OF LINING OF CHEST CAVITY AND LINING OF LUNG	$1,151.20
32400	NEEDLE BIOPSY OF LINING OF LUNG	$81.43
32408	CORE NEEDLE BIOPSY OF LUNG OR CENTER CAVITY OF CHEST (MEDIASTINUM), ACCESSED	$87.91
32440	REMOVAL OF LUNG	$1,183.81
32442	REMOVAL OF LUNG WITH PORTION OF WINDPIPE CARTILAGE	$1,335.44
32445	REMOVAL OF LUNG AND LINING OF CHEST CAVITY	$1,342.20
32480	REMOVAL OF LOBE OF LUNG	$1,046.59
32482	REMOVAL OF 2 LOBES OF LUNG	$1,104.21
32484	REMOVAL OF SEGMENT OF LUNG TISSUE	$1,139.00
32486	REMOVAL OF PORTION OF LUNG AND SEGMENT OF LUNG AIRWAY	$1,264.00
32488	REMOVAL OF REMAINING LUNG AFTER PREVIOUS PARTIAL REMOVAL OF LUNG	$1,339.81
32490	LOBECTOMY, TOTAL OR SEGMENTAL; WITH CONCOMITANT DECORTICATION	$0.00
32491	REMOVAL OF LUNG SEGMENT TO REDUCE LUNG VOLUME THROUGH CHEST	$1,143.50
32501	REPAIR OF LUNG AIRWAY AND REMOVAL OF SEGMENT OF LUNG	$239.01
32503	REMOVAL OF GROWTH OF LUNG	$1,277.16
32504	REMOVAL OF GROWTH OF LUNG AND RECONSTRUCTION OF CHEST WALL	$1,458.81
32505	INITIAL REMOVAL OF WEDGE OF LUNG TISSUE	$576.18
32506	REMOVAL OF LUNG TISSUE WEDGE THROUGH CHEST, EACH ADDITIONAL REMOVAL	$95.22
32507	REMOVAL OF LUNG TISSUE WEDGE FOR DIAGNOSIS	$95.22
32540	REMOVAL OF INFECTED MATERIAL BETWEEN LUNG AND CHEST WALL	$844.83
32545	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY); WITH LOBECTOMY	$0.00
32550	INSERTION OF INDWELLING TUBE FOR DRAINAGE OF LUNG FLUID	$112.08
32551	REMOVAL OF FLUID FROM BETWEEN LUNG AND CHEST CAVITY	$92.62
32552	REMOVAL OF INDWELLING TUBE IN LINING OF LUNG	$77.23
32553	INSERTION OF DEVICE IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE	$97.36
32554	ASPIRATION OF FLUID FROM CHEST CAVITY	$54.89
32555	ASPIRATION OF FLUID FROM CHEST CAVITY USING IMAGING GUIDANCE	$68.47
32556	DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE	$75.10
32557	DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE USING	$98.76
32560	INSTILLATION OF AGENT ONTO LUNG SURFACE USING CHEST TUBE	$57.74
32561	INITIAL INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE	$34.17
32562	SUBSEQUENT INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE	$30.61
32601	DIAGNOSTIC EXAM OF LUNGS, HEART SAC, CHEST CAVITY, OR LUNG LINING USING AN	$292.36
32604	BIOPSY OF HEART SAC USING AN ENDOSCOPE	$420.39
32606	BIOPSY OF TISSUE OF CHEST USING AN ENDOSCOPE	$404.02
32607	BIOPSY OF FLUID COLLECTION OF LUNG USING AN ENDOSCOPE	$189.78
32608	BIOPSY OF GROWTH OF LUNG USING AN ENDOSCOPE	$232.56
32609	BIOPSY OF LUNG LINING USING AN ENDOSCOPE	$161.25
32650	ADHESION OF LININGS OF LUNG USING AN ENDOSCOPE	$618.26
32651	PARTIAL REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE	$754.11
32652	REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE	$1,039.64
32653	REMOVAL OF FOREIGN BODY IN LINING OF CHEST CAVITY USING AN ENDOSCOPE	$739.03
32654	CONTROL OF TRAUMATIC BLEEDING IN CHEST USING AN ENDOSCOPE	$706.93
32655	REMOVAL OF AIR SAC OF LUNG USING AN ENDOSCOPE	$786.30
32656	REMOVAL OF LINING OF LUNG USING AN ENDOSCOPE	$793.67
32658	REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC USING AN ENDOSCOPE	$744.12
32659	CREATION OF OPENING OR PARTIAL REMOVAL OF HEART SAC USING AN ENDOSCOPE	$743.63
32661	REMOVAL OF CYST OR GROWTH OF HEART SAC USING AN ENDOSCOPE	$751.23
32662	REMOVAL OF CYST OR GROWTH OF CHEST CAVITY USING AN ENDOSCOPE	$942.01
32663	EXAM OF LUNG WITH REMOVAL OF LUNG LOBE USING AN ENDOSCOPE	$1,055.84
32664	REMOVAL OF NERVES TO CHEST CAVITY USING AN ENDOSCOPE	$769.11
32665	REPAIR OF ESOPHAGUS USING AN ENDOSCOPE	$877.00
32666	INITIAL REMOVAL OF WEDGE OF LUNG TISSUE USING AN ENDOSCOPE	$539.50
32667	REMOVAL OF WEDGE OF TISSUE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL	$95.22
32668	BIOPSY OF WEDGE OF LUNG TISSUE FOLLOWED BY PARTIAL REMOVAL OF LUNG	$95.74
32669	REMOVAL OF SEGMENT OF LUNG TISSUE USING AN ENDOSCOPE	$824.96
32670	REMOVAL OF 2 LOBES OF LUNG USING AN ENDOSCOPE	$982.66
32671	REMOVAL OF LUNG USING AN ENDOSCOPE	$1,087.97

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
32672	PARTIAL REMOVAL OF LUNG TO REDUCE LUNG VOLUME USING AN ENDOSCOPE	$932.45
32673	REMOVAL OF THYMUS GLAND USING AN ENDOSCOPE	$739.93
32674	REMOVAL OF LYMPH NODES OF CHEST CAVITY USING AN ENDOSCOPE	$130.63
32700	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE);	$0.00
32701	DELINEATION OF THORACIC TARGETS FOR RADIATION THERAPY	$131.43
32705	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); WITH BIOPSY	$0.00
32800	REPAIR OF LUNG HERNIA THROUGH CHEST WALL	$750.84
32810	CLOSURE OF CHEST WALL AFTER DRAINAGE OF INFECTED LUNG	$695.69
32815	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM CHEST CAVITY TO LUNG AIRWAY	$1,228.13
32820	RECONSTRUCTION OF CHEST WALL AFTER INJURY	$1,190.57
32850	REMOVAL OF LUNG FROM CADAVER	$0.00
32851	TRANSPLANTATION OF LUNG	$1,977.21
32852	TRANSPLANTATION OF LUNG ON HEART-LUNG MACHINE	$2,127.78
32853	TRANSPLANTATION OF 2 LUNGS	$2,412.20
32854	TRANSPLANTATION OF 2 LUNGS ON HEART-LUNG MACHINE	$2,572.88
32900	REMOVAL OF RIBS	$972.55
32905	REMOVAL OF INFECTED AREA OF CHEST CAVITY	$1,060.68
32906	REMOVAL OF INFECTED AREA OF CHEST CAVITY AND CLOSURE OF ABNORMAL DRAINAGE TRACT	$1,337.48
32940	RELEASE OF LINING COVERING LUNG FROM CHEST WALL	$992.74
32960	INJECTION OF AIR INTO CHEST CAVITY TO COLLAPSE LUNG	$73.82
32994	DESTRUCTION OF GROWTH OF LUNG USING EXTREME COLD	$304.74
32997	IRRIGATION AND DRAINAGE OF LUNG	$243.55
32998	DESTRUCTION OF GROWTH OF LUNG USING RADIOFREQUENCY	$196.01
32999	OTHER PROCEDURE ON LUNG AND LUNG LINING	$205.69
33016	DRAINAGE OF HEART SAC USING IMAGING GUIDANCE	$146.57
33017	DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (6 YEARS OR OLDER)	$152.32
33018	DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (5 YEARS OR YOUNGER OR	$174.29
33019	DRAINAGE OF HEART SAC USING TUBE AND CT IMAGING GUIDANCE	$141.15
33020	REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC	$763.83
33025	SURGICAL REMOVAL OF PIECE OF SAC COVERING HEART FOR DRAINAGE	$757.17
33030	REMOVAL OF HEART SAC	$1,160.05
33031	REMOVAL OF HEART SAC ON HEART-LUNG MACHINE	$1,163.58
33035	COMPLETE VENTRICULAR DECORTICATION, WITH	$0.00
33050	REMOVAL OF GROWTH OR CYST OF FROM HEART SAC	$786.88
33120	REMOVAL OF GROWTH OF HEART ON HEART-LUNG MACHINE	$1,518.25
33130	REMOVAL OF GROWTH ON OUTSIDE OF HEART	$1,109.81
33140	LASER TREATMENT OF HEART MUSCLE TO IMPROVE BLOOD FLOW	$1,000.66
33141	LASER TREATMENT OF HEART MUSCLE TO IMPROVE BLOOD FLOW DURING PROCEDURE	$185.47
33202	INSERTION OF ELECTRODE TO OUTER LAYER OF HEART	$534.75
33203	INSERTION OF ELECTRODE TO OUTER LAYER OF HEART USING AN ENDOSCOPE	$548.53
33206	INSERTION OF PACEMAKER AND UPPER HEART CHAMBER ELECTRODE	$417.10
33207	INSERTION OF PACEMAKER AND LOWER HEART CHAMBER ELECTRODE	$488.48
33208	INSERTION OF PACEMAKER AND UPPER AND LOWER HEART CHAMBER ELECTRODE	$526.97
33210	INSERTION OF TEMPORARY PACEMAKER LEAD IN SINGLE HEART CHAMBER	$174.10
33211	INSERTION OF TEMPORARY PACEMAKER LEAD IN UPPER AND LOWER HEART CHAMBERS	$178.79
33212	INSERTION OF PACEMAKER PULSE GENERATOR WITH EXISTING SINGLE LEAD	$331.18
33213	INSERTION OF PACEMAKER PULSE GENERATOR WITH EXISTING DUAL LEADS	$361.30
33214	INSERTION OF 2 CHAMBER PACEMAKER SYSTEM	$418.41
33215	REPOSITIONING OF PACEMAKER OR DEFIBRILLATOR ELECTRODE	$227.42
33216	INSERTION OF 1 ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$329.06
33217	INSERTION OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$341.91
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$315.41
33219	REPAIR OF PACEMAKER; WITH REPLACEMENT OF PULSE GENERATOR	$0.00
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$318.39
33221	INSERTION OF PACEMAKER PULSE GENERATOR WITH EXISTING MULTIPLE LEADS	$217.73
33222	RELOCATION OF PACEMAKER SKIN POCKET	$305.76
33223	RELOCATION OF DEFIBRILLATOR SKIN POCKET	$377.65
33224	INSERTION OF LEFT LOWER HEART ELECTRODE AND ATTACHMENT TO PACEMAKER OR	$363.63
33225	INSERTION OF LEFT LOWER HEART ELECTRODE FOR PACEMAKER OR DEFIBRILLATOR	$320.77

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
33226	REPOSITIONING OF LEFT LOWER HEART ELECTRODE	$350.25
33227	REMOVAL AND REPLACEMENT OF SINGLE LEAD PERMANENT PACEMAKER	$207.92
33228	REMOVAL AND REPLACEMENT OF DUAL LEAD PERMANENT PACEMAKER	$216.65
33229	REMOVAL AND REPLACEMENT OF MULTIPLE LEAD PERMANENT PACEMAKER	$225.37
33230	INSERTION OF DEFIBRILLATOR WITH EXISTING DUAL LEADS	$233.84
33231	INSERTION OF DEFIBRILLATOR WITH EXISTING MULTIPLE LEADS	$242.56
33232	REMOVAL OF PERMANENT PACEMAKER	$0.00
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	$208.64
33234	REMOVAL OF SINGLE ELECTRODE FROM RIGHT HEART	$379.03
33235	REMOVAL OF DUAL ELECTRODES FROM RIGHT HEART	$440.85
33236	REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, SINGLE LEAD	$618.86
33237	REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, DUAL LEAD	$761.98
33238	REMOVAL OF PERMANENT PACEMAKER VENOUS ELECTRODES	$792.35
33240	INSERTION OF DEFIBRILLATOR WITH EXISTING SINGLE LEAD	$416.09
33241	REMOVAL OF DEFIBRILLATOR	$194.54
33243	REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH INCISION	$1,040.77
33244	REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH VEIN	$704.61
33248	REVISION OR REMOVAL OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS AND	$0.00
33249	INSERTION OF IMPLANTABLE DEFIBRILLATOR SYSTEM	$820.76
33250	DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY	$1,071.50
33251	DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY ON HEART-LUNG MACHINE	$1,326.91
33254	PARTIAL DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER	$928.91
33255	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER	$1,117.06
33256	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER ON HEART-LUNG	$1,331.79
33257	PARTIAL DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER	$313.67
33258	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER	$353.45
33259	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER ON	$462.14
33261	DESTRUCTION OF TISSUE AND RECONSTRUCTION OF RIGHT LOWER HEART CHAMBER ON	$1,273.64
33262	REMOVAL AND REPLACEMENT OF SINGLE LEAD DEFIBRILLATOR	$225.55
33263	REMOVAL AND REPLACEMENT OF DUAL LEAD DEFIBRILLATOR	$234.28
33264	REMOVAL AND REPLACEMENT OF MULTIPLE LEAD DEFIBRILLATOR	$243.01
33265	LIMITED RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL	$928.91
33266	EXTENSIVE RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL	$1,267.31
33270	INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE	$387.92
33271	INSERTION OF DEFIBRILLATOR ELECTRODE	$307.51
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE	$255.52
33273	REPOSITIONING OF DEFIBRILLATOR ELECTRODE	$245.49
33274	INSERTION OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE	$306.85
33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE	$323.90
33285	INSERTION OF HEART RHYTHM MONITOR UNDER SKIN	$55.24
33286	REMOVAL OF HEART RHYTHM MONITOR FROM UNDER THE SKIN	$54.22
33289	INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY THROUGH TUBE WITH REVIEW	$202.13
33300	REPAIR OF WOUND TO HEART	$1,015.32
33305	REPAIR OF WOUND TO HEART ON HEART-LUNG MACHINE	$1,217.30
33310	INCISION AND EXPLORATION OF HEART	$1,012.78
33315	INCISION OR EXPLORATION OF HEART ON HEART-LUNG MACHINE	$1,201.63
33320	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES	$957.41
33321	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES USING A SHUNT BYPASS	$1,226.68
33322	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES ON HEART-LUNG MACHINE	$1,254.39
33330	REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT	$1,101.77
33335	REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT ON HEART-LUNG MACHINE	$1,485.54
33340	REPAIR OF LEFT UPPER HEART CHAMBER WITH IMPLANT WITH REVIEW BY RADIOLOGIST	$495.50
33361	REPLACEMENT OF AORTIC VALVE THROUGH THE SKIN AND FEMORAL ARTERY	$805.42
33362	REPLACEMENT OF AORTIC VALVE BY THROUGH FEMORAL ARTERY	$881.09
33363	REPLACEMENT OF AORTIC VALVE THROUGH AXILLARY ARTERY	$912.26
33364	REPLACEMENT OF AORTIC VALVE THROUGH ILIAC ARTERY	$972.23
33365	REPLACEMENT OF AORTIC VALVE BY TUBE THROUGH AORTA	$1,060.10
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE;	$1,177.75
33367	INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL ACCESSED THROUGH SKIN FOR	$370.97

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
33368	INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT	$449.53
33369	INSERTION OF TUBE IN CENTRAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT	$593.52
33390	SIMPLE REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE	$1,176.67
33391	COMPLEX REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE	$1,394.21
33404	CREATION OF BLOOD FLOW FROM LEFT LOWER HEART CHAMBER TO AORTA	$1,724.64
33405	REPLACEMENT OF AORTIC VALVE ON HEART-LUNG MACHINE	$1,772.14
33406	REPLACEMENT OF AORTIC VALVE USING HUMAN DONOR VALVE ON HEART-LUNG MACHINE	$1,916.69
33407	VALVOTOMY, AORTIC VALVE (COMMISSUROTOMY); WITH CARDIOPULMONARY BYPASS	$0.00
33408	VALVOTOMY, AORTIC VALVE (COMMISSUROTOMY); WITH INFLOW OCCLUSION	$0.00
33410	REPLACEMENT OF AORTIC VALVE USING TISSUE VALVE ON HEART-LUNG MACHINE	$1,685.57
33411	REPLACEMENT OF AORTIC VALVE WITH AORTA ENLARGEMENT	$1,929.09
33412	REPLACEMENT OF AORTIC VALVE WITH ENLARGEMENT AT BASE OF VALVE	$2,082.30
33413	REPAIR AND ENLARGEMENT OF BLOOD OUTFLOW TRACT TO GREAT VESSELS FROM LEFT OR	$2,126.28
33414	REPAIR AND ENLARGEMENT OF BLOOD OUTFLOW TRACT OF LEFT LOWER HEART CHAMBER	$1,867.92
33415	INCISION OR REMOVAL OF TISSUE BELOW AORTIC VALVE	$1,640.02
33416	REMOVAL OF THICKENED HEART MUSCLE AT LEFT LOWER HEART CHAMBER	$1,730.19
33417	REPAIR OF AORTA AT HEART	$1,770.89
33418	REPAIR OF MITRAL VALVE THROUGH THE SKIN, INITIAL PROSTHESIS	$1,070.96
33419	REPAIR OF MITRAL VALVE THROUGH THE SKIN, ADDITIONAL PROSTHESIS	$312.59
33420	REMOVAL OF MITRAL VALVE SCAR TISSUE	$1,152.46
33422	REMOVAL OF MITRAL VALVE SCAR TISSUE ON HEART-LUNG MACHINE	$1,576.67
33425	REPAIR OF MITRAL VALVE ON HEART-LUNG MACHINE	$1,602.41
33426	REPAIR OF MITRAL VALVE WITH ARTIFICIAL VALVE ON HEART-LUNG MACHINE	$1,813.38
33427	RADICAL RECONSTRUCTION OF MITRAL VALVE ON HEART-LUNG MACHINE	$1,953.84
33430	REPLACEMENT OF MITRAL VALVE ON HEART-LUNG MACHINE	$2,030.56
33440	REPLACEMENT OF AORTIC AND PULMONARY VALVES AND ENLARGEMENT OF OUTFLOW TRACT	$2,068.33
33450	VALVOTOMY, TRICUSPID VALVE (COMMISSUROTOMY)	$0.00
33452	VALVOTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	$0.00
33460	REMOVAL OF TRICUSPID VALVE ON HEART-LUNG MACHINE	$1,437.01
33463	REPAIR OF TRICUSPID VALVE	$1,553.28
33464	REPAIR OF TRICUSPID VALVE WITH RING INSERTION	$1,650.52
33465	REPLACEMENT OF TRICUSPID VALVE ON HEART-LUNG MACHINE	$1,726.50
33468	REPOSITIONING OF TRICUSPID VALVE	$1,841.24
33471	INCISION OF PULMONARY VALVE THROUGH PULMONARY ARTERY	$1,248.12
33474	INCISION OF PULMONARY VALVE ON HEART-LUNG MACHINE	$1,412.10
33475	REPLACEMENT OF PULMONARY VALVE	$1,728.81
33476	RELEASE OF RESTRICTIVE RIGHT VENTRICULAR MUSCLE BANDS OR VALVE LEAFLETS	$1,468.53
33477	INSERTION OF PULMONARY VALVE	$808.85
33478	ENLARGEMENT OF BLOOD OUTFLOW TRACT IN RIGHT LOWER HEART CHAMBER	$1,650.24
33480	REPLACEMENT AND/OR REPAIR, DOUBLE VALVE PROCEDURE, BY METHODS 33400-33465	$0.00
33481	SINGLE VALVE REPLACEMENT; WITH COMMISSUROTOMY OR VALVULOPLASTY OF ANOTHER VALV	$0.00
33482	SINGLE VALVE REPLACEMENT; WITH COMMISSUROTOMY OR VALVULOPLASTY OF TWO VALVES	$0.00
33483	DOUBLE VALVE REPLACEMENT;	$0.00
33485	DOUBLE VALVE REPLACEMENT; WITH COMMISSUROTOMY OR VALVULOPLASTY OF ONE VALVE	$0.00
33492	TRIPLE VALVE REPLACEMENT	$0.00
33496	REPAIR OF ARTIFICIAL HEART VALVE ON HEART-LUNG MACHINE	$1,680.98
33500	REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION ON HEART-LUNG	$1,536.67
33501	REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION	$996.55
33502	REPAIR OF ABNORMAL HEART ARTERY	$1,253.87
33503	REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT	$1,276.79
33504	REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT ON HEART-LUNG MACHINE	$1,531.03
33505	REPAIR OF ABNORMAL HEART ARTERY WITH DIVERSION OF BLOOD FLOW	$1,567.45
33506	REPAIR OF ABNORMAL HEART ARTERY WITH DIVERSION OF BLOOD FLOW TO AORTA	$1,587.18
33507	REPAIR OF ABNORMAL HEART ARTERY AT ITS AORTIC ORIGIN	$1,230.45
33508	HARVEST OF VEIN USING AN ENDOSCOPE	$12.12
33510	CORONARY ARTERY BYPASS USING VEIN GRAFT, 1 GRAFT	$1,525.90
33511	CORONARY ARTERY BYPASS USING VEIN GRAFT, 2 GRAFTS	$1,649.30
33512	CORONARY ARTERY BYPASS USING VEIN GRAFT, 3 GRAFTS	$1,769.08
33513	CORONARY ARTERY BYPASS USING VEIN GRAFT, 4 GRAFTS	$1,898.24

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
33514	CORONARY ARTERY BYPASS USING VEIN GRAFT, 5 GRAFTS	$2,005.59
33516	CORONARY ARTERY BYPASS USING VEIN GRAFT, 6 OR MORE GRAFTS	$2,124.45
33517	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 1 GRAFT	$137.41
33518	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 2 GRAFTS	$259.37
33519	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 3 GRAFTS	$380.67
33520	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); SINGLE C	$0.00
33521	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 4 GRAFTS	$503.04
33522	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 5 GRAFTS	$624.95
33523	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 6 OR MORE GRAFTS	$745.59
33525	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); TWO COR	$0.00
33528	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); THREE O	$0.00
33530	CORONARY ARTERY BYPASS OR VALVE PROCEDURE REOPERATION MORE THAN 1 MONTH AFTER	$313.28
33532	MYOCARDIAL IMPLNTATN ONE MOR SYSTMIC ARTERIES	$0.00
33533	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 1 GRAFT	$1,847.57
33534	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 2 GRAFTS	$1,718.37
33535	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 3 GRAFTS	$1,875.81
33536	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 4 GRAFTS	$2,031.76
33542	PARTIAL REMOVAL OF HEART MUSCLE	$1,745.50
33545	REPAIR OF LOWER HEART CHAMBER FOLLOWING HEART ATTACK	$2,095.06
33548	RESTORATION AND RESHAPING OF LEFT LOWER HEART CHAMBER	$1,622.39
33560	MYOCARDIAL OPERATION COMBINED WITH CORONARY BYPASS PROCEDURE	$0.00
33572	REMOVAL OF PLAQUE FROM HEART ARTERY AT TIME OF CORONARY ARTERY BYPASS	$215.55
33600	CLOSURE OF MITRAL OR TRICUSPID VALVE	$1,714.17
33602	CLOSURE OF AORTIC OR PULMONARY VALVE	$1,655.27
33606	CONNECTION OF PULMONARY ARTERY TO AORTA	$1,832.63
33608	REPAIR OF CONGENITAL DEFECT IN RIGHT OR LEFT HEART CHAMBER	$1,906.45
33610	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN LOWER HEART CHAMBERS	$1,863.63
33611	REPAIR OF DOUBLE OUTLET DEFECT OF RIGHT LOWER HEART CHAMBER	$1,931.64
33612	REPAIR OF DOUBLE OUTLET DEFECT AND OUTFLOW TRACT OF RIGHT LOWER HEART CHAMBER	$2,044.74
33615	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND CONNECTION	$1,973.80
33617	REPAIR OF COMPLEX CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND	$2,124.67
33619	REPAIR TO IMPROVE CONGENITAL BLOOD FLOW DEFECT FROM LOWER HEART CHAMBER	$2,393.57
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS	$1,043.57
33621	INSERTION OF STENT IN DEFECT BETWEEN UPPER HEART CHAMBERS	$562.83
33622	RECONSTRUCTION OF COMPLEX CARDIAC DEFECTS	$2,202.59
33640	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	$0.00
33641	REPAIR OF CONGENITAL DEFECT BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE	$1,283.21
33643	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	$0.00
33645	REPAIR OF TISSUE BETWEEN UPPER HEART CHAMBERS	$1,525.81
33647	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN BOTH UPPER AND LOWER HEART CHAMBER	$1,769.42
33649	REPAIR OF TRICUSPID ATRESIA (EG, FONTAN, GAGO PROCEDURES)	$0.00
33660	REPAIR OF PARTIAL CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBERS	$1,588.62
33665	REPAIR OF INTERMEDIATE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART	$1,750.26
33670	REPAIR OF COMPLETE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBE	$1,818.87
33675	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS	$1,489.58
33676	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH VALVE	$1,534.13
33677	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH	$1,594.33
33681	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS	$1,726.34
33682	CLOSURE VENTRICULAR SEPTAL DEFECT	$0.00
33684	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH VALVE TISSUE	$1,775.76
33688	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH REMOVAL OF BAN	$1,672.44
33690	BANDING OF PULMONARY ARTERY	$1,225.68
33692	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS	$1,820.78
33694	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS WITH PATCH	$1,849.26
33697	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS INCLUDING CLOSURE BETWEEN	$1,979.80
33702	REPAIR TO IMPROVE BLOOD FLOW TO LUNG OR HEART ON HEART-LUNG MACHINE	$1,647.23
33710	REPAIR OF OPENING IN WALL BETWEEN LOWER HEART CHAMBERS ON HEART-LUNG MACHINE	$1,765.77
33720	REPAIR OF ANEURYSM ABOVE HEART VALVE TO LUNG ON HEART-LUNG MACHINE	$1,626.27
33724	REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER	$1,055.96

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33726	REPAIR OF PULMONARY VEIN NARROWING	$1,390.51
33730	COMPLETE REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER	$1,794.03
33732	REMOVAL OF MEMBRANE OF LEFT UPPER HEART CHAMBER	$1,697.63
33735	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS USING BALLOON	$1,246.81
33736	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE	$1,477.64
33737	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS WITH CORRECTION OF	$1,289.88
33738	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON, RASHKIND TYPE (INC	$0.00
33739	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (SANG-PARK SEPTOSTOMY)(INCLUDES C	$0.00
33741	INCISION OF PARTITION BETWEEN UPPER CHAMBERS OF HEART TO ALLOW BLOOD FLOW FOR	$431.70
33745	CREATION OF SHUNT FOR BLOOD FLOW WITHIN HEART FOR CONGENITAL HEART DEFECTS, VIA	$611.02
33746	CREATION OF ADDITIONAL SHUNT FOR BLOOD FLOW WITHIN HEART FOR CONGENITAL HEART	$0.00
33746	CREATION OF ADDITIONAL SHUNT FOR BLOOD FLOW WITHIN HEART FOR CONGENITAL HEART	$241.30
33750	INSERTION OF SHUNT FROM CHEST TO PULMONARY ARTERY	$1,209.87
33755	INSERTION OF SHUNT FROM ASCENDING AORTA TO PULMONARY ARTERY	$1,183.11
33762	INSERTION OF SHUNT FROM DESCENDING AORTA TO PULMONARY ARTERY	$1,222.85
33764	INSERTION OF SHUNT WITH ARTIFICIAL GRAFT FROM AORTA TO PULMONARY ARTERY	$1,224.42
33766	INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW, 1	$1,372.33
33767	INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW,	$1,399.73
33768	REMOVAL OF CONGENITAL EXTRA VENA CAVA	$302.83
33770	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW	$1,914.82
33771	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND	$1,886.31
33774	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW ON	$1,742.27
33775	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND	$1,707.99
33776	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND	$1,832.83
33777	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REVERSAL OF	$1,751.14
33778	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW	$2,074.92
33779	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW AND	$2,006.94
33780	REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW	$2,080.11
33781	REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REDIRECTION	$1,970.50
33782	RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS	$1,545.14
33783	RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS WITH	$1,669.63
33784	REPAIR TRANSPOSITION OF GREAT VESSELS, ATRIAL BAFFLE	$0.00
33786	TOTAL REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW	$1,917.76
33788	REIMPLANTATION OF ABNORMAL PULMONARY ARTERY TO HEART	$1,478.20
33800	SUTURE OF AORTA TO CHEST BONE	$991.04
33802	DIVISION OF EXTRA ARCH OF AORTA	$1,105.90
33803	DIVISION AND RECONNECTION OF EXTRA ARCH OF AORTA	$1,128.00
33810	CREATION OF AORTOPULMONARY WINDOW	$0.00
33812	CREATION OF AORTOPULMONARY WINDOW	$0.00
33813	REPAIR OF DEFECT OF WALL BETWEEN AORTA AND PULMONARY ARTERY	$1,252.92
33814	REPAIR OF DEFECT OF WALL BETWEEN AORTA AND PULMONARY ARTERY ON HEART-LUNG	$1,587.67
33820	TYING OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA	$1,036.76
33822	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, YOUNGER THAN	$1,007.55
33824	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, 18 YEARS OR	$1,225.40
33830	PATENT DUCTUS ARTERIOSUS; LIGATION OR DIVISION WHEN PERFORMED WITH ANOTHER PROCE	$0.00
33840	REPAIR OF CONGENITAL NARROWED AORTA	$1,282.33
33845	REPAIR OF CONGENITAL NARROWED AORTA WITH GRAFT	$1,382.19
33850	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	$0.00
33851	REPAIR OF CONGENITAL NARROWED AORTA USING LEFT CHEST ARTERY OR ARTIFICIAL	$1,350.69
33852	REPAIR OF ABNORMAL AORTIC ARCH	$1,443.82
33853	REPAIR OF ABNORMAL AORTIC ARCH ON HEART-LUNG MACHINE	$1,963.33
33855	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	$0.00
33858	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH VALVE	$2,094.64
33859	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH VALVE	$1,506.31
33863	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT	$2,049.34
33864	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT	$1,647.47
33865	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IM	$0.00
33866	REPAIR OF AORTIC ARCH WITH GRAFT	$631.10
33871	REPAIR OF AORTIC ARCH WITH GRAFT ON HEART-LUNG MACHINE	$2,012.70

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
33875	REPAIR OF DESCENDING AORTA WITH GRAFT	$1,851.62
33877	REPAIR OF AORTIC ANEURYSM WITH GRAFT	$2,429.32
33880	REPAIR OF DESCENDING AORTA AND SUBCLAVIAN ARTERY WITH INSERTION OF GRAFT AND	$1,275.48
33881	REPAIR OF DESCENDING AORTA WITH INSERTION OF GRAFT AND EXTENSIONS	$1,096.96
33883	REPAIR OF DESCENDING AORTA, INITIAL EXTENSION	$810.68
33884	REPAIR OF DESCENDING AORTA, EACH ADDITIONAL EXTENSION	$298.70
33886	INSERTION OF EXTENSION AFTER PREVIOUS REPAIR OF DESCENDING AORTA	$701.04
33889	TRANSFER OF CHEST ARTERY TO NECK ARTERY AND REPAIR OF DESCENDING AORTA	$595.15
33891	BYPASS GRAFT OF NECK ARTERY AND REPAIR OF DESCENDING AORTA	$760.49
33910	REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY ON HEART-LUNG MACHINE	$1,269.60
33915	REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY	$1,009.35
33916	REMOVAL OF PLAQUE FROM PULMONARY ARTERY ON HEART-LUNG MACHINE	$1,339.99
33917	REPAIR OF PULMONARY ARTERY NARROWING WITH GRAFT	$1,522.81
33920	REPAIR OF RIGHT LOWER HEART CHAMBER OBSTRUCTION WITH CREATION OF CHANNEL FROM	$1,907.94
33922	INCISION OF PULMONARY ARTERY ON HEART-LUNG MACHINE	$1,421.98
33924	DISCONNECTION OF PULMONARY ARTERY SHUNT	$266.67
33925	REPAIR OF DEFECT OF PULMONARY ARTERY	$1,257.56
33926	REPAIR OF DEFECT OF PULMONARY ARTERY ON HEART-LUNG MACHINE	$1,693.36
33927	IMPLANTATION OF ARTIFICIAL HEART	$1,543.30
33928	REPLACEMENT OF ARTIFICIAL HEART	$0.00
33929	REMOVAL OF ARTIFICIAL HEART	$0.00
33930	HARVEST OF DONOR HEART AND LUNG	$0.00
33935	TRANSPLANTATION OF DONOR HEART AND LUNG	$3,491.81
33940	REMOVAL OF DONOR HEART FOR TRANSPLANTATION	$0.00
33945	TRANSPLANTATION OF DONOR HEART	$2,463.46
33946	INITIATION OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS	$192.82
33947	INITIATION OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS	$211.14
33948	DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND	$149.79
33949	DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND	$145.99
33950	CARDIAC TRANSPLNTATN REMOVAL DONOR HEART	$0.00
33951	INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$248.02
33952	INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$240.28
33953	INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING	$276.68
33954	INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING	$267.95
33955	INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$546.34
33956	INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$510.89
33957	REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS	$157.93
33958	REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS	$153.68
33959	REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$187.84
33962	REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$176.36
33963	REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$328.63
33964	REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$332.41
33965	REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND	$160.17
33966	REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND	$179.75
33967	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH SKIN	$190.78
33968	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA	$31.43
33969	REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A	$197.30
33970	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH UPPER LEG ARTERY	$361.17
33971	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF UPPER LEG ARTERY	$531.88
33972	INTRA-AORTIC BALLOON COUNTERPULSATION; MONITORING ONLY	$0.00
33973	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH ASCENDING AORTA	$480.21
33974	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF ASCENDING AORTA	$725.10
33975	INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,082.61
33976	INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS	$1,231.77
33977	REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$996.64
33978	REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS	$1,119.97
33979	INSERTION OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,553.95
33980	REMOVAL OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$2,078.71
33981	REPLACEMENT OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
33982	REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$0.00
33983	REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER ON	$0.00
33984	REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A	$190.74
33985	REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$368.63
33986	REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$346.54
33987	INCISION OF ARTERY FOR CREATION OF CHANNEL FOR ECMO EXTERNAL BLOOD CIRCULATION	$144.46
33988	INSERTION OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION	$456.97
33989	REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$298.95
33990	INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH	$262.11
33991	INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH	$381.92
33992	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN LEFT LOWER HEART CHAMBER THROUGH THE SKIN	$124.06
33993	REPOSITIONING OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER USING IMAGING	$108.95
33995	INSERTION OF RIGHT LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE VIA VEIN	$0.00
33997	REMOVAL OF RIGHT LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE, ACCESSED THROUG	$0.00
33999	OTHER HEART SURGERY PROCEDURE	$971.74
34001	REMOVAL OF BLOOD CLOT IN NECK TO CHEST ARTERY	$644.59
34051	REMOVAL OF BLOOD CLOT IN CHEST ARTERY	$718.63
34101	REMOVAL OF BLOOD CLOT IN ARTERY OF UPPER ARM	$511.52
34111	REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER ARM	$429.91
34151	REMOVAL OF BLOOD CLOT IN ARTERY OF ABDOMINAL ORGANS	$898.46
34201	REMOVAL OF BLOOD CLOT IN ARTERY OF GROIN AND LEG	$499.51
34203	REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER LEG	$623.47
34401	REMOVAL OF BLOOD CLOT IN VENA CAVA	$896.66
34421	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN	$498.02
34451	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN BY ABDOMINAL AND LEG	$975.53
34471	REMOVAL OF BLOOD CLOT IN UPPER CHEST VEIN	$429.88
34490	REMOVAL OF BLOOD CLOT IN UNDERARM OR UPPER CHEST VEIN	$426.14
34501	REPAIR OF UPPER LEG VEIN VALVE	$622.73
34502	RECONSTRUCTION OF VENA CAVA	$1,299.23
34510	TRANSFER OF VEIN VALVE TO ANOTHER VEIN	$713.05
34520	REMOVAL OF VEIN SEGMENT	$686.53
34530	CONNECTION OF LEG VEINS AT BACK OF KNEE	$871.62
34701	REPAIR OF AORTA WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY RADIOLOGIST	$753.51
34702	REPAIR OF RUPTURED AORTA WITH GRAFT WITH REVIEW BY RADIOLOGIST	$1,124.78
34703	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE	$844.89
34704	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW	$1,404.61
34705	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE	$933.67
34706	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE ON BOTH	$1,403.08
34707	REPAIR OF GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY	$701.78
34708	REPAIR OF GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW BY RADIOLOGIST	$1,127.45
34709	REPAIR OF ABDOMINAL OR GROIN ARTERY WITH PROSTHESIS WITH REVIEW BY RADIOLOGIST	$195.86
34710	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH	$492.11
34711	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH	$180.75
34712	DELIVERY OF FIXATION DEVICE TO GRAFT WITH REVIEW BY RADIOLOGIST	$426.92
34713	EXPOSURE OF GROIN ARTERY FOR DELIVERY OF GRAFT	$78.89
34714	EXPOSURE OF MAJOR GROIN ARTERY WITH CREATION OF CONDUIT	$166.03
34715	EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS	$185.42
34716	EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY WITH CREATION OF CONDUIT	$230.96
34717	REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY AND REPAIR OF AORTA	$271.12
34718	REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY	$761.69
34808	INSERTION OF DEVICE TO BLOCK GROIN ARTERY	$161.96
34812	EXPOSURE OF THIGH ARTERY FOR INSERTION OF PROSTHESIS	$264.86
34813	INSERTION OF GRAFT IN UPPER THIGH ARTERY	$188.37
34820	EXPOSURE OF GROIN ARTERY FOR INSERTION OF PROSTHESIS	$382.53
34830	REPAIR OF ANEURYSM OF AORTA WITH PROSTHESIS	$1,333.93
34831	REPAIR OF ANEURYSM OF AORTA OR GROIN ARTERY WITH PROSTHESIS	$1,441.74
34832	REPAIR OF ANEURYSM OF AORTA OR UPPER THIGH ARTERY WITH PROTHESIS	$1,441.74
34833	EXPOSURE OF GROIN ARTERY WITH CREATION OF CONDUIT	$480.59
34834	EXPOSURE OF ARM ARTERY FOR INSERTION OF PROSTHESIS	$225.93

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC GRAFT FOR REPAIR OF AORTA	$0.00
34841	REPAIR OF AORTA IN ABDOMEN WITH GRAFT, INCLUDING GRAFT IN ABDOMINAL ORGAN	$0.00
34842	REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 2 GRAFTS IN	$0.00
34843	REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 3 GRAFTS IN	$0.00
34844	REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 4 OR MORE GRAFTS	$0.00
34845	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING	$0.00
34846	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 2	$0.00
34847	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 3	$0.00
34848	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 4 OR	$0.00
35001	REPAIR OF ANEURYSM OR NECK OR UPPER CHEST ARTERY WITH GRAFT	$997.73
35002	REPAIR OF RUPTURED ANEURYSM OF NECK OR UPPER CHEST ARTERY WITH GRAFT	$979.73
35005	REPAIR OF ANEURYSM OR HEAD ARTERY WITH GRAFT	$801.65
35011	REPAIR OF ANEURYSM OR ARM ARTERY WITH GRAFT	$658.96
35013	REPAIR OF RUPTURED ANEURYSM OF ARM ARTERY WITH GRAFT	$878.57
35021	REPAIR OF ANEURYSM OR UPPER CHEST OR NECK ARTERY WITH GRAFT	$1,048.44
35022	REPAIR OF RUPTURED ANEURYSM OF UPPER CHEST OR NECK ARTERY WITH GRAFT	$1,068.71
35045	REPAIR OF ANEURYSM OR FOREARM ARTERY WITH GRAFT	$642.60
35081	REPAIR OF ANEURYSM OR ABDOMINAL AORTA WITH GRAFT	$1,385.32
35082	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA WITH GRAFT	$1,683.86
35091	REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL ORGANS	$1,668.63
35092	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL	$1,821.56
35102	REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH GRAFT	$1,490.48
35103	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH	$1,646.84
35111	REPAIR OF ANEURYSM OR SPLEEN ARTERY WITH GRAFT	$899.67
35112	REPAIR OF RUPTURED ANEURYSM OF SPLEEN ARTERY WITH GRAFT	$1,061.59
35121	REPAIR OF ANEURYSM OR LIVER, KIDNEYS, STOMACH AND/OR INTESTINES ARTERY WITH	$1,272.25
35122	REPAIR OF RUPTURED ANEURYSM OF LIVER, KIDNEYS, STOMACH, AND/OR INTESTINE ARTERY	$1,502.69
35131	REPAIR OF ANEURYSM OR GROIN ARTERY WITH GRAFT	$955.64
35132	REPAIR OF RUPTURED ANEURYSM OF GROIN ARTERY WITH GRAFT	$1,112.39
35141	REPAIR OF ANEURYSM OR UPPER THIGH ARTERY WITH GRAFT	$791.31
35142	REPAIR OF RUPTURED ANEURYSM OF UPPER THIGH ARTERY WITH GRAFT	$860.05
35151	REPAIR OF ANEURYSM OR LOWER LEG ARTERY WITH GRAFT	$890.44
35152	REPAIR OF RUPTURED ANEURYSM OF LOWER LEG ARTERY WITH GRAFT	$938.04
35180	REPAIR OF CONGENITAL ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK	$631.32
35182	REPAIR OF CONGENITAL ABNORMAL ARTERY-VEIN CONNECTION IN CHEST AND ABDOMEN	$1,087.90
35184	REPAIR OF CONGENITAL ABNORMAL ARTERY-VEIN CONNECTION IN ARMS OR LEGS	$666.43
35188	REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK	$662.64
35189	REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN CHEST AND ABDOMEN	$1,014.35
35190	REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN ARM OR LEG	$650.22
35201	REPAIR OF BLOOD VESSEL OF NECK	$613.12
35206	REPAIR OF BLOOD VESSEL OF ARM	$540.09
35207	REPAIR OF BLOOD VESSEL OF HAND OR FINGER	$607.12
35211	REPAIR OF BLOOD VESSEL OF CHEST ON HEART-LUNG MACHINE	$1,173.77
35216	REPAIR OF BLOOD VESSEL OF CHEST	$954.12
35221	REPAIR OF BLOOD VESSEL OF ABDOMEN	$869.18
35226	REPAIR OF BLOOD VESSEL OF LEG	$555.67
35231	REPAIR OF BLOOD VESSEL OF NECK WITH VEIN GRAFT	$756.07
35236	REPAIR OF BLOOD VESSEL OF ARM WITH VEIN GRAFT	$633.91
35241	REPAIR OF BLOOD VESSEL OF CHEST WITH VEIN GRAFT ON HEART-LUNG MACHINE	$1,235.43
35246	REPAIR OF BLOOD VESSEL IN CHEST WITH VEIN GRAFT	$1,094.28
35251	REPAIR OF BLOOD VESSEL OF ABDOMEN WITH VEIN GRAFT	$1,062.54
35256	REPAIR OF BLOOD VESSEL OF LEG WITH VEIN GRAFT	$677.99
35261	REPAIR OF BLOOD VESSEL OF NECK WITH GRAFT	$656.24
35266	REPAIR OF BLOOD VESSEL OF ARM WITH GRAFT	$595.01
35271	REPAIR OF BLOOD VESSEL OF CHEST WITH GRAFT ON HEART-LUNG MACHINE	$1,159.80
35276	REPAIR OF BLOOD VESSEL OF CHEST WITH GRAFT	$985.60
35281	REPAIR OF BLOOD VESSEL OF ABDOMEN WITH GRAFT	$1,007.31
35286	REPAIR OF BLOOD VESSEL OF LEG WITH GRAFT	$667.84
35301	REMOVAL OF BLOOD CLOT AND PORTION OF CHEST, NECK, OR BRAIN ARTERY	$948.13

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35302	REMOVAL OF BLOOD CLOT AND PORTION OF SUPERFICIAL FEMORAL ARTERY	$783.06
35303	REMOVAL OF BLOOD CLOT AND PORTION OF POPLITEAL ARTERY	$859.88
35304	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIOPERONEAL TRUNK ARTERY	$894.39
35305	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, INITIAL ARTERY	$859.88
35306	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, EACH ADDITIONAL	$320.07
35311	REMOVAL OF BLOOD CLOT AND PORTION OF CHEST OR NECK ARTERY	$1,281.64
35321	REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF UPPER ARM	$663.86
35331	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA	$1,090.09
35341	REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF ABDOMINAL ORGAN	$1,211.54
35351	REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF GROIN	$989.98
35355	REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF UPPER THIGH	$857.11
35361	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND GROIN ARTERY	$1,186.34
35363	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND UPPER THIGH ARTERY	$1,284.85
35371	REMOVAL OF BLOOD CLOT AND PORTION OF UPPER THIGH ARTERY	$647.88
35372	REMOVAL OF BLOOD CLOT AND PORTION OF DEEP UPPER THIGH ARTERY	$693.01
35390	REMOVAL OF BLOOD CLOT AND PORTION OF NECK ARTERY FOLLOWING PREVIOUS SURGERY	$141.70
35400	EXAM OF BLOOD VESSEL OR GRAFT USING AN ENDOSCOPE	$142.16
35500	HARVEST OF UPPER ARM VEIN SEGMENT	$247.21
35501	BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH VEIN	$1,004.08
35506	BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH VEIN	$1,052.45
35508	BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH VEIN	$1,003.10
35509	BYPASS OF DISEASED OR BLOCKED NECK TO OPPOSITE NECK ARTERY WITH VEIN	$982.25
35510	BYPASS OF DISEASED OR BLOCKED NECK TO ARM ARTERY WITH VEIN	$820.97
35511	BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH VEIN	$795.90
35512	BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH VEIN	$952.34
35515	BYPASS OF DISEASED OR BLOCKED CHEST TO BRAIN ARTERY WITH VEIN	$877.60
35516	BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH VEIN	$846.75
35518	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH VEIN	$845.20
35521	BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG ARTERY WITH VEIN	$896.83
35522	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO ARM ARTERY WITH VEIN	$924.60
35523	BYPASS OF DISEASED OR BLOCKED UPPER ARM TO ARM ARTERY WITH VEIN	$378.03
35525	BYPASS OF DISEASED OR BLOCKED UPPER ARM TO OPPOSITE ARM ARTERY WITH VEIN	$882.43
35526	BYPASS OF DISEASED OR BLOCKED CHEST TO NECK ARTERY WITH VEIN	$1,066.15
35531	BYPASS OF DISEASED OR BLOCKED ABDOMINAL TO ABDOMINAL ARTERY WITH VEIN	$1,286.53
35533	BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG AND OPPOSITE LEG ARTERY WITH VEIN	$1,102.79
35535	BYPASS OF DISEASED OR BLOCKED LIVER TO KIDNEY ARTERY WITH VEIN	$1,238.77
35536	BYPASS OF DISEASED OR BLOCKED ARTERY SPLEEN TO KIDNEY ARTERY WITH VEIN	$1,207.67
35537	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH VEIN	$1,510.87
35538	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN AND OPPOSITE GROIN ARTERY WITH VEIN	$1,687.18
35539	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH VEIN	$1,585.78
35540	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG AND OPPOSITE UPPER LEG ARTERY	$1,766.72
35556	BYPASS OF DISEASED OR BLOCKED UPPER TO LOWER LEG ARTERY WITH VEIN	$1,114.89
35558	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH VEIN	$785.97
35560	BYPASS OF DISEASED OR BLOCKED AORTA TO KIDNEY ARTERY WITH VEIN	$1,213.63
35563	BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH VEIN	$882.48
35565	BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH VEIN	$846.00
35566	BYPASS OF DISEASED OR BLOCKED MAJOR UPPER TO LOWER LEG ARTERY WITH VEIN	$1,380.82
35570	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO OPPOSITE LOWER LEG ARTERY WITH VEIN	$958.93
35571	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN	$1,038.64
35572	HARVEST OF UPPER LEG TO THIGH VEIN SEGMENT	$270.51
35583	BYPASS OF DISEASED OR BLOCKED THIGH TO KNEE ARTERY WITH VEIN GRAFT	$1,181.10
35585	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT	$1,455.32
35587	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT	$1,097.42
35600	HARVEST OF ARM ARTERY SEGMENT FOR HEART BYPLASS PROCEDURE	$199.67
35601	BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH OTHER THAN VEIN	$961.32
35606	BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH OTHER THAN VEIN	$985.94
35612	BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH OTHER THAN	$867.84
35616	BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH OTHER THAN VEIN	$865.45
35621	BYPASS OF DISEASED OR BLOCKED ARM TO CHEST ARTERY WITH OTHER THAN VEIN	$814.87

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35623	BYPASS OF DISEASED OR BLOCKED ARM TO LOWER LEG ARTERY WITH OTHER THAN VEIN	$876.06
35626	BYPASS OF DISEASED OR BLOCKED ARM TO LOWER THIGH OR LEG ARTERY WITH OTHER THAN	$1,228.67
35631	BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO ABDOMINAL OR KIDNEY ARTERY WITH	$1,216.27
35632	BYPASS OF DISEASED OR BLOCKED GROIN TO STOMACH ARTERY WITH OTHER THAN VEIN	$1,176.42
35633	BYPASS OF DISEASED OR BLOCKED GROIN TO ABDOMINAL ARTERY WITH OTHER THAN VEIN	$1,269.81
35634	BYPASS OF DISEASED OR BLOCKED GROIN TO KIDNEY ARTERY WITH OTHER THAN VEIN	$1,151.50
35636	BYPASS OF DISEASED OR BLOCKED SPLEEN TO KIDNEY ARTERY WITH OTHER THAN VEIN	$1,059.11
35637	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH OTHER THAN VEIN	$1,204.55
35638	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN TO OPPOSITE GROIN ARTERY WITH	$1,223.42
35642	BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH OTHER THAN VEIN	$819.26
35645	BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH OTHER THAN VEIN	$827.68
35646	BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO UPPER LEG AND OPPOSITE UPPER LEG	$1,347.47
35647	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH OTHER THAN VEIN	$1,143.03
35650	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH OTHER THAN	$795.97
35654	BYPASS OF DISEASED OR BLOCKED ARM TO BOTH LOWER THIGH ARTERIES WITH OTHER THAN	$1,032.07
35656	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER THIGH ARTERY WITH OTHER THAN	$1,017.18
35661	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH OTHER	$738.14
35663	BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH OTHER THAN	$811.08
35665	BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH OTHER THAN VEIN	$858.41
35666	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH OTHER THAN VEIN	$1,087.70
35671	BYPASS OF DISEASED OR BLOCKED KNEE TO LOWER LEG ARTERIES WITH OTHER THAN VEIN	$849.41
35681	BYPASS OF DISEASED OR BLOCKED ARTERY WITH PROSTHETIC AND VEIN	$85.96
35682	BYPASS OF DISEASED OR BLOCKED ARTERY WITH 2 VEIN SEGMENTS FROM 2 LOCATIONS	$387.04
35683	BYPASS OF DISEASED OR BLOCKED ARTERY WITH 3 OR MORE SEGMENTS FROM 2 OR MORE	$450.18
35685	INSERTION OF VEIN PATCH AT LOWEST PORTION OF BYPASS GRAFT	$158.10
35686	CREATION OF ARTERY-VEIN CONNECTION DURING PROCEDURE ON LEG	$130.77
35691	RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO NECK ARTERY	$993.84
35693	RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO CHEST ARTERY	$721.41
35694	RELOCATION AND/OR REIMPLANTATION OF CHEST ARTERY TO NECK ARTERY	$851.46
35695	RELOCATION AND/OR REIMPLANTATION OF NECK ARTERY TO CHEST ARTERY	$851.24
35697	REIMPLANTATION OF ORGAN ARTERY TO AORTA PROTHESIS BELOW KIDNEY	$120.78
35700	BYPASS OF UPPER OR LOWER LEG ARTERY REOPERATION MORE THAN 1 MONTH AFTER	$165.56
35701	EXPLORATION OF NECK ARTERY	$344.74
35702	EXPLORATION OF ARM ARTERY	$256.71
35703	EXPLORATION OF LEG ARTERY	$258.41
35800	EXPLORATION OF NECK FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$362.49
35820	EXPLORATION OF CHEST FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$600.85
35840	EXPLORATION OF ABDOMEN FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$492.52
35860	EXPLORATION OF ARM OR LEG FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$320.79
35870	REPAIR OF ABNORMAL DRAINAGE TRACT OF BLOOD VESSEL GRAFT AND BOWEL	$998.08
35875	REMOVAL OF BLOOD CLOT OF ARTERY OR VEIN GRAFT	$530.37
35876	REMOVAL OF BLOOD CLOT AND REVISION OF ARTERY OR VEIN GRAFT	$778.71
35879	REVISION OF LEG ARTERY BYPASS WITH VEIN PATCH	$734.33
35881	REVISION OF LEG ARTERY BYPASS WITH PLACEMENT OF RELOCATED VEIN	$802.65
35883	REVISION OF GROIN ARTERY BYPASS WITH PATCH GRAFT	$884.37
35884	REVISION OF GROIN ARTERY BYPASS WITH VEIN PATCH GRAFT	$938.83
35900	EXCISION OF INFECTED GRAFT;	$0.00
35901	REMOVAL OF INFECTED NECK GRAFT	$456.61
35903	REMOVAL OF INFECTED GRAFT OF ARM OR LEG	$527.44
35905	REMOVAL OF INFECTED CHEST GRAFT	$1,127.54
35907	REMOVAL OF INFECTED ABDOMINAL GRAFT	$1,246.73
35910	EXCISION OF INFECTED GRAFT; WITH REVASCULARIZATION	$0.00
36000	INSERTION OF NEEDLE OR TUBE INTO VEIN	$7.48
36001	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	$0.00
36002	INJECTION TO CAUSE BLOOD CLOT IN DISEASED OR PSEUDOANEURYSM OF ARM OR LEG	$116.30
36005	INJECTION FOR X-RAY IMAGING PROCEDURE INTO VEIN OF ARM OR LEG	$38.41
36010	INSERTION OF TUBE INTO VENA CAVA	$115.98
36011	INSERTION OF TUBE INTO VEIN, FIRST ORDER BRANCH	$135.35
36012	INSERTION OF TUBE INTO VEIN, SECOND ORDER BRANCH	$157.51

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36013	INSERTION OF TUBE INTO RIGHT HEART OR MAIN PULMONARY ARTERY	$119.61
36014	INSERTION OF TUBE INTO LEFT OR RIGHT PULMONARY ARTERY	$134.86
36015	INSERTION OF TUBE INTO ARTERY OF LOBE OF LUNG	$157.82
36100	INSERTION OF NEEDLE OR TUBE INTO ARTERY OF NECK OR BRAIN	$149.56
36101	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR	$0.00
36140	INSERTION OF NEEDLE OR TUBE INTO ARTERY OF ARM OR LEG	$89.83
36160	INSERTION OF NEEDLE OR TUBE INTO AORTA	$125.41
36200	INSERTION OF TUBE INTO AORTA	$143.67
36215	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, EACH FIRST ORDER BRANCH	$199.40
36216	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL SECOND ORDER BRANCH	$225.04
36217	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL THIRD ORDER BRANCH	$271.17
36218	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, ADDITIONAL SECOND, THIRD ORDER AND	$43.98
36221	INSERTION OF TUBE INTO CHEST AORTA FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY	$129.73
36222	INSERTION OF TUBE INTO EXTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH	$177.07
36223	INSERTION OF TUBE INTO INTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH	$191.34
36224	INSERTION OF TUBE INTO INTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH	$208.95
36225	INSERTION OF TUBE INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY	$190.49
36226	INSERTION OF TUBE INTO BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY	$209.42
36227	INSERTION OF TUBE INTO EXTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH	$66.23
36228	INSERTION OF TUBE INTO NECK OR BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH	$134.97
36230	SELECTIVE CATHETER PLACEMENT, CORONARY ARTERY, SINGLE OR MULTIPLE	$0.00
36245	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, EACH FIRST ORDER BRANCH	$210.20
36246	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL SECOND ORDER	$228.92
36247	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL THIRD ORDER	$270.60
36248	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, ADDITIONAL SECOND,	$44.55
36251	INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF KIDNEY FOR	$169.51
36252	INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF BOTH KIDNEYS	$220.73
36253	INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF KIDNEY FOR	$235.39
36254	INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF BOTH	$253.93
36260	INSERTION OF IMPLANTABLE ARTERIAL INFUSION PUMP	$478.13
36261	REVISION OF IMPLANTED ARTERIAL INFUSION PUMP	$244.97
36262	REMOVAL OF IMPLANTED ARTERIAL INFUSION PUMP	$188.11
36299	OTHER BLOOD VESSEL INJECTION PROCEDURE	$343.20
36400	INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN (YOUNGER THAN 3 YEARS)	$11.50
36405	INSERTION OF NEEDLE INTO SCALP VEIN (YOUNGER THAN 3 YEARS)	$9.66
36406	INSERTION OF NEEDLE INTO VEIN (YOUNGER THAN 3 YEARS)	$7.17
36410	INSERTION OF NEEDLE INTO VEIN (3 YEARS OR OLDER)	$7.48
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE	$3.00
36420	INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (YOUNGER THAN 1 YEAR)	$42.81
36425	INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (1 YEAR OR OLDER)	$38.50
36430	TRANSFUSION OF BLOOD OR BLOOD PRODUCTS	$33.38
36431	TRANSFUSION, BLOOD OR BLOOD COMPONENTS;	$0.00
36440	PUSH BLOOD TRANSFUSION (2 YEARS OR YOUNGER)	$49.88
36450	EXCHANGE BLOOD TRANSFUSION, NEWBORN	$105.23
36455	EXCHANGE BLOOD TRANSFUSION, OTHER THAN NEWBORN	$120.47
36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	$67.22
36460	INTRAUTERINE FETAL TRANSFUSION	$304.16
36465	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN OF LEG USING	$72.77
36466	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF SAME LEG USING	$92.62
36468	INJECTION OF CHEMICAL AGENT INTO SPIDER VEIN OF ARM, LEG, OR TRUNK	$0.00
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	$45.53
36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF LEG	$63.59
36473	MECHANOCHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING	$10.55
36474	MECHANOCHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USIN	$53.40
36475	DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING RADIOFREQUENCY AND	$268.80
36476	DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING RADIOFREQUENCY	$131.03
36478	LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE	$268.80
36479	LASER DESTRUCTION OF INCOMPETENT VEINS OF ARM OR LEG USING IMAGING GUIDANCE,	$131.03
36480	CATHRZATN SUBCLAV EXTER JUGLR PERCUTANEOUS	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36481	INSERTION OF TUBE INTO PORTAL VEIN OF LIVER	$316.84
36482	CHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING IMAGING	$107.98
36483	CHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING	$53.98
36485	CATHRZATN SUBCLAU EXTER JUGLR;BY CUTDOWN	$0.00
36495	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	$0.00
36496	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	$0.00
36497	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	$0.00
36500	INSERTION OF TUBE INTO VEIN WITH COLLECTION OF BLOOD SAMPLE	$118.46
36510	INSERTION OF TUBE INTO UMBILICAL VEIN, NEWBORN	$42.29
36511	MECHANICAL SEPARATION OF WHITE BLOOD CELLS FROM BLOOD	$68.11
36512	MECHANICAL SEPARATION OF RED BLOOD CELLS FROM BLOOD	$68.11
36513	MECHANICAL SEPARATION OF PLATELET CELLS FROM BLOOD	$68.11
36514	MECHANICAL SEPARATION OF PLASMA FROM BLOOD	$68.11
36516	MECHANICAL SEPARATION OF PLASMA AND ABNORMAL ANTIBODIES FROM BLOOD	$68.11
36522	MECHANICAL SEPARATION OF WHITE BLOOD CELLS AND PLATELETS FROM BLOOD	$89.42
36555	INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5	$83.45
36556	INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER)	$79.28
36557	INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5 YEARS)	$227.75
36558	INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER)	$216.36
36560	INSERTION OF CENTRAL VENOUS TUBE WITH PORT (YOUNGER THAN 5 YEARS)	$270.15
36561	INSERTION OF CENTRAL VENOUS TUBE WITH PORT (5 YEARS OR OLDER)	$260.70
36563	INSERTION OF CENTRAL VENOUS TUBE WITH PUMP	$271.38
36565	INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS FOR INFUSION	$260.70
36566	INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS WITH PORT	$279.29
36568	INSERTION OF TUBE FOR INFUSION (YOUNGER THAN 5 YEARS)	$74.05
36569	INSERTION OF TUBE FOR INFUSION (5 YEARS OR OLDER)	$69.67
36570	INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (YOUNGER THAN 5 YEARS)	$235.48
36571	INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (5 YEARS OR OLDER)	$234.64
36572	INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST,	$58.12
36573	INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST,	$53.31
36575	REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION	$36.89
36576	REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION WITH PORT OR PUMP	$151.90
36578	REPLACEMENT OF CENTRAL VENOUS TUBE, TUBE ONLY	$173.25
36580	REPLACEMENT OF NONTUNNELED CENTRAL VENOUS TUBE	$51.12
36581	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE	$160.76
36582	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PORT	$235.88
36583	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PUMP	$237.52
36584	REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH REVIEW BY	$52.10
36585	REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH PORT	$220.90
36589	REMOVAL OF TUNNELED CENTRAL VENOUS TUBE	$109.12
36590	REMOVAL OF CENTRAL VENOUS TUBE WITH PORT OR PUMP	$147.28
36591	COLLECTION OF BLOOD SAMPLE FROM IMPLANTED DEVICE	$12.68
36592	COLLECTION OF BLOOD SAMPLE FROM CENTRAL VENOUS TUBE	$15.71
36593	DECLOTTING OF CENTRAL VENOUS TUBE	$19.39
36595	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE	$146.77
36596	MECHANICAL REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE	$36.06
36597	REPOSITIONING OF CENTRAL VENOUS TUBE USING FLUOROSCOPIC GUIDANCE	$44.70
36598	CONTRAST INJECTION FOR IMAGING TO EVALUATE CENTRAL VENOUS ACCESS DEVICE	$93.80
36600	ARTERY PUNCTURE COLLECTION OF BLOOD SAMPLE	$15.16
36620	INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH SKIN	$47.24
36625	INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH ARTERY INCISION	$82.56
36640	INSERTION OF ARTERY TUBE FOR PROLONGED INFUSION	$111.18
36660	INSERTION OF UMBILICAL ARTERY TUBE, NEWBORN	$53.88
36680	INSERTION OF NEEDLE FOR INFUSION INTO BONE	$61.78
36800	INSERTION OF TUBE CONNECTING VEIN TO VEIN FOR HEMODIALYSIS	$131.27
36810	INSERTION OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS	$222.78
36815	REVISION OR REMOVAL OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS	$153.06
36818	RELOCATION OF MAJOR UPPER ARM VEIN WITH CONNECTION TO ARM ARTERY FOR	$539.64
36819	RELOCATION OF UPPER ARM SURFACE VEIN WITH CONNECTION TO ARM ARTERY FOR	$614.70

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36820	RELOCATION OF FOREARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS	$589.23
36821	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS	$556.23
36823	INSERTION OF TUBE INTO ARM OR LEG FOR BLOOD CIRCULATION AND CHEMOTHERAPY	$904.49
36825	CREATION OF ARTERY-VEIN CONNECTION USING VEIN GRAFT FOR HEMODIALYSIS	$560.04
36830	CREATION OF ARTERY-VEIN CONNECTION USING TUBE GRAFT FOR HEMODIALYSIS	$718.23
36831	REMOVAL OF BLOOD CLOT FROM HEMODIALYSIS GRAFT	$417.83
36832	REVISION OF HEMODIALYSIS GRAFT	$611.77
36833	REVISION OF HEMODIALYSIS GRAFT WITH REMOVAL OF BLOOD CLOT	$642.67
36835	INSERTION OF HEMODIALYSIS SHUNT IN ARTERY OR VEIN	$344.20
36838	REPAIR OF HEMODIALYSIS ACCESS IN ARM	$902.28
36860	INJECTION FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE	$109.31
36861	INSERTION OF BALLOON TUBE FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE	$142.93
36901	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT WITH REVIEW BY	$89.94
36902	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND BALLOON DILATION	$133.82
36903	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND INSERTION OF	$182.45
36904	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON	$210.62
36905	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON	$264.22
36906	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON	$308.23
36907	BALLOON DILATION OF DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST	$76.84
36908	INSERTION OF STENT IN DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST	$115.04
36909	PERMANENT BLOCKAGE OF HEMODIALYSIS CIRCUIT WITH REVIEW BY RADIOLOGIST	$109.61
37140	CONNECTION OF VENA CAVA AND PORTAL VEIN OF LIVER	$1,059.21
37145	CONNECTION OF KIDNEY VEIN AND PORTAL VEIN OF LIVER	$1,108.27
37160	CONNECTION OF VENA CAVA AND ABDOMINAL VEIN	$1,072.45
37180	CONNECTION OF SPLEEN AND KIDNEY VEIN NEAR AORTA	$1,119.18
37181	CONNECTION OF SPLEEN AND KIDNEY VEIN	$1,217.26
37182	INSERTION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST	$671.45
37183	REVISION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST	$313.63
37184	PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING	$326.07
37185	PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING	$118.97
37186	SECONDARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT	$178.40
37187	REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE,	$303.32
37188	REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE,	$219.50
37191	INSERTION OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$145.65
37192	REPOSITIONING OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$225.17
37193	REMOVAL OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$224.93
37195	INFUSION OF DRUG TO DISSOLVE BLOOD CLOT IN BRAIN	$265.85
37197	RETRIEVAL OF FOREIGN BODY IN BLOOD VESSEL WITH REVIEW BY RADIOLOGIST	$187.43
37200	BIOPSY OF BLOOD VESSEL USING TUBE	$173.66
37211	INSERTION OF TUBE INTO ARTERY FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY	$243.48
37212	INSERTION OF TUBE INTO VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY	$214.94
37213	INSERTION OF TUBE INTO ARTERY OR VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH	$149.84
37214	REMOVAL OF TUBE INTO ARTERY OR VEIN WITH REVIEW BY RADIOLOGIST	$88.94
37215	INSERTION OF STENT AND BLOOD CLOT PROTECTION DEVICE IN NECK ARTERY WITH REVIEW	$812.13
37216	INSERTION OF STENT IN NECK ARTERY WITH REVIEW BY RADIOLOGIST	$782.55
37217	INSERTION OF STENT IN BLOOD VESSEL OF CHEST WITH REVIEW BY RADIOLOGIST	$696.07
37218	INSERTION OF STENT IN BLOOD VESSEL OF CHEST OPEN OR ACCESSED THROUGH SKIN WITH	$525.97
37220	BALLOON DILATION OF GROIN ARTERY, INITIAL VESSEL	$263.22
37221	INSERTION OF STENT IN GROIN ARTERY, INITIAL VESSEL	$321.35
37222	BALLOON DILATION OF GROIN ARTERY, EACH ADDITIONAL VESSEL	$119.38
37223	INSERTION OF STENT IN GROIN ARTERY, ADDITIONAL VESSEL	$135.74
37224	BALLOON DILATION OF ARTERY OF LEG	$290.08
37225	REMOVAL OF PLAQUE IN ARTERIES OF LEG	$390.45
37226	INSERTION OF STENT IN ARTERIES OF LEG	$327.35
37227	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERIES OF LEG	$471.53
37228	BALLOON DILATION OF ARTERY OF LEG, INITIAL VESSEL	$353.98
37229	REMOVAL OF PLAQUE IN ARTERY OF LEG, INITIAL VESSEL	$456.98
37230	INSERTION OF STENT IN ARTERY OF LEG, INITIAL VESSEL	$442.57
37231	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERY OF LEG, INITIAL VESSEL	$480.99

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
37232	BALLOON DILATION OF ARTERY OF LEG, EACH ADDITIONAL VESSEL	$127.92
37233	REMOVAL OF PLAQUE IN ARTERY OF LEG, EACH ADDITIONAL VESSEL	$210.25
37234	INSERTION OF STENT IN ARTERY OF LEG, EACH ADDITIONAL VESSEL	$175.46
37235	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERY OF LEG, EACH ADDITIONAL	$249.04
37236	INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND	$287.46
37237	INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND	$133.73
37238	INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN	$201.50
37239	INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN	$93.30
37241	OCCLUSION OF VEIN WITH REVIEW BY RADIOLOGIST	$280.88
37242	OCCLUSION OF ARTERY WITH REVIEW BY RADIOLOGIST	$313.55
37243	OCCLUSION OF GROWTHS OR OBSTRUCTED VESSELS WITH REVIEW BY RADIOLOGIST	$373.77
37244	OCCLUSION OF ARTERY OR VEIN BLEEDING WITH REVIEW BY RADIOLOGIST	$436.00
37246	BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, INITIAL ARTERY	$218.89
37247	BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL ARTERY	$108.32
37248	BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN	$188.35
37249	BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN	$92.21
37252	ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, INITIAL VESSEL	$56.62
37253	ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, EACH	$45.17
37400	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	$0.00
37420	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	$0.00
37440	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	$0.00
37460	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	$0.00
37470	REPAIR MULTIPLE ARTERIES AND/OR VEINS	$0.00
37500	TYING OF VEINS IN LEG MUSCLES USING AN ENDOSCOPE	$452.48
37501	OTHER PROCEDURE ON BLOOD VESSEL USING AN ENDOSCOPE	$0.00
37520	PHLEBORRHAPHY, SUTURE OF MAJOR VEIN, WOUND OR INJURY	$0.00
37540	PHLEBORRHAPHY, SUTURE OF MAJOR VEIN, WOUND OR INJURY	$0.00
37560	PHLEBORRHAPHY, SUTURE OF MAJOR VEIN, WOUND OR INJURY	$0.00
37565	TYING OF NECK VEIN	$414.85
37600	TYING OF EXTERNAL NECK ARTERY	$450.28
37605	TYING OF INTERNAL NECK ARTERY	$509.97
37606	TYING AND GRADUAL CLAMPING OF NECK ARTERY	$361.85
37607	TYING OR BANDING OF SURGICALLY CREATED ARTERY-VEIN CONNECTION	$288.88
37609	TYING OR BIOPSY OF ARTERY ON SIDE OF SKULL	$137.46
37615	TYING OF MAJOR NECK ARTERY	$319.71
37616	TYING OF MAJOR CHEST ARTERY	$756.33
37617	TYING OF MAJOR ARTERY OF THE ABDOMEN	$789.88
37618	TYING OF MAJOR ARM OR LEG ARTERY	$280.01
37619	TYING OF INFERIOR VENA CAVA	$991.63
37650	TYING OF UPPER LEG VEIN	$314.87
37651	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE,	$0.00
37660	TYING OF GROIN VEIN	$753.71
37700	TYING AND DIVISION OF LONG LEG VEIN	$217.28
37701	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL	$0.00
37718	TYING, INCISION, AND STRIPPING OF SHORT LEG VEIN	$289.39
37721	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	$0.00
37722	TYING, INCISION, AND STRIPPING OF LONG LEG VEIN	$340.04
37731	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT	$0.00
37735	TYING, INCISION, AND STRIPPING OF LEG VEINS WITH REMOVAL OF ULCER AND SKIN	$541.97
37737	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	$0.00
37760	TYING OF VARICOSE VEINS, RADICAL PROCEDURE INCLUDING SKIN GRAFT	$518.74
37761	TYING OF VARICOSE VEINS, SIMPLE PROCEDURE USING ULTRASOUND	$277.37
37765	REMOVAL OF VARICOSE VEINS OF ARM OR LEG, 10-20 INCISIONS	$328.08
37766	REMOVAL OF VARICOSE VEINS OF ARM OR LEG, MORE THAN 20 INCISIONS	$419.22
37780	TYING AND DIVISION OF SHORT LEG VEIN	$191.68
37781	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL	$0.00
37785	TYING, INCISION, AND/OR REMOVAL OF VARICOSE VEIN CLUSTERS OF LEG	$173.26
37787	LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	$0.00
37788	RESTORATION OF BLOOD FLOW IN ARTERY OF PENIS	$1,056.31

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
37790	BLOCKAGE OF PENIS VEIN	$445.13
37799	OTHER PROCEDURE ON BLOOD VESSEL	$475.92
38090	PUNCTURE SPLEEN	$0.00
38100	REMOVAL OF SPLEEN	$618.85
38101	PARTIAL REMOVAL OF SPLEEN	$620.36
38102	REMOVAL OF SPLEEN DURING OTHER SURGICAL PROCEDURE	$209.15
38115	REPAIR OF RUPTURED SPLEEN	$645.06
38120	EXAM OF SPLEEN USING AN ENDOSCOPE	$701.41
38129	OTHER PROCEDURE ON SPLEEN USING AN ENDOSCOPE	$0.00
38200	INJECTION PROCEDURE FOR IMAGING OF SPLEEN	$114.26
38204	MANAGEMENT OF STEM CELL DONOR SEARCH	$0.00
38205	COLLECTION OF DONOR STEM CELLS FOR TRANSPLANTATION	$58.87
38206	COLLECTION OF STEM CELLS FOR TRANSPLANTATION	$58.87
38207	PRESERVATION AND STORAGE OF STEM CELLS FOR TRANSPLANTATION	$0.00
38208	THAWING OF FROZEN STEM CELLS FOR TRANSPLANTATION	$0.00
38209	THAWING AND WASHING OF FROZEN STEM CELLS FOR TRANSPLANTATION	$0.00
38210	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REMOVAL OF T CELLS	$0.00
38211	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REMOVAL OF GROWTH CELLS	$0.00
38212	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH RED BLOOD CELL REMOVAL	$0.00
38213	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REMOVAL OF PLATELETS	$0.00
38214	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REDUCTION OF BLOOD FLUID	$0.00
38215	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH CELL CONCENTRATION IN BLOOD	$0.00
38220	ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS	$58.31
38221	BIOPSY OF BONE MARROW	$73.80
38222	BIOPSY AND ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS	$49.79
38230	HARVEST OF DONOR BONE MARROW FOR TRANSPLANTATION	$209.12
38232	HARVEST OF PATIENT BONE MARROW FOR TRANSPLANTATION	$112.24
38240	TRANSPLANTATION OF DONOR STEM CELLS PER DONOR	$109.73
38241	TRANSPLANTATION OF PATIENT-DERIVED STEM CELLS	$109.48
38242	TRANSPLANTATION OF DONOR WHITE BLOOD CELLS	$67.10
38243	TRANSPLANTATION OF DONOR STEM CELLS	$72.76
38300	SIMPLE DRAINAGE OF ABSCESS OR SWELLING OF LYMPH NODE	$102.07
38305	DRAINAGE OF EXTENSIVE ABSCESS OR SWELLING OF LYMPH NODE	$265.31
38308	INCISION OR OTHER OPERATION ON LYMPHATIC CHANNELS	$274.83
38380	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH NECK	$405.33
38381	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH BACK	$697.46
38382	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH ABDOMEN	$510.16
38500	BIOPSY OR REMOVAL OF LYMPH NODES	$147.18
38505	NEEDLE BIOPSY OR REMOVAL OF SURFACE LYMPH NODES	$57.20
38510	BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF NECK	$247.97
38520	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK WITH REMOVAL OF FAT PAD	$277.45
38525	BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF UNDERARM	$236.41
38530	BIOPSY OR REMOVAL OF LYMPH NODES OF BREAST	$332.24
38531	BIOPSY OR REMOVAL OF LYMPH NODES OF GROIN	$276.61
38540	DISSECTION; DEEP CERVIC NODE	$0.00
38542	REMOVAL OF DEEP LYMPH NODES OF NECK	$327.74
38550	REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK	$326.23
38555	REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK WITH DEEP	$715.79
38562	PARTIAL REMOVAL OF PELVIC AND AORTIC LYMPH NODES	$509.80
38564	REMOVAL OF LYMPH NODES BEHIND ABDOMINAL CAVITY	$530.25
38570	BIOPSY AND REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY USING AN ENDOSCOPE	$442.74
38571	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS USING AN ENDOSCOPE	$573.92
38572	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS AND ABDOMINAL LYMPH NODE BIOPSY	$667.67
38573	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS WITH BIOPSY AND WASHING OF	$728.95
38589	OTHER PROCEDURE ON LYMPHATIC SYSTEM USING AN ENDOSCOPE	$0.00
38700	REMOVAL OF LYMPH NODES FROM CHIN TO THYROID CARTILAGE	$567.88
38701	SUPRAHYOID LYMPHADENECTOMY	$0.00
38720	REMOVAL OF LYMPH NODES OF NECK	$868.60
38721	CERVICAL LYMPHADENECTOMY (COMPLETE)	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
38724	REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK	$890.72
38740	PARTIAL REMOVAL OF LYMPH NODES OF UNDERARM	$377.81
38745	REMOVAL OF LYMPH NODES OF UNDERARM	$497.46
38746	REMOVAL OF LYMPH NODES OF CHEST CAVITY AND BREAST BONE	$196.32
38747	REMOVAL OF LYMPH NODES OF ABDOMINAL ORGAN	$212.01
38760	REMOVAL OF LYMPH NODES OF GROIN	$481.70
38761	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL,	$0.00
38765	PARTIAL REMOVAL OF LYMPH NODES OF GROIN AND PELVIS	$822.66
38766	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN	$0.00
38770	REMOVAL OF LYMPH NODES OF GROIN AND PELVIS	$718.11
38771	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	$0.00
38780	REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY	$873.58
38790	INJECTION PROCEDURE FOR IMAGING OF LYMPHATIC SYSTEM	$67.38
38791	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	$0.00
38792	INJECTION OF RADIOACTIVE MATERIAL FOR X-RAY IDENTIFICATION OF LYMPH NODE	$27.71
38794	EXPOSURE OF LYMPH DUCT OF CHEST CAVITY	$194.69
38900	IMAGING OF LYMPH NODES DURING SURGERY	$83.03
38999	OTHER PROCEDURE ON LYMPHATIC SYSTEM	$274.25
39000	EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY	$436.63
39010	EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY	$746.97
39200	REMOVAL OF CYST BELOW BREAST BONE	$808.98
39220	REMOVAL OF GROWTH BELOW BREAST BONE	$994.77
39401	EXAM OF CHEST USING AN ENDOSCOPE	$193.40
39402	EXAM OF CHEST WITH BIOPSY OF LYMPH NODE USING AN ENDOSCOPE	$251.38
39499	OTHER PROCEDURE ON CHEST CAVITY BELOW BREAST BONE	$0.00
39500	DIAPHRAGMATC HERNIA REPAIR INCL FUNDPLSTY	$0.00
39501	REPAIR OF MUSCLE TISSUE SEPARATING CHEST AND ABDOMINAL CAVITIES	$695.02
39503	REPAIR OF CONGENITAL DEFECT OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES,	$3,212.48
39510	REPAIR OF DIAPHRAGM HERNIA	$0.00
39540	REPAIR OF ACUTE INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$730.00
39541	REPAIR OF CHRONIC INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$756.32
39545	SUTURE OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES TO RESTORE FUNCTION	$706.41
39560	SIMPLE REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$620.52
39561	COMPLEX REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$845.04
39599	OTHER PROCEDURE ON MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$0.00
40490	BIOPSY OF LIP	$49.51
40500	REMOVAL OF BORDER OF LIP	$273.21
40510	REMOVAL OF WEDGE OF LIP TISSUE WITH CLOSURE	$304.17
40520	V-SHAPED REMOVAL OF LIP TISSUE	$294.72
40525	REMOVAL OF LIP WITH REPAIR USING LOCAL TISSUE GRAFT	$465.16
40527	REMOVAL OF LIP WITH REPAIR USING TISSUE GRAFT	$554.16
40530	PARTIAL REMOVAL OF LIP	$320.85
40650	REPAIR OF LIP AND BORDER	$232.61
40652	REPAIR OF VERTICAL LIP WOUND EXTENDING TO HALF OF LIP	$283.05
40654	REPAIR OF VERTICAL LIP WOUND EXTENDING TO OVER HALF OF LIP	$341.07
40700	PRIMARY PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON 1 SIDE OF NOSE AND/OR	$647.11
40701	PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP	$943.20
40702	PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP,	$661.05
40720	SECONDARY PLASTIC REPAIR OF NOSE AND LIP DEFORMITY PRESENT AT BIRTH	$710.65
40740	PLASTIC REPAIR OF CLEFT LIP	$0.00
40761	PLASTIC REPAIR OF NOSE AND/OR LIP DEFORMITY PRESENT AT BIRTH USING A TISSUE	$772.00
40799	OTHER PROCEDURE ON LIP	$0.00
40800	SIMPLE DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH	$74.07
40801	COMPLICATED DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH	$132.92
40804	SIMPLE REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH	$77.33
40805	COMPLICATED REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH	$154.14
40806	INCISION OF TISSUE JOINING LIP AND GUM	$22.01
40808	BIOPSY OF MOUTH	$61.15
40810	REMOVAL OF GROWTH OF TISSUE OF MOUTH	$76.90

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
40812	REMOVAL OF GROWTH OF MOUTH WITH SIMPLE REPAIR	$118.76
40814	REMOVAL OF GROWTH OF MOUTH WITH COMPLICATED REPAIR	$183.91
40816	COMPLEX REMOVAL OF TISSUE AND MUSCLE GROWTH OF MOUTH	$192.22
40818	REMOVAL OF MOUTH TISSUE FOR GRAFTING	$163.92
40819	REMOVAL OF TISSUE AT DENTAL EDGE AND CHEEK	$138.66
40820	DESTRUCTION OF GROWTH OR SCAR OF MOUTH	$93.14
40830	REPAIR OF LACERATED MOUTH, 2.5 CM OR LESS	$96.73
40831	REPAIR OF LACERATED MOUTH, MORE THAN 2.5 CM	$138.98
40840	REPAIR TO INCREASE DEPTH OF FRONT PORTION OF MOUTH	$440.25
40842	REPAIR TO INCREASE DEPTH ON SIDE OF MOUTH	$437.77
40843	REPAIR TO INCREASE DEPTH ON BOTH SIDES OF MOUTH	$608.62
40844	REPAIR TO INCREASE DEPTH OF ENTIRE ARCH OF MOUTH	$786.43
40845	COMPLEX REPAIR TO INCREASE DEPTH OF MOUTH	$1,029.22
40899	OTHER PROCEDURE ON INNER MOUTH	$0.00
41000	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF SIDE OF TONGUE FROM INSIDE	$67.51
41005	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM INSIDE MOUTH	$74.43
41006	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE OR FLOOR OF MOUTH	$160.74
41007	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM INSIDE MOUTH	$178.83
41008	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM INSIDE	$165.52
41009	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM INSIDE	$200.41
41010	INCISION OF TISSUE CONNECTING TONGUE AND FLOOR OF MOUTH	$77.74
41015	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM OUTSIDE MOU	$203.47
41016	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM OUTSIDE MOUT	$224.28
41017	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM OUTSIDE	$211.30
41018	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM OUTSIDE	$263.10
41019	INSERTION OF NEEDLES, TUBES, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION	$244.06
41100	BIOPSY OF FRONT 2/3 OF TONGUE	$85.88
41105	BIOPSY OF BACK 1/3 OF TONGUE	$80.04
41108	BIOPSY OF FLOOR OF MOUTH	$65.19
41110	REMOVAL OF GROWTH OF TONGUE WITHOUT CLOSURE	$86.77
41112	REMOVAL OF GROWTH OF FRONT 2/3 OF TONGUE WITH SWITCHES	$149.08
41113	REMOVAL OF GROWTH OF BACK 1/3 OF TONGUE WITH SUTURING	$167.36
41114	REMOVAL OF GROWTH OF TONGUE WITH LOCAL TISSUE GRAFT	$438.02
41115	REMOVAL OF TISSUE CONNECTING TONGUE AND FLOOR OF MOUTH	$112.10
41116	REMOVAL OF GROWTH OF FLOOR OF MOUTH	$158.23
41120	REMOVAL OF LESS THAN HALF OF TONGUE	$625.19
41130	PARTIAL REMOVAL OF TONGUE	$681.52
41135	PARTIAL REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK	$1,201.85
41140	COMPLETE REMOVAL OF TONGUE	$1,298.70
41145	COMPLETE REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK	$1,545.37
41150	REMOVAL OF TONGUE, FLOOR OF MOUTH, AND JAW BONE	$1,222.11
41153	REMOVAL OF TONGUE, FLOOR OF MOUTH, SOFT TISSUE, AND LYMPH NODES	$1,355.23
41155	REMOVAL OF TONGUE, FLOOR OF MOUTH, JAW BONE, TISSUE, AND LYMPH NODES	$1,587.75
41250	REPAIR OF LACERATED FLOOR OF MOUTH AND/OR TONGUE, 2.5 CM OR LESS	$96.06
41251	REPAIR OF LACERATED BACK 1/3 OF TONGUE, 2.5 CM OR LESS	$126.68
41252	REPAIR OF LACERATED TONGUE OR FLOOR OF MOUTH, MORE THAN 2.6 CM	$157.46
41510	SUTURE OF TONGUE TO LIP TO ENLARGE MOUTH	$282.40
41512	PERMANENT SUSPENSION OF TONGUE BASE USING SUTURES	$365.09
41520	REPAIR OF TISSUE CONNECTING TONGUE TO FLOOR OF MOUTH	$166.05
41530	DESTRUCTION OF TONGUE TISSUE, PER SESSION	$239.18
41599	OTHER PROCEDURE ON TONGUE OR FLOOR OF MOUTH	$0.00
41800	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE	$61.25
41805	REMOVAL OF EMBEDDED FOREIGN BODY IN SOFT TISSUE OF TOOTH BEARING BONE	$86.78
41806	REMOVAL OF FOREIGN BODY IN DENTAL BONE	$145.00
41820	REMOVAL OF OVERGROWN GUM TISSUE	$0.00
41821	REMOVAL OF GUM TISSUE AROUND TOOTH	$0.00
41822	REMOVAL OF TISSUE FIBER AT DENTAL BONE	$130.49
41823	REMOVAL OF DENTAL BONE	$195.52
41825	REMOVAL OF DENTAL BONE GROWTH	$89.51

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
41826	REMOVAL OF DENTAL BONE GROWTH WITH SIMPLE REPAIR	$137.40
41827	REMOVAL OF GROWTH OF DENTAL BONE GROWTH WITH COMPLEX REPAIR	$210.10
41828	REMOVAL OF ENLARGED MEMBRANE COVERING OF TEETH OR TOOTH SOCKET	$188.87
41830	REMOVAL OF TISSUE OVERGROWTH AT TEETH OR TOOTH SOCKET	$196.46
41850	DESTRUCTION OF GROWTH OF STRUCTURE SUPPORTING TEETH	$0.00
41870	GRAFT OF MOUTH TISSUE LINING TO GUM SURFACE	$0.00
41872	RESHAPING OF GUM	$163.04
41874	RESHAPING OF TOOTH SOCKET	$178.39
41899	OTHER PROCEDURE ON TEETH AND GUMS	$35.12
42000	DRAINAGE OF ABSCESS OF ROOF OF MOUTH	$61.87
42100	BIOPSY OF ROOF OF MOUTH	$74.71
42104	REMOVAL OF GROWTH OF ROOF OF MOUTH	$105.79
42106	REMOVAL OF GROWTH OF ROOF OF MOUTH WITH SIMPLE CLOSURE	$133.55
42107	REMOVAL OF GROWTH OF ROOF OF MOUTH WITH LOCAL TISSUE GRAFT	$266.13
42120	PARTIAL REMOVAL OF ROOF OF MOUTH	$448.33
42140	REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH	$109.32
42145	COMPLEX REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH	$482.16
42150	REMOVAL OF EXOSTOSIS, BONY PALATE	$0.00
42160	DESTRUCTION OF GROWTH OR SOFT TISSUE OF ROOF OF MOUTH	$102.33
42180	REPAIR OF LACERATED ROOF OF MOUTH, 2.0 CM OR LESS	$137.66
42182	REPAIR OF LACERATED ROOF OF MOUTH, MORE THAN 2.0 CM	$209.41
42200	REPAIR OF DEFECT OF SOFT AND/OR HARD TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE	$605.76
42205	REPAIR OF DEFECT OF SOFT TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE	$587.14
42210	REPAIR OF CLEFT PALATE WITH BONE GRAFT	$754.39
42215	REVISION OF PRIOR CLEFT PALATE REPAIR	$495.66
42220	REPAIR OF CLEFT PALATE WITH PALATE LENGTHENING	$377.89
42225	REPAIR OF CLEFT PALATE WITH LOCAL TISSUE GRAFT FROM THROAT	$665.66
42226	LENGTHENING OF ROOF OF MOUTH WITH THROAT TISSUE GRAFT	$619.03
42227	LENGTHENING OF ROOF OF MOUTH USING MUCOUS MEMBRANE TISSUE GRAFT	$628.99
42235	LENGTHENING OF ROOF OF MOUTH WITH TISSUE GRAFT FROM TISSUE SEPARATING NOSE	$493.09
42260	REPAIR OF ABNORMAL CONNECTION FROM NASAL SINUS TO SKIN	$446.59
42280	IMPRESSION OF CHEEK BONE FOR PROSTHESIS AT ROOF OF MOUTH	$83.62
42281	INSERTION OF ROOF OF MOUTH PROSTHESIS	$94.69
42299	OTHER PROCEDURE ON ROOF OF MOUTH	$0.00
42300	SIMPLE DRAINAGE OF ABSCESS OF SALIVA GLAND	$92.99
42305	COMPLICATED DRAINAGE OF ABSCESS OF SALIVA GLAND	$285.09
42310	DRAINAGE OF ABSCESS OF LOWER JAW FROM INSIDE OF MOUTH	$76.92
42320	DRAINAGE OF ABSCESS OF LOWER JAW FROM OUTSIDE OF MOUTH	$128.16
42330	UNCOMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH	$100.70
42335	COMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH	$185.74
42340	COMPLICATED REMOVAL OF SALIVA GLAND STONE	$267.22
42400	NEEDLE BIOPSY OF SALIVA GLAND	$37.10
42405	BIOPSY OF SALIVA GLAND	$151.22
42408	REMOVAL OF SALIVARY CYST UNDER TONGUE	$242.76
42409	CREATION OF TRACT TO DRAIN CYST OF SALIVA GLAND	$173.76
42410	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, LATERAL LOBE	$478.66
42415	REMOVAL OF GROWTH OF SALIVA GLAND WITH RELEASE OF FACIAL NERVE	$876.55
42420	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND WITH RELEASE OF FACIAL NERVE	$1,013.54
42425	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND FACIAL NERVE	$708.31
42426	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND SURROUNDING LYMPH NODES	$1,220.80
42440	REMOVAL OF SALIVA GLAND UNDER FLOOR OF MOUTH	$412.20
42450	REMOVAL OF SALIVA GLAND UNDER TONGUE	$255.15
42500	SIMPLE REPAIR OF SALIVARY DUCT	$265.88
42505	COMPLICATED PLASTIC REPAIR OF SALIVARY DUCT	$363.40
42507	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF	$337.60
42509	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF	$587.44
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF	$459.64
42550	INJECTION OF CONTRAST FOR IMAGING OF SALIVA GLANDS	$46.93
42600	CLOSURE OF ABNORMAL DRAINAGE TRACT OF SALIVA GLAND	$276.77

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
42650	INSERTION OF PROBE TO WIDEN SALIVA GLAND DUCT	$36.80
42660	DILATION OF SALIVA GLAND DUCT AND INSERTION OF TUBE	$57.06
42665	TYING OF SALIVA GLAND DUCT	$154.98
42699	OTHER PROCEDURE ON SALIVA GLAND OR DUCT	$0.00
42700	DRAINAGE OF ABSCESS NEAR TONSIL	$82.33
42720	DRAINAGE OF ABSCESS OF THROAT FROM INSIDE MOUTH	$252.51
42725	DRAINAGE OF ABSCESS OF THROAT FROM OUTSIDE MOUTH	$504.62
42800	BIOPSY OF BACK OF THROAT	$77.75
42804	SIMPLE BIOPSY OF GROWTH OF THROAT BEHIND NOSE	$84.47
42806	COMPLEX BIOPSY OF GROWTH OF THROAT BEHIND NOSE	$102.65
42808	REMOVAL OR DESTRUCTION OF GROWTH OF THROAT	$148.11
42809	REMOVAL OF FOREIGN BODY IN THROAT	$89.50
42810	REMOVAL OF CONGENITAL SKIN AND TISSUE CYST OF NECK	$207.30
42815	REMOVAL OF CONGENITAL CYST OR ABNORMAL DRAINAGE TRACT OF NECK AND/OR THROAT	$433.27
42820	REMOVAL OF TONSILS AND ADENOID GLANDS (YOUNGER THAN 12 YEARS)	$217.62
42821	REMOVAL OF TONSILS AND ADENOID GLANDS (12 YEARS OR OLDER)	$245.40
42825	REMOVAL OF TONSILS (YOUNGER THAN 12 YEARS)	$192.63
42826	REMOVAL OF TONSILS (12 YEARS OR OLDER)	$208.79
42830	PRIMARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS)	$138.25
42831	PRIMARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER)	$152.17
42835	SECONDARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS)	$135.32
42836	SECONDARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER)	$186.13
42842	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE	$491.26
42844	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH LOCAL TISSUE GRAFT	$758.93
42845	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH OTHER TISSUE GRAFT	$1,258.65
42860	REMOVAL OF REMAINING TONSIL TISSUE	$134.78
42870	REMOVAL OR DESTRUCTION OF GROWTH OF TONGUE LYMPH NODE	$348.18
42890	PARTIAL REMOVAL OF THROAT	$673.14
42892	PARTIAL REMOVAL OF WALL OF THROAT WITH SUTURE REPAIR	$819.60
42894	REMOVAL OF THROAT TISSUE WITH TISSUE GRAFT	$1,171.50
42895	THROAT AND NECK SURGERY	$0.00
42900	SUTURE OF WOUND OR INJURY IN THROAT	$276.11
42950	PLASTIC OR RECONSTRUCTIVE REPAIR OF THROAT	$498.59
42953	REPAIR OF THROAT AT ESOPHAGUS	$659.60
42955	CREATION OF OPENING TO THROAT FOR FEEDING	$453.51
42960	SIMPLE CONTROL OF BLEEDING OF THROAT	$113.60
42961	CONTROL OF BLEEDING OF THROAT REQUIRING HOSPITALIZATION	$261.26
42962	COMPLICATED CONTROL OF BLEEDING OF THROAT	$388.66
42970	SIMPLE CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING	$236.80
42971	CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING REQUIRING	$301.31
42972	COMPLICATED CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING	$360.24
42999	OTHER PROCEDURE ON THROAT, ADENOIDS, OR TONSILS	$0.00
43020	REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH NECK	$449.01
43030	INCISION OF MUSCLE AT UPPER ESOPHAGUS	$463.34
43045	REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH CHEST	$1,003.59
43100	REMOVAL OF GROWTH OF ESOPHAGUS THROUGH NECK	$476.97
43101	REMOVAL OF GROWTH OF ESOPHAGUS THROUGH CHEST OR ABDOMEN	$794.20
43107	REMOVAL OF ESOPHAGUS	$1,487.29
43108	REMOVAL OF ESOPHAGUS AND RECONSTRUCTION USING BOWEL GRAFT	$1,698.39
43112	REMOVAL OF ESOPHAGUS THROUGH CHEST	$1,588.39
43113	REMOVAL OF ESOPHAGUS THROUGH CHEST AND RECONSTRUCTION USING BOWEL GRAFT	$1,755.32
43116	PARTIAL REMOVAL OF UPPER ESOPHAGUS WITH RECONSTRUCTION USING BOWEL GRAFT	$1,608.11
43117	PARTIAL REMOVAL OF LOWER ESOPHAGUS	$1,582.62
43118	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST AND ABDOMEN WITH BOWEL GRAFT	$1,665.09
43121	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST	$1,502.45
43122	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH ABDOMEN AND/OR CHEST	$1,459.71
43123	PARTIAL REMOVAL OF ESOPHAGUS WITH REPAIR USING BOWEL GRAFT	$1,702.61
43124	REMOVAL OF ESOPHAGUS WITH CREATION OF ARTIFICIAL OPENING INTO ESOPHAGUS	$1,438.26
43130	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH NECK	$659.19

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43135	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH CHEST	$854.32
43136	DIVERTICULOPEXY OF HYPOPHARYNX, WITH OR WITHOUT MYOTOMY	$0.00
43180	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS USING A RIGID ENDOSCOPE	$362.20
43191	DIAGNOSTIC EXAM OF ESOPHAGUS USING AN ENDOSCOPE	$81.64
43192	INJECTION INTO ESOPHAGUS USING AN ENDOSCOPE	$97.02
43193	BIOPSY OF ESOPHAGUS USING A RIGID ENDOSCOPE	$115.19
43194	REMOVAL OF FOREIGN BODIES FROM ESOPHAGUS USING A RIGID ENDOSCOPE	$103.24
43195	BALLOON DILATION OF ESOPHAGUS USING A RIGID ENDOSCOPE, LESS THAN 3.0 CM	$115.44
43196	INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$125.80
43197	DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE	$50.92
43198	BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE	$60.55
43200	DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH	$86.70
43201	INJECTION INTO ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$95.64
43202	BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH	$100.09
43204	INJECTION OF SWOLLEN VEIN OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$195.97
43205	TYING OF DILATED VEINS OF ESOPHAGUS WITH BANDS USING A FLEXIBLE ENDOSCOPE	$171.61
43206	MICROSCOPIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$0.00
43210	REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING A FLEXIBLE ENDOSCOPE	$272.19
43211	REMOVAL OF TISSUE LINING OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$177.09
43212	PLACEMENT OF STENT IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$121.40
43213	DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$172.34
43214	BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, 3.0 CM OR MORE	$124.89
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$137.74
43216	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH	$125.73
43217	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH	$151.24
43218	43200 W/IRRIG	$0.00
43220	BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, LESS THAN 3.0 CM	$109.66
43225	43200 W/ RPR HYPOPHARNGEAL DIVERTICULUM	$0.00
43226	DILATION OF ESOPHAGUS WITH INSERTION OF GUIDE WIRE USING A FLEXIBLE ENDOSCOPE	$121.78
43227	CONTROL OF BLEEDING IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$187.19
43229	DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$131.68
43231	ULTRASOUND EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$134.11
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A	$185.05
43233	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$148.06
43235	DIAGNOSTIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$124.03
43236	INJECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE	$117.71
43237	ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$161.96
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A FLEXIBLE	$200.41
43239	BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE	$139.60
43240	DRAINAGE OF FLUID COLLECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL	$273.09
43241	INSERTION OF TUBE OR TUBE IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	$134.79
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR	$273.59
43243	INJECTION OF DILATED VEIN OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$237.05
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$211.38
43245	DILATION OF STOMACH OUTLET USING A FLEXIBLE ENDOSCOPE	$176.43
43246	INSERTION OF STOMACH TUBE USING A FLEXIBLE ENDOSCOPE	$225.63
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	$176.43
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$163.68
43249	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$150.36
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL	$166.50
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL	$192.26
43252	MICROSCOPIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$0.00
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE OR MARKER IN ESOPHAGUS,	$171.86
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	$178.13
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$227.96
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX	$225.19
43259	ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$230.07
43260	DIAGNOSTIC EXAM OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN	$299.02
43261	BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING A FLEXIBLE	$309.24

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43262	INCISION OF PANCREATIC OUTLET USING A FLEXIBLE ENDOSCOPE	$383.44
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT SPHINCTER USING A FLEXIBLE	$304.33
43264	REMOVAL OF STONE OR DEBRIS FROM BILE OR PANCREATIC DUCT USING A FLEXIBLE	$446.70
43265	DESTRUCTION OF STONE OF BILE OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE	$410.83
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$147.25
43270	DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL	$155.17
43273	EXAM OF COMMON BILE AND/OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE	$77.91
43274	INSERTION OF STENT INTO PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$304.91
43275	REMOVAL OF STENT FROM PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$251.53
43276	REPLACEMENT OF STENT IN PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$317.21
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT OR SPHINCTER USING A FLEXIBLE	$253.14
43278	DESTRUCTION OF POLYP OR GROWTH OF GALLBLADDER AND/OR BILE DUCT USING A FLEXIBLE	$287.64
43279	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH USING AN ENDOSCOPE	$716.53
43280	STRENGTHENING OF MUSCLE BETWEEN ESOPHAGUS AND STOMACH BY WRAPPING PART OF	$837.01
43281	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE	$736.31
43282	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH WITH IMPLANTATION OF MESH	$827.44
43283	LENGTHENING OF ESOPHAGUS USING AN ENDOSCOPE	$99.78
43284	INSERTION OF MAGNETIC BAND AROUND BASE OF ESOPHAGUS TO TIGHTEN OPENING INTO	$405.96
43285	REMOVAL OF MAGNETIC BAND FROM BASE OF ESOPHAGUS USING AN ENDOSCOPE	$409.39
43286	REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	$1,958.36
43287	REMOVAL OF LOWER ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	$2,229.37
43288	REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE FOR EAC	$2,331.68
43289	OTHER PROCEDURE ON ESOPHAGUS USING AN ENDOSCOPE	$0.00
43300	REPAIR OF DEFECT OF ESOPHAGUS THROUGH NECK	$543.59
43305	REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THOUGH NEC	$912.90
43310	REPAIR OF DEFECT OF ESOPHAGUS THROUGH CHEST	$1,307.79
43312	REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THROUGH	$1,427.88
43313	REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS THROUGH CHEST	$1,939.44
43314	REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS AND ABNORMAL DRAINAGE TRACT BETWEEN	$2,131.62
43320	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH ABDOMEN OR CHEST	$832.04
43325	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH WITH PATCH	$804.91
43327	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH	$510.12
43328	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH CHEST	$739.67
43330	REPAIR OF ESOPHAGUS THROUGH ABDOMEN	$788.67
43331	REPAIR OF ESOPHAGUS THROUGH CHEST	$886.90
43332	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMEN	$727.48
43333	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMEN	$789.20
43334	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH CHEST	$794.87
43335	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH CHEST	$855.83
43336	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMINAL INCISION	$936.57
43337	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMINAL INCISION	$1,025.62
43338	LENGTHENING OF ESOPHAGUS	$83.78
43340	PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH ABDOMEN	$828.26
43341	PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH CHEST	$867.72
43351	RELOCATION OF ESOPHAGUS THROUGH CHEST	$753.65
43352	RELOCATION OF ESOPHAGUS THROUGH NECK	$661.05
43360	RECONNECTION OF ESOPHAGUS TO STOMACH AFTER PREVIOUS SURGERY	$1,455.90
43361	RECONNECTION OF ESOPHAGUS TO STOMACH WITH BOWEL GRAFT RECONSTRUCTION AFTER	$1,661.05
43400	TYING OF DILATED VEINS OF ESOPHAGUS	$802.37
43405	TYING OR STAPLING OF HOLE OR TEAR AT JUNCTION OF ESOPHAGUS AND STOMACH	$853.40
43410	SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH NECK	$610.85
43415	SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH CHEST OR ABDOMEN	$931.76
43420	REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH NECK	$544.08
43425	REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH CHEST OR ABDOMEN	$853.32
43450	DILATION OF ESOPHAGUS	$57.59
43451	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; S	$0.00
43453	DILATION OF ESOPHAGUS WITH A GUIDE WIRE	$75.92
43455	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE	$0.00
43460	CONTROL OF BLEEDING OF ESOPHAGUS	$157.85

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
43496	RELOCATION OF UPPER SMALL BOWEL FOR GRAFT	$0.00
43499	OTHER PROCEDURE ON ESOPHAGUS	$400.67
43500	EXPLORATION OF STOMACH OR REMOVAL OF FOREIGN BODY IN STOMACH	$413.88
43501	SUTURE OF BLEEDING STOMACH ULCER	$715.48
43502	SUTURE OF LACERATED STOMACH	$823.58
43510	INSERTION OF PERMANENT STOMACH TUBE WITH DILATION OF ESOPHAGUS	$519.21
43520	SEVERING OF MUSCLE AT STOMACH OUTLET TO UPPER SMALL BOWEL	$385.94
43605	BIOPSY OF STOMACH	$436.13
43610	REMOVAL OF STOMACH ULCER OR GROWTH	$548.92
43611	REMOVAL OF MALIGNANT GROWTH OF STOMACH	$641.24
43620	REMOVAL OF STOMACH WITH UPPER SMALL BOWEL ATTACHMENT TO ESOPHAGUS	$1,074.97
43621	REMOVAL OF STOMACH WITH LOWER SMALL BOWEL ATTACHMENT TO ESOPHAGUS	$1,091.22
43622	REMOVAL OF STOMACH WITH CREATION OF INTESTINAL POUCH ATTACHED TO ESOPHAGUS	$1,140.80
43625	GASTRECTOMY, TOTAL; WITH REPAIR BY INTESTINAL TRANSPLANT	$0.00
43630	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY, GASTROI	$0.00
43631	REMOVAL OF LOWER PART OF STOMACH WITH REATTACHMENT OF REMAINING STOMACH TO	$916.13
43632	REMOVAL OF LOWER PART OF STOMACH WITH REATTACHMENT OF REMAINING STOMACH TO	$914.94
43633	REMOVAL OF LOWER PORTION OF STOMACH WITH REATTACHMENT OF UPPER PORTION OF	$929.96
43634	PARTIAL REMOVAL OF STOMACH WITH CREATION OF INTESTINE POUCH	$1,145.89
43635	SEVERING OF VAGUS NERVE WITH PARTIAL REMOVAL OF STOMACH	$89.79
43640	SEVERING OF VAGUS NERVE TO STOMACH	$711.96
43641	REPAIR OF STOMACH OUTLET MUSCLE AND SEVERING OF VAGUS NERVE	$724.43
43644	BYPASS OF STOMACH USING AN ENDOSCOPE	$1,170.43
43645	BYPASS OF STOMACH WITH RECONSTRUCTION OF SMALL BOWEL USING AN ENDOSCOPE	$1,261.31
43647	IMPLANTATION OR REPLACEMENT OF NEUROSTIMULATOR ELECTRODES IN UPPER STOMACH	$0.00
43648	REVISION OR REMOVAL OF NEUROSTIMULATOR ELECTRODES IN UPPER STOMACH USING AN	$0.00
43651	INCISION OF VAGUS NERVE IN STOMACH USING AN ENDOSCOPE	$451.80
43652	INCISION OF SELECTIVE VAGUS NERVES OF STOMACH USING AN ENDOSCOPE	$541.09
43653	CREATION OF SURGICAL OPENING FROM STOMACH TO SKIN USING AN ENDOSCOPE	$395.37
43659	OTHER PROCEDURE ON STOMACH USING AN ENDOSCOPE	$0.00
43752	INSERTION OF STOMACH TUBE THROUGH NOSE OR MOUTH USING FLUOROSCOPIC GUIDANCE	$36.91
43753	INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS	$12.77
43754	DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS	$20.48
43755	DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS AFTER	$36.89
43756	DIAGNOSTIC INSERTION OF TUBE INTO UPPER SMALL BOWEL AND SPECIMEN COLLECTION	$33.74
43757	INSERTION OF TUBE INTO UPPER SMALL BOWEL FOR COLLECTION OF MULTIPLE BILE AND	$48.05
43761	REPOSITIONING OF ORAL OR NASAL FEEDING TUBE IN SMALL BOWEL	$82.53
43762	REPLACEMENT OF STOMACH STOMA TUBE	$23.39
43763	REPLACEMENT OF STOMACH STOMA TUBE WITH REVISION OF STOMA OPENING	$53.00
43770	INSERTION OF ADJUSTABLE STOMACH REDUCTION DEVICE USING AN ENDOSCOPE	$686.92
43771	ADJUSTMENT OF STOMACH REDUCTION DEVICE USING AN ENDOSCOPE	$789.99
43772	REMOVAL OF STOMACH REDUCTION DEVICE USING AN ENDOSCOPE	$601.85
43773	REPLACEMENT OF STOMACH REDUCTION DEVICE USING AN ENDOSCOPE	$790.19
43774	REMOVAL OF STOMACH REDUCTION DEVICE AND PORT USING AN ENDOSCOPE	$604.16
43775	PARTIAL REMOVAL OF STOMACH FOR WEIGHT LOSS USING AN ENDOSCOPE	$621.35
43800	REPAIR OF MUSCLE OF STOMACH OUTLET INTO UPPER SMALL BOWEL	$504.68
43810	REMOVAL OF END PORTION OF STOMACH WITH ATTACHMENT TO UPPER SMALL BOWEL	$538.68
43820	PARTIAL REMOVAL OF STOMACH WITH ATTACHMENT OF STOMACH TO SMALL BOWEL	$570.69
43825	PARTIAL REMOVAL OF STOMACH WITH SEVERING OF VAGUS NERVE	$718.95
43830	INSERTION OF STOMACH FEEDING TUBE	$380.04
43831	INSERTION OF STOMACH FEEDING TUBE, NEWBORN	$364.27
43832	CREATION OF STOMACH FEEDING TUBE	$575.55
43840	SUTURE OF PERFORATED ULCER, WOUND, OR INJURY OF STOMACH OR UPPER SMALL BOWEL	$567.96
43842	BANDING OF UPPER STOMACH TO REDUCE SIZE OF STOMACH	$812.12
43843	REDUCTION OF SIZE OF UPPER STOMACH	$803.76
43845	PARTIAL REMOVAL OF STOMACH, UPPER BOWEL, AND ILEUM FOR WEIGHT LOSS	$1,054.93
43846	BYPASS OF STOMACH FOR WEIGHT LOSS WITH ROUX-EN-Y CONNECTION OF UPPER BOWEL TO	$977.92
43847	BYPASS OF STOMACH FOR WEIGHT LOSS WITH SMALL BOWEL RECONSTRUCTION	$1,072.44
43848	REVISION OF UPPER STOMACH BYPASS	$1,143.78

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
43860	REVISION OF SURGICALLY CREATED CONNECTION OF STOMACH TO SMALL BOWEL	$908.24
43865	REVISION OF ATTACHMENT OF STOMACH TO SMALL BOWEL WITH SEVERING OF VAGUS NERVE	$982.26
43870	CLOSURE OF SURGICALLY CREATED OPENING FROM STOMACH TO SKIN	$377.77
43880	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM STOMACH TO LARGE BOWEL	$872.30
43881	IMPLANTATION OR REPLACEMENT OF STIMULATOR ELECTRODES IN UPPER STOMACH	$0.00
43882	REMOVAL OR REVISION OF STIMULATOR ELECTRODES IN UPPER STOMACH	$0.00
43886	REVISION OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE	$195.21
43887	REMOVAL OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE	$189.08
43888	REPLACEMENT OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE	$267.86
43999	OTHER PROCEDURE ON STOMACH	$0.00
44000	ENTEROLYSIS, FREEING OF INTESTINAL ADHESION;	$0.00
44005	RELEASE OF INTESTINAL SCAR TISSUE	$642.14
44010	EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY IN SMALL BOWEL	$515.03
44015	INSERTION OF FEEDING TUBE OR TUBE INTO UPPER SMALL BOWEL	$139.15
44020	INCISION OF SMALL BOWEL FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY	$566.70
44021	INCISION OF SMALL BOWEL FOR INSERTION OF TUBE FOR RELIEF OF PRESSURE	$563.70
44025	BIOPSY OR REMOVAL OF FOREIGN BODY IN LARGE BOWEL	$574.86
44050	REPAIR OF TWISTED OR HERNIATED SMALL BOWEL	$548.52
44055	CORRECTION OF ABNORMAL ROTATION OF SMALL BOWEL	$775.86
44060	SIGMOID MYOTOMY (REILLY TYPE OPERATION) FOR DIVERTICULAR	$0.00
44100	BIOPSY OF SMALL BOWEL BY CAPSULE ATTACHED TO TUBE PASSED THROUGH MOUTH	$91.02
44110	REMOVAL OF GROWTH OF SMALL OR LARGE BOWELS	$500.46
44111	REMOVAL OF MULTIPLE GROWTHS OF SMALL OR LARGE BOWEL	$615.84
44115	EXCISION COLONIC DIVERTICULUM	$0.00
44120	PARTIAL REMOVAL OF SMALL BOWEL WITH RECONNECTION	$901.47
44121	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL, EACH ADDITIONAL REMOVAL AND	$193.63
44125	PARTIAL REMOVAL OF SMALL BOWEL WITH CREATION OF OPENING TO SKIN	$722.71
44126	PARTIAL REMOVAL OF SMALL BOWEL AND RECONNECTION TO CORRECT CONGENITAL DEFECT	$1,458.50
44127	PARTIAL REMOVAL OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT WITH RECONNECTION	$1,676.62
44128	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT,	$177.56
44130	CREATION OF CONNECTION BETWEEN 2 SEGMENTS OF SMALL BOWEL	$596.93
44131	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; INTESTINAL BYPASS FOR MORBID OBESIT	$0.00
44132	REMOVAL OF DONOR SMALL BOWEL	$0.00
44133	PARTIAL REMOVAL OF SMALL BOWEL FROM DONOR FOR TRANSPLANTATION	$0.00
44135	TRANSPLANTATION OF SMALL BOWEL FROM DONOR	$0.00
44136	TRANSPLANTATION OF SMALL BOWEL FROM LIVING DONOR	$0.00
44137	REMOVAL OF TRANSPLANTED DONOR SMALL BOWEL	$0.00
44139	RELEASE OF LARGE BOWEL FROM SPLEEN AND ABDOMINAL WALL WITH PARTIAL REMOVAL OF	$97.26
44140	PARTIAL REMOVAL OF LARGE BOWEL WITH CONNECTION	$1,036.36
44141	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING TO SKIN	$947.85
44143	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN	$978.26
44144	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF 2 OPENINGS FROM SMALL OR LARGE	$918.50
44145	PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM	$1,062.19
44146	PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM AND CREATION OF LARGI	$1,171.58
44147	PARTIAL REMOVAL OF LARGE BOWEL THROUGH ABDOMEN AND ANUS	$929.29
44150	REMOVAL OF LARGE BOWEL WITH ATTACHMENT OF SMALL BOWEL TO RECTUM OR CREATION OF	$1,062.07
44151	REMOVAL OF LARGE BOWEL WITH CREATION OF SMALL BOWEL OPENING TO SKIN THROUGH	$1,015.93
44155	REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL	$1,206.77
44156	REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL	$1,154.86
44157	REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS	$1,395.74
44158	REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND	$1,431.30
44160	PARTIAL REMOVAL OF SMALL AND LARGE BOWEL WITH ATTACHMENT OF SMALL AND LARGE	$789.34
44180	RELEASE OF SMALL BOWEL SCAR TISSUE USING AN ENDOSCOPE	$580.32
44186	CREATION OF OPENING FROM SMALL BOWEL TO SKIN WITH INSERTION OF A TUBE FOR	$409.43
44187	CREATION OF OPENING FROM SMALL BOWEL TO SKIN USING AN ENDOSCOPE	$678.17
44188	CREATION OF LARGE BOWEL OPENING USING AN ENDOSCOPE	$742.92
44202	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL USING AN ENDOSCOPE	$1,015.83
44203	PARTIAL REMOVAL OF SMALL BOWEL USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL AND	$172.29
44204	PARTIAL REMOVAL OF LARGE BOWEL USING AN ENDOSCOPE	$997.92

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
44205	PARTIAL REMOVAL OF SMALL AND LARGE BOWEL WITH ATTACHMENT OF SMALL AND LARGE	$884.08
44206	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO	$1,091.61
44207	PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM USING AN ENDOSCOPE	$1,193.10
44208	PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM AND CREATION OF	$1,293.11
44210	REMOVAL OF LARGE BOWEL WITH ATTACHMENT OF SMALL BOWEL TO RECTUM OR CREATION OF	$1,145.17
44211	REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND	$1,422.83
44212	REMOVAL OF LARGE BOWEL AND RECTUM WITH CREATION OF OPENING FROM SMALL BOWEL TO	$1,329.66
44213	PARTIAL RELEASE OF LARGE BOWEL AND PARTIAL REMOVAL OF LARGE BOWEL USING AN	$132.31
44227	CLOSURE OF OPENING FROM LARGE OR SMALL BOWEL TO SKIN USING AN ENDOSCOPE	$1,042.35
44238	OTHER PROCEDURE ON BOWEL USING AN ENDOSCOPE	$0.00
44300	INSERTION OF TUBE INTO SMALL BOWEL	$445.37
44305	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) IN CONJUNCTIO	$0.00
44308	ENTEROSTOMY, SUTURE OF ONE WALL OF INTESTINE TO ABDOMINAL	$0.00
44310	CREATION OF OPENING FROM SMALL BOWEL TO SKIN	$609.24
44312	SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF	$300.83
44314	RECONSTRUCTION OF OPENING FROM SMALL BOWEL TO SKIN	$571.96
44316	CREATION OF POUCH OF SMALL BOWEL WITH VALVE	$787.02
44320	CREATION OF OPENING FROM LARGE BOWEL TO SKIN	$658.30
44322	CREATION OF OPENING FROM LARGE BOWEL TO SKIN WITH MULTIPLE BOWEL BIOPSIES	$653.91
44340	SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF	$302.07
44345	COMPLICATED RECONSTRUCTION OF OPENING FROM LARGE BOWEL TO SKIN	$562.12
44346	REVISION OF OPENING FROM LARGE BOWEL TO SKIN WITH REPAIR OF HERNIA	$613.08
44360	DIAGNOSTIC EXAM OF SMALL BOWEL (EXCLUDING LOWER SMALL INTESTINE) USING AN	$148.89
44361	BIOPSY OF SMALL BOWEL (EXCEPT ILEUM) USING AN ENDOSCOPE	$163.43
44363	REMOVAL OF FOREIGN BODIES FROM SMALL BOWEL USING AN ENDOSCOPE	$180.86
44364	REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH MECHANICAL	$210.68
44365	REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL	$188.21
44366	CONTROL OF BLEEDING OF FIRST OR SECOND PART OF SMALL BOWEL USING AN ENDOSCOPE	$246.38
44369	DESTRUCTION OF POLYP OR GROWTH OF SMALL BOWEL USING AN ENDOSCOPE	$250.80
44370	INSERTION OF SMALL BOWEL STENT ABOVE LOWER SMALL BOWEL USING AN ENDOSCOPE	$180.27
44372	INSERTION OF TUBE INTO MIDDLE SMALL BOWEL USING AN ENDOSCOPE	$247.79
44373	CONVERSION OF STOMACH TUBE TO TUBE IN MIDDLE SMALL BOWEL USING AN ENDOSCOPE	$198.18
44376	DIAGNOSTIC EXAM OF SMALL BOWEL (INCLUDING LOWER SMALL INTESTINE) USING AN	$258.18
44377	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	$270.79
44378	CONTROL OF BLEEDING OF SMALL BOWEL USING AN ENDOSCOPE	$346.40
44379	INSERTION OF SMALL BOWEL STENT BELOW LOWER SMALL BOWEL USING AN ENDOSCOPE	$280.59
44380	DIAGNOSTIC EXAM OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY	$65.56
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED	$78.05
44385	DIAGNOSTIC EXAM OF SURGICALLY CREATED POUCH OF SMALL BOWEL USING AN ENDOSCOPE	$94.81
44386	BIOPSY OF SMALL BOWEL POUCH USING AN ENDOSCOPE	$97.78
44388	DIAGNOSTIC EXAM OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY	$148.02
44389	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED	$163.35
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH	$174.05
44391	CONTROL OF BLEEDING OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH	$224.80
44392	REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY ELECTRICAL CAUTERY USING AN	$199.85
44394	REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY MECHANICAL SNARE USING AN	$231.57
44400	CECOPEXY, FIXATION OF CECUM TO ABDOMINAL WALL	$0.00
44500	DILATION OF STOMACH AND/OR SMALL BOWEL USING LONG GASTROINTESTINAL TUBE	$21.51
44600	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	$0.00
44602	SUTURE OF TEAR OF HOLE IN SMALL BOWEL	$566.18
44603	SUTURE OF MULTIPLE TEARS OR HOLES IN SMALL BOWEL	$661.26
44604	SUTURE OF TEAR OR HOLE IN LARGE BOWEL	$649.54
44605	SUTURE OF TEAR OR HOLE IN LARGE BOWEL AND CREATION OF OPENING FROM LARGE BOWEL	$718.40
44610	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	$0.00
44615	RELEASE OF SMALL BOWEL OBSTRUCTION	$627.21
44620	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING	$499.01
44625	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL	$648.22
44626	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL	$997.19
44640	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO SKIN	$761.46

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
44650	CLOSURE OF ABNORMAL DRAINAGE TRACT WITHIN SMALL BOWEL OR SMALL TO LARGE BOWEL	$793.30
44660	CLOSURE OF ABNORMAL DRAINAGE TRACT OF SMALL BOWEL	$737.38
44661	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO URINARY BLADDER WITH	$859.00
44680	SURGICAL FOLDING OF UPPER SMALL BOWEL UPON ITSELF	$668.61
44700	SUSPENSION OF SMALL BOWEL USING MESH OR PROSTHESIS OR SELF TISSUE	$712.41
44701	IRRIGATION OF LARGE BOWEL DURING SURGERY	$118.35
44799	OTHER PROCEDURE ON SMALL BOWEL	$141.75
44800	REPAIR OF CONGENITAL BOWEL DEFECT	$499.38
44820	REMOVAL OF GROWTH OF ABDOMINAL CAVITY	$478.77
44850	SUTURE OF ABDOMINAL CAVITY TISSUE	$449.06
44899	OTHER PROCEDURE ON ABDOMEN OR ABDOMINAL LINING FOR CONGENITAL BOWEL DEFECT	$0.00
44900	DRAINAGE OF ABSCESS OF APPENDIX	$408.35
44950	REMOVAL OF APPENDIX	$408.32
44955	REMOVAL OF APPENDIX DURING OTHER MAJOR PROCEDURE	$81.19
44960	REMOVAL OF RUPTURED INFECTED APPENDIX	$500.95
44970	REMOVAL OF APPENDIX USING AN ENDOSCOPE	$399.90
44979	OTHER PROCEDURE ON APPENDIX USING AN ENDOSCOPE	$0.00
45000	DRAINAGE OF ABSCESS OF PELVIC REGION	$208.94
45005	DRAINAGE OF SUPERFICIAL RECTAL ABSCESS	$102.04
45020	INCISION AND DRAINAGE OF ABSCESS ABOVE PELVIC FLOOR OR BEHIND RECTUM	$232.49
45100	BIOPSY OF ANAL AND/OR RECTAL WALL THROUGH ANUS	$208.84
45108	REMOVAL OF MUSCLE IN ANUS AND RECTUM AREA	$270.78
45110	REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN THROUGH	$1,146.31
45111	PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN	$809.82
45112	REMOVAL OF RECTUM AND SUTURING OF LARGE BOWEL TO ANUS THROUGH INCISION OF	$1,207.43
45113	PARTIAL REMOVAL OF RECTUM AND ATTACHMENT OF SMALL BOWEL TO ANUS AND CREATION OF	$1,194.29
45114	PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN AND SACRUM	$1,100.42
45116	PARTIAL REMOVAL OF RECTUM THROUGH SACRUM	$938.33
45119	REMOVAL OF RECTUM WITH CREATION OF SMALL BOWEL POUCH THROUGH ABDOMEN AND REGI	$1,211.32
45120	REMOVAL OF RECTUM FOR CONGENITAL DEFECT THROUGH ABDOMEN AND REGION BETWEEN	$1,161.24
45121	REMOVAL OF RECTUM FOR CONGENITAL DEFECT AND LARGE BOWEL THROUGH ABDOMEN AND	$1,163.20
45123	PARTIAL REMOVAL OF RECTUM THROUGH PERINEUM	$720.29
45126	REMOVAL OF LARGE BOWEL, RECTUM, BLADDER AND URETER	$1,595.54
45130	REPAIR OF PROLAPSED RECTUM THROUGH ANUS	$661.22
45135	REPAIR OF PROLAPSED RECTUM THROUGH ABDOMEN AND ANUS	$869.88
45136	REMOVAL OF SMALL BOWEL POUCH WITH CREATION OF OPENING FROM SMALL BOWEL TO SKIN	$1,127.88
45150	INCISION OF STRICTURE OF RECTUM	$305.78
45160	REMOVAL OF GROWTH OF RECTUM THROUGH SACRUM	$601.34
45171	REMOVAL OF GROWTH OF RECTUM THROUGH ANUS	$286.67
45172	REMOVAL OF GROWTH OF RECTUM THROUGH ANUS WITH REMOVAL OF A PORTION OF MUSCLE	$389.97
45190	DESTRUCTION OF GROWTH OF RECTUM	$396.20
45300	DIAGNOSTIC EXAM OF RECTUM AND LOWER LARGE BOWEL USING AN ENDOSCOPE	$24.58
45302	PROCTOSIGMOIDOSCOPY; WITH COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$0.00
45303	DILATION OF RECTUM AND/OR LOWER LARGE BOWEL USING AN ENDOSCOPE	$28.68
45305	BIOPSIES OF RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID ENDOSCOPE	$42.18
45307	REMOVAL OF FOREIGN BODIES FROM RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID	$56.36
45308	REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH	$49.75
45309	REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH	$78.87
45310	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILLOMA	$0.00
45315	REMOVAL OF MULTIPLE GROWTHS OR POLYPS OF LOWER LARGE BOWEL BY ELECTRICAL	$80.98
45317	CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING AN ENDOSCOPE	$85.81
45319	PROCTOSIGMOIDSCPY;W/RETROGRD LAVAGE	$0.00
45320	DESTRUCTION OF MULTIPLE POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING AN	$90.73
45321	RELEASE OF TWISTED LOWER LARGE BOWEL USING A RIGID ENDOSCOPE	$68.52
45327	INSERTION OF STENT INTO LOWER LARGE BOWEL USING AN ENDOSCOPE	$71.12
45330	DIAGNOSTIC EXAM OF LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$41.36
45331	BIOPSY OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$65.59
45332	REMOVAL OF FOREIGN BODIES IN LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE	$95.63
45333	REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$99.55

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
45334	CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$145.76
45335	INJECTION BENEATH LINING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$56.81
45336	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG	$0.00
45337	DECOMPRESSION OF TWISTED OR ABNORMALLY DILATED LOWER LARGE BOWEL USING A	$123.44
45338	REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$124.22
45340	BALLOON DILATION OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$68.00
45341	ULTRASOUND EXAM OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$112.92
45342	FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LOWER LARGE BOWEL WITH ULTRASOUND	$164.69
45360	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45365	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45367	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45368	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45369	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45370	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45371	COLNSCPY FIBRPTC BEYND 25CM SPLNC;W/LAVAGE	$0.00
45372	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00
45378	DIAGNOSTIC EXAM OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$193.08
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$246.25
45380	BIOPSY OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$208.40
45381	INJECTION BENEATH LINING OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$166.15
45382	CONTROL OF BLEEDING OF UPPER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$290.16
45384	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WITH	$244.59
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WITH MECHANICAL	$276.36
45386	BALLOON DILATION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$180.35
45391	ULTRASOUND EXAM OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$208.29
45392	FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LARGE BOWEL WITH ULTRASOUND GUIDANCE	$263.46
45395	REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN USING AN	$1,235.31
45397	REMOVAL OF RECTUM USING AN ENDOSCOPE	$1,341.80
45400	REPAIR OF RECTAL PROLAPSE USING AN ENDOSCOPE	$721.42
45402	REPAIR OF RECTAL PROLAPSE WITH PARTIAL REMOVAL OF LOWER LARGE BOWEL USING AN	$975.84
45499	OTHER PROCEDURE ON RECTUM USING AN ENDOSCOPE	$0.00
45500	REPAIR OF NARROWED RECTUM	$373.88
45505	REPAIR OF PROLAPSED LINING OF RECTUM THROUGH ANUS	$328.78
45520	INJECTION OF PROLAPSED VEIN IN RECTUM	$24.08
45521	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	$0.00
45540	SUTURE OF RECTUM TO SACRUM THROUGH ABDOMEN	$644.79
45541	SUTURE OF RECTUM TO SACRUM THROUGH PERINEUM	$570.98
45550	SUTURE OF RECTUM TO SACRUM WITH REMOVAL OF LARGE BOWEL	$857.06
45560	REPAIR OF BULGING OF RECTUM INTO VAGINA	$393.09
45562	REPAIR OF RECTAL WOUND	$582.24
45563	REPAIR OF RECTAL WOUND WITH SURGICALLY CREATED OPENING FROM LARGE BOWEL TO SKIN	$899.35
45800	CLOSURE OF ABNORMAL OPENING FROM RECTUM TO BLADDER	$668.58
45805	REPAIR OF HERNIATED RECTUM WITH CREATION OF LARGE BOWEL OPENING TO SKIN	$813.06
45820	REPAIR OF ABNORMAL RECTAL DRAINAGE TRACT	$676.37
45825	REPAIR OF ABNORMAL RECTAL DRAINAGE TRACT WITH CREATION OF LARGE BOWEL OPENING	$788.49
45900	MANUAL REPLACEMENT OF PROLAPSED RECTUM UNDER ANESTHESIA	$103.00
45905	DILATION OF SPHINCTER OF ANUS UNDER ANESTHESIA	$93.59
45910	DILATION OF NARROWING OF RECTUM UNDER ANESTHESIA	$111.38
45915	REMOVAL OF IMPACTED STOOL OR FOREIGN BODY IN RECTUM UNDER ANESTHESIA	$130.27
45990	DIAGNOSTIC EXAM OF ANUS AND RECTUM UNDER ANESTHESIA	$71.48
45999	OTHER PROCEDURE ON RECTUM	$0.00
46000	FISTULOTOMY, SUBCUTANEOUS	$0.00
46020	INSERTION OF DRAIN (SETON) INTO ANUS	$170.66
46030	REMOVAL OF DRAIN (SETON) FROM ANUS	$59.39
46032	UNDERCUTTING FOR PRURITUS ANI (MODIFIED BALL OPERATION)	$0.00
46040	DRAINAGE OF DEEP ABSCESS IN RECTUM	$218.22
46045	INCISION AND DRAINAGE OF ABSCESS WITHIN WALL OF RECTUM UNDER ANESTHESIA	$197.76
46050	DRAINAGE OF SUPERFICIAL RECTAL ABSCESS SURROUNDING ANUS	$58.09
46060	INCISION AND DRAINAGE OF ABSCESS IN WALL OF RECTUM OR BETWEEN RECTUM AND MUSCLE	$310.30

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
46070	INCISION OF TISSUE BLOCKING RECTUM, INFANT	$141.96
46080	INCISION OF SPHINCTER OF ANUS	$132.61
46083	INCISION OF EXTERNAL HEMORRHOID WITH BLOOD CLOT	$66.73
46200	REMOVAL OF CHRONIC TEAR OF ANUS	$189.59
46220	REMOVAL OF SINGLE EXTERNAL NONCANCER GROWTH OF ANUS	$64.46
46221	REMOVAL OF EXTERNAL HEMORRHOIDS BY RUBBER BANDING	$95.01
46230	REMOVAL OF MULTIPLE EXTERNAL NONCANCER GROWTHS OF ANUS	$106.34
46250	REMOVAL OF MULTIPLE EXTERNAL HEMORRHOIDS	$222.24
46255	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP	$282.52
46257	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP AND CHRONIC TEAR IN	$322.65
46258	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP WITH REMOVAL OF	$345.83
46260	REMOVAL OF MULTIPLE HEMORRHOID GROUPS	$382.85
46261	REMOVAL OF MULTIPLE HEMORRHOID GROUPS AND CHRONIC TEAR IN ANUS	$419.16
46262	REMOVAL OF MULTIPLE HEMORRHOID GROUPS WITH REMOVAL OF ABNORMAL DRAINAGE TRACT	$438.67
46270	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT	$177.65
46275	REPAIR OF ABNORMAL DRAINAGE TRACT IN ANAL SPHINCTER	$258.47
46280	REPAIR OF ABNORMAL DRAINAGE TRACT AROUND ANAL SPHINCTER	$331.72
46285	SECOND STAGE REPAIR OF ABNORMAL ANAL DRAINAGE TRACT	$195.26
46288	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH RECTAL TISSUE FLAP	$330.49
46320	REMOVAL OF EXTERNAL HEMORRHOID WITH BLOOD CLOT	$74.51
46500	INJECTION OF HEMORRHOID	$68.75
46505	INJECTION OF AGENT TO DESTROY NERVE TO INTERNAL SPHINCTER OF ANUS	$131.05
46510	PERIANAL INJECTION OF ALCOHOL OR OTHER SOLUTION FOR	$0.00
46530	DILATION OF ANUS AND LOWER RECTUM UNDER ANESTHESIA	$0.00
46600	DIAGNOSTIC EXAM OF ANUS USING AN ENDOSCOPE	$20.92
46602	ANOSCOPY; FOR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$0.00
46604	DILATION OF ANUS USING AN ENDOSCOPE	$48.15
46606	BIOPSY OF ANUS USING AN ENDOSCOPE	$31.12
46608	REMOVAL OF FOREIGN BODY IN ANUS USING AN ENDOSCOPE	$68.88
46610	REMOVAL OF ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CAUTERY	$59.64
46611	REMOVAL OF SINGLE ANAL POLYP OR GROWTH USING AN ENDOSCOPE WITH MECHANICAL SNARE	$69.42
46612	REMOVAL OF MULTIPLE ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL	$103.70
46614	CONTROL OF BLEEDING OF ANUS USING AN ENDOSCOPE	$81.48
46615	DESTRUCTION OF ANAL POLYP OR GROWTH USING AN ENDOSCOPE	$104.98
46700	PLASTIC REPAIR OF ANAL STRICTURE, ADULT	$374.95
46705	PLASTIC REPAIR OF ANAL STRICTURE, INFANT	$333.61
46706	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH TISSUE GLUE	$103.78
46707	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH IMPLANTED PLUG	$220.21
46710	REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF	$653.77
46712	REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF	$1,363.74
46715	CREATION OF ANAL OPENING	$344.51
46716	RECONSTRUCTION OF ABSENT ANAL OPENING	$574.51
46730	REPAIR OF ABSENCE OF OPENING IN ANUS, VIA INCISION OF REGION BETWEEN THIGHS OR	$980.40
46735	REPAIR OF ABSENCE OF OPENING IN ANUS THROUGH INCISION OF ABDOMEN AND REGION	$1,157.70
46740	REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO	$1,063.47
46742	REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO	$1,422.06
46744	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$1,851.74
46746	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$2,104.97
46748	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$2,124.89
46750	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT	$406.48
46751	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, CHILD	$402.14
46753	REPAIR OF MUSCLE OF ANUS FOR INCONTINENCE AND/OR PROLAPSE USING WIRE, GRAFT, OR	$325.94
46754	REMOVAL OF ANAL MUSCLE WIRE OR SUTURE	$95.92
46760	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE USING MUSCLE TRANSPLANT, ADULT	$537.59
46761	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE WITH MUSCLE TIGHTENING, ADULT	$516.01
46900	SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS	$78.82
46910	SIMPLE DESTRUCTION OF GROWTH OF ANUS	$79.84
46916	ELECTRICAL DESTRUCTION OF GROWTH OF ANUS	$80.83
46917	LASER DESTRUCTION OF GROWTH OF ANUS	$91.32

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
46922	SIMPLE REMOVAL OF GROWTH OF ANUS	$96.50
46924	EXTENSIVE DESTRUCTION OF GROWTH OF ANUS	$147.38
46930	DESTRUCTION OF INTERNAL HEMORRHOIDS USING HEAT	$88.57
46940	INITIAL REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE	$84.74
46942	SUBSEQUENT REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE	$75.84
46945	TYING OF SINGLE INTERNAL HEMORRHOID GROUP	$108.16
46946	TYING OF MULTIPLE INTERNAL HEMORRHOID GROUPS	$130.00
46947	STAPLING OF INTERNAL HEMORRHOID	$247.07
46948	TYING OF ARTERIES TO MULTIPLE INTERNAL HEMORRHOID GROUPS	$286.39
46999	OTHER PROCEDURE ON ANUS	$0.00
47000	NEEDLE BIOPSY OF LIVER THROUGH SKIN	$84.69
47010	DRAINAGE OF ABSCESS OR CYST OF LIVER	$610.61
47015	INJECTION AND/OR ASPIRATION OF ABSCESS OR CYST OF LIVER	$567.60
47100	PARTIAL REMOVAL OF LIVER TISSUE	$446.90
47120	PARTIAL REMOVAL OF LIVER LOBE	$1,278.18
47122	REMOVAL OF RIGHT LIVER LOBE WITH PARTIAL REMOVAL OF LEFT LIVER LOBE	$1,931.95
47125	REMOVAL OF LEFT LIVER LOBE	$1,733.96
47130	REMOVAL OF RIGHT LIVER LOBE	$1,874.60
47133	REMOVAL OF DONOR LIVER	$0.00
47135	TRANSPLANTATION OF DONOR LIVER	$3,922.56
47140	PARTIAL REMOVAL OF LEFT SEGMENT OF DONOR LIVER	$2,268.96
47141	REMOVAL OF LEFT LIVER LOBE OF DONOR	$2,744.96
47142	REMOVAL OF RIGHT LOBE OF DONOR LIVER	$2,873.06
47300	CREATION OF TRACT TO DRAIN ABSCESS OR CYST OF LIVER	$563.07
47350	SUTURE OF SIMPLE LIVER WOUND TO CONTROL BLEEDING	$717.82
47360	CONTROL OF BLEEDING OF WOUND OF LIVER WITH COMPLEX SUTURE	$968.62
47361	CONTROL OF BLEEDING OF LIVER WITH EXPLORATION, REMOVAL OF TISSUE, SUTURE OR	$1,650.49
47362	RE-EXPLORATION OF LIVER WOUND WITH REMOVAL OF PACKING	$688.58
47370	DESTRUCTION OF GROWTHS OF LIVER USING AN ENDOSCOPE	$701.55
47371	DESTRUCTION OF GROWTH OF LIVER BY FREEZING USING AN ENDOSCOPE	$702.71
47379	OTHER PROCEDURE ON LIVER USING AN ENDOSCOPE	$0.00
47380	DESTRUCTION OF GROWTH OF LIVER USING RADIOFREQUENCY	$819.09
47381	DESTRUCTION OF GROWTH OF LIVER USING FREEZING	$825.52
47382	DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING RADIOFREQUENCY	$517.98
47383	DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING FREEZING	$312.05
47399	OTHER PROCEDURE ON LIVER	$0.00
47400	INCISION OR CREATION OF OPENING OF LIVER WITH DRAINAGE OR REMOVAL OF BILE DUCT	$1,137.46
47420	INCISION OR CREATION OF OPENING OF GALLBLADDER WITH DRAINAGE OR REMOVAL OF BILE	$774.41
47425	DRAINAGE OR REMOVAL OF BILE DUCT STONE WITH REDIRECTION OF BILE FLOW AND	$812.28
47460	REPAIR OF BILE DUCT	$816.57
47480	DRAINAGE OR REMOVAL OF STONE FROM GALLBLADDER	$485.40
47490	INSERTION OF TUBE INTO GALLBLADDER USING IMAGING GUIDANCE WITH REVIEW BY	$356.49
47531	INJECTION OF BILE DUCT FOR X-RAY THROUGH ALREADY EXISTING SKIN ACCESS USING	$61.30
47532	INJECTION OF BILE DUCT FOR X-RAY THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE	$136.70
47533	PLACEMENT OF EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE WITH	$192.89
47534	PLACEMENT OF INTERNAL-EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING	$255.33
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE TUBE TO INTERNAL-EXTERNAL BILIARY	$146.69
47536	REPLACEMENT OF LIVER DUCT DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY	$94.03
47537	REMOVAL OF BILIARY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY	$63.13
47538	PLACEMENT OF STENT OF BILIARY DUCT THROUGH EXISTING SKIN ACCESS USING IMAGING	$208.71
47539	PLACEMENT OF STENT OF BILIARY DUCT THROUGH NEW SKIN ACCESS USING IMAGING WITH	$281.86
47540	PLACEMENT OF STENT AND DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE	$336.71
47541	PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT USING IMAGING GUIDANCE WITH	$178.87
47542	BALLOON DILATION OF BILE DUCT USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$81.23
47543	BIOPSY OF BILE DUCT OR LIVER DUCT USING IMAGING GUIDANCE WITH REVIEW BY	$103.00
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE USING IMAGING GUIDANCE WITH REVIEW	$133.18
47550	EXAM OF BILE DUCT DURING SURGERY USING AN ENDOSCOPE	$131.28
47552	DIAGNOSTIC EXAM OF BILE DUCT USING AN ENDOSCOPE	$225.50
47553	BIOPSY OF BILE DUCT USING AN ENDOSCOPE	$266.10

Procedure Code	Procedure Code Description	Maximum Allowable Charge
47554	REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE	$372.36
47555	DILATION OF BILE DUCTS USING AN ENDOSCOPE	$283.72
47556	DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE	$314.28
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE	$643.90
47563	REMOVAL OF GALLBLADDER WITH X-RAY STUDY OF BILE DUCTS USING AN ENDOSCOPE	$688.39
47564	REMOVAL OF GALLBLADDER WITH EXPLORATION OF COMMON BILE DUCT USING AN ENDOSCOPE	$679.84
47570	CONNECTION OF GALLBLADDER TO BOWEL USING AN ENDOSCOPE	$612.40
47579	OTHER PROCEDURE ON BILE DUCT USING AN ENDOSCOPE	$0.00
47600	REMOVAL OF GALLBLADDER	$552.72
47605	REMOVAL OF GALLBLADDER WITH X-RAY STUDY OF BILE DUCTS	$744.14
47610	REMOVAL OF GALLBLADDER WITH EXPLORATION OF COMMON BILE DUCT	$738.19
47611	47610 W/BILIARY ENDOSCOPY	$0.00
47612	REMOVAL OF GALLBLADDER AND CREATION OF BILE DUCT DRAINAGE TO BOWEL	$817.80
47620	REMOVAL OF GALLBLADDER AND INCISION OR REPAIR OF GALLBLADDER SPHINCTER	$823.01
47700	EXPLORATION OF CONGENITAL BILE DUCT DEFECT	$684.85
47701	CONNECTION OF PORTION OF UPPER SMALL BOWEL TO BILE DUCT	$1,148.75
47711	REMOVAL OF GROWTH OF BILE DUCT EXTERNAL TO LIVER	$916.27
47712	REMOVAL OF GROWTH OF BILE DUCT WITHIN LIVER	$1,130.34
47715	REMOVAL OF CYST OF GALLBLADDER	$733.42
47720	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL	$663.65
47721	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL AND FROM STOMACH TO	$796.79
47740	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y	$757.07
47741	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y	$911.83
47760	CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL	$992.35
47765	CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL	$1,036.82
47780	ROUX-EN-Y CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL	$1,037.14
47785	CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL USING ROUX-EN-Y CONNECTION	$1,182.23
47800	RECONSTRUCTION OF BILE DUCT	$945.73
47801	INSERTION OF STENT INTO BILE DUCT	$575.11
47802	CREATION OF DRAINAGE FROM LIVER BILE DUCT TO BOWEL	$858.76
47810	IMPLANTATION OF BILIARY FISTULOUS TRACT INTO STOMACH OR	$0.00
47850	CHOLEDOCHORRHAPHY	$0.00
47855	CHOLECYSTORRHAPHY	$0.00
47900	SUTURE OF INJURED BILE DUCT	$851.28
47999	OTHER PROCEDURE ON BILE DUCT	$0.00
48000	INSERTION OF EXTERNAL DRAINS FROM GALLBLADDER, BILE DUCT, AND SMALL BOWEL FOR	$994.69
48001	INSERTION OF EXTERNAL DRAINS AROUND PANCREAS FOR ACUTE PANCREATITIS	$1,245.25
48020	REMOVAL OF PANCREATIC DUCT STONES	$621.50
48100	BIOPSY OF PANCREAS	$491.44
48102	NEEDLE BIOPSY OF PANCREAS	$199.01
48105	REMOVAL OF PANCREATIC TISSUE	$1,776.88
48120	REMOVAL OF GROWTH OF PANCREAS	$688.88
48140	PARTIAL REMOVAL OF PANCREAS	$981.85
48145	PARTIAL REMOVAL OF PANCREAS WITH CONNECTION OF PANCREAS TO SMALL BOWEL	$1,057.80
48146	PARTIAL REMOVAL OF PANCREAS WITH CONNECTION OF PANCREAS TO SMALL BOWEL, WITH	$1,165.69
48148	PARTIAL REMOVAL OF PANCREATIC AND COMMON BILE DUCTS	$728.35
48150	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF	$1,960.11
48151	PANCREATECTOMY, NEAR-TOTAL, WITH PRESERVATION OF DUODENUM (CHILD TYPE PROCEDURI	$0.00
48152	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, STOMACH, AND SMALL BOWEL	$1,828.96
48153	NEAR TOTAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF	$1,958.85
48154	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL	$1,831.87
48155	REMOVAL OF PANCREAS	$1,192.36
48400	INJECTION FOR X-RAY STUDY OF PANCREAS DURING SURGERY	$80.64
48500	CREATION OF DRAINAGE TRACT OF CYST OF PANCREAS	$642.05
48510	INSERTION OF DRAIN FROM CYST OF PANCREAS INTO ABDOMINAL CAVITY	$596.13
48520	CREATION OF DIRECT DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL	$704.33
48540	CREATION OF DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL	$858.82
48545	SUTURE OF PANCREATIC INJURY	$737.98
48547	REPAIR OF PANCREATIC INJURY	$1,026.40

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
48548	CREATION OF PANCREATIC DRAINAGE TRACT FROM PANCREAS AND UPPER SMALL BOWEL	$1,036.92
48999	OTHER PROCEDURE ON PANCREAS	$400.67
49000	EXPLORATION OF ABDOMINAL CAVITY	$547.40
49002	REOPENING OF RECENT ABDOMINAL INCISION	$498.36
49010	EXPLORATION BEHIND ABDOMINAL CAVITY	$581.10
49013	EXPLORATION AND PACKING OF WOUND IN PELVIC REGION	$274.40
49014	RE-EXPLORATION OF PELVIC REGION WOUND WITH REMOVAL OF WOUND PACKING	$227.66
49020	DRAINAGE OF ABDOMINAL ABSCESS OR INFECTION	$830.85
49040	DRAINAGE OF ABSCESS OF DIAPHRAGM	$501.68
49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL CAVITY	$581.59
49062	DRAINAGE OF FLUID ACCUMULATION OF ABDOMEN	$570.28
49082	DRAINAGE OF FLUID FROM ABDOMINAL CAVITY	$43.39
49083	DRAINAGE OF FLUID FROM ABDOMINAL CAVITY USING IMAGING GUIDANCE	$66.52
49084	IRRIGATION OF ABDOMINAL CAVITY	$60.15
49180	NEEDLE BIOPSY OF GROWTH OF ABDOMINAL CAVITY	$85.89
49185	INJECTION OF CHEMICAL AGENT INTO FLUID COLLECTION USING IMAGING GUIDANCE	$78.34
49203	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, 5.0 CM OR LESS	$571.70
49204	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, 5.1 TO 10.0 CM	$717.21
49205	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, MORE THAN 10.0	$831.10
49215	REMOVAL OF GROWTH OF PELVIS OR SACRUM	$1,199.60
49250	REMOVAL OF NAVEL AND SURROUNDING TISSUE	$395.48
49255	REMOVAL OF LINING COVERING ABDOMINAL ORGANS	$504.80
49300	PERITONEOSCOPY; WITHOUT BIOPSY	$0.00
49301	PERITONEOSCOPY; WITH BIOPSY	$0.00
49302	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY	$0.00
49303	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY	$0.00
49310	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	$0.00
49311	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	$0.00
49315	LAPAROSCOPY, SURGICAL; APPENDECTOMY	$0.00
49320	DIAGNOSTIC EXAM OF ABDOMEN USING AN ENDOSCOPE	$266.69
49321	BIOPSY OF ABDOMEN USING AN ENDOSCOPE	$284.44
49322	ASPIRATION OF ABDOMINAL CAVITY OR CYST USING AN ENDOSCOPE	$295.14
49323	DRAINAGE OF LYMPH FLUID TO ABDOMINAL CAVITY USING AN ENDOSCOPE	$452.92
49324	INSERTION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE	$248.28
49325	REVISION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE	$266.83
49326	SUTURE OF INTERNAL ABDOMINAL LINING USING AN ENDOSCOPE	$120.33
49327	EXAM OF ABDOMEN WITH INSERTION OF DEVICE FOR RADIATION THERAPY USING AN	$80.38
49329	OTHER PROCEDURE ON ABDOMEN USING AN ENDOSCOPE	$548.58
49400	INJECTION OF AIR OR X-RAY CONTRAST INTO ABDOMINAL CAVITY	$80.29
49401	PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT	$0.00
49402	REMOVAL OF FOREIGN BODY IN ABDOMINAL CAVITY	$532.43
49405	DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH SKIN USING IMAGING GUIDANCE	$134.85
49406	DRAINAGE OF FLUID COLLECTION OF ABDOMINAL CAVITY BY TUBE USING IMAGING GUIDANCE	$135.10
49407	DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH VAGINA OR RECTUM USING IMAGING	$143.90
49411	INSERTION OF DEVICE IN ABDOMINAL CAVITY THROUGH SKIN FOR RADIATION THERAPY	$95.96
49412	INSERTION OF DEVICE IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE	$50.15
49418	INSERTION OF ABDOMINAL TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$145.18
49419	INSERTION OF ABDOMINAL CAVITY TUBE FOR DRUG DELIVERY	$301.18
49421	INSERTION OF ABDOMINAL CAVITY TUBE FOR DRAINAGE OR DIALYSIS	$290.20
49422	REMOVAL OF ABDOMINAL CAVITY TUBE	$297.22
49423	EXCHANGE OF ABDOMINAL CAVITY DRAINAGE TUBE USING IMAGING GUIDANCE	$67.13
49424	INJECTION OF CONTRAST THROUGH ABDOMINAL CAVITY TUBE FOR X-RAY STUDY	$34.35
49425	INSERTION OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$584.98
49426	REVISION OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$461.01
49427	INJECTION FOR X-RAY STUDY OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$36.89
49428	CLOSURE OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$252.09
49429	REMOVAL OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$329.32
49430	INJ PROC RETROPERITNL PNEUMOGRAPHY	$0.00
49435	INSERTION OF ABDOMINAL CAVITY TUBE EXTENSION	$77.41

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
49436	CREATION OF EXIT SITE FOR TUBE IN ABDOMINAL CAVITY	$118.49
49440	INSERTION OF STOMACH TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$124.56
49441	INSERTION OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$139.89
49442	INSERTION OF LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$113.42
49446	CONVERSION OF STOMACH TUBE TO STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC	$88.90
49450	REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH	$35.77
49451	REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$49.63
49452	REPLACEMENT OF STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH	$77.44
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM STOMACH, LARGE, OR SMALL BOWEL	$25.33
49465	CONTRAST INJECTION FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL	$16.81
49491	REPAIR OF GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION	$476.47
49492	REPAIR OF TRAPPED GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS	$582.93
49495	REPAIR OF GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR PRETERM	$310.63
49496	REPAIR OF TRAPPED GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR	$444.12
49500	REPAIR OF GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS)	$266.17
49501	REPAIR OF TRAPPED GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS)	$366.73
49505	REPAIR OF GROIN HERNIA (5 YEARS OR OLDER)	$320.63
49506	REPAIR INGUINAL HERNIAS	$0.00
49507	REPAIR OF TRAPPED GROIN HERNIA (5 YEARS OR OLDER)	$405.91
49510	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH ORCHIECTOMY, WITH OR WITHOUT IMPLANT	$0.00
49515	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH EXCISION OF HYDROCELE OR SPERMATOCEL	$0.00
49520	REPAIR OF GROIN HERNIA THAT IS NOT TRAPPED	$401.86
49521	REPAIR OF TRAPPED OR STRANGULATED GROIN HERNIA	$461.07
49525	REPAIR OF SLIDING GROIN HERNIA	$373.73
49530	REPAIR INGUINAL HERNIA, ANY AGE; INCARCERATED	$0.00
49535	REPAIR INGUINAL HERNIA, ANY AGE; STRANGULATED	$0.00
49540	REPAIR OF ABDOMINAL MUSCLE HERNIA	$425.09
49550	REPAIR OF FEMORAL GROIN HERNIA	$354.10
49551	REPAIR FEMORAL HERNIAS	$0.00
49552	REPAIR FEMORAL HERNIA, HENRY APPROACH	$0.00
49553	REPAIR OF TRAPPED FEMORAL GROIN HERNIA	$379.37
49555	REPAIR OF RECURRENT FEMORAL GROIN HERNIA	$397.79
49557	REPAIR OF TRAPPED RECURRENT FEMORAL GROIN HERNIA	$454.61
49560	REPAIR OF INCISIONAL OR ABDOMINAL HERNIA	$466.02
49561	REPAIR OF TRAPPED INCISIONAL OR ABDOMINAL HERNIA	$539.91
49565	REPAIR OF RECURRENT INCISIONAL OR ABDOMINAL HERNIA	$480.43
49566	REPAIR OF TRAPPED RECURRENT INCISIONAL OR ABDOMINAL HERNIA	$556.99
49568	PLACEMENT OF MESH TO REPAIR INCISIONAL OR ABDOMINAL HERNIA	$213.33
49570	REPAIR OF INCISIONAL OR ABDOMINAL HERNIA IN UPPER STOMACH AREA	$264.30
49572	REPAIR OF TRAPPED INCISIONAL OR ABDOMINAL HERNIA IN UPPER STOMACH AREA	$316.24
49575	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); COMPLEX	$0.00
49580	REPAIR OF HERNIA AT NAVEL (YOUNGER THAN 5 YEARS)	$209.11
49581	REPAIR UMBILICAL HERNIA; AGE 5 OR OVER	$0.00
49582	REPAIR OF TRAPPED HERNIA AT NAVEL (YOUNGER THAN 5 YEARS)	$310.03
49585	REPAIR OF HERNIA AT NAVEL (5 YEARS OR OLDER)	$285.21
49587	REPAIR OF TRAPPED HERNIA AT NAVEL (5 YEARS OR OLDER)	$319.84
49590	REPAIR OF HERNIA BETWEEN ABDOMINAL MUSCLES	$374.50
49600	REPAIR OF SMALL DEFECT OF ABDOMINAL WALL AT NAVEL	$473.64
49605	REPAIR OF LARGE DEFECT OF ABDOMINAL WALL AT NAVEL	$2,626.52
49606	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL WITH REMOVAL OF PROSTHESIS	$816.81
49610	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 1 OF 2	$497.88
49611	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 2 OR 2	$498.46
49630	REDUCTION OF TORSION, OMENTUM	$0.00
49635	OMENTOPEXY FOR ESTABLISHING COLLATERAL CIRCULATION IN PORTAL	$0.00
49640	OMENTOPLASTY (OMENTAL FLAP RECONSTRUCTION FOR TRANSFER	$0.00
49650	REPAIR OF GROIN HERNIA USING AN ENDOSCOPE	$309.04
49651	REPAIR OF RECURRENT GROIN HERNIA USING AN ENDOSCOPE	$395.21
49652	REPAIR OF HERNIA USING AN ENDOSCOPE	$437.02
49653	REPAIR OF TRAPPED HERNIA USING AN ENDOSCOPE	$545.62

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
49654	REPAIR OF INCISIONAL HERNIA USING AN ENDOSCOPE	$501.10
49655	REPAIR OF TRAPPED INCISIONAL HERNIA USING AN ENDOSCOPE	$603.11
49656	REPAIR OF RECURRENT INCISIONAL HERNIA USING AN ENDOSCOPE	$502.87
49657	REPAIR OF RECURRENT TRAPPED INCISIONAL HERNIA USING AN ENDOSCOPE	$724.40
49659	OTHER REPAIR OF HERNIA USING AN ENDOSCOPE	$0.00
49900	SUTURE OF POSTSURGICAL OPENING IN ABDOMINAL WALL	$520.10
49904	HARVEST OF ABDOMINAL CAVITY LINING FOR GRAFTING	$1,046.04
49905	REPAIR OF ABDOMEN USING ABDOMINAL LINING GRAFT	$286.03
49906	HARVESTING OF GRAFT FROM LINING OF ABDOMINAL CAVITY AND BLOOD VESSELS	$0.00
49910	SUTURE OF OMENTUM, OMENTORRHAPHY FOR WOUND OR INJURY	$0.00
49999	OTHER PROCEDURE ON ABDOMEN	$695.22
50010	EXPLORATION OF KIDNEY	$570.01
50020	DRAINAGE OF ABSCESS OF KIDNEY	$692.83
50040	INSERTION OF TUBE FOR DRAINAGE OF KIDNEY	$689.23
50045	INCISION OF KIDNEY WITH EXPLORATION	$723.63
50060	REMOVAL OF KIDNEY STONE	$886.97
50065	REMOVAL OF KIDNEY STONE, SECONDARY PROCEDURE	$964.97
50070	REMOVAL OF KIDNEY STONE COMPLICATED BY CONGENITAL ABNORMALITY	$938.50
50075	REMOVAL OF KIDNEY STONES	$1,170.63
50080	REMOVAL OR CRUSHING KIDNEY STONE OR INSERTION OF KIDNEY STENT USING AN	$764.15
50081	REMOVAL OR CRUSHING KIDNEY STONE OR INSERTION OF KIDNEY STENT USING AN	$1,044.82
50100	INCISION OR REPOSITIONING OF ABNORMAL KIDNEY BLOOD VESSEL	$796.71
50120	INCISION OF RENAL PELVIS OF KIDNEY WITH EXPLORATION	$752.77
50125	INCISION OF RENAL PELVIS OF KIDNEY WITH DRAINAGE	$782.35
50130	INCISION OF RENAL PELVIS OF KIDNEY WITH REMOVAL OF KIDNEY STONE	$831.51
50135	INCISION OF KIDNEY COMPLICATED BY CONGENITAL DEFECT	$966.53
50200	NEEDLE BIOPSY OF KIDNEY	$129.47
50205	BIOPSY OF KIDNEY	$511.48
50220	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER	$841.70
50225	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER COMPLICATED BY PREVIOUS SURGERY	$994.91
50230	REMOVAL OF KIDNEY, LYMPH NODES, AND/OR BLOOD CLOT FROM MAJOR VEIN WITH PARTIAL	$1,243.21
50234	REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SAME	$1,066.87
50236	REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SEPARATE	$1,196.92
50240	PARTIAL REMOVAL OF KIDNEY	$1,074.81
50250	DESTRUCTION OF GROWTH OF KIDNEY	$794.68
50280	REMOVAL OR UNROOFING CYSTS OF KIDNEY	$746.78
50290	REMOVAL OF CYSTS OF KIDNEY	$686.47
50300	REMOVAL OF DONOR KIDNEY	$0.00
50320	REMOVAL OF DONOR KIDNEY FROM LIVING DONOR	$1,071.86
50323	PREPARATION OF DONOR KIDNEY FOR TRANSPLANTATION	$0.00
50325	PREPARATION OF LIVING DONOR KIDNEY FOR TRANSPLANTATION	$0.00
50327	PREPARATION OF DONOR KIDNEY AND VEINS FOR TRANSPLANTATION	$156.77
50328	PREPARATION OF DONOR KIDNEY AND ARTERIES FOR TRANSPLANTATION	$137.27
50329	PREPARATION OF DONOR KIDNEY AND URETER FOR TRANSPLANTATION	$131.16
50340	REMOVAL OF KIDNEY FROM PATIENT RECEIVING DONOR KIDNEY	$702.01
50341	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	$0.00
50360	TRANSPLANTATION OF DONOR KIDNEY	$1,582.57
50365	REMOVAL OF KIDNEY AND TRANSPLANTATION OF DONOR KIDNEY	$1,884.60
50366	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	$0.00
50370	REMOVAL OF PREVIOUSLY TRANSPLANTED DONOR KIDNEY	$724.90
50380	REMOVAL WITH RELOCATION OF KIDNEY	$956.07
50382	REMOVAL AND REPLACEMENT OF STENT IN URETER WITH REVIEW BY RADIOLOGIST	$199.48
50384	REMOVAL OF STENT IN URETER THROUGH SKIN WITH REVIEW BY RADIOLOGIST	$181.64
50385	REMOVAL AND REPLACEMENT OF STENT IN URETER THROUGH URETHRA WITH REVIEW BY	$131.59
50386	REMOVAL OF STENT IN URETER THROUGH URETER WITH REVIEW BY RADIOLOGIST	$99.88
50387	REMOVAL AND REPLACEMENT OF STENT IN KIDNEY AND URETER USING FLUOROSCOPIC	$72.18
50389	REMOVAL OF KIDNEY DRAINAGE TUBE USING FLUOROSCOPIC GUIDANCE	$39.82
50390	ASPIRATION AND/OR INJECTION OF CYST OF KIDNEY	$90.69
50391	INSTILLATION OF DRUG INTO KIDNEY AND/OR URETER	$75.81

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Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50396	MEASUREMENT OF URINE FLOW IN KIDNEYS AND URETERS	$77.41
50400	SIMPLE RECONSTRUCTION OF NECK OF KIDNEY	$918.87
50405	COMPLICATED RECONSTRUCTION OF PELVIS OF KIDNEY	$1,151.74
50420	NEPHROPEXY,FIXATION OR SUSPNSN KIDNEY	$0.00
50430	INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH NEW SKIN ACCESS	$106.61
50431	INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH ALREADY EXISTING	$43.03
50432	PLACEMENT OF TUBE OF KIDNEY USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$140.51
50433	PLACEMENT OF TUBE OF KIDNEY AND URINARY TUBE THROUGH NEW SKIN ACCESS USING	$173.23
50434	CONVERSION OF KIDNEY TUBE TO NEPHROURETERAL TUBE USING IMAGING GUIDANCE AND	$132.99
50435	REPLACEMENT OF KIDNEY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY	$6.51
50436	DILATION OF EXISTING OPENING INTO URINARY TRACT USING IMAGING GUIDANCE	$96.47
50437	DILATION OF EXISTING OPENING INTO URINARY TRACT AND CREATION OF NEW ACCESS INTO	$160.27
50500	SUTURE OF WOUND OR INJURY OF KIDNEY	$938.12
50520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO SKIN	$817.28
50525	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROU	$1,044.74
50526	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROU	$1,029.74
50540	REPAIR OF ABNORMALLY SHAPED KIDNEY	$934.90
50541	DESTRUCTION OF CYST OF KIDNEY USING AN ENDOSCOPE	$650.50
50542	DESTRUCTION OF GROWTH OF KIDNEY USING AN ENDOSCOPE	$806.44
50543	PARTIAL REMOVAL OF KIDNEY USING AN ENDOSCOPE	$1,015.39
50544	REPAIR OF KIDNEY USING AN ENDOSCOPE	$894.84
50545	REMOVAL OF KIDNEY AND LYMPH NODES USING AN ENDOSCOPE	$939.60
50546	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER USING AN ENDOSCOPE	$830.93
50547	REMOVAL OF KIDNEY FROM LIVING DONOR USING AN ENDOSCOPE	$1,070.27
50548	REMOVAL OF KIDNEY AND URETER USING AN ENDOSCOPE	$973.94
50549	OTHER PROCEDURE ON KIDNEY USING AN ENDOSCOPE	$0.00
50551	EXAM OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING	$221.80
50553	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY	$225.77
50555	BIOPSY OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING	$293.87
50557	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED	$297.92
50561	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE INSERTED THROUGH	$336.24
50562	REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY	$426.59
50570	EXAM OF KIDNEY USING AN ENDOSCOPE	$339.11
50572	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH UPPER KIDNEY AREA	$461.96
50574	BIOPSY OF KIDNEY USING AN ENDOSCOPE	$482.34
50575	DILATION AND URETER STENT INSERTION USING AN ENDOSCOPE	$629.36
50576	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE	$510.44
50580	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE	$452.31
50590	SHOCK WAVE CRUSHING OF KIDNEY STONES	$538.30
50592	DESTRUCTION OF GROWTH OF KIDNEY USING RADIOFREQUENCY	$264.93
50593	DESTRUCTION OF GROWTH OF KIDNEY BY FREEZING	$252.36
50600	EXPLORATION OF URETER	$731.97
50605	INSERTION OF STENT IN URETER	$664.87
50606	BIOPSY OF URETER AND/OR RENAL PELVIS USING IMAGING GUIDANCE WITH REVIEW BY	$99.01
50610	REMOVAL OF STONE FROM UPPER URETER	$773.06
50620	REMOVAL OF STONE FROM MIDDLE URETER	$737.40
50630	REMOVAL OF STONE FROM LOWER URETER	$750.51
50650	REMOVAL OF URETER AND PARTIAL REMOVAL OF BLADDER	$828.06
50660	REMOVAL OF AN EXTRA URETER	$908.47
50684	INJECTION OF URETER FOR IMAGING	$33.16
50686	MEASUREMENT OF URINE FLOW IN URETER	$57.27
50688	CHANGE OF TUBE OR STENT IN URETER	$60.73
50690	INJECTION OF BLADDER AND URETER FOR IMAGING	$45.97
50693	PLACEMENT OF STENT OF URETER THROUGH EXISTING SKIN ACCESS USING IMAGING	$139.15
50694	PLACEMENT OF STENT OF URETER THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE	$179.55
50695	PLACEMENT OF STENT OF URETER AND SEPARATE TUBE IN KIDNEY THROUGH NEW SKIN	$227.19
50700	RECONSTRUCTION OF URETER	$765.29
50705	BLOCKING OF URETER USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$126.61
50706	BALLOON DILATION TREATMENT OF STRICTURE OF URETER USING IMAGING GUIDANCE WITH	$118.19

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Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50715	RELEASE OF SCAR TISSUE AT URETER	$889.96
50716	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	$0.00
50722	RELEASE OF ABNORMAL VEINS BLOCKING URETER	$771.44
50725	REPAIR AND REPOSITIONING OF ABNORMALLY POSITIONED URETER	$873.50
50727	REVISION OF OPENING FROM URINARY TRACT TO SKIN	$410.72
50728	REVISION OF OPENING FROM URINARY TRACT TO SKIN WITH REPAIR OF HERNIA	$591.11
50740	CONNECTION OF URETER TO RENAL PELVIS	$883.84
50750	CONNECTION OF URETER TO RENAL CALYX	$930.60
50760	REMOVAL AND RECONNECTION OF DISEASED OR INJURED PORTION OF URETER	$887.21
50770	PARTIAL REMOVAL OF URETER WITH CONNECTION TO OPPOSITE URETER	$949.89
50780	CONNECTION OF URETER TO BLADDER	$889.13
50781	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER,	$0.00
50782	CONNECTION OF EXTRA URETER TO BLADDER	$935.10
50783	REPOSITIONING OF URETER TO BLADDER	$965.55
50785	REPOSITIONING OF URETER WITH CREATION OF BLADDER OR MUSCLE FLAP	$989.20
50786	URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	$0.00
50800	CONNECTION OF URETER TO BOWEL	$792.79
50801	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	$0.00
50810	CONNECTION OF URETER TO LARGE BOWEL WITH CREATION OF POUCH IN BOWEL AND OPENING	$974.91
50815	CONNECTION OF URETER TO LARGE BOWEL	$1,059.57
50816	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	$0.00
50820	CONNECTION OF URETER TO SMALL BOWEL WITH CREATION OF OPENING FROM URETER TO SKIN	$1,110.05
50821	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL	$0.00
50825	CONNECTION OF URETER TO LARGE AND/OR SMALL BOWEL WITH CREATION OF OPENING TO	$1,518.52
50830	REPAIR TO RESTORE URINE FLOW IN URETER	$1,458.64
50840	REPLACEMENT OF URETER USING BOWEL	$953.06
50841	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING	$0.00
50845	CONNECTION OF BLADDER TO POUCH AT JUNCTION OF SMALL AND LARGE BOWEL WITH	$962.69
50860	CONNECTION OF URETER TO SKIN	$743.24
50861	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	$0.00
50900	SUTURE REPAIR OF URETER	$667.14
50920	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO SKIN	$686.08
50930	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO AN ABDOMINAL ORGAN	$878.92
50940	REMOVAL OF PREVIOUSLY PLACED SUTURE OR WIRE IN URETER	$708.45
50945	REMOVAL OF STONE FROM URETER USING AN ENDOSCOPE	$687.48
50947	REPOSITIONING OF URETER AND INSERTION OF STENT USING AN ENDOSCOPE	$1,023.82
50948	REPOSITIONING OF URETER USING AN ENDOSCOPE	$935.27
50949	OTHER PROCEDURE ON URETER USING AN ENDOSCOPE	$0.00
50951	EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY	$221.14
50953	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY	$234.04
50955	BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY	$263.92
50957	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE	$266.16
50961	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE	$242.63
50970	EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE	$323.84
50972	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE	$253.39
50974	BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE	$420.98
50976	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE	$407.22
50980	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE	$278.03
51020	INCISION OF BLADDER WITH DESTRUCTION OF GROWTH AND/OR INSERTION OF RADIOACTIVE	$380.45
51030	INCISION OF BLADDER WITH DESTRUCTION OF GROWTH OF BLADDER	$345.97
51040	INCISION OF BLADDER WITH DRAINAGE	$293.18
51045	INCISION OF BLADDER WITH INSERTION OF TUBE OR STENT IN URETER	$352.97
51050	INCISION OF BLADDER WITH REMOVAL OF BLADDER STONE	$430.94
51060	INCISION OF BLADDER WITH REMOVAL OF STONE IN URETER	$498.15
51065	INCISION OF BLADDER WITH BASKET REMOVAL AND/OR ULTRASONIC CRUSHING OF STONE IN	$452.68
51080	DRAINAGE OF ABSCESS OF BLADDER	$329.90
51100	NEEDLE ASPIRATION OF BLADDER	$21.13
51101	ASPIRATION OF BLADDER USING TUBE OR TROCAR	$27.79
51102	ASPIRATION OF BLADDER WITH INSERTION OF BLADDER TUBE TO SKIN	$136.10

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
51500	REPAIR OF CONGENITAL DEFECT OF BLADDER	$494.78
51520	SIMPLE REMOVAL OF BLADDER NECK	$492.96
51525	REPAIR OF RUPTURED BOWEL INTO BLADDER	$684.56
51530	REMOVAL OF GROWTH OF BLADDER	$612.79
51535	INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL	$594.46
51536	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	$0.00
51550	SIMPLE PARTIAL REMOVAL OF BLADDER	$746.85
51555	COMPLICATED PARTIAL REMOVAL OF BLADDER	$960.93
51565	PARTIAL REMOVAL OF BLADDER WITH REIMPLANTATION OF URETERS	$1,037.68
51570	COMPLETE REMOVAL OF BLADDER	$1,121.73
51575	COMPLETE REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS	$1,459.21
51580	COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS	$1,433.19
51585	COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS AND REMOVAL OF	$1,658.56
51590	REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS TO SMALL OR LARGE BOWEL WITH	$1,558.35
51595	REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION	$1,861.32
51596	REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION	$1,963.82
51597	REMOVAL OF BLADDER AND URETERS AND/OR REMOVAL OF RECTUM AND PARTIAL REMOVAL OF	$1,863.15
51600	INJECTION PROCEDURE FOR IMAGING OF BLADDER DURING VOIDING	$32.89
51605	INJECTION PROCEDURE FOR IMAGING OF BLADDER AND URETHRA AND PLACEMENT OF X-RAY	$26.01
51610	INJECTION PROCEDURE THROUGH BLADDER AND URETHRA FOR X-RAY IMAGING	$40.43
51700	SIMPLE BLADDER IRRIGATION AND/OR INSTILLATION	$30.96
51701	INSERTION OF TEMPORARY BLADDER TUBE	$19.82
51702	SIMPLE INSERTION OF TEMPORARY BLADDER TUBE	$21.90
51703	COMPLICATED INSERTION OF BLADDER TUBE	$58.37
51705	SIMPLE CHANGE OF BLADDER TUBE	$49.55
51710	COMPLICATED CHANGE OF BLADDER TUBE	$66.41
51715	INJECTION OF IMPLANT MATERIAL BENEATH LINING OF BLADDER AND/OR URETHRA USING AN	$168.80
51720	INSTILLATION OF ANTI-CANCER DRUG INTO BLADDER	$68.68
51725	SIMPLE MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER	$178.89
51726	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER	$232.33
51727	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE	$152.47
51728	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH VOIDING PRESSURE	$152.44
51729	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE	$163.51
51736	SIMPLE TIMED ASSESSMENT OF BLADDER EMPTYING	$30.09
51739	SOUND RECORDING OF EXTERNAL STREAM (EG, LYONS TYPE, KEITZER TYPE)	$0.00
51741	ELECTRONIC ASSESSMENT OF BLADDER EMPTYING	$51.59
51751	CONT WAVE OR PULS DOPPLER DURING URINTN 1 VOID	$0.00
51752	CONT WAVE/PULS VODNG URINTN/VOID;ADDTNL VOIDNG	$0.00
51753	CONT WAVE/PULS DOPPLR URINTN; ADD TRANSDCIS/VOID	$0.00
51754	CONT WAVE/PULS DOPPLR URINTN;ADD TRNSDCR,ADD VDS	$0.00
51755	CONT WAVE/PULS DOPPLR URINTN;BFR/AFTR PHRMCLOGCL	$0.00
51756	CONT WAVE/PULS DOPPLR URINTN;BFR/AFTR NRV BLCK	$0.00
51758	ROTATING SCAN DOPPLER DURING URINATION	$0.00
51759	ROTATNG SCAN DOPPLR DING URINTN;ADD VOIDNG	$0.00
51761	ACOUSTCL MEA. URETH URINTN;1 VOID, 1 TRNSDCR	$0.00
51762	ACOUSTCL MEA.URETH;ADD VOIDNG, 1 TRNSDCR	$0.00
51763	ACOUSTCL MEA.URETHR URNTN;ADD TRNSDCRS,1 VOID	$0.00
51764	ACUSTCL MEA URTHR URINTN;ADD TRNSDCRS,ADD VOIDS	$0.00
51765	ACSTCL MEA.URETHR URINTN;BFR/AFTR PHRMCLGCL TST	$0.00
51766	ACSTCL MEA URETHR URINTN;BFR/AFTR NERV BLCK	$0.00
51768	URTHRL FLUID CONDCTN MEA.URINTN; 1 LOC., 1 VOID	$0.00
51769	URTHRL FLUID CONDCTNC MEA. URINTN;ADD. LOC.	$0.00
51784	NON-NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES AT	$138.67
51785	NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES AT BLADDER	$150.11
51792	ASSESSMENT OF MUSCLE SIGNAL OF PELVIC NERVES	$180.61
51797	INSERTION OF DEVICE INTO ABDOMEN WITH PRESSURE AND URINE FLOW RATE STUDY	$186.18
51798	ULTRASOUND MEASUREMENT OF BLADDER CAPACITY AFTER VOIDING	$15.83
51800	REPAIR OF BLADDER AND/OR URETHRA	$825.34
51820	REPAIR OF BLADDER, URETHRA, AND URETER	$780.81

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
51840	SIMPLE SUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA	$551.43
51841	RESUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA SUSPENSION	$668.26
51845	REPAIR OF BLADDER NECK IN FEMALE	$546.20
51860	SUTURE OF SIMPLE WOUND, INJURY, OR RUPTURE OF BLADDER	$581.94
51865	SUTURE OF COMPLICATED WOUND, INJURY, OR RUPTURE OF BLADDER	$735.21
51880	CLOSURE OF SURGICALLY CREATED OPENING FROM BLADDER TO SKIN	$377.65
51900	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA THROUGH ABDOMEN	$675.48
51920	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA	$561.93
51925	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA AND REMOVAL OF UTERU	$744.32
51940	REPAIR OF CONGENITAL DEFECT OF BLADDER WALL	$1,282.67
51960	ENLARGEMENT OF BLADDER USING A PORTION OF BOWEL	$1,188.89
51980	CREATION OF DRAINAGE TRACT FROM BLADDER TO SKIN	$548.63
51990	SUTURE SUSPENSION OF URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE	$535.99
51992	CREATION OF SLING AROUND URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE	$582.01
51999	OTHER PROCEDURE ON BLADDER USING AN ENDOSCOPE	$0.00
52000	DIAGNOSTIC EXAM OF BLADDER AND URETHRA USING AN ENDOSCOPE	$77.48
52001	IRRIGATION AND REMOVAL OF MULTIPLE BLOOD CLOTS FROM BLADDER AND URETHRA USING	$178.65
52005	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH BLADDER AREA	$115.52
52007	INSERTION OF TUBE INTO URETER AND BIOPSY OF URETER AND/OR RENAL PELVIS USING AN	$147.35
52010	INSERTION OF TUBE INTO SPERM DUCT USING AN ENDOSCOPE	$115.85
52190	DIFFRNTL QUANTITR & CHEMCL RENL FUNCTN TEST	$0.00
52204	BIOPSY OF BLADDER USING AN ENDOSCOPE	$118.32
52214	DESTRUCTION OF TISSUE OF BLADDER, URETHRA, OR SURROUNDING GLANDS USING AN	$169.94
52222	CYSTOSCOPY AND TREATMENT	$0.00
52224	DESTRUCTION OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE, LESS THAN 0.5	$152.94
52234	DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOP	$243.61
52235	DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOP	$286.51
52240	DESTRUCTION AND/OR REMOVAL OF LARGE GROWTH OF BLADDER USING AN ENDOSCOPE	$507.87
52250	INSERTION OF RADIOACTIVE SUBSTANCE OF BLADDER AND URETHRA USING AN ENDOSCOPE	$196.97
52260	DILATION OF BLADDER USING AN ENDOSCOPE UNDER GENERAL OR SPINAL ANESTHESIA	$165.11
52265	DILATION OF BLADDER USING AN ENDOSCOPE	$108.76
52270	INCISION OF URETHRA IN FEMALE USING AN ENDOSCOPE	$170.16
52275	INCISION OF URETHRA IN MALE USING AN ENDOSCOPE	$213.08
52276	INCISION OF URETHRA USING AN ENDOSCOPE	$242.69
52277	REMOVAL OF MUSCLES AT URINARY OPENING USING AN ENDOSCOPE	$285.52
52281	DILATION OF URETHRA USING AN ENDOSCOPE	$112.00
52282	INSERTION OF A PERMANENT URETHRA STENT USING AN ENDOSCOPE	$288.76
52283	STEROID INJECTION INTO URETHRA STRICTURE USING AN ENDOSCOPE	$148.90
52285	EXAM OF BLADDER AND URETHRA FOR TREATMENT OF FEMALE URETHRAL SYNDROME USING AN	$144.23
52287	EXAM WITH INJECTIONS OF CHEMICAL FOR DESTRUCTION OF BLADDER USING AN ENDOSCOPE	$101.84
52290	INCISION OF URETER USING AN ENDOSCOPE	$191.23
52300	REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER USING AN	$234.19
52301	REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER, ECTOPIC	$241.41
52305	REMOVAL OF BLADDER POUCHES USING AN ENDOSCOPE	$234.82
52310	SIMPLE REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER USING AN	$143.45
52315	COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER	$240.98
52317	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, LESS THAN 2.5 CM	$326.69
52318	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, MORE THAN 2.5 CM	$436.67
52320	REMOVAL OF STONE IN URETER USING AN ENDOSCOPE	$237.10
52325	FRAGMENTING OF STONE IN URETER USING AN ENDOSCOPE	$318.07
52327	INJECTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE	$234.22
52330	MANIPULATION OF STONE IN URETER USING AN ENDOSCOPE	$225.34
52332	INSERTION OF STENT IN URETER USING AN ENDOSCOPE	$146.15
52334	INSERTION OF GUIDE WIRE THROUGH KIDNEY INTO URETER USING AN ENDOSCOPE	$215.51
52341	DILATION OF BLADDER AND URETHRA USING AN ENDOSCOPE	$234.26
52342	REPAIR OF STRICTURE AT JUNCTION OF KIDNEY AND URETER USING AN ENDOSCOPE	$253.48
52343	REPAIR OF STRICTURE IN KIDNEY USING AN ENDOSCOPE	$280.74
52344	REPAIR OF STRICTURE OF URETER USING AN ENDOSCOPE	$415.48
52345	REPAIR OF STRICTURE OF UPPER ATTACHMENT OF URETER TO KIDNEY USING AN ENDOSCOPE	$319.74

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
52346	REPAIR OF STRICTURE IN KIDNEY WITH EXAM OF URINARY TRACT USING AN ENDOSCOPE	$360.04
52351	DIAGNOSTIC EXAM OF BLADDER, URETHRA, AND URETER OR KIDNEY USING AN ENDOSCOPE	$303.33
52352	REMOVAL OR MANIPULATION OF STONE IN URETER OR KIDNEY USING AN ENDOSCOPE	$256.17
52353	CRUSHING OF STONE OF URETER USING AN ENDOSCOPE	$411.89
52354	BIOPSY AND/OR DESTRUCTION OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE	$273.46
52355	REMOVAL OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE	$328.74
52356	CRUSHING OF STONE OF URETER WITH INSERTION OF STENT USING AN ENDOSCOPE	$259.69
52400	INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL DEFECTS OF BLADDER AND URETHRA	$433.03
52402	INCISION OR REMOVAL OF EJACULATORY DUCT USING AN ENDOSCOPE	$204.53
52441	INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, 1	$144.45
52442	INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, EACH	$45.65
52450	INCISION OF PROSTATE	$387.08
52500	REMOVAL OF BLADDER NECK THROUGH URETHRA	$455.39
52601	REMOVAL OF PROSTATE GLAND USING AN ELECTROCAUTERY KNIFE THROUGH URETHRA WITH	$659.28
52630	COMPLETE REMOVAL OF REMAINING OR REGROWN PROSTATE TISSUE WITH CONTROL OF	$411.76
52640	REMOVAL OF POSTSURGICAL TIGHTENING OF BLADDER NECK	$371.84
52647	COMPLETE LASER DESTRUCTION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN	$554.10
52648	COMPLETE LASER VAPORIZATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN	$620.08
52649	COMPLETE LASER FRAGMENTATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN	$541.97
52700	DRAINAGE OF PROSTATE ABSCESS	$330.54
52805	LTHLPXY CRSHNG CALCLS BLDDR&RMVL FRAGMNTS;LG	$0.00
53000	INCISION OR REPAIR OF URETHRA	$127.75
53010	INCISION OR REPAIR OF ABNORMAL URETHRA	$218.38
53020	INCISION OF EXTERNAL URINARY OPENING	$72.72
53025	INCISION OF EXTERNAL URINARY OPENING, INFANT	$51.13
53040	DRAINAGE OF ABSCESS AROUND URETHRA	$350.40
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS	$118.00
53080	UNCOMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION	$368.83
53085	COMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION	$538.45
53200	BIOPSY OF URETHRA	$104.35
53210	REMOVAL OF BLADDER AND URETHRA IN FEMALE	$574.43
53215	REMOVAL OF BLADDER AND URETHRA IN MALE	$727.62
53220	REMOVAL OR DESTRUCTION OF CANCER URETHRA	$350.72
53230	REMOVAL OF POUCH OF URETHRA IN FEMALE	$488.48
53235	REMOVAL OF POUCH OF URETHRA IN MALE	$458.13
53240	REPAIR OF POUCH OF URETHRA	$324.96
53250	REMOVAL OF SEMINAL FLUID GLAND	$297.68
53260	REMOVAL OR DESTRUCTION OF POLYPS OF URETHRA	$134.32
53265	REMOVAL OR DESTRUCTION OF GROWTH OF URETHRA	$150.80
53270	REMOVAL OR DESTRUCTION OF MUCOUS GLANDS OF URETHRA	$127.74
53275	REMOVAL OR DESTRUCTION OF PROLAPSE OF URETHRA	$211.80
53400	REPAIR OF ABNORMAL DRAINAGE TRACT, POUCH, OR STRICTURE OF URETHRA, FIRST STAGE	$591.90
53405	SECOND STAGE REPAIR OF URETHRA WITH CREATION OF NEW URETHRA	$695.66
53410	RECONSTRUCTION OF URETHRA IN MALE	$729.91
53415	RECONSTRUCTION OR REPAIR OF URETHRA	$877.08
53420	RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 1 OF 2	$697.18
53425	RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 2 OF 2	$731.84
53430	RECONSTRUCTION OF URETHRA IN FEMALE	$705.64
53431	REPAIR OF URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE	$776.62
53440	CREATION OF SLING AROUND URETHRA IN MALE TO CONTROL LEAKAGE	$684.87
53442	REMOVAL OR REVISION OF SLING IN MALE FOR URINARY INCONTINENCE	$416.54
53444	INSERTION OF ARTIFICIAL URINARY SPHINCTER	$560.48
53445	INSERTION OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$774.74
53446	REMOVAL OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$526.92
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$633.87
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER THROUG	$938.99
53449	REPAIR OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$504.80
53450	REPAIR OF URETHRA AND URINARY OPENING	$284.54
53460	REPAIR AND PARTIAL REMOVAL OF URETHRA AND URINARY OPENING	$312.65

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
53500	RELEASE OF SCAR TISSUE OF URETHRA USING AN ENDOSCOPE	$534.29
53502	SUTURE OF WOUND OR INJURY OF URETHRA IN FEMALE	$377.78
53505	SUTURE OF WOUND OR INJURY OF URETHRA IN PENIS	$375.47
53510	SUTURE OF URETHRA WOUND OR INJURY	$497.65
53515	SUTURE OF WOUND OR INJURY OF URETHRA NEAR PROSTATE GLAND	$630.19
53520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO SKIN IN MALE	$423.26
53600	INITIAL DILATION OF URETHRA IN MALE USING DILATOR	$42.95
53601	SUBSEQUENT DILATION OF STRICTURE OF URETHRA IN MALE BY PASSAGE OF DILATOR	$35.09
53605	DILATION OF NARROWING OF URETHRA IN MALE UNDER GENERAL OR SPINAL ANESTHESIA	$50.34
53620	INITIAL DILATION OF URETHRA IN MALE USING FILIFORM DILATOR	$57.92
53621	SUBSEQUENT DILATION OF URETHRAL STRICTURE IN MALE BY PASSAGE OF FILIFORM	$48.13
53660	INITIAL DILATION OF URETHRA IN FEMALE	$25.92
53661	SUBSEQUENT DILATION OF URETHRA IN FEMALE	$25.88
53665	DILATION OF URETHRA IN FEMALE UNDER GENERAL OR SPINAL ANESTHESIA	$31.54
53850	DESTRUCTION OF PROSTATE TISSUE USING MICROWAVE INDUCED HEAT	$475.57
53852	DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEAT	$464.57
53854	DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEATED WATER VAPOR	$243.33
53855	INSERTION OF A TEMPORARY URETHRA STENT USING AN ENDOSCOPE	$39.80
53860	RECONSTRUCTION OF FEMALE BLADDER NECK FOR STRESS URINARY INCONTINENCE USING	$144.89
53899	OTHER PROCEDURE ON URINARY SYSTEM	$0.00
54000	INCISION OF NEWBORN FORESKIN	$73.34
54001	INCISION OF FORESKIN	$103.30
54015	INCISION AND DRAINAGE OF PENIS	$207.58
54050	SIMPLE DESTRUCTION OF GROWTHS OF PENIS USING CHEMICAL	$55.81
54055	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING ELECTRIC CURRENT	$58.49
54056	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING FREEZING	$57.97
54057	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING LASER	$75.55
54060	REMOVAL OF GROWTH OF PENIS	$95.34
54065	DESTRUCTION OF MULTIPLE GROWTHS OF PENIS	$117.14
54100	BIOPSY OF PENIS	$73.71
54105	BIOPSY OF DEEP STRUCTURE OF PENIS	$144.20
54110	REMOVAL OF THICKENED TISSUE OF PENIS	$496.48
54111	REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, 5.0 CM OR LESS	$662.61
54112	REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, MORE THAN 5.0 CM	$774.16
54115	REMOVAL OF FOREIGN BODY IN PENIS	$333.96
54120	PARTIAL AMPUTATION OF PENIS	$499.00
54125	AMPUTATION OF PENIS	$702.97
54130	AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF GROIN	$980.12
54135	AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF PELVIS	$1,240.88
54150	REMOVAL OF FORESKIN USING CLAMP OR DEVICE	$84.95
54160	REMOVAL OF FORESKIN (28 DAYS OR YOUNGER)	$122.85
54161	REMOVAL OF FORESKIN (OLDER THAN 28 DAYS)	$156.61
54162	REMOVAL OF SCAR TISSUE AFTER FORESKIN REMOVAL	$167.12
54163	REPAIR OF INCOMPLETE REMOVAL OF FORESKIN	$156.28
54164	INCISION OF MEMBRANE ATTACHING FORESKIN AND PENIS	$137.66
54200	INJECTION PROCEDURE TO CORRECT THICKENED PENILE TISSUE	$50.18
54205	INJECTION PROCEDURE AND SURGERY OF THICKENED PENILE TISSUE	$407.32
54220	INJECTION OF DRUG INTO ERECTILE TISSUE AT SIDES AND BACK OF PENIS	$106.48
54230	INJECTION PROCEDURE FOR IMAGING OF PENILE ERECTION	$66.90
54231	ASSESSMENT OF ERECTILE DYSFUNCTION INCLUDING INJECTION OF DRUGS INTO PENIS	$92.12
54240	ASSESSMENT OF PENILE BLOOD FLOW	$69.80
54250	ASSESSMENT OF NIGHTTIME ERECTION	$92.74
54300	REPAIR OF CURVED PENIS	$533.72
54304	REPAIR OF CURVED PENIS AND URINARY OUTLET	$634.82
54305	W/TRANSPLATATION OF PREPUCE	$0.00
54308	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, LESS THAN 3.0 CM	$562.00
54312	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, MORE THAN 3.0 CM	$685.61
54316	REPAIR OF URINARY OUTLET OF PENIS WITH SKIN GRAFT, STAGE 2 OF 2	$844.70
54318	REPAIR OF URINARY OUTLET WITH RELEASE OF PENIS FROM SCROTUM	$579.02

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
54320	URETHROPLASTY, FORM/URETHRA,DENIS-BROWN TYPE	$0.00
54322	SIMPLE REPAIR AND RELOCATION OF URINARY OUTLET AT UNDERSIDE OF PENIS	$622.54
54324	REPAIR OF URINARY OUTLET OF PENIS WITH SKIN FLAP	$806.50
54325	DENNIS-BROWN TYPE;SCROTAL/PERINEAL	$0.00
54326	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH SKIN FLAP	$775.50
54328	REPAIR OF URINARY OUTLET AT UNDERSIDE OF HEAD OF PENIS WITH LOCAL SKIN FLAPS,	$769.44
54330	URETHROPLASY/STRAIGT/CHORDEE, 1 STAGE,/ HYPOSP	$0.00
54332	REPAIR OF URINARY OUTLET AT UNDERSIDE OF BASE OF PENIS WITH SKIN GRAFT TUBE	$850.74
54336	REPAIR OF URINARY OUTLET BETWEEN THIGHS IN MALE WITH SKIN GRAFT TUBE AND/OR	$1,078.15
54340	SIMPLE REPAIR OF URINARY OUTLET COMPLICATIONS AT UNDERSIDE OF PENIS	$468.25
54344	REPAIR OF COMPLICATION OF URINARY OUTLET OF PENIS AT UNDERSIDE OF PENIS WITH	$879.70
54348	EXTENSIVE REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH FLAP, PATCH OR	$843.44
54352	EXTENSIVE REVISION OF PREVIOUS REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS	$1,162.81
54360	SURGERY TO CORRECT ABNORMAL PENIS ANGLE	$574.41
54380	REPAIR OF URINARY OUTLET OF PENIS	$677.75
54385	REPAIR OF URINARY OUTLET OF PENIS WITH INCONTINENCE	$781.26
54390	REPAIR OF URINARY OUTLET OF PENIS WITH CREATION OF BLADDER OPENING	$1,045.09
54400	INSERTION OF NON-INFLATABLE PENILE IMPLANT	$508.38
54401	INSERTION OF INFLATABLE PENILE IMPLANT	$578.64
54405	INSERTION OF MULTICOMPONENT INFLATABLE PENILE IMPLANT	$741.57
54406	REMOVAL OF ALL COMPONENTS OF INFLATABLE PENILE IMPLANT	$510.22
54415	REMOVAL OF INFLATABLE OR NONINFLATABLE PENILE IMPLANT	$381.77
54417	REMOVAL AND REPLACEMENT OF INFECTED NONINFLATABLE PENILE IMPLANT	$611.83
54420	CREATION OF BLOOD FLOW TRACT FROM PENIS TO GROIN	$577.71
54430	CREATION OF BLOOD FLOW TRACT FROM PENIS TO OTHER PENILE ANATOMY	$513.53
54435	REDIRECTION OF BLOOD FLOW FROM PENIS WITH PARTIAL REMOVAL OF TISSUE AT HEAD OF	$324.87
54437	REPAIR OF PENIS	$433.08
54438	REPLANTATION OF AMPUTATED PENIS	$863.80
54440	REPAIR OF INJURY OF PENIS	$0.00
54450	REPOSITIONING OF FORESKIN INCLUDING SCAR TISSUE REMOVAL	$48.69
54500	NEEDLE BIOPSY OF TESTICLE	$50.82
54505	INCISION OF TESTICLE FOR BIOPSY	$165.54
54506	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	$0.00
54512	REMOVAL OF GROWTH OF TESTICLE	$387.17
54520	SIMPLE REMOVAL OF TESTICLE	$287.86
54521	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	$0.00
54522	PARTIAL REMOVAL OF TESTICLE	$440.50
54530	REMOVAL OF GROWTH OF TESTICLE THROUGH GROIN	$439.28
54535	REMOVAL OF GROWTH OF TESTICLE THROUGH ABDOMEN	$589.28
54550	EXPLORATION OF SPERMATIC VEINS AND SCROTUM USING AN ENDOSCOPE	$375.87
54555	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	$0.00
54560	EXPLORATION FOR LOCATION OF TESTICLE IN ABDOMEN	$537.78
54565	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	$0.00
54600	REPAIR OF TWISTED TESTICLE	$335.07
54620	SUTURE OF TESTICLE TO OTHER TESTICLE	$238.81
54640	REPOSITIONING AND SUTURE OF MISPLACED TESTICLE	$384.52
54641	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	$0.00
54645	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR SECOND STAGE (TOREK TYPE)	$0.00
54650	REPAIR OF CONGENITAL MALPOSITIONED TESTICLE	$550.67
54661	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	$0.00
54670	SUTURE OR REPAIR OF INJURY TO TESTICLE	$310.18
54680	TRANSPLANTATION OF TESTICLES TO THIGH	$604.86
54690	REMOVAL OF TESTICLES USING AN ENDOSCOPE	$527.44
54692	REMOVAL OF CONGENITAL MALPOSITIONED TESTICLE USING AN ENDOSCOPE	$534.14
54699	OTHER PROCEDURE ON TESTICLE USING AN ENDOSCOPE	$0.00
54700	INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA	$160.02
54800	NEEDLE BIOPSY OF SPERM RESERVOIR	$111.29
54830	REMOVAL OF GROWTH OF SPERM DUCT	$262.74
54840	REMOVAL OF FLUID ACCUMULATION IN SPERM RESERVOIR	$278.70

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
54860	REMOVAL OF SPERM RESERVOIR	$323.78
54861	REMOVAL OF BOTH SPERM RESERVOIRS	$446.88
54865	SEARCH OF SPERM RESERVOIR	$0.00
54900	CONNECTION OF SPERM RESERVOIR TO SPERM DUCT	$617.88
54901	CONNECTION OF BOTH SPERM RESERVOIRS TO SPERM DUCTS	$855.31
55000	ASPIRATION OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR	$51.36
55040	REMOVAL OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR	$282.98
55041	REMOVAL OF FLUID COLLECTION IN BOTH TESTICLES AND SPERM RESERVOIRS	$408.63
55060	REPAIR OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR	$275.85
55100	DRAINAGE OF ABSCESS OF SCROTUM	$121.99
55110	SEARCH OF SCROTUM	$270.10
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	$221.61
55150	REMOVAL OF DISEASED OR INJURED SCROTUM	$360.26
55170	SCROTOPLASTY	$0.00
55175	SIMPLE REPAIR OF SCROTUM	$274.46
55180	COMPLICATED REPAIR OF SCROTUM	$507.84
55200	INCISION OF SPERM DUCT	$197.24
55250	REMOVAL OF SPERM DUCT	$157.08
55300	INCISION OF SPERM DUCT FOR X-RAY PROCEDURE	$162.93
55400	INCISION OR REPAIR OF SPERM DUCT	$422.94
55401	VASOVASOSTOMY, VASOVASORRHAPHY	$0.00
55500	REMOVAL OF FLUID COLLECTION IN SPERM CORD	$285.75
55520	REMOVAL OF GROWTH OF SPERM CORD	$283.07
55530	REMOVAL OF SPERMATIC CORD VENOUS DILATION OR TYING OF SPERMATIC VEINS	$301.10
55535	REMOVAL OF SPERMATIC CORD VENOUS DILATION OR SUTURING OF SPERMATIC VEINS	$317.31
55540	REMOVAL OF SPERMATIC CORD VENOUS DILATION OR SUTURING SPERMATIC VEINS WITH	$363.61
55550	TYING OF SPERM VEINS USING AN ENDOSCOPE	$309.78
55559	OTHER PROCEDURE ON SPERM CORD USING AN ENDOSCOPE	$0.00
55600	INCISION OR PUNCTURE OF FLUID-PRODUCING GLAND FOR SPERM MOVEMENT	$311.00
55601	VESICULOTOMY	$0.00
55605	COMPLICATED INCISION OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$389.66
55650	REMOVAL OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$542.61
55651	VESICULECTOMY, ANY APPROACH	$0.00
55680	REMOVAL OF CONGENITAL REMNANT OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$274.76
55700	BIOPSY OF PROSTATE GLAND	$64.46
55705	INCISIONAL BIOPSY OF PROSTATE GLAND	$236.92
55706	NEEDLE BIOPSY OF PROSTATE GLAND USING IMAGE GUIDANCE	$248.99
55720	SIMPLE INCISION AND DRAINAGE OF ABSCESS OF PROSTATE	$353.65
55725	COMPLICATED INCISION AND DRAINAGE OF ABSCESS OF PROSTATE	$429.18
55740	PROSTATOLITHOTOMY, REMOVAL OF PROSTATIC CALCULUS (SEPARATE PROCEDURE)	$0.00
55801	PARTIAL REMOVAL OF PROSTATE GLAND THROUGH INCISION BETWEEN SCROTUM AND ANUS	$849.68
55810	REMOVAL OF PROSTATE GLAND, GLANDS FOR SPERM MOVEMENT, AND SPERM DUCT	$1,094.74
55812	REMOVAL OF PROSTATE GLAND WITH LYMPH NODE BIOPSY THROUGH INCISION BETWEEN	$1,265.80
55815	REMOVAL OF PROSTATE GLAND THROUGH INCISION BETWEEN SCROTUM AND ANUS AND REMOV	$1,490.46
55821	PARTIAL REMOVAL OF PROSTATE (SUPRAPUBIC)	$742.76
55831	PARTIAL REMOVAL OF PROSTATE (RETROPUBIC)	$805.70
55840	REMOVAL OF PROSTATE	$1,089.53
55842	REMOVAL OF PROSTATE GLAND AND LYMPH NODE BIOPSY THROUGH ABDOMINAL INCISION	$1,189.66
55845	REMOVAL OF PROSTATE GLAND AND SURROUNDING LYMPH NODES ON BOTH SIDES OF PELVIS	$1,425.77
55860	SURGICAL OPENING OF PROSTATE FOR RADIATION THERAPY	$642.41
55862	EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH BIOPSY OF LYMPH NODES	$860.85
55865	EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH REMOVAL OF SURROUNDING	$1,219.77
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE	$1,192.98
55873	DESTRUCTION OF PROSTATE USING IMAGING GUIDANCE	$840.10
55874	INJECTION OF BIODEGRADABLE MATERIAL NEXT TO PROSTATE	$105.09
55875	INSERTION OF NEEDLE OR TUBE INTO PROSTATE FOR RADIATION THERAPY	$526.09
55876	PLACEMENT OF DEVICE IN PROSTATE FOR RADIATION THERAPY	$77.85
55880	HIGH-INTENSITY ULTRASOUND DESTRUCTION OF CANCEROUS TISSUE IN PROSTATE GLAND,	$580.76
55899	OTHER PROCEDURE ON MALE GENITAL SYSTEM	$245.62

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
55920	INSERTION OF NEEDLES OR TUBES INTO PELVIC OR GENITAL ORGANS FOR RADIATION	$231.25
56000	INCISION AND DRAINAGE OF PERINEAL ABSCESS (NONOBSTETRICAL)	$0.00
56100	BIOPSY OF PERINEUM (SEPARATE PROCEDURE)	$0.00
56200	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	$0.00
56400	INCISION AND DRAINAGE OF VULVA	$0.00
56405	INCISION AND DRAINAGE OF ABSCESS OF EXTERNAL FEMALE GENITALS	$66.23
56420	INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND	$63.97
56440	CREATION OF DRAINAGE TRACT FOR GLAND CYST OF FEMALE GENITALS	$157.90
56441	REMOVAL OF SCAR TISSUE OF FEMALE GENITALS	$112.80
56442	SIMPLE INCISION OF HYMEN	$32.99
56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	$69.56
56515	EXTENSIVE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	$116.35
56600	BIOPSY OF VULVA (SEPARATE PROCEDURE)	$0.00
56605	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH	$43.68
56606	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH	$21.72
56620	SIMPLE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS	$390.56
56625	REMOVAL OF EXTERNAL FEMALE GENITALS	$476.04
56630	EXTENSIVE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS	$686.25
56631	PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN	$905.72
56632	PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON BOTH SIDES OF	$1,051.68
56633	COMPLETE REMOVAL OF FEMALE GENITALS	$868.98
56634	COMPLETE REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN	$994.04
56635	VULVECTOMY, RADICAL; WITH INGUINOFEMORAL LYMPHADENECTOMY	$0.00
56636	VULVECTOMY, RADICAL	$0.00
56637	COMPLETE REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON BOTH SIDES OF	$1,162.83
56640	COMPLETE REMOVAL OF FEMALE GENITALS AND LYMPH NODES	$1,141.58
56641	VULVECTOMY, RADICAL, WITH INGUINOFEMORAL, ILIAC,	$0.00
56680	CLITORIDECTOMY; SIMPLE	$0.00
56685	CLITORIDECTOMY; EXTENSIVE	$0.00
56700	PARTIAL REMOVAL OF HYMEN	$147.23
56710	PLASTIC REVISION OF HYMEN	$0.00
56740	REMOVAL OF CYST OF FEMALE GENITAL GLAND	$207.14
56800	PLASTIC REPAIR OF VAGINAL OPENING	$199.14
56805	RECONSTRUCTION OR CREATION OF THE EXTERNAL FEMALE SEXUAL ORGAN FOR INTERSEX	$857.66
56810	REPAIR OF SKIN IN AREA BETWEEN ANUS AND GENITALS	$201.84
56820	EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	$61.17
56821	EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	$84.39
57000	INCISION AND EXPLORATION OF VAGINA	$152.28
57010	INCISION AND DRAINAGE OF ABSCESS OF PELVIS	$272.07
57020	REMOVAL OF ABDOMINAL FLUID	$61.88
57022	INCISION AND DRAINAGE OF VAGINAL BLOOD ACCUMULATION FOLLOWING DELIVERY	$134.43
57023	INCISION AND DRAINAGE OF VAGINAL BLOOD ACCUMULATION	$216.83
57050	CRYOSURGERY OF VAGINA	$0.00
57057	LASER SURGERY OF VAGINA	$0.00
57060	ELECTROCAUTERY OF VAGINA	$0.00
57061	SIMPLE DESTRUCTION OF GROWTH OF VAGINA	$60.98
57063	CHEMICAL CAUTERY OF VAGINA	$0.00
57065	EXTENSIVE DESTRUCTION OF GROWTH OF VAGINA	$155.10
57100	SIMPLE BIOPSY OF VAGINAL MUCOUS MEMBRANE	$42.10
57105	BIOPSY OF EXTENSIVE AREA OF VAGINAL MUCOUS MEMBRANE	$84.28
57106	PARTIAL REMOVAL OF VAGINAL WALL	$264.24
57107	PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE	$916.70
57108	COLPECTOMY, OBLITERATION OF VAGINA; PARTIAL	$0.00
57109	PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE WITH REMOVAL OF PELVIC LYMPH NODES	$1,123.86
57110	REMOVAL OF VAGINAL WALL	$643.00
57111	COMPLETE REMOVAL OF VAGINAL WALL AND TISSUE	$1,126.59
57120	SUTURE CLOSURE OF VAGINA AND VAGINAL OPENING	$394.59
57130	REMOVAL OF ABNORMAL TISSUE DIVIDING VAGINA	$143.24
57135	REMOVAL OF CYST OR GROWTH OF VAGINAL	$140.46

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF DRUG TO TREAT INFECTION	$20.46
57155	INSERTION OF DEVICE INTO UTERUS FOR RADIATION THERAPY	$284.13
57156	INSERTION OF DEVICE INTO VAGINA FOR RADIATION THERAPY	$64.54
57160	FITTING AND INSERTION OF VAGINAL SUPPORT DEVICE	$32.66
57170	FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE	$33.81
57180	INSERTION OF DRUG AGENT OR PACKING TO CONTROL VAGINAL BLEEDING	$71.39
57200	SUTURE OF NONOBSTETRICAL INJURY OF VAGINA	$200.96
57210	SUTURE OF INJURY OF VAGINA AND/OR SKIN	$252.42
57220	PLASTIC REPAIR OF MUSCLES AT URINARY OPENING THROUGH VAGINA	$245.25
57230	PLASTIC REPAIR OF URETHRA PROLAPSE	$283.50
57240	REPAIR OF BLADDER HERNIA INTO VAGINAL WALL	$347.59
57250	REPAIR OF HERNIATED RECTUM INTO VAGINAL WALL	$314.47
57260	PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER	$452.04
57265	REPAIR OF BULGING OF RECTUM AND BLADDER INTO VAGINAL WALL	$578.51
57267	INSERTION OF ARTIFICIAL MATERIAL FOR PELVIC FLOOR DEFECT	$207.36
57268	REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH VAGINA	$372.74
57270	REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH ABDOMEN	$550.07
57280	ATTACHMENT OF VAGINA TO REAR PELVIC BONE	$678.90
57282	REPAIR OF PELVIC LIGAMENTS THROUGH VAGINA	$473.24
57283	REPAIR OF PROLAPSING VAGINAL VAULT THROUGH VAGINA	$498.64
57284	REPAIR OF VAGINAL WALL DEFECT THROUGH ABDOMEN	$606.07
57285	REPAIR OF VAGINAL WALL DEFECT THROUGH VAGINA	$336.59
57287	REMOVAL OR REVISION OF INCONTINENCE SLING	$513.22
57288	CREATION OF SLING AROUND URETHRA IN FEMALE TO CONTROL LEAKAGE	$647.08
57289	REPAIR OF PROLAPSED URINARY CANAL AND BLADDER INTO VAGINAL WALL	$561.60
57291	CONSTRUCTION OF ARTIFICIAL VAGINA	$398.46
57292	CONSTRUCTION OF ARTIFICIAL VAGINA USING TISSUE GRAFT	$585.17
57295	REVISION OF PROSTHETIC VAGINAL GRAFT	$332.96
57296	REVISION OR REMOVAL OF PROSTHETIC VAGINAL GRAFT	$628.96
57300	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH VAGINA OR ANU	$421.21
57305	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH ABDOMEN	$629.87
57307	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH CREATION OF LARGE	$680.95
57308	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH PERINEAL	$491.46
57310	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA	$331.08
57311	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA WITH TRANSPLANT	$392.72
57320	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH VAGINA	$449.04
57330	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH BLADDER AND	$584.35
57335	PLASTIC REPAIR OF VAGINA FOR INTERSEX STATE	$780.14
57400	DILATION OF VAGINA UNDER ANESTHESIA	$88.07
57410	PELVIC EXAM UNDER ANESTHESIA	$70.32
57415	REMOVAL OF IMPACTED FOREIGN BODY IN VAGINA UNDER ANESTHESIA	$97.29
57420	EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE	$65.00
57421	BIOPSY OF VAGINA AND CERVIX USING AN ENDOSCOPE	$90.14
57423	REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE	$464.05
57425	SURGICAL REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE	$663.24
57426	REVISION OR REMOVAL OF PROSTHETIC VAGINAL GRAFT USING AN ENDOSCOPE	$413.30
57450	CULDOSCOPY, DIAGNOSTIC;	$0.00
57451	CULDOSCOPY, DIAGNOSTIC; WITH BIOPSY AND/OR LYSIS OF ADHESIONS OR TUBAL STERILIZA	$0.00
57452	EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE	$56.75
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE	$87.39
57455	BIOPSY OF CERVIX USING AN ENDOSCOPE	$81.91
57456	SCRAPING OF CERVIX USING AN ENDOSCOPE	$76.73
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE	$114.04
57461	CONE BIOPSY OF CERVIX AND VAGINA USING AN ENDOSCOPE WITH LOOP ELECTRODE	$141.67
57465	COMPUTER-AIDED MAPPING OF CERVIX DURING EXAMINATION OF VAGINA AND CERVIX USING	$25.04
57500	BIOPSY OF CERVIX OR REMOVAL OF GROWTH	$40.27
57505	SCRAPING OF TISSUE OF CERVIX	$56.39
57510	ELECTRO OR THERMAL DESTRUCTION OF CERVIX	$80.95
57511	DESTRUCTION OF CERVIX USING FREEZING	$82.21

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
57513	LASER DESTRUCTION OF CERVIX	$111.82
57520	REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER	$213.26
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE	$190.06
57530	AMPUTATION OF CERVIX	$248.22
57531	REMOVAL OF CERVIX WITH REMOVAL OF LYMPH NODES ON BOTH SIDES OF PELVIS AND	$1,293.39
57540	REMOVAL OF REMAINING CERVIX THROUGH ABDOMEN	$554.03
57545	REMOVAL OF REMAINING CERVIX WITH REPAIR OF PELVIC FLOOR THROUGH ABDOMEN	$543.41
57550	REMOVAL OF REMAINING CERVIX THROUGH VAGINA	$314.73
57555	REMOVAL OF REMAINING CERVIX WITH REPAIR OF SUPPORTING VAGINAL TISSUE	$500.69
57556	REMOVAL OF REMAINING CERVIX WITH REPAIR OF HERNIATED BOWEL INTO VAGINAL WALL	$464.27
57558	DILATION AND SCRAPING OF CERVIX	$77.77
57700	SUTURE OF CERVIX	$178.52
57720	PLASTIC REPAIR OF CERVIX	$210.64
57800	DILATION OF CERVICAL CANAL	$31.10
58100	BIOPSY OF LINING OF UTERUS	$56.43
58101	ENDOMETRIAL WASHINGS (EG, FOR CYTOLOGY SAMPLING)	$0.00
58102	OFFICE ENDOMETRIAL CURETTAGE	$0.00
58103	MENSTRUAL EXTRACTION	$0.00
58110	EXAM OF CERVIX USING AN ENDOSCOPE WITH BIOPSY OF LINING OF UTERUS	$30.14
58120	DILATION AND SCRAPING OF UTERUS	$173.40
58140	REMOVAL OF GROWTH OF UTERUS THROUGH ABDOMEN, 1-4 GROWTHS	$663.23
58145	REMOVAL OF GROWTH OF UTERUS THROUGH VAGINA, 1-4 GROWTHS	$436.81
58146	REMOVAL OF 5 OR MORE GROWTHS OF UTERUS THROUGH ABDOMEN	$806.36
58150	REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN	$837.47
58152	REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN WITH REPAIR OF VAGINA	$764.59
58180	REMOVAL OF UTERUS THROUGH ABDOMEN	$710.45
58200	REMOVAL OF UTERUS THROUGH ABDOMEN WITH PARTIAL REMOVAL OF VAGINA	$991.85
58210	REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF LYMPH NODES	$1,320.62
58240	REMOVAL OF MALIGNANT UTERUS, CERVIX, LYMPH NODES, AND BLADDER WITH TRANSPLANT	$1,849.01
58260	REMOVAL OF UTERUS THROUGH VAGINA, 250.0 G OR LESS	$591.29
58262	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, 250.0 G OR LESS	$652.63
58263	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH	$712.17
58267	REMOVAL OF UTERUS WITH REPAIR FOR INCONTINENCE, 250.0 G OR LESS	$722.94
58270	REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA, 250.0 G OR LESS	$650.62
58275	REMOVAL OF UTERUS AND VAGINA	$714.50
58280	REMOVAL OF UTERUS AND VAGINA WITH REPAIR OF HERNIATED BOWEL INTO RECTUM OR	$720.14
58285	REMOVAL OF UTERUS, VAGINA, AND PELVIC LYMPH NODES THROUGH VAGINA	$864.51
58290	REMOVAL OF UTERUS THROUGH VAGINA, MORE THAN 250.0 G	$807.83
58291	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, MORE THAN 250.0 G	$888.17
58292	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH	$940.29
58294	REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA. 250.0 G OR MORE	$866.46
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION	$51.59
58301	REMOVAL OF IUD	$47.15
58310	ARTIFICIAL INSEMINATION;	$0.00
58311	ARTIFICIAL INSEMINATION; WITH SPERM WASHING AND CAPACITATION	$0.00
58320	INSUFFLATION OF UTERUS AND TUBES WITH AIR AND CO2	$0.00
58340	INSERTION OF TUBE AND INTRODUCTION OF CONTRAST FOR X-RAY OF UTERUS AND	$38.69
58345	INSERTION OF TUBE INTO FALLOPIAN TUBE	$213.03
58346	INSERTION OF CAPSULE INTO UTERUS FOR RADIATION THERAPY	$302.67
58350	INJECTION OF X-RAY CONTRAST INTO FALLOPIAN TUBE	$56.65
58353	DESTRUCTION OF LINING OF UTERUS	$167.34
58356	DESTRUCTION OF LINING OF UTERUS USING ULTRASOUND GUIDANCE	$272.46
58400	REPOSITIONING OF UTERUS	$334.02
58410	REPOSITIONING OF UTERUS WITH REMOVAL OF NERVE	$551.60
58500	HYSTEROSALPINGOSTOMY	$0.00
58520	REPAIR OF RUPTURED UTERUS	$503.86
58540	REPAIR OF ABNORMAL UTERUS	$610.80
58541	PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, 250.0 G	$565.62
58542	PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING	$625.98

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
58543	PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, MORE	$636.34
58544	PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING	$688.37
58545	REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, 250.0 G OR LESS	$648.58
58546	REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, MORE THAN 250.0 G	$818.05
58548	REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF AORTIC	$1,203.89
58550	REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, 250.0 G OR LESS	$659.77
58552	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE,	$631.57
58553	REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, MORE THAN 250.0	$813.79
58554	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE,	$806.59
58555	DIAGNOSTIC EXAM OF UTERUS USING AN ENDOSCOPE	$147.79
58558	BIOPSY OF LINING OF UTERUS AND/OR REMOVAL OF POLYP USING AN ENDOSCOPE	$215.73
58559	RELEASE OF SCAR TISSUE OF UTERUS USING AN ENDOSCOPE	$275.75
58560	RELEASE OF SCAR TISSUE OF UTERUS AND RELEASE OR REMOVAL AND SEPTUM USING AN	$304.09
58561	REMOVAL OF GROWTH OF MUSCLE OF UTERUS USING AN ENDOSCOPE	$426.54
58562	REMOVAL OF FOREIGN BODY IN UTERUS USING AN ENDOSCOPE	$212.31
58563	EXAM OF UTERUS WITH DESTRUCTION OF LINING OF UTERUS USING AN ENDOSCOPE	$285.73
58565	PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE	$336.69
58570	REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, 250.0 G OR LESS	$460.67
58571	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE,	$504.43
58572	REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, MORE THAN 250.0 G	$570.28
58573	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE,	$643.31
58575	REMOVAL OF UTERUS FOR REMOVAL OF GROWTH USING AN ENDOSCOPE	$1,167.49
58578	OTHER PROCEDURE ON UTERUS USING AN ENDOSCOPE	$0.00
58579	OTHER PROCEDURE ON UTERUS ACCESSED THROUGH VAGINA USING AN ENDOSCOPE	$0.00
58600	TYING OR INCISION OF FALLOPIAN TUBES	$224.12
58605	TYING OR INCISION OF FALLOPIAN TUBES DURING SAME HOSPITALIZATION	$203.59
58615	TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA	$205.58
58660	REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES USING AN ENDOSCOPE	$500.64
58661	REMOVAL OF OVARIES AND/OR TUBES USING AN ENDOSCOPE	$510.94
58662	DESTRUCTION OR REMOVAL OF OVARY OR GROWTH OF PELVIS USING AN ENDOSCOPE	$508.46
58670	DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE	$288.81
58671	BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE	$298.17
58672	REPAIR OF UTERINE TUBE TISSUE NEAR OVARY USING AN ENDOSCOPE	$548.34
58673	REPAIR OF UTERINE TUBE USING AN ENDOSCOPE	$583.63
58674	DESTRUCTION OF GROWTH OF UTERUS USING AN ENDOSCOPE WITH ULTRASOUND GUIDANCE AN	$512.17
58679	OTHER PROCEDURE ON FALLOPIAN TUBE OR OVARY USING AN ENDOSCOPE	$0.00
58700	REMOVAL OF UTERINE TUBES	$453.95
58720	REMOVAL OF UTERINE TUBES AND OVARIES	$537.32
58740	REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES	$531.20
58750	RELEASE OF BLOCKED UTERINE TUBE	$636.11
58752	RECONNECTION OF FALLOPIAN TUBES FOLLOWING TUBAL LIGATION	$638.01
58760	REPAIR OF BLOCKED OVARIAN END OF UTERINE TUBE	$555.89
58770	REPAIR OF BLOCKED UTERINE TUBE OPENING	$592.06
58800	DRAINAGE OF CYSTS OF OVARIES THROUGH VAGINA	$221.06
58805	DRAINAGE OF CYSTS OF OVARIES THROUGH ABDOMEN	$329.00
58820	DRAINAGE OF ABSCESS OF OVARIES THROUGH VAGINA	$209.31
58822	DRAINAGE OF ABSCESS OF OVARIES THROUGH ABDOMEN	$426.98
58825	RELOCATION OF OVARIES BEHIND UTERUS	$421.25
58900	BIOPSY OF OVARIES	$314.19
58920	PARTIAL REMOVAL OF OVARIES	$426.37
58925	REMOVAL OF CYSTS OF OVARIES	$521.74
58940	REMOVAL OF OVARIES	$379.92
58943	REMOVAL OF OVARIES FOR OVARIAN CANCER	$870.14
58950	REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES	$747.59
58951	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES	$1,090.58
58952	REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES WITH REDUCTION OF	$1,196.09
58953	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES WITH	$1,357.80
58954	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES	$1,475.09
58956	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES	$968.79

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
58957	REMOVAL OF UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES FOR REDUCTION OF	$970.86
58958	REMOVAL OF UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES FOR REDUCTION OF	$1,073.86
58960	EXAM OF ABDOMINAL CAVITY WITH REMOVAL OR BIOPSY OF ABDOMINAL LINING OR LYMPH	$753.90
58970	REMOVAL OF EGGS FROM OVARIES	$163.09
58974	INJECTION OF FERTILIZED EGGS INTO UTERUS	$0.00
58976	INSERTION OF EGGS WITH SPERM INTO FALLOPIAN TUBES	$177.29
58980	LAPAROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	$0.00
58983	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	$0.00
58985	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS	$0.00
58986	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	$0.00
58987	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)	$0.00
58988	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPH	$0.00
58990	HYSTEROSCOPY; DIAGNOSTIC	$0.00
58992	HYSTEROSCOPY; WITH LYSIS OF INTRAUTERINE ADHESIONS OR RESECTION OF INTRAUTERINE	$0.00
58994	HYSTEROSCOPY; WITH REMOVAL OF SUBMUCOUS LEIOMYOMATA (ANY METHOD)	$0.00
58995	HYSTEROSCOPY	$0.00
58996	HYSTEROSCOPY; WITH ENDOMETRIAL ABLATION (ANY METHOD)	$0.00
58999	OTHER PROCEDURE ON FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	$375.03
59000	REMOVAL OF SAMPLE OF AMNIOTIC FLUID SURROUNDING FETUS FOR DIAGNOSIS	$60.73
59001	REMOVAL OF AMNIOTIC FLUID TO REDUCE AMOUNT OF FLUID SURROUNDING FETUS USING	$123.09
59010	AMNIOSCOPY	$0.00
59011	AMNIOSCOPY (INTRAOVULAR)	$0.00
59012	REMOVAL OF BLOOD FROM FETAL UMBILICAL CORD	$163.11
59015	REMOVAL OF TISSUE FROM PLACENTA FOR DIAGNOSIS	$95.59
59020	FETAL CONTRACTION STRESS TEST	$53.69
59025	FETAL TEST	$32.85
59030	REMOVAL OF BLOOD FROM SCALP OF FETUS	$94.55
59031	FETAL SCALP BLOOD SAMPLING	$0.00
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN	$44.20
59051	INTERPRETATION OF FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN	$39.07
59070	INFUSION OF NORMAL SALINE INTO FETAL AMNIOTIC SAC USING ULTRASOUND GUIDANCE	$301.72
59072	OCCLUSION OF FETAL UMBILICAL CORD USING ULTRASOUND GUIDANCE	$351.19
59074	DRAINAGE OF FETAL FLUID USING ULTRASOUND GUIDANCE	$286.32
59076	PLACEMENT OF SHUNT INTO FETAL CHEST USING ULTRASOUND GUIDANCE	$287.42
59100	INCISION OF UTERUS	$511.91
59101	HYSTEROTOMY, ABDOMINAL, FOR REMOVAL OF HYDATIDIFORM MOLE	$0.00
59105	HYSTEROTOMY, ABDOMINAL, FOR LEGAL ABORTION	$0.00
59106	HYSTEROTOMY, ABDOMINAL, FOR LEGAL ABORTION	$0.00
59120	REMOVAL OF OVARIAN OR TUBAL PREGNANCY WITH REMOVAL OF OVARIES	$546.28
59121	REMOVAL OF OVARIAN OR TUBAL PREGNANCY	$511.29
59125	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	$0.00
59126	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	$0.00
59130	REMOVAL OF PREGNANCY CONTENTS IN ABDOMINAL CAVITY	$619.91
59136	REMOVAL OF TUBAL PREGNANCY AND REPAIR OF UTERINE WALL	$587.66
59140	REMOVAL OF IMPREGNATED OVUM OUTSIDE UTERUS	$289.90
59150	REMOVAL OF OVARIAN OR TUBAL PREGNANCY USING AN ENDOSCOPE	$468.62
59151	REMOVAL OF OVARIAN OR TUBAL PREGNANCY WITH REMOVAL OF OVARY AND/OR TUBE USING	$465.12
59160	SCRAPING OF LINING OF UTERUS AFTER DELIVERY	$158.35
59200	INSERTION OF DILATOR DEVICE INTO CERVIX	$29.09
59300	EPISIOTOMY OR REPAIR OF VAGINA	$90.70
59305	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	$0.00
59320	SUTURE OF CERVIX DURING PREGNANCY THROUGH VAGINA	$120.55
59325	SUTURE OF CERVIX DURING PREGNANCY THROUGH ABDOMEN	$193.77
59350	REPAIR OF TEAR OF UTERUS	$228.36
59351	HYSTERORRHAPHY OF RUPTURED UTERUS	$0.00
59400	VAGINAL DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	$1,113.88
59409	VAGINAL DELIVERY	$620.40
59410	VAGINAL DELIVERY WITH POST DELIVERY CARE	$684.96
59412	TURNING OF FETUS THROUGH EXTERNAL MANIPULATION	$86.93

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
59414	DELIVERY OF PLACENTA	$82.49
59420	ANTEPARTUM CARE ONLY (SEPARATE PROCEDURE)	$0.00
59425	PREDELIVERY CARE, 4 TO 6 VISITS	$256.60
59426	PREDELIVERY CARE, 7 OR MORE VISITS	$397.16
59430	POST DELIVERY CARE	$84.38
59510	CESAREAN DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	$1,500.00
59514	CESAREAN DELIVERY	$930.03
59515	CESAREAN DELIVERY WITH CARE AFTER DELIVERY	$1,000.00
59525	CESAREAN DELIVERY WITH REMOVAL OF UTERUS	$355.67
59540	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	$0.00
59541	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	$0.00
59560	CESAREAN SECTION WITH HYSTERECTOMY, SUBTOTAL, INCLUDING	$0.00
59561	CESAREAN SECTION WITH HYSTERECTOMY, SUBTOTAL, INCLUDING	$0.00
59580	CESAREAN SECTION WITH HYSTERECTOMY, TOTAL, INCLUDING	$0.00
59581	CESAREAN SECTION WITH HYSTERECTOMY, TOTAL, INCLUDING	$0.00
59610	VAGINAL DELIVERY AND CARE BEFORE AND AFTER DELIVERY AFTER PREVIOUS CESAREAN	$1,093.81
59612	VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	$673.80
59614	VAGINAL DELIVERY AND CARE AFTER DELIVERY AFTER PRIOR CESAREAN DELIVERY	$732.38
59618	CESAREAN DELIVERY AND CARE BEFORE AND AFTER DELIVERY FOLLOWING ATTEMPTED	$1,233.70
59620	CESAREAN DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AFTER PREVIOUS CESAREAN	$784.68
59622	CESAREAN DELIVERY WITH CARE AFTER DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT	$847.42
59800	TREATMENT OF SPONTANEOUS ABORTION, FIRST TRIMESTER	$0.00
59801	TREATMENT OF SPONTANEOUS ABORTION, FIRST TRIMESTER	$0.00
59810	TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER	$0.00
59811	TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER	$0.00
59812	TREATMENT OF MISCARRIAGE	$187.22
59820	TREATMENT OF MISCARRIAGE DURING FIRST TRIMESTER	$216.21
59821	TREATMENT OF MISCARRIAGE DURING SECOND TRIMESTER	$214.16
59830	TREATMENT OF MISCARRIAGE FROM INFECTION	$305.79
59840	INDUCED ABORTION BY DILATION AND SCRAPING OF UTERINE	$172.92
59841	INDUCED ABORTION BY DILATION	$263.62
59850	INDUCED ABORTION BY AMNIOTIC FLUID INJECTION	$273.77
59851	INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID WITH DILATION AND REMOVAL OF	$284.59
59852	INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID	$393.30
59855	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY	$292.02
59856	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH DILATION AND REMOVAL	$352.77
59857	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH INCISION OF UTERUS	$434.41
59866	ELIMINATION OF FETUSES OF A MULTIFETAL PREGNANCY	$185.70
59870	REMOVAL OF ABNORMAL PREGNANCY CONTENTS WITH SCRAPING OF UTERINE WALL	$276.37
59871	REMOVAL OF SUTURE OF CERVIX UNDER ANESTHESIA	$102.03
59897	OTHER PROCEDURE ON FETUS	$0.00
59898	OTHER MATERNITY CARE AND DELIVERY PROCEDURE USING AN ENDOSCOPE	$0.00
59899	OTHER MATERNITY CARE AND DELIVERY PROCEDURE	$0.00
60000	INCISION AND DRAINAGE OF CYST OF THYROID DUCT	$86.15
60100	NEEDLE BIOPSY OF THYROID THROUGH SKIN	$50.86
60200	INCISION OF CYST OR GROWTH OF THYROID	$475.53
60210	PARTIAL REMOVAL OF THYROID LOBE ON SIDE OF NECK	$558.64
60212	PARTIAL REMOVAL OF THYROID LOBES ON BOTH SIDES OF NECK AND CONNECTING TISSUE	$742.08
60220	REMOVAL OF THYROID LOBE ON SIDE OF NECK	$545.93
60225	REMOVAL OF THYROID LOBE ON SIDE OF NECK AND PARTIAL REMOVAL OF THYROID LOBE ON	$707.59
60240	REMOVAL OF THYROID	$782.77
60252	REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH LIMITED NECK REMOVAL	$912.70
60254	REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH EXTENSIVE NECK REMOVAL	$1,225.94
60260	REMOVAL OF REMAINING THYROID TISSUE FROM PRIOR OPERATION	$652.67
60261	THYROIDECTOMY, SECONDARY	$0.00
60270	REMOVAL OF THYROID FROM UNDER BREASTBONE	$941.96
60271	REMOVAL OF THYROID THROUGH CHEST OR BACK	$776.92
60280	REMOVAL OF CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT	$361.02
60281	REMOVAL OF RECURRENT CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT	$428.90

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
60300	ASPIRATION AND/OR INJECTION OF CYST OF THYROID	$25.85
60500	REMOVAL OR EXPLORATION OF PARATHYROID GLANDS	$784.83
60502	REMOVAL OR RE-EXPLORATION OF PARATHYROID GLANDS	$934.53
60505	REMOVAL OR EXPLORATION OF PARATHYROID GLANDS AND BREAST BONE TISSUE	$1,037.98
60510	TRANSPLANTATION OF PARATHYROID GLAND(S) DURING THYROIDECTOMY	$0.00
60512	REMOVAL AND REIMPLANTATION OF PARATHYROID TISSUE	$195.50
60520	REMOVAL OF THYMUS GLAND THROUGH NECK	$902.32
60521	REMOVAL OF THYMUS GLAND THROUGH STERNUM OR CHEST	$1,020.68
60522	REMOVAL OF THYMUS GLAND SURROUNDING LYMPH NODES THROUGH STERNUM OR CHEST	$1,160.17
60540	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN	$810.40
60545	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN WITH REMOVAL OF GROW	$959.47
60550	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	$0.00
60555	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	$0.00
60600	REMOVAL OF GROWTH OF CAROTID ARTERY	$947.39
60605	REMOVAL OF CAROTID ARTERY AND GROWTH	$1,041.27
60650	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN USING AN ENDOSCOPE	$807.07
60659	OTHER PROCEDURE ON ENDOCRINE SYSTEM USING AN ENDOSCOPE	$0.00
60699	OTHER PROCEDURE ON ENDOCRINE SYSTEM	$0.00
61000	INITIAL REMOVAL OF CEREBROSPINAL FLUID FROM SKULL BONE SOFT SPOT, INFANT	$87.25
61001	SUBSEQUENT ASPIRATION OF CEREBROSPINAL FLUID FROM INFANT SKULL BONE SOFT SPOT	$81.76
61020	REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN FOR DIAGNOSIS	$97.60
61026	REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN AND INJECTION OF SUBSTANCE	$111.31
61050	REMOVAL OF CEREBROSPINAL FLUID FROM UPPER SPINE	$81.80
61055	SPINAL PUNCTURE IN UPPER SPINE WITH INJECTION OF SUBSTANCE	$108.48
61070	ASPIRATION OF CEREBROSPINAL FLUID AND INJECTION IN SHUNT TUBING OR RESERVOIR	$78.40
61105	CREATION OF OPENING IN SKULL FOR REMOVAL OF FLUID FROM BRAIN	$312.39
61106	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOLLOWED BY OTHER SURGER	$0.00
61107	CREATION OF OPENING IN SKULL FOR INSERTION OF BRAIN TUBE OR MONITORING DEVICE	$296.10
61108	CREATION OF OPENING IN SKULL FOR REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION	$617.54
61120	BURR HOLE FOR INJECTION INTO VENTRICLE OF BRAIN	$466.09
61130	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDI	$0.00
61140	BURR HOLE WITH DRAINAGE OR BIOPSY OF BRAIN OR GROWTH	$888.21
61150	BURR HOLE WITH DRAINAGE OF ABSCESS OR CYST OF BRAIN	$958.79
61151	BURR HOLE WITH SUBSEQUENT ASPIRATION OF ABSCESS OR CYST OF BRAIN	$554.54
61154	BURR HOLE WITH REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION OUTSIDE OR BELOW	$896.50
61155	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA,	$0.00
61156	BURR HOLE WITH ASPIRATION OF BLOOD ACCUMULATION OR CYST OF BRAIN	$944.90
61210	BURR HOLE FOR INSERTION OF BRAIN TUBE OR MONITORING DEVICE	$338.18
61215	INSERTION OF DEVICE FOR CONTINUOUS INFUSION IN BRAIN	$308.16
61250	BURR HOLE FOR EXPLORATION OF UPPER BRAIN	$566.02
61251	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY,	$0.00
61253	BURR HOLE FOR EXPLORATION OF LOWER BRAIN	$663.72
61304	REMOVAL OF SKULL BONE FOR EXPLORATION OF UPPER BRAIN	$1,288.38
61305	REMOVAL OF SKULL BONE FOR EXPLORATION OF LOWER BRAIN	$1,554.65
61310	CRANIECTOMY OR CRANIOTOMY, EVACUATION OF HEMATOMA,	$0.00
61311	CRANIECTOMY OR CRANIOTOMY, EVACUATION OF HEMATOMA,	$0.00
61312	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN UPPER BRAIN	$1,401.33
61313	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN UPPER BRAIN	$1,413.68
61314	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN	$1,412.58
61315	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN	$1,528.49
61316	PLACEMENT OF BONE GRAFT IN SKULL	$63.17
61320	REMOVAL OF SKULL BONE FOR DRAINAGE OF UPPER BRAIN ABSCESS	$1,346.46
61321	REMOVAL OF SKULL BONE FOR DRAINAGE OF LOWER BRAIN ABSCESS	$1,466.71
61322	REMOVAL OF SKULL BONE TO REDUCE BRAIN PRESSURE	$1,302.42
61323	REMOVAL OF SKULL BONE AND BRAIN LOBE TO REDUCE BRAIN PRESSURE	$1,347.98
61330	INCISION OF EYE BONE TO REDUCE PRESSURE	$1,166.58
61331	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL	$0.00
61333	EXPLORATION AND REMOVAL OF BONE GROWTH OF EYE SOCKET	$1,426.23
61340	INCISION OF SKULL TO REDUCE BRAIN PRESSURE	$1,010.43

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
61341	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL),	$0.00
61343	REMOVAL OF SKULL BASE BONE AND UPPER SPINE BONE TO RELEASE SPINAL CORD	$1,714.04
61345	REMOVAL OF BASE OF SKULL TO REDUCE PRESSURE ON BRAIN	$1,436.19
61450	REMOVAL OF SKULL BONE TO REDUCE FACIAL NERVE PRESSURE	$1,382.39
61458	REMOVAL OF SKULL BASE BONE FOR EXPLORATION OR RELEASE OF CRANIAL NERVES	$1,559.62
61460	REMOVAL OF SKULL BASE BONE TO SEVER CRANIAL NERVE	$1,552.59
61491	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	$0.00
61500	REMOVAL OF GROWTH OF BRAIN OR OTHER GROWTH OF SKULL BONE	$1,053.77
61501	REMOVAL OF INFECTED SKULL BONE	$871.64
61510	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN	$1,603.92
61512	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN MEMBRANE	$1,900.49
61514	REMOVAL OF SKULL BONE FOR REMOVAL OF UPPER BRAIN ABSCESS	$1,450.68
61516	REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF UPPER BRAIN	$1,447.85
61517	IMPLANTATION OF CHEMOTHERAPY AGENT INTO BRAIN	$54.88
61518	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN	$2,016.50
61519	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN MEMBRANE	$2,195.03
61520	REMOVAL OF SKULL BONE FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN GROWTH	$2,756.59
61521	REMOVAL OF SKULL BONE FOR REMOVAL OF SKULL BASE BONE GROWTH	$2,333.05
61522	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN ABSCESS	$1,532.92
61524	REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF BRAIN	$1,592.78
61526	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN	$2,593.02
61530	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN	$2,308.04
61531	IMPLANTATION OF BRAIN STRIP ELECTRODES FOR SEIZURE MONITORING	$863.69
61532	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY;	$0.00
61533	REMOVAL OF SKULL BONE FOR INSERTION OF BRAIN ELECTRODE FOR SEIZURE MONITORING	$1,093.90
61534	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES	$962.32
61535	REMOVAL OF SKULL BONE FOR REMOVAL OF ELECTRODE FROM BRAIN	$609.65
61536	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES WITH	$1,812.38
61537	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE	$1,250.16
61538	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE WITH MONITORING	$1,585.42
61539	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE) WITH	$1,690.60
61540	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE)	$1,508.86
61541	REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE	$1,501.39
61543	REMOVAL OF SKULL BONE FOR PARTIAL REMOVAL OF BRAIN	$1,462.13
61544	REMOVAL OF SKULL BONE FOR REMOVAL OR CLOTTING OF CEREBROSPINAL FLUID SITE	$1,461.91
61545	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF GROWTH OF PITUITARY GLAND	$2,198.30
61546	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF PITUITARY GLAND	$1,722.43
61548	REMOVAL OF GROWTH OF PITUITARY GLAND	$1,265.82
61550	REMOVAL OF SKULL BONE FOR REPAIR OF SINGLE SKULL SUTURE DEFECT PRESENT AT BIRTH	$733.77
61552	REMOVAL OF SKULL BONE FOR REPAIR OF MULTIPLE SKULL SUTURE DEFECTS PRESENT AT	$932.30
61553	CRANIECTOMY FOR CRANIOSTENOSIS EACH STAGE OF MULTIPLE STAGES	$0.00
61555	RECONSTRUCTION OF SKULL BY MULTIPLE BONE FLAPS	$0.00
61556	REMOVAL OF SKULL BONE FOR INCISION OF PREMATURELY CLOSED SKULL SUTURE	$1,118.05
61557	REMOVAL OF FRONTAL SKULL BONE FOR INCISION OF PREMATURELY CLOSED SKULL SUTURE	$1,146.79
61558	EXTENSIVE REMOVAL OF SKULL BONE FOR MULTIPLE SKULL SUTURE DEFECTS	$1,321.95
61559	EXTENSIVE REMOVAL OF SKULL BONE WITH BONE GRAFTS FOR MULTIPLE SKULL SUTURE	$1,713.64
61561	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT, INCLUDING SUTUROTOMY OR CRANIOT	$0.00
61562	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT,	$0.00
61563	REMOVAL OF GROWTH OF SKULL BONE	$1,383.83
61564	REMOVAL OF GROWTH OF SKULL BONE WITH RELEASE OF OPTIC NERVE	$1,645.74
61566	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO RELIEVE SEIZURE ACTIVITY	$1,500.94
61567	REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE FOR SEIZURES WITH MONITORING	$1,721.93
61570	REMOVAL OF FOREIGN BODY IN BRAIN	$1,252.79
61571	TREATMENT OF PENETRATING BRAIN WOUND	$1,359.27
61575	BIOPSY, RELEASE OF PRESSURE, OR REMOVAL OF GROWTH OF BRAIN STEM OF UPPER SPINAL	$1,921.86
61576	BIOPSY OF BRAIN STEM OR UPPER SPINAL CORD WITH SPLITTING OF TONGUE AND LOWER	$2,529.28
61580	REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN	$1,523.03
61581	REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN WITH THE REMOVAL OF THE	$1,711.58
61582	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN OUTSIDE BRAIN MEMBRANE	$1,624.98

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
61583	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHIN BRAIN MEMBRANE	$1,888.31
61584	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT ORBITAL EXENTERATION	$1,797.65
61585	REMOVAL OF FACIAL BONE AND EYEBALL TO APPROACH GROWTH OF BRAIN	$1,996.07
61586	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT BONE GRAFT	$1,344.89
61590	REMOVAL OF JAW BONE TO APPROACH GROWTH OF BRAIN	$2,105.65
61591	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN	$2,227.64
61592	REMOVAL OF CHEEK BONE AND SKULL TO APPROACH GROWTH OF BRAIN	$2,062.58
61595	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE	$1,503.46
61596	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE EAR	$1,805.30
61597	REMOVAL OF BASE SKULL BONE TO APPROACH GROWTH OF BRAIN	$1,939.46
61598	REMOVAL OF SKULL BONE TO APPROACH GROWTH OF BRAIN OR DEFECT AT SKULL BASE WITH	$1,714.92
61600	REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE OUTSIDE MEMBRANES COVERING	$1,302.50
61601	REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE WITHIN MEMBRANES COVERING	$1,448.08
61605	REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE OUTSIDE BRAIN MEMBRANE	$1,470.31
61606	REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE WITHIN BRAIN MEMBRANE	$2,020.58
61607	REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE OUTSIDE BRAIN MEMBRANE	$1,881.84
61608	REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE WITHIN BRAIN MEMBRANE	$2,196.32
61611	INCISION OR TYING OF CAROTID ARTERY AT SKULL BASE	$368.91
61613	DESTRUCTION OF ABNORMAL BLOOD VESSEL AT SKULL BASE	$2,143.09
61615	REMOVAL OF GROWTH OR TISSUE OF SKULL BASE OUTSIDE BRAIN MEMBRANE	$1,642.86
61616	REMOVAL OF GROWTH OR TISSUE OF SKULL BASE WITHIN BRAIN MEMBRANE	$2,250.28
61618	REPAIR OF BRAIN COVERING BY TISSUE OR SYNTHETIC GRAFT	$884.60
61619	REPAIR OF BRAIN COVERING BY VASCULAR OR COMBINED VASCULAR MUSCLE GRAFT	$1,070.72
61623	BALLOON OCCLUSION OF HEAD OR NECK ARTERY WITH REVIEW BY RADIOLOGIST	$399.97
61624	OCCLUSION OF CENTRAL NERVOUS SYSTEM OR SPINAL CORD ARTERY	$909.31
61626	OCCLUSION OF HEAD OR NECK ARTERY	$743.41
61630	BALLOON DILATION OF BLOOD VESSEL IN HEAD	$0.00
61635	INSERTION OF STENT IN BLOOD VESSEL OF HEAD	$0.00
61640	BALLOON DILATION OF BLOOD VESSEL SPASM IN HEAD	$0.00
61641	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN SAME VESSEL FAMILY	$0.00
61642	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN DIFFERENT VESSEL	$0.00
61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY	$476.99
61650	INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND	$326.17
61651	INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND	$138.86
61680	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN	$1,769.67
61682	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN	$3,049.05
61684	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN	$2,125.53
61686	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN	$3,193.88
61690	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN	$1,635.70
61692	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN	$2,532.51
61697	REPAIR OF COMPLEX ANEURYSM OF NECK ARTERY	$2,369.46
61698	REPAIR OF COMPLEX ANEURYSM OF BACK OF BRAIN ARTERY	$2,275.15
61700	REPAIR OF SIMPLE ANEURYSM OF NECK ARTERY	$2,555.11
61702	REPAIR OF SIMPLE ANEURYSM OF BACK OF BRAIN ARTERY	$2,554.42
61703	REPAIR OF ANEURYSM OF NECK ARTERY WITH CLAMP	$918.22
61705	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CLAMPING NECK ARTERY	$1,940.02
61708	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING CLOT USING ELECTRICITY	$1,617.98
61710	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING OBSTRUCTION	$1,342.23
61711	CONNECTION OF ARTERIES OF HEAD	$2,012.93
61712	MICRODISSECTION, INTRACRANIAL OR SPINAL PROCEDURE (LIST SEPARATELY IN ADDITION T	$0.00
61720	COMPUTER-ASSISTED CREATION OF GROWTH OF BRAIN OF GLOBUS PALLIDUS OR THALAMUS	$1,002.65
61735	COMPUTER-ASSISTED CREATION OF GROWTH OF BRAIN OF DEEP BRAIN STRUCTURE	$1,055.48
61750	COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN	$967.78
61751	COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN USING CT	$1,046.69
61760	COMPUTER-ASSISTED IMPLANTATION OF BRAIN ELECTRODES FOR SEIZURE MONITORING	$1,049.67
61770	COMPUTER-ASSISTED INSERTION OF TUBE OR PROBE FOR RADIATION PLACEMENT	$1,195.73
61780	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); FOR INTRODUCTION	$0.00
61781	COMPUTER-ASSISTED PROCEDURE INSIDE BRAIN	$145.92
61782	COMPUTER-ASSISTED PROCEDURE OUTSIDE MEMBRANE COVERING BRAIN	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
61783	COMPUTER-ASSISTED SPINAL PROCEDURE	$145.92
61790	COMPUTER-ASSISTED CREATION OF GROWTH OF FACE NERVE	$611.03
61791	COMPUTER-ASSISTED CREATION OF GROWTH OF BRAINSTEM	$765.42
61796	COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, FIRST GROWTH	$443.59
61797	COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, EACH ADDITIONAL GROWT	$119.33
61798	COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, FIRST GROWTH	$443.59
61799	COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, EACH ADDITIONAL	$164.96
61800	COMPUTER-ASSISTED RADIOSURGERY APPLICATION OF HEADFRAME	$84.78
61850	CREATION OF OPENING IN SKULL FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN	$699.38
61860	REMOVAL OF SKULL BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN BRAIN	$997.32
61863	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR	$893.47
61864	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR	$258.87
61867	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR	$1,363.66
61868	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR	$380.73
61880	REVISION OR REMOVAL OF BRAIN NEUROSTIMULATOR ELECTRODES	$358.15
61885	INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO SINGLE	$336.51
61886	INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO 2 OR MORE	$432.93
61888	REMOVAL OF BRAIN NEUROSTIMULATOR DEVICE	$257.28
62000	ELEVATION OF SIMPLE DEPRESSED BROKEN SKULL BONE	$534.41
62005	ELEVATION OF COMPLICATED DEPRESSED BROKEN SKULL BONE	$814.15
62010	ELEVATION OF DEPRESSED BROKEN SKULL BONE WITH REPAIR OF BRAIN	$1,124.32
62100	REMOVAL OF SKULL BONE FOR REPAIR OF CEREBROSPINAL FLUID LEAK	$1,260.09
62115	REDUCTION OF ENLARGED SKULL BONE	$1,071.55
62117	REDUCTION AND RESHAPING OF ENLARGED SKULL BONE	$1,404.89
62120	REPAIR OF HERNIATED BRAIN AND RECONSTRUCTION OF SKULL BONE	$1,210.60
62121	REMOVAL OF SKULL BONE FOR REPAIR OF HERNIATED BRAIN AT SKULL BASE	$1,164.92
62140	REPAIR OF SKULL BONE DEFECT, 5 CM OR LESS	$783.76
62141	REPAIR OF SKULL BONE DEFECT, MORE THAN 5.0 CM	$892.74
62142	REMOVAL OF SKULL BONE FLAP OR SKULL PLATE	$651.28
62143	REPLACEMENT OF SKULL BONE FLAP OR SKULL PLATE	$697.98
62145	REPAIR OF SKULL BONE DEFECT AND BRAIN	$995.12
62146	REPAIR OF SKULL BONE WITH GRAFT, 5.0 CM OR LESS	$843.96
62147	REPAIR OF SKULL BONE WITH GRAFT, MORE THAN 5.0 CM	$996.16
62148	INCISION AND RETRIEVAL OF SKULL BONE FOR GRAFT	$86.72
62160	INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$125.24
62161	REMOVAL OF BRAIN SCAR TISSUE OR DRAINAGE OF CYST AND INSERTION OR REMOVAL TUBE	$898.92
62162	DRAINAGE OF CYST OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$1,148.17
62164	REMOVAL OF GROWTH OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$1,244.20
62165	REMOVAL OF GROWTH OF PITUITARY USING AN ENDOSCOPE	$979.06
62180	CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN BRAIN	$1,101.56
62190	CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-ATRIAL, -JUGULAR, -AURICULAR	$665.86
62192	CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-PERITONEAL, -PLEURAL, OTHER TERMINUS	$738.58
62194	REPLACEMENT OR IRRIGATION OF TUBE IN MEMBRANES COVERING BRAIN	$206.84
62200	CREATION OF SPINAL FLUID DRAINAGE TRACT IN THIRD VENTRICLE OF BRAIN	$1,040.52
62201	COMPUTER-ASSISTED CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN THIRD	$761.93
62220	CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	$782.43
62223	CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-PERITONEAL, -PLEURAL, OTHER	$772.07
62225	REPLACEMENT OR IRRIGATION OF TUBE IN BRAIN	$313.32
62230	INSERTION OR REVISION OF CEREBROSPINAL FLUID DRAINAGE SHUNT VALVE OR TUBE	$599.10
62252	REPROGRAMMING OF CEREBROSPINAL FLUID SHUNT	$62.69
62256	REMOVAL OF CEREBROSPINAL FLUID SHUNT SYSTEM	$396.88
62258	REMOVAL AND INSERTION OF CEREBROSPINAL FLUID SHUNT SYSTEM	$839.04
62263	REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS OVER 2 DAYS OR MORE	$248.50
62264	REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS IN 1 DAY	$162.90
62267	ASPIRATION OF SPINAL DISC TISSUE FOR DIAGNOSTIC PURPOSES	$97.12
62268	ASPIRATION OF FLUID FROM CYST OF SPINAL CORD OR FLUID-FILLED CAVITY	$217.91
62269	BIOPSY OF SPINAL CORD WITH NEEDLE THROUGH SKIN	$202.42
62270	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST	$51.03
62272	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP	$65.87

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62273	INJECTION OF BLOOD OR BLOOD CLOT INTO SPINAL CANAL	$94.08
62280	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF NERVE TISSUE IN SPACE	$95.93
62281	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF UPPER SPINE NERVE TISSUE	$97.27
62282	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF LOWER SPINE NERVE TISSUE	$102.18
62284	INJECTION OF CONTRAST FOR IMAGING OF LOWER SPINAL CANAL	$78.52
62286	INJCTN PRCDR PNEUMDENCEPHALOGRPHY,LUMBAR	$0.00
62287	REMOVAL OF LOWER SPINE DISC TISSUE AT SINGLE OR MULTIPLE LEVELS USING	$420.88
62290	INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF LOWER SPINE	$131.61
62291	INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF MIDDLE OR UPPER SPINE	$126.12
62292	INJECTION FOR REMOVAL OF LOWER SPINE DISC	$431.10
62293	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,	$0.00
62294	INJECTION OF SUBSTANCE TO OCCLUDE SPINAL CORD ARTERY AND/OR VEIN	$519.82
62302	X-RAY OF UPPER SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$77.93
62303	X-RAY OF MIDDLE SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$79.18
62304	X-RAY OF LOWER SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$76.58
62305	X-RAY OF MULTIPLE REGIONS OF SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$79.98
62320	INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL	$64.61
62321	INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL USING IMAGING GUIDANCE	$69.61
62322	INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL	$52.93
62323	INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING IMAGING GUIDANCE	$63.61
62324	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL	$57.63
62325	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL	$66.09
62326	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL	$57.10
62327	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING	$60.70
62328	REMOVAL OF SPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST USING	$56.39
62329	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP USING IMAGING GUIDANCE	$70.03
62350	INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION	$308.61
62351	INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION	$496.00
62355	REMOVAL OF IMPLANTED TUBE IN SPINAL CANAL	$255.38
62360	INSERTION OF SPINAL CANAL DRUG INFUSION DEVICE BENEATH SKIN	$134.02
62361	INSERTION OF SPINAL CANAL DRUG INFUSION PUMP	$246.93
62362	INSERTION OF PROGRAMMABLE SPINAL CANAL DRUG INFUSION PUMP	$326.60
62365	REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE	$265.18
62367	ELECTRONIC ANALYSIS OF SPINAL CANAL DRUG INFUSION PUMP	$22.00
62368	ELECTRONIC ANALYSIS AND REPROGRAMMING OF SPINAL CANAL DRUG INFUSION PUMP	$33.72
62369	ELECTRONIC ANALYSIS REPROGRAMMING AND REFILL OF SPINAL CANAL DRUG INFUSION PUMP	$21.80
62370	ELECTRONIC ANALYSIS REPROGRAMMING AND REFILL OF SPINAL CANAL DRUG INFUSION PUMP	$29.14
62380	RELEASE OF LOWER SPINAL CORD AND/OR NERVE ROOT USING ENDOSCOPE	$0.00
63001	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF UPPER SPINAL	$955.82
63003	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL	$966.24
63005	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL	$898.89
63010	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, O	$0.00
63011	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF SACRAL SPINAL	$734.51
63012	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD OR NERVES	$906.15
63015	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF UPPER SPINAL	$1,166.02
63016	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL	$1,153.59
63017	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL	$961.89
63020	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD OR NERVES	$900.45
63021	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	$0.00
63030	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD OR NERVES	$738.67
63031	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	$0.00
63035	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER OR LOWER SPINAL CORD OR	$180.22
63040	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER SPINAL CORD	$1,126.14
63041	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED	$0.00
63042	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF LOWER SPINAL CORD	$1,046.52
63043	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER SPINAL CORD	$0.00
63044	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER OR LOWER	$0.00
63045	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD AND/OR NERVES,	$999.40
63046	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES,	$956.79

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
63047	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD AND/OR NERVES,	$882.74
63048	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, EACH	$186.23
63050	RECONSTRUCTION OF UPPER SPINE BONE WITH RELEASE OF UPPER SPINAL CORD, 2 OR MORE	$1,029.23
63051	RECONSTRUCTION OF UPPER SPINE BONE AND POSTERIOR BONY ELEMENTS WITH RELEASE OF	$1,174.55
63055	RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$1,307.28
63056	RELEASE OF LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$1,192.98
63057	RELEASE OF MIDDLE OR LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$267.29
63060	HEMILAMINECTOMY (LAMINECTOMY) FOR HERNIATED INTERVERTEBRAL	$0.00
63064	RELEASE OF MIDDLE SPINAL CORD OR NERVES THROUGH RIB AND SPINE JOINT, SINGLE	$1,413.88
63065	TRANSTHORACIC APPROACH FOR HERNIATED INTERVERTEBRAL DISK OR	$0.00
63066	RELEASE OF MIDDLE SPINAL CORD OR NERVES THROUGH RIB AND SPINE JOINT, EACH	$167.08
63075	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE	$1,103.69
63076	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH	$233.00
63077	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE	$1,174.80
63078	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH	$166.83
63081	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	$1,421.13
63082	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	$251.15
63085	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES,	$1,556.08
63086	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES,	$181.70
63087	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES,	$1,875.07
63088	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES,	$245.28
63090	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR	$1,605.39
63091	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR	$159.50
63101	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL	$1,568.27
63102	REMOVAL OF LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL	$1,568.27
63103	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR	$186.11
63170	REMOVAL OF SPINE BONE WITH INCISION OF SPINAL CORD	$1,147.51
63172	REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO SPINAL CANAL	$1,078.66
63173	REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO LUNG OR ABDOMEN	$1,179.10
63185	REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, 1-2 SEGMENTS	$866.90
63190	REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, MORE THAN 2 SEGMENTS	$1,039.16
63191	REMOVAL OF SPINE BONE WITH SEVERING OF SPINAL ACCESSORY NERVE	$920.89
63192	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	$0.00
63197	PARTIAL REMOVAL OF SPINE BONE WITH INCISION OF BOTH MIDDLE SPINAL CORD TRACTS	$1,093.77
63200	REMOVAL OF LOWER SPINE BONE WITH RELEASE OF FRAYED SPINAL CORD	$999.37
63210	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	$0.00
63215	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	$0.00
63220	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	$0.00
63225	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	$0.00
63240	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	$0.00
63241	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	$0.00
63242	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	$0.00
63250	REMOVAL OF UPPER SPINE BONE AND ARTERY-VEIN MALFORMATION	$2,024.60
63251	REMOVAL OF MIDDLE SPINE BONE AND ARTERY-VEIN MALFORMATION	$2,024.89
63252	REMOVAL OF MIDDLE AND LOWER SPINE BONE AND ARTERY-VEIN MALFORMATION	$2,106.70
63265	REMOVAL OF UPPER SPINE BONE AND GROWTH OUTSIDE SPINE MEMBRANE	$1,245.95
63266	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE	$1,321.52
63267	REMOVAL OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,063.61
63268	REMOVAL OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE	$931.00
63270	REMOVAL OF UPPER SPINE BONE AND GROWTH WITHIN SPINE MEMBRANE	$1,394.55
63271	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE	$1,539.21
63272	REMOVAL OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE	$1,411.69
63273	REMOVAL OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE	$1,280.33
63275	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,393.78
63276	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE	$1,373.20
63277	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,226.48
63278	REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE	$1,209.19
63280	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE,	$1,621.05
63281	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE,	$1,599.67

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63282	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE,	$1,474.94
63283	REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE	$1,297.20
63285	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE,	$1,861.60
63286	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE,	$1,913.64
63287	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE,	$1,912.98
63290	REMOVAL OR BIOPSY OF GROWTH OF SPINE BONE OUTSIDE AND WITHIN SPINE MEMBRANE	$1,953.54
63295	RECONSTRUCTION OF SPINE BONE FOLLOWING SPINAL PROCEDURE	$231.16
63300	REMOVAL OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,276.06
63301	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, TRANSTHORACIC	$1,402.98
63302	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, THORACOLUMBAR	$1,460.08
63303	REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE,	$1,494.60
63304	REMOVAL OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE	$1,596.05
63305	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, TRANSTHORACIC	$1,636.86
63306	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, THORACOLUMBAR	$1,650.31
63307	REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE WITHIN SPINE MEMBRANE,	$1,607.85
63308	REMOVAL OF GROWTH OF SPINE BONE	$270.46
63600	COMPUTER-ASSISTED CREATION OF GROWTH OF SPINAL CORD	$675.34
63610	COMPUTER-ASSISTED STIMULATION OF SPINAL CORD	$402.31
63620	COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, FIRST GROWTH	$443.59
63621	COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, EACH ADDITIONAL GROWTH	$137.20
63650	INSERTION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY THROUGH SKIN	$358.00
63652	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES INTRADURAL (SPINAL COR	$0.00
63655	REMOVAL OF SPINE BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODE PLATE IN SPINE	$616.30
63656	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ENDODURAL	$0.00
63657	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBDURAL	$0.00
63658	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBARACHNOID	$0.00
63661	INSERTION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY USING FLUOROSCOPIC GUIDANCE	$149.56
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE	$336.70
63663	REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY USING FLUOROSCOPIC GUIDANCE	$225.02
63664	REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE	$350.26
63685	INSERTION OF SPINAL NEUROSTIMULATOR GENERATOR OR RECEIVER	$395.96
63688	REMOVAL OR REVISION OF NEUROSTIMULATOR GENERATOR OR RECEIVER	$311.41
63700	REPAIR OF SPINAL CORD DEFECT, 5.0 CM OR LESS	$854.03
63702	REPAIR OF SPINAL CORD DEFECT, MORE THAN 5.0 CM	$963.39
63704	REPAIR OF SPINA BIFIDA, 5.0 CM OR LESS	$1,083.99
63706	REPAIR OF SPINA BIFIDA, MORE THAN 5.0 CM	$1,193.94
63707	REPAIR OF CEREBROSPINAL FLUID LEAK	$671.89
63708	REPAIR DURAL/CSF LEAK	$0.00
63709	REPAIR OF CEREBROSPINAL FLUID LEAK WITH PARTIAL REMOVAL OF VERTEBRA	$845.73
63710	PLACEMENT OF SPINAL CORD GRAFT	$742.15
63740	CREATION OF CEREBROSPINAL FLUID SHUNT WITH PARTIAL REMOVAL OF VERTEBRA	$684.14
63741	CREATION OF CEREBROSPINAL FLUID SHUNT	$476.90
63744	REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT	$475.29
63746	REMOVAL OF LOWER SPINAL CANAL SHUNT	$339.09
64400	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO FACE NERVE	$39.26
64405	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER NECK AND BACK OF HEAD	$47.73
64408	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO VAGUS NERVE	$58.77
64415	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO ARM NERVE BUNDLE	$50.44
64416	INJECTION OF ANESTHETIC AGENT BY CONTINUOUS INFUSION AND/OR STEROID INTO ARM	$116.52
64417	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER ARM AND SHOULDER NERVE	$55.93
64418	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SUPRASCAPULAR SHOULDER NERVE	$48.47
64420	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO RIB NERVE	$47.71
64421	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO MULTIPLE RIB NERVES FOR	$66.30
64425	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER ABDOMEN AND GROIN NERVE	$64.65
64430	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO EXTERNAL GENITALS AND ANUS	$59.01
64435	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE	$53.48
64445	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER BACK AND LEG NERVE	$50.49
64446	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER	$121.82
64447	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH NERVE	$56.86

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
64448	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH	$111.95
64449	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LOWER BACK NERVE	$112.15
64450	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO OTHER NERVE OR BRANCH	$45.03
64451	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SPINE AND PELVIS NERVE USING	$50.56
64454	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO KNEE NERVE BRANCH USING	$52.29
64455	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO FOOT NERVE	$23.56
64461	INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE,	$54.59
64462	INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE,	$34.29
64463	INJECTION OF ANESTHETIC AGENT THROUGH TUBE INTO THORACIC VERTEBRA USING IMAGING	$53.38
64479	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE	$78.80
64480	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE	$54.51
64483	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING	$67.16
64484	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING	$47.17
64486	INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE USING	$39.80
64487	CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE	$45.71
64488	INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH SIDES	$49.66
64489	CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH	$55.35
64490	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE	$52.70
64491	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND	$29.84
64492	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD	$30.43
64493	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE	$44.89
64494	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND	$25.51
64495	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD	$26.10
64505	INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE	$49.57
64510	INJECTION OF ANESTHETIC AGENT INTO SYMPATHETIC NERVE BUNDLE	$49.70
64517	INJECTION OF ANESTHETIC AGENT INTO SACRAL NERVE BUNDLE	$88.29
64520	INJECTION OF ANESTHETIC AGENT INTO MIDDLE OR LOWER SPINE SYMPATHETIC NERVE	$54.25
64530	INJECTION OF ANESTHETIC AGENT INTO ABDOMINAL SYMPATHETIC NERVE BUNDLE	$69.29
64553	INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE	$103.05
64555	INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE THROUGH SKIN	$85.39
64561	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY	$387.86
64566	INSERTION OF LOWER LEG NEUROSTIMULATOR ELECTRODE	$18.55
64568	INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR	$411.94
64569	REVISION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES	$378.03
64570	REMOVAL OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES	$330.08
64575	INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE	$234.46
64580	INSERTION OF MUSCLE NEUROSTIMULATOR ELECTRODES	$220.87
64581	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE	$555.71
64585	REVISION OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	$105.96
64590	INSERTION OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR GENERATOR	$139.81
64595	REVISION OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR GENERATOR	$98.94
64600	DESTRUCTION OF FIRST DIVISION OF FACE NERVE BRANCH	$157.01
64605	DESTRUCTION OF SECOND AND THIRD DIVISION OF FACE NERVE BRANCH	$222.34
64610	DESTRUCTION OF FACE NERVE BRANCH UNDER X-RAY MONITORING	$407.37
64611	INJECTION OF CHEMICAL FOR PARALYSIS OF SALIVARY GLANDS ON BOTH SIDES OF MOUTH	$58.02
64612	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF FACE	$92.20
64615	INJECTION OF CHEMICAL FOR PARALYSIS OF FACIAL AND NECK NERVE MUSCLES ON BOTH	$78.38
64616	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF NECK EXCLUDING	$66.67
64617	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF VOICE BOX	$72.30
64620	INJECTION OF AGENT TO DESTROY RIB NERVE	$105.63
64624	DESTRUCTION OF NERVE BRANCHES OF KNEE USING IMAGING GUIDANCE	$94.71
64625	DESTRUCTION OF NERVES SUPPLYING JOINT BETWEEN SPINE AND PELVIS USING IMAGING	$124.87
64630	DESTRUCTION OF EXTERNAL GENITAL NERVE	$125.14
64632	DESTRUCTION OF FOOT NERVE	$42.52
64633	DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING	$147.95
64634	DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING	$43.61
64635	DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING	$144.94
64636	DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING	$37.94
64640	DESTRUCTION OF PERIPHERAL NERVE OR BRANCH	$115.08

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
64642	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4	$67.31
64643	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4	$44.57
64644	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	$73.49
64645	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	$51.04
64646	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 1-5 MUSCLES	$72.81
64647	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCLES	$83.93
64650	INJECTION OF CHEMICAL FOR PARALYSIS OF UNDERARM SWEAT GLANDS	$27.47
64653	INJECTION OF CHEMICAL FOR PARALYSIS OF SWEAT GLANDS	$34.71
64680	INJECTION OF AGENT TO DESTROY ABDOMINAL NERVE BUNDLE	$109.13
64681	INJECTION OF AGENT TO DESTROY PRESACRAL NERVE BUNDLE	$162.58
64702	RELEASE OF FINGER NERVE	$248.34
64704	RELEASE OF HAND OR FOOT NERVE	$260.27
64708	RELEASE OF ARM OR LEG NERVE	$364.73
64712	RELEASE OF SCIATIC NERVE	$438.31
64713	RELEASE OF MAJOR ARM OR LEG NERVE	$554.15
64714	RELEASE OF UPPER LEG NERVE	$452.00
64716	RELEASE AND/OR RELOCATION OF CRANIAL NERVE	$336.15
64718	RELEASE AND/OR RELOCATION OF ELBOW NERVE	$361.76
64719	RELEASE AND/OR RELOCATION OF WRIST NERVE	$289.07
64721	RELEASE AND/OR RELOCATION OF HAND NERVE	$287.36
64722	RELEASE OF UNSPECIFIED NERVE	$266.26
64726	RELEASE OF SOLE OF FOOT NERVE	$175.85
64727	RELEASE OF NERVE USING OPERATING MICROSCOPE	$167.82
64732	INCISION OR REMOVAL OF FOREHEAD, SCALP AND UPPER EYELID NERVE	$260.88
64734	INCISION OR REMOVAL OF LOWER EYELID, UPPER LIP, AND MOUTH NERVE	$277.91
64736	INCISION OR REMOVAL OF CHIN, LOWER LIP, AND JAW NERVE	$249.96
64738	INCISION OR REMOVAL OF TEETH AND JAW BONE NERVE	$305.05
64740	INCISION AND REMOVAL OF TONGUE NERVE	$297.27
64742	INCISION OR REMOVAL OF FACE NERVE	$332.90
64744	INCISION OR REMOVAL OF SCALP AND OVER EAR NERVE	$314.43
64746	INCISION OR REMOVAL OF ABDOMEN, GALLBLADDER, AND LIVER NERVE	$316.88
64755	INCISION OR REMOVAL OF STOMACH NERVE	$665.50
64760	INCISION OR REMOVAL OF ABDOMEN NERVE	$371.66
64762	TRANSECTION OR AVULSION OF	$0.00
64763	INCISION OR REMOVAL OF OUTSIDE PELVIC AND THIGH NERVE	$359.23
64764	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH	$0.00
64766	INCISION OR REMOVAL OF INSIDE PELVIC AND THIGH NERVE	$454.85
64768	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC,	$0.00
64771	INCISION OR REMOVAL OF CRANIAL NERVE	$407.11
64772	INCISION OR REMOVAL OF SPINAL NERVE	$408.90
64774	REMOVAL OF GROWTH OF SKIN NERVE	$249.83
64776	REMOVAL OF GROWTH OF FINGER OR TOE NERVE, SAME DIGIT	$249.00
64778	REMOVAL OF GROWTH OF FINGER OR TOE NERVE, EACH ADDITIONAL DIGIT	$158.98
64782	REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, FIRST NERVE	$308.39
64783	REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE	$191.07
64784	REMOVAL OF GROWTH OF PERIPHERAL NERVE	$478.06
64786	REMOVAL OR GROWTH OF SCIATIC NERVE	$820.78
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE	$216.88
64788	REMOVAL OF GROWTH OF SKIN NERVE OR NERVE LINING	$244.32
64790	REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING	$562.18
64792	REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING, EXTENSIVE	$728.68
64795	BIOPSY OF NERVE	$157.68
64802	REMOVAL OF UPPER SPINE SYMPATHETIC NERVES	$453.43
64803	SYMPATHECTOMY, CERVICAL	$0.00
64804	REMOVAL OF UPPER AND MIDDLE SPINE SYMPATHETIC NERVES	$769.25
64806	SYMPATHECTOMY, CERVICOTHORACIC	$0.00
64809	REMOVAL OF MIDDLE AND LOWER SPINE SYMPATHETIC NERVES	$688.81
64811	SYMPATHECTOMY, THORACOLUMBAR	$0.00
64814	REMOVE SYMPATHETIC NERVES	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
64818	REMOVAL OF LOWER SPINE SYMPATHETIC NERVES	$541.85
64819	SYMPATHECTOMY, LUMBAR	$0.00
64820	REMOVAL OF FINGER OR TOE SYMPATHETIC NERVE	$536.69
64821	REMOVAL OF LOWER ARM RADIAL ARTERY SYMPATHETIC NERVE	$456.60
64822	REMOVAL OF LOWER ARM ULNAR ARTERY SYMPATHETIC NERVE	$456.60
64823	REMOVAL OF HAND SYMPATHETIC NERVE	$526.04
64824	64818/PERIARTERIAL SYMPATHECTOMY	$0.00
64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE	$0.00
64831	SUTURE OF HAND OR FOOT DIGITAL NERVE, FIRST DIGITAL NERVE	$432.62
64832	SUTURE OF HAND OR FOOT DIGITAL NERVE, EACH ADDITIONAL DIGITAL NERVE	$234.23
64834	SUTURE OF HAND OR FOOT COMMON SENSORY NERVE	$457.54
64835	SUTURE OF HAND MEDIAN MOTOR NERVE	$531.05
64836	SUTURE OF FOREARM AND HAND NERVE	$546.47
64837	SUTURE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE	$305.47
64840	SUTURE OF FORELEG NERVE TO SOLE OF FOOT	$680.00
64856	SUTURE AND RELOCATION OF ARM OR LEG PERIPHERAL NERVE	$676.98
64857	SUTURE OF ARM OR LEG PERIPHERAL NERVE	$725.57
64858	SUTURE OF SCIATIC NERVE	$835.80
64859	SUTURE OF PERIPHERAL NERVE	$217.89
64861	SUTURE OF ARM NERVE BUNDLE	$976.31
64862	SUTURE OF LOWER SPINE NERVE BUNDLE	$1,156.04
64864	SUTURE OF FACE NERVE OUTSIDE SKULL	$619.37
64865	SUTURE OF FACE NERVE AT TEMPLE	$803.71
64866	CONNECTION OF FACE-SPINAL NERVES TO RESTORE FUNCTION TO THE FACE	$791.93
64868	CONNECTION OF FACE-HYPOGLOSSAL NERVES TO RESTORE FUNCTION TO THE FACE	$745.68
64872	DELAYED SUTURE NERVE REPAIR	$99.05
64874	SUTURE AND RELOCATION OF NERVE TO RESTORE FUNCTION	$146.64
64876	SUTURE OF NERVE WITH SHORTENING OF ARM OR LEG BONE	$160.29
64885	GRAFT OF HEAD OR NECK NERVE, 4.0 CM OR LESS	$884.87
64886	GRAFT OF HEAD OR NECK NERVE, MORE THAN 4.0 CM	$1,048.11
64890	GRAFT OF HAND OR FOOT NERVE , 4.0 CM OR LESS	$797.64
64891	GRAFT OF HAND OR FOOT NERVE, MORE THAN 4.0 CM	$793.31
64892	GRAFT OF ARM OR LEG NERVE, 4.0 CM OR LESS	$751.97
64893	GRAFT OF ARM OR LEG NERVE, MORE THAN 4.0 CM	$845.89
64895	GRAFT OF MULTIPLE HAND OR FOOT NERVES, 4.0 CM OR LESS	$958.01
64896	GRAFT OF MULTIPLE HAND OR FOOT NERVES, MORE THAN 4.0 CM	$1,084.15
64897	GRAFT OF MULTIPLE ARM OR LEG NERVES, 4.0 CM OR LESS	$905.58
64898	GRAFT OF MULTIPLE ARM OR LEG NERVES, MORE THAN 4.0 CM	$990.76
64901	GRAFT OF SINGLE STRAND OF NERVE, EACH ADDITIONAL NERVE	$556.80
64902	GRAFT OF MULTIPLE NERVE SECTIONS	$631.92
64905	TRANSFER OF NERVE TO INJURED NERVE, STAGE 1 OF 2	$675.81
64907	TRANSFER OF NERVE TO INJURED NERVE, STAGE 2 OF 2	$939.45
64910	REPAIR OF NERVE WITH GRAFT	$458.90
64911	REPAIR OF NERVE USING VEIN GRAFT	$556.87
64912	REPAIR OF NERVE USING NERVE GRAFT, FIRST STRAND	$496.42
64913	REPAIR OF NERVE USING NERVE GRAFT, EACH ADDITIONAL STRAND	$97.70
64999	OTHER PROCEDURE ON NERVOUS SYSTEM	$932.99
65091	REMOVAL OF EYE CONTENTS	$447.75
65093	REMOVAL OF EYE CONTENTS WITH INSERTION OF IMPLANT	$469.40
65101	REMOVAL OF EYEBALL	$478.48
65103	REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT	$506.40
65105	REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT ATTACHED TO MUSCLES	$556.00
65110	REMOVAL OF EYE CONTENTS AND EYE SOCKET BONE	$852.84
65112	REMOVAL OF EYE CONTENTS AND THERAPEUTIC REMOVAL OF EYE SOCKET BONE	$895.29
65114	REMOVAL OF EYE CONTENTS WITH MUSCLE OR FLAP GRAFT	$941.19
65130	INSERTION OF EYE IMPLANT IN SCLERAL SHELL AFTER EVISCERATION	$480.38
65135	INSERTION OF EYE IMPLANT AFTER REMOVAL OF EYE	$442.96
65140	INSERTION OF EYE IMPLANT ATTACHED TO MUSCLES AFTER REMOVAL OF EYE	$481.95
65150	REINSERTION OF EYE IMPLANT	$430.14

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
65155	REINSERTION OF EYE IMPLANT USING FOREIGN MATERIAL AND/OR ATTACHMENT TO MUSCLES	$566.60
65175	REMOVAL OF EYE IMPLANT	$431.60
65205	REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA)	$25.92
65210	REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA OR SCLERA)	$31.84
65220	REMOVAL OF FOREIGN BODY IN CORNEA	$27.67
65222	REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP	$34.83
65230	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM ANTERIOR CHAMBER, MAGNETIC EXTRACTION	$0.00
65235	REMOVAL OF FOREIGN BODY IN EYE OR LENS	$405.55
65240	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM LENS (WITHOUT EXTRACTION LENS), MAGNET	$0.00
65245	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM LENS (WITHOUT EXTRACTION LENS), NONMAG	$0.00
65260	REMOVAL OF FOREIGN BODY IN EYE WITH A MAGNET	$621.68
65265	REMOVAL OF FOREIGN BODY IN EYE	$717.72
65270	REPAIR OF LACERATED CONJUNCTIVA	$104.08
65272	REPAIR OF LACERATED CONJUNCTIVA USING FLAP OR GRAFT	$197.52
65273	REPAIR OF LACERATED CONJUNCTIVA USING FLAP OR GRAFT WITH HOSPITALIZATION	$244.04
65275	REPAIR OF LACERATED CORNEA	$227.74
65280	REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA	$464.80
65285	REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA WITH REPOSITION OR	$768.23
65286	REPAIR OF LACERATED CORNEA AND/OR SCLERA USING TISSUE GLUE	$296.76
65290	REPAIR OF WOUND OF EYE MUSCLE OR TENDON	$339.97
65300	DELIMITING KERATOTOMY	$0.00
65400	REMOVAL OF GROWTH OF CORNEA	$375.66
65410	BIOPSY OF CORNEA	$78.54
65420	REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA	$280.89
65426	REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA WITH GRAFT	$335.82
65430	SCRAPING OF CORNEA FOR DIAGNOSIS	$59.62
65435	REMOVAL OF OUTER LAYER OF CORNEA	$39.69
65436	REMOVAL OF OUTER LAYER OF CORNEA WITH APPLICATION OF CHELATING AGENT	$195.34
65450	DESTRUCTION OF GROWTH OF CORNEA	$232.50
65600	MULTIPLE PUNCTURES OF CORNEA	$165.44
65650	VENTI MASK	$0.00
65710	TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA	$733.62
65730	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (EXCEPT IN	$858.72
65750	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN APHAKIA)	$901.97
65755	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN	$897.20
65756	TRANSPLANTATION OF OUTER LAYER OF CORNEAL TISSUE	$624.63
65757	PREPARATION OF CORNEAL TISSUE FOR TRANSPLANT	$0.00
65765	TRANSPLANTATION OF DONOR CORNEA	$0.00
65767	TRANSPLANTATION OF DONOR CORNEAL TISSUE	$0.00
65770	INSERTION OF CORNEA PROSTHESIS	$945.89
65771	INCISION IN CORNEA TO CORRECT REFRACTION ERROR	$0.00
65772	INCISION OF CORNEA TO CORRECT ASTIGMATISM	$296.15
65775	REMOVAL OF CORNEAL TISSUE TO CORRECT ASTIGMATISM	$392.01
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE FOR WOUND HEALING	$47.29
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE WITH SUTURES FOR WOUND HEALING	$187.13
65780	TRANSPLANTATION OF FETAL SAC TISSUE TO CORNEA	$583.05
65781	TRANSPLANTATION OF STEM CELLS TO CORNEA	$884.08
65782	TRANSPLANTATION OF STEM CELLS FROM 1 CORNEA TO OTHER CORNEA	$762.72
65785	IMPLANTATION OF CORNEAL RING SEGMENTS	$248.83
65800	REMOVAL OF EYE FLUID	$103.10
65810	COMPLEX REMOVAL OF EYE FLUID	$340.60
65815	REMOVAL OF BLOOD FROM EYE	$322.51
65820	INCISION TO IMPROVE EYE FLUID FLOW	$534.43
65825	GONIOTOMY WITH GONIOPUNCTURE	$0.00
65830	GONIOPUNCTURE, WITHOUT GONIOTOMY	$0.00
65850	INSERTION OF EYE FLUID DRAINAGE TUBE	$632.31
65855	LASER REPAIR TO IMPROVE EYE FLUID FLOW	$219.07
65860	LASER REMOVAL OF SCAR TISSUE OF EYE	$176.13
65865	REMOVAL OF SCAR TISSUE IN EYE (GONIOSYNECHIAE)	$354.33

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
65870	REMOVAL OF SCAR TISSUE IN EYE (ANTERIOR SYNECHIAE)	$373.02
65875	REMOVAL OF SCAR TISSUE IN EYE (POSTERIOR SYNECHIAE)	$389.73
65880	REMOVAL OF CORNEAL SCAR TISSUE	$417.80
65900	REMOVAL OF OUTER LINING OF CORNEA	$613.68
65920	REMOVAL OF IMPLANTED LENS OF EYE	$489.70
65930	REMOVAL OF BLOOD CLOT OF EYE	$458.14
66020	INJECTION OF AIR OR LIQUID INTO EYE	$95.98
66030	INJECTION OF MEDICATION INTO EYE	$61.99
66130	REMOVAL OF GROWTH OF SCLERA	$395.05
66150	PARTIAL REMOVAL OF IRIS AND CREATION OF DRAINAGE HOLE FOR TREATMENT OF GLAUCOMA	$522.99
66155	PARTIAL REMOVAL OF IRIS USING HEAT FOR TREATMENT OF GLAUCOMA	$521.17
66160	REMOVAL OF SCLERA AND IRIS AND CREATION OF EYE FLUID DRAINAGE TRACT FOR	$615.31
66170	CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA	$709.96
66172	CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA WITH PREVIOUS	$819.06
66174	DILATION TO IMPROVE EYE FLUID FLOW	$630.44
66175	DILATION WITH INSERTION OF DEVICE OR STENT TO IMPROVE EYE FLUID FLOW	$694.73
66179	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW	$702.96
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW USING TISSUE GRAFT	$856.20
66183	INSERTION OF EYE FLUID DRAINAGE DEVICE	$689.18
66184	REVISION OF EYE FLUID DRAINAGE SHUNT	$514.89
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	$503.50
66225	REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT	$656.43
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF EYE	$374.80
66500	INCISION OF IRIS TO IMPROVE EYE FLUID FLOW	$235.23
66505	INCISION AND DRAINAGE OF EYE FLUID ACCUMULATION OF IRIS	$233.30
66600	REMOVAL OF IRIS AND GROWTH	$540.35
66605	REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW WITH PARTIAL	$739.65
66625	REMOVAL OF MARGIN OF IRIS TO IMPROVE EYE FLUID FLOW	$344.58
66630	REMOVAL OF SECTION OF IRIS TO IMPROVE EYE FLUID FLOW	$409.80
66635	PARTIAL REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW	$389.96
66680	REPAIR OF IRIS AND LENS	$345.19
66682	SUTURE OF IRIS AND LENS	$412.36
66700	DESTRUCTION OF LENS TISSUE	$319.77
66701	CYCLODIATHERMY; SUBSEQUENT	$0.00
66702	CILIARY BODY DESTRUCTION, ANY METHOD (EG, DIATHERMY, CRYOTHERAPY, LASER, DIALYSI	$0.00
66710	DESTRUCTION OF LENS TISSUE USING LASER	$319.52
66711	DESTRUCTION OF TISSUE ENCIRCLING LENS USING AN ENDOSCOPE	$384.19
66720	DESTRUCTION OF TISSUE ENCIRCLING LENS	$319.15
66721	CYCLOCRYOTHERAPY; SUBSEQUENT	$0.00
66741	CYCLODIALYSIS; SUBSEQUENT	$0.00
66761	CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING A LASER, PER SESSION	$205.55
66762	CREATION OF OPENING OF IRIS FOR EYE FLUID DRAINAGE USING A LASER	$224.50
66770	DESTRUCTION OF GROWTH OF IRIS USING A LASER	$251.09
66800	DISCISSION OF LENS CAPSULE; INCISIONAL TECHNIQUE (NEEDLING OF LENS), INITIAL	$0.00
66801	DISCISSION OF LENS CAPSULE; INCISIONAL TECHNIQUE (NEEDLING OF LENS), SUBSEQUENT	$0.00
66802	DISCISSION OF LENS CAPSULE; LASER SURGERY (ONE OR MORE STAGES)	$0.00
66820	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE BY STAB INCISION	$287.31
66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING A LASER	$147.41
66825	REPOSITIONING OF LENS PROSTHESIS	$491.52
66830	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE WITH SECTIONING OF CORNEA AND	$419.63
66840	ASPIRATION OF LENS MATERIAL BY ASPIRATION	$460.34
66850	ASPIRATION OF LENS MATERIAL BY FRAGMENTING AND ASPIRATION	$524.10
66852	REMOVAL OF LENS MATERIAL	$571.50
66915	EXPRESSION OF LENS, LINEAR, ONE OR MORE STAGES	$0.00
66920	REMOVAL OF LENS MATERIAL AND CAPSULE	$511.03
66930	REMOVAL OF LENS MATERIAL AND CAPSULE FOR DISLOCATED LENS	$590.37
66940	REMOVAL OF LENS MATERIAL AND PORTION OF LENS CAPSULE	$534.71
66945	EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY;	$0.00
66980	INSERT INTRAOCULAR LENS PROTHESIS; CAT. EXT.1 STG	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
66982	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	$778.50
66983	REMOVAL OF CATARACT AND CAPSULE WITH INSERTION OF PROSTHETIC LENS	$494.28
66984	REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	$584.09
66985	INSERTION OF PROSTHETIC LENS	$484.39
66986	EXCHANGE OF PROSTHETIC LENS	$673.14
66987	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER	$0.00
66988	REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMENT TO	$0.00
66999	OTHER PROCEDURE ON FRONT OF EYE	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA	$306.43
67010	PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA WITH MECHANICAL REMOVAL OF	$369.97
67015	ASPIRATION OR RELEASE OF EYE FLUID BETWEEN LENS AND RETINA	$416.20
67025	INJECTION OF SYNTHETIC EYE FLUID	$411.60
67027	IMPLANTATION OF EYE DRUG DELIVERY SYSTEM	$590.72
67028	INJECTION OF DRUG INTO EYE	$135.55
67030	CUTTING OF STRANDS OF EYE FLUID BETWEEN LENS AND RETINA	$318.92
67031	RELEASE OF SCAR TISSUE BETWEEN LENS AND RETINA USING A LASER	$181.47
67035	VTRCTMY MECHNCL PARS PLANA APPRCH W/WO RMVL LENS	$0.00
67036	REMOVAL OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA	$821.70
67039	DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA USING A LASER	$847.98
67040	DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA AND ALL OF RETINA	$1,214.68
67041	REMOVAL OF MEMBRANE OF RETINA	$595.81
67042	REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF	$680.36
67043	REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF SUBRETINAL MEMBRANE	$715.45
67101	REPAIR OF DETACHED RETINA BY COLD TREATMENT	$406.49
67105	REPAIR OF DETACHED RETINA USING A LASER	$365.66
67107	REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND RETINA	$881.22
67108	REPAIR OF DETACHED RETINA WITH DRAINAGE AND REMOVAL OF EYE FLUID BETWEEN LENS	$1,430.57
67110	REPAIR OF DETACHED RETINA BY INJECTION OF AIR OR GAS	$555.94
67113	COMPLEX REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND	$718.34
67115	RELEASE OF MATERIAL USED FOR RETINA REPAIR	$326.30
67120	REMOVAL OF IMPLANT MATERIAL FROM OUTSIDE OF EYE	$378.24
67121	REMOVAL OF IMPLANT MATERIAL FROM INSIDE OF EYE	$627.47
67141	HEAT OR FREEZING TREATMENT TO PREVENT DETACHMENT OF RETINA	$290.59
67145	PHOTOCOAGULATION TREATMENT TO PREVENT DETACHMENT OF RETINA	$266.00
67208	DESTRUCTION OF GROWTH OF RETINA BY HEAT OR FREEZING	$350.59
67210	DESTRUCTION OF GROWTH OF RETINA USING A LASER	$408.38
67218	DESTRUCTION OF GROWTH OF RETINA BY IMPLANTATION OF RADIATION SOURCE	$793.79
67220	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTOCOAGULATION	$564.34
67221	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC THER	$216.25
67225	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC	$26.23
67227	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA	$407.87
67228	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA USING LASER	$544.54
67229	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA, PRETERM INFANT	$519.84
67250	REPAIR OF DEFECT OF SCLERA	$517.69
67255	REPAIR OF DEFECT OF SCLERA WITH GRAFT	$572.28
67299	OTHER PROCEDURE ON BACK OF EYE	$738.96
67311	REALIGNMENT OF HORIZONTAL EYE MUSCLE	$402.54
67312	REALIGNMENT OF EYE BY REPAIR OF 2 HORIZONTAL MUSCLES	$503.99
67313	STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY PROCEDURE, ANY MU	$0.00
67314	REALIGNMENT OF VERTICAL EYE MUSCLE	$448.96
67316	REALIGNMENT OF MULTIPLE VERTICAL EYE MUSCLES	$558.10
67318	REALIGNMENT OF EYE MUSCLE AT UPPER INNER EDGE OF EYE	$429.51
67320	RELOCATION OF EYE MUSCLE TO RESTORE FUNCTION	$246.44
67331	REALIGNMENT OF EYE MUSCLE FOLLOWING INJURY OR EYE SURGERY	$233.85
67332	REALIGNMENT OF EYE MUSCLE COMPLICATED BY SCARRING OR RESTRICTIVE MUSCLE MOVEMEI	$255.37
67334	REALIGNMENT OF EYE MUSCLE BY SUTURE	$225.78
67335	PLACEMENT OF ADJUSTABLE SUTURES DURING EYE MUSCLE SURGERY	$133.83
67340	REALIGNMENT AND REPAIR OF DETACHED EYE MUSCLE	$280.91
67343	RELEASE OF EXTENSIVE SCAR TISSUE OF EYE	$407.43

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
67345	DESTRUCTION OF EYE MUSCLE BY INJECTION OF CHEMICAL	$126.45
67346	BIOPSY OF EYE MUSCLE	$125.95
67399	OTHER PROCEDURE ON EYE MUSCLE	$0.00
67400	EXPLORATION OF CAVITY BEHIND EYE	$630.29
67405	INCISION AND DRAINAGE OF CAVITY BEHIND EYE	$525.31
67412	REMOVAL OF GROWTH OF CAVITY BEHIND EYE	$642.90
67413	REMOVAL OF FOREIGN BODY IN CAVITY BEHIND EYE	$592.26
67414	REMOVAL OF BONE CAVITY BEHIND EYE FOR DECOMPRESSION	$667.35
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	$94.41
67420	REMOVAL OF BONE AND GROWTH OF CAVITY BEHIND EYE	$1,121.32
67430	REMOVAL OF BONE AND FOREIGN BODY IN CAVITY BEHIND EYE	$784.07
67440	REMOVAL OF BONE WITH DRAINAGE FROM CAVITY BEHIND EYE	$823.57
67445	REMOVAL OF BONE FROM CAVITY BEHIND EYE WITH BONE FLAP	$825.08
67450	EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP	$851.67
67500	INJECTION OF DRUG INTO CAVITY BEHIND EYE	$37.86
67505	INJECTION OF ALCOHOL INTO CAVITY BEHIND EYE	$33.49
67510	RETROBULBR INJ;RADGRPHY	$0.00
67515	INJECTION OF DRUG OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	$26.47
67550	INSERTION OF IMPLANT OUTSIDE EYE MUSCLES	$618.16
67560	REMOVAL OR REVISION OF IMPLANT OUTSIDE EYE MUSCLES	$608.73
67570	RELEASE OF OPTIC NERVE	$742.21
67599	OTHER PROCEDURE ON BONE CAVITY OF EYE	$0.00
67700	INCISION AND DRAINAGE OF ABSCESS OF EYELID	$64.21
67710	REMOVAL OF SUTURES BETWEEN UPPER AND LOWER EYELIDS	$54.79
67715	INCISION OF CORNER OF EYE AT EYELID	$65.79
67800	REMOVAL OF CHRONIC GROWTH OF EYELID	$59.08
67801	REMOVAL OF MULTIPLE CHRONIC GROWTHS OF SAME EYELID	$78.29
67805	REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS	$94.42
67808	REMOVAL OF CHRONIC EYELID GROWTH UNDER GENERAL ANESTHESIA AND/OR REQUIRING	$199.12
67810	BIOPSY OF EYELID	$58.85
67820	REMOVAL OF EYELASHES USING FORCEPS	$35.21
67825	REMOVAL OF EYELASHES	$71.81
67830	REMOVAL OF EYELASHES BY INCISION	$107.30
67835	REMOVAL OF EYELASHES WITH GRAFT	$325.77
67840	REMOVAL OF GROWTH OF EYELID	$90.12
67850	DESTRUCTION OF GROWTH OF EYELID MARGIN, 1.0 CM OR LESS	$81.46
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	$78.56
67880	CREATION OF PERMANENT EYELID MARGIN SCARRING	$216.64
67882	CREATION OF PERMANENT EYELID MARGIN SCARRING WITH RELOCATION OF EYELID TISSUE	$301.15
67900	REPAIR OF BROW PARALYSIS	$326.89
67901	REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING EXTERNAL	$421.77
67902	REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING INTERNAL	$424.71
67903	SHORTENING OR ADVANCEMENT OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR	$395.64
67904	REPAIR OF TENDON OF UPPER EYELID	$403.82
67906	SUSPENSION OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS	$374.41
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	$327.43
67909	REVISION OF SURGERY TO CORRECT DROOPING OR PARALYZED UPPER EYELID	$343.64
67911	CORRECTION OF WIDELY-OPENED UPPER EYELID	$339.60
67912	RESTORATION OF EYELID BLINKING FUNCTION WITH IMPLANT	$317.82
67914	SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT	$220.03
67915	REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT	$146.57
67916	REPAIR OF TURNING-OUTWARD EYELID DEFECT	$320.44
67917	EXTENSIVE REPAIR OF TURNING-OUTWARD EYELID DEFECT	$376.05
67921	SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT	$204.68
67922	REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT	$142.38
67923	REPAIR OF TURNING-INWARD EYELID DEFECT	$350.65
67924	EXTENSIVE REPAIR OF TURNING-INWARD EYELID DEFECT	$356.71
67930	SUTURE OF RECENT WOUND OF EYELID	$153.89
67935	REPAIR OF WOUND OF EYELID MARGIN	$313.08

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67938	REMOVAL OF EMBEDDED FOREIGN BODY IN EYELID	$63.32
67950	RECONSTRUCTION OF EYELID MARGIN	$371.29
67961	REMOVAL OF UP TO 1/4 OF EYELID MARGIN AND REPAIR OF EYELID	$353.02
67966	REMOVAL OF OVER 1/4 OF EYELID MARGIN AND REPAIR OF EYELID	$391.77
67971	RECONSTRUCTION OF UP TO 2/3 OF EYELID WITH TISSUE FROM OPPOSITE EYELID	$569.76
67973	RECONSTRUCTION OF LOWER EYELID BY TRANSFER OF EYELID TISSUE FROM OPPOSITE EYELID	$732.10
67974	RECONSTRUCTION OF UPPER EYELID WITH TISSUE FROM OPPOSITE EYELID	$741.54
67975	RECONSTRUCTION OF EYELID BY TRANSFER OF EYELID TISSUE FROM OPPOSITE EYELID	$435.69
67999	OTHER PROCEDURE ON EYELID	$0.00
68020	INCISION AND DRAINAGE OF CYST OF EYE	$62.96
68040	REMOVAL OF SCARS OF EYELID LINING DUE TO INFECTION	$33.35
68100	BIOPSY OF EYELID LINING	$56.12
68110	REMOVAL OF GROWTH OF EYELID LINING, 1.0 CM OR LESS	$83.77
68115	REMOVAL OF GROWTH OF EYELID LINING, MORE THAN 1.0 CM	$115.75
68130	REMOVAL OF GROWTH OF EYELID LINING AND SCLERA	$242.70
68135	DESTRUCTION OF GROWTH OF EYELID LINING	$85.37
68200	INJECTION INTO CONJUNCTIVA	$21.82
68320	REPAIR OF EYELID LINING WITH GRAFT FROM EXTERNAL EYE	$328.63
68325	REPAIR OF CONJUNCTIVA WITH GRAFT FROM CHEEK TISSUE	$438.26
68326	RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM OUTER EYE OR REARRANGEMENT	$427.00
68328	RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM CHEEK	$483.18
68330	RELEASE OF SCAR TISSUE FROM CONJUNCTIVA	$300.57
68335	RELEASE OF SCAR TISSUE FROM EYELIDS WITH GRAFT	$413.76
68340	RELEASE OF SCAR TISSUE FROM EYELIDS	$226.88
68360	PARTIAL RELOCATION OF CONJUNCTIVAL FLAP	$276.11
68362	RELOCATION OF CONJUNCTIVAL FLAP	$452.38
68371	HARVEST OF DONOR CONJUNCTIVA	$275.67
68399	OTHER PROCEDURE ON CONJUNCTIVA	$0.00
68400	INCISION AND DRAINAGE OF TEAR PRODUCING GLAND	$86.30
68420	INCISION AND DRAINAGE OF TEAR DUCT SAC	$107.86
68440	SNIP INCISION OF TEAR DUCT AT INNER CORNER OF EYE	$54.47
68500	REMOVAL OF TEAR PRODUCING GLAND	$568.09
68505	PARTIAL REMOVAL OF TEAR PRODUCING GLAND	$595.45
68510	BIOPSY OF TEAR PRODUCING GLAND	$225.30
68520	REMOVAL OF TEAR SAC	$448.26
68525	BIOPSY OF TEAR SAC	$218.07
68530	REMOVAL OF FOREIGN BODY OR STONE IN TEAR PASSAGES	$167.43
68540	REMOVAL OF GROWTH OF TEAR PRODUCING GLAND	$565.08
68550	REMOVAL OF GROWTH OF TEAR PRODUCING GLAND WITH OSTEOTOMY	$713.92
68700	PLASTIC REPAIR OF TEAR DUCT	$321.70
68705	RELEASE OF TISSUE AT TEAR DUCT OPENING	$94.37
68720	CREATION OF DRAINAGE TRACT FROM TEAR SAC TO NASAL CAVITY	$525.96
68745	CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY	$454.77
68750	CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY WITH INSERTION OF TUBE OR STENT	$516.63
68760	REPAIR TEAR DUCT OPENING BY HEAT, TYING, OR LASER SURGERY	$82.35
68761	CLOSURE OF TEAR DUCT OPENING USING PLUG	$65.51
68770	CLOSURE OF ABNORMAL TEAR DRAINAGE TRACT	$314.42
68801	DILATION OF TEAR DRAINAGE OPENING	$59.78
68810	INSERTION OF PROBE INTO NASAL TEAR DUCT	$112.94
68811	INSERTION OF PROBE INTO NASAL TEAR DUCT UNDER ANESTHESIA	$123.60
68815	PROBING OF NASAL TEAR DUCT WITH INSERTION OF TUBE OR STENT	$147.46
68816	PROBING OF NASAL TEAR DUCT WITH BALLOON TUBE DILATION	$114.67
68840	PROBING OF NASAL TEAR DUCT	$57.95
68850	INJECTION OF CONTRAST FOR IMAGING OF TEAR SAC	$36.19
68899	OTHER PROCEDURE ON TEAR PRODUCING DRAINAGE SYSTEM	$0.00
69000	SIMPLE DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF EXTERNAL EAR	$69.68
69005	COMPLICATED DRAINAGE OF EXTERNAL EAR ABSCESS OR BLOOD ACCUMULATION	$97.79
69020	DRAINAGE OF ABSCESS OF EAR CANAL	$88.30
69090	PIERCING OF EAR	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69100	BIOPSY OF EAR	$34.48
69105	BIOPSY OF EAR CANAL	$43.83
69110	PARTIAL REMOVAL OF EXTERNAL EAR WITH SIMPLE REPAIR	$197.02
69120	REMOVAL OF ENTIRE EAR	$255.86
69140	REMOVAL OF BONY GROWTHS OF EAR CANAL	$530.23
69145	REMOVAL OF GROWTH IN SOFT TISSUE OF EAR CANAL	$150.43
69150	REMOVAL OF GROWTH OF EAR CANAL	$715.85
69155	REMOVAL OF GROWTH OF EAR CANAL WITH NECK DISSECTION	$1,079.28
69200	REMOVAL OF FOREIGN BODY IN EAR CANAL	$35.80
69205	REMOVAL OF FOREIGN BODY IN EAR CANAL UNDER ANESTHESIA	$71.57
69209	REMOVAL OF IMPACTED EAR WAX BY WASHING	$8.87
69210	REMOVAL OF IMPACTED EAR WAX	$22.98
69220	SIMPLE REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY	$38.68
69221	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	$0.00
69222	COMPLEX REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY	$86.47
69223	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	$0.00
69300	REPAIR OF PROTRUDING EAR	$335.77
69301	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	$0.00
69310	RECONSTRUCTION OF EAR CANAL	$674.12
69320	CREATION OF EAR CANAL	$965.06
69399	OTHER PROCEDURE ON EXTERNAL EAR	$0.00
69420	INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM	$72.56
69421	INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA	$97.08
69424	REMOVAL OF IMPLANTED EARDRUM TUBE UNDER ANESTHESIA	$40.09
69425	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	$0.00
69433	INCISION OF EARDRUM WITH INSERTION OF EARDRUM TUBE UNDER LOCAL OR TOPICAL	$78.53
69434	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	$0.00
69436	INCISION OF EARDRUM WITH PLACEMENT OF EARDRUM TUBE UNDER GENERAL ANESTHESIA	$158.37
69437	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL	$0.00
69440	EXPLORATION OF MIDDLE EAR	$455.43
69450	INCISION OF EAR CANAL WITH RELEASE OF SCAR TISSUE	$342.78
69501	INCISION OF MASTOID BONE	$539.64
69502	REMOVAL OF MIDDLE EAR (MASTOID) BONE	$727.00
69505	REMOVAL OF MIDDLE EAR BONE AND REMOVAL OF GROWTH OF MIDDLE EAR	$764.58
69511	EXTENSIVE REMOVAL OF MASTOID BONE	$793.37
69530	EXTENSIVE REMOVAL OF BONES AROUND INNER EAR AND MASTOID BONE	$1,043.24
69535	REMOVAL OF SKULL BONE SURROUNDING EAR	$1,809.83
69540	REMOVAL OF POLYP OF OUTER EAR	$79.26
69550	REMOVAL OF GROWTH OF OUTER EAR THROUGH EAR CANAL	$649.05
69552	REMOVAL OF GROWTH OF OUTER EAR THROUGH MASTOID BONE	$1,045.66
69554	REMOVAL OF GROWTH OF OUTER EAR	$1,663.32
69601	REVISION OF OPERATION OF MIDDLE EAR BONES AND REMOVAL OF REMAINING BONES	$776.40
69602	REVISION OF PREVIOUS MASTOID BONE SURGERY	$796.51
69603	EXTENSIVE REVISION OF PREVIOUS MASTOID BONE SURGERY	$821.56
69604	REVISION OF OPERATION OF MIDDLE EAR AND EARDRUM	$820.63
69610	REPAIR OF EARDRUM	$190.42
69611	TYMPANIC MEMBRANE PATCHING WITH TISSUE GRAFT	$0.00
69620	REPAIR OF DEFECT OR TEAR OF EARDRUM	$329.88
69631	REPAIR OF EARDRUM AND EAR CANAL WITH OPENING TO EAR BONES	$590.44
69632	REPAIR OF EARDRUM, EAR CANAL, AND BONES	$758.45
69633	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	$722.62
69635	REPAIR OF EARDRUM AND EAR CANAL WITH INCISION OF MIDDLE EAR BONE	$784.69
69636	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MIDDLE EAR BONE	$897.81
69637	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH PLACEMENT OF IMPLANT AND OPENING	$890.92
69641	COMPLEX REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MASTOID BONE	$750.22
69642	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MIDDLE EAR BONE	$987.54
69643	REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE	$903.19
69644	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MASTOID BONE, WITH	$994.02
69645	EXTENSIVE REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE	$961.59

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
69646	EXTENSIVE REPAIR AND RECONSTRUCTION OF EARDRUM AND EAR CANAL WITH REMOVAL OF	$1,052.75
69650	RELEASE OF EAR BONE	$571.51
69660	INCISION OR REMOVAL OF MIDDLE EAR BONE	$696.53
69661	INCISION OR REMOVAL OF EAR BONE WITH DRILLING	$917.11
69662	REVISION OF OPERATION OF EAR BONE	$900.11
69666	REPAIR OF OPENING OF MIDDLE TO INNER EAR	$576.99
69667	REPAIR OF OPENING TO COCHLEA	$577.26
69670	CREATION OF FLAP TO CLOSE MASTOID CAVITY	$639.22
69676	REMOVAL OF EARDRUM NERVE	$536.51
69677	TYMPANIC NEURECTOMY	$0.00
69700	CLOSURE OF DRAINAGE TRACT OF MIDDLE EAR	$453.54
69705	DILATION OF CANAL BETWEEN MIDDLE EAR AND THROAT (EUSTACHIAN TUBE) ON ONE SIDE	$102.66
69706	DILATION OF CANAL BETWEEN MIDDLE EAR AND THROAT (EUSTACHIAN TUBE) ON BOTH SIDES	$143.12
69710	INSERTION OR REPLACEMENT OF EAR BONE HEARING DEVICE	$0.00
69711	REMOVAL OR REPAIR OF HEARING DEVICE IN SKULL BONE SURROUNDING EAR	$567.15
69714	IMPLANTATION OF COCHLEAR STIMULATING SYSTEM INTO SKULL WITH ATTACHMENT THROUGH	$723.52
69717	REVISION OR REPLACEMENT OF COCHLEAR STIMULATING SYSTEM INTO SKULL WITH	$748.46
69720	RELEASE OF FACE NERVE THROUGH SIDE	$849.88
69725	RELEASE OF FACE NERVE THROUGH BONE SURROUNDING EAR	$1,228.96
69740	REPAIR OF FACIAL NERVE EXTERNAL TO GENICULATE GANGLION	$818.30
69745	REPAIR OF FACIAL NERVE INTERNAL TO GENICULATE GANGLION	$933.13
69799	OTHER PROCEDURE ON MIDDLE EAR	$0.00
69801	INCISION OF FLUID CANAL OF INNER EAR WITH INFUSION OF DRUGS	$511.24
69805	OPERATION OF INNER EAR	$768.15
69806	OPERATION OF INNER EAR WITH INSERTION OF SHUNT	$730.32
69905	REMOVAL OF INNER EAR CANAL	$659.12
69910	REMOVAL OF INNER EAR CANAL AND MASTOID BONE	$798.08
69915	SEVERING OF EAR CANAL NERVE THROUGH MIDDLE EAR AND SKULL BONES	$1,130.49
69930	INSERTION OF COCHLEAR DEVICE	$972.60
69949	OTHER PROCEDURE ON INNER EAR	$0.00
69950	SEVERING OF EAR CANAL NERVE THROUGH SKULL BONE	$1,290.71
69955	RELEASE OF FACE NERVE	$1,402.57
69960	RELEASE OF EAR CANAL	$1,352.34
69965	EUSTACHIAN TUBOPLASTY	$0.00
69970	REMOVAL OF GROWTH FROM SKULL BONE SURROUNDING EAR	$1,475.41
69979	OTHER PROCEDURE ON SKULL BONE SURROUNDING EAR	$0.00
69990	USE OF OPERATING MICROSCOPE	$155.12
70002	PNEUMOENCEPHALOGRAPHY;SPRV & INTERP ONLY	$0.00
70003	PNEUMOENCEPHALOGRAPHY;COMPLETE PROCEDURE	$0.00
70010	REVIEW BY RADIOLOGIST OF LOWER BACK PORTION OF BRAIN IMAGE	$188.91
70011	MYELOGRAPHY, POSTERIOR FOSSA; COMPLETE PROCEDURE	$0.00
70015	REVIEW BY RADIOLOGIST OF BRAIN AND SPINAL CORD IMAGE	$91.40
70016	CISTERNOGRAPHY, POSITIVE CONTRAST; COMPLETE PROCEDURE	$0.00
70020	VENTRICULOGRPHY;AIR CONTRAST SUPRV & INTERP ONLY	$0.00
70021	VENTRCLGRAPHY;POSTIVE CNTRST SPRV & INTRP ONLY	$0.00
70022	STEREOTACTIC LOCALIZATION,HEAD	$0.00
70030	X-RAY OF EYE FOR DETECTION OF FOREIGN BODY	$21.02
70040	RADIOLOGIC EXAMINATION, EYE;	$0.00
70050	RADIOLOGIC EXAMINATION, EYE;	$0.00
70100	X-RAY OF PART OF LOWER JAW, 1-4 VIEWS	$27.78
70110	X-RAY OF LOWER JAW, MINIMUM OF 4 VIEWS	$34.71
70120	X-RAY OF BONE BEHIND THE EAR, 1-2 VIEWS PER SIDE	$34.15
70130	X-RAY OF BONE BEHIND THE EAR, MINIMUM OF 3 VIEWS PER SIDE	$39.20
70134	X-RAY OF INSIDE OF EAR CANAL	$37.65
70140	X-RAY OF FACE BONES, 1-2 VIEWS	$31.49
70150	X-RAY OF FACE BONES, MINIMUM OF 3 VIEWS	$40.82
70160	X-RAY OF NOSE BONES, MINIMUM OF 3 VIEWS	$27.12
70170	REVIEW BY RADIOLOGIST OF TEAR DRAINAGE STRUCTURE OF EYE IMAGE	$43.39
70171	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT; COMPLETE PROCEDURE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
70190	X-RAY OF EYE CANAL	$28.99
70200	X-RAY OF EYE SOCKET, MINIMUM OF 4 VIEWS	$41.79
70210	X-RAY OF PARANASAL SINUS, 1-2 VIEWS	$30.52
70220	X-RAY OF PARANASAL SINUS, MINIMUM OF 3 VIEWS	$40.07
70230	RAD XM,SNSES,PRNSL;COMPLETE;W/CNTRST STDS,SPRV&INT	$0.00
70231	RAD XM SNSES PRNSL,COMP W/CNTRST STDS,COMP PROC	$0.00
70240	X-RAY OF BONE AT BASE OF SKULL	$21.66
70250	X-RAY OF SKULL, 1-3 VIEWS	$30.09
70260	X-RAY OF SKULL, MINIMUM OF 4 VIEWS	$48.43
70300	X-RAY OF TEETH, 1 VIEW	$13.36
70310	X-RAY OF TEETH, LESS THAN FULL MOUTH	$20.56
70320	X-RAY OF TEETH, FULL MOUTH	$34.80
70328	X-RAY OF JAW JOINT ON 1 SIDE OF MOUTH	$23.89
70330	X-RAY OF JAW JOINTS ON BOTH SIDES OF MOUTH	$40.04
70332	REVIEW BY RADIOLOGIST OF HINGED JOINT OF UPPER AND LOWER JAW BONES IMAGE	$90.82
70333	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
70336	MRI SCAN OF JAW JOINT	$423.20
70350	IMAGING OF JAWS AND SKULL	$19.57
70355	X-RAY OF LOWER JAWS, UPPER JAWS AND TEETH	$26.85
70360	X-RAY OF SOFT TISSUE OF NECK	$20.82
70370	X-RAY OF VOICE BOX OR THROAT	$44.39
70371	IMAGING OF VOICE BOX WITH SPEECH EVALUATION	$82.48
70374	LARYNGOGRAPHY, CONTRAST; COMPLETE PROCEDURE	$0.00
70380	X-RAY OF SALIVA GLAND	$23.24
70390	REVIEW BY RADIOLOGIST OF SALIVARY STRUCTURE IMAGE	$73.89
70391	SIALOGRAPHY; COMPLETE PROCEDURE	$0.00
70400	ORBITGRPHY AIR POSITVE CONTRST SUPRVSN/INTRPTATN	$0.00
70401	ORBIGRPY AIR OR POSITIVE CNTRST;COMP PROC	$0.00
70450	CT SCAN HEAD OR BRAIN WITHOUT CONTRAST	$203.07
70460	CT SCAN HEAD OR BRAIN WITH CONTRAST	$256.62
70470	CT SCAN OF HEAD OR BRAIN BEFORE AND AFTER CONTRAST	$310.02
70480	CT SCAN OF CRANIAL CAVITY WITHOUT CONTRAST	$231.00
70481	CT SCAN OF CRANIAL CAVITY WITH CONTRAST	$240.26
70482	CT SCAN OF CRANIAL CAVITY BEFORE AND AFTER CONTRAST	$289.71
70486	CT SCAN OF FACE WITHOUT CONTRAST	$209.20
70487	CT SCAN OF FACE WITH CONTRAST	$237.23
70488	CT SCAN OF FACE BEFORE AND AFTER CONTRAST	$288.60
70490	CT SCAN OF SOFT TISSUE OF NECK WITHOUT CONTRAST	$205.75
70491	CT SCAN OF SOFT TISSUE OF NECK WITH CONTRAST	$268.85
70492	CT SCAN OF SOFT TISSUE OF NECK BEFORE AND AFTER CONTRAST	$289.49
70496	CT SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST	$334.94
70498	CT SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST	$334.94
70540	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITHOUT CONTRAST	$427.26
70542	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITH CONTRAST	$442.17
70543	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST	$787.12
70544	MRI SCAN OF BLOOD VESSELS OF HEAD WITHOUT CONTRAST	$366.93
70545	MRI SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST	$366.93
70546	MRI SCAN OF BLOOD VESSELS OF HEAD BEFORE AND AFTER CONTRAST	$701.32
70547	MRI SCAN OF BLOOD VESSELS OF NECK WITHOUT CONTRAST	$366.93
70548	MRI SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST	$366.93
70549	MRI SCAN OF BLOOD VESSELS OF NECK BEFORE AND AFTER CONTRAST	$701.32
70551	MRI SCAN OF BRAIN WITHOUT CONTRAST	$427.26
70552	MRI SCAN OF BRAIN WITH CONTRAST	$512.45
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST	$912.41
70554	FUNCTIONAL MRI SCAN OF BRAIN	$444.48
70555	FUNCTIONAL MRI SCAN OF BRAIN WITH NEUROFUNCTIONAL TESTING	$0.00
70557	MRI SCAN OF BRAIN WITHOUT CONTRAST DURING BRAIN PROCEDURE	$0.00
70558	MRI SCAN OF BRAIN WITH CONTRAST DURING BRAIN PROCEDURE	$0.00
70559	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST DURING BRAIN PROCEDURE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
71000	RAD XM, CHEST MENIFILM	$0.00
71037	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; COMPLETE PROCE	$0.00
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	$0.00
71041	BRONCHOGRAPHY, UNILATERAL; COMPLETE PROCEDURE	$0.00
71045	X-RAY OF CHEST, 1 VIEW	$13.07
71046	X-RAY OF CHEST, 2 VIEWS	$20.37
71047	X-RAY OF CHEST, 3 VIEWS	$26.15
71048	X-RAY OF CHEST, MINIMUM OF 4 VIEWS	$28.01
71061	BRONCHOGRAPHY, BILATERAL; COMPLETE PROCEDURE	$0.00
71100	X-RAY OF RIBS ON SIDE OF BODY, 2 VIEWS	$27.69
71101	X-RAY OF RIBS ON SIDE OF BODY, MINIMUM OF 3 VIEWS	$37.39
71110	X-RAY OF RIBS ON BOTH SIDES OF BODY, 3 VIEWS	$38.95
71111	X-RAY OF RIBS ON BOTH SIDES OF BODY, MINIMUM OF 4 VIEWS	$42.36
71120	X-RAY OF CHEST BONE, MINIMUM OF 2 VIEWS	$31.55
71130	X-RAY OF JOINT BETWEEN BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS	$32.05
71250	CT SCAN OF CHEST WITHOUT CONTRAST	$266.42
71260	CT SCAN OF CHEST WITH CONTRAST	$304.37
71270	CT SCAN OF CHEST BEFORE AND AFTER CONTRAST	$381.88
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING	$94.01
71275	CT SCAN OF BLOOD VESSELS OF CHEST WITH CONTRAST	$382.28
71550	MRI SCAN OF CHEST WITHOUT CONTRAST	$431.66
71551	MRI SCAN OF CHEST WITH CONTRAST	$446.99
71552	MRI SCAN OF CHEST BEFORE AND AFTER CONTRAST	$788.32
71555	MRI SCAN OF BLOOD VESSELS OF CHEST	$438.68
72020	X-RAY OF SPINE, 1 VIEW	$22.39
72040	X-RAY OF UPPER SPINE, 2-3 VIEWS	$32.09
72050	X-RAY OF UPPER SPINE, 4-5 VIEWS	$46.81
72052	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	$55.95
72070	X-RAY OF MIDDLE SPINE, 2 VIEWS	$33.59
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS	$33.24
72074	X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS	$39.10
72080	X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS	$32.38
72081	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 1 VIEW	$25.99
72082	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 2-3 VIEWS	$42.31
72083	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 4-5 VIEWS	$45.91
72084	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, MINIMUM OF 6 VIEWS	$54.70
72100	X-RAY OF LOWER AND SACRAL SPINE, 2-3 VIEWS	$34.48
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS	$47.49
72114	X-RAY LOWER AND SACRAL SPINE, MINIMUM OF 6 VIEWS	$57.07
72120	X-RAY LOWER AND SACRAL SPINE, 2-3 VIEWS BENDING VIEWS	$38.48
72125	CT SCAN OF UPPER SPINE WITHOUT CONTRAST	$266.42
72126	CT SCAN OF UPPER SPINE WITH CONTRAST	$280.60
72127	CT SCAN OF UPPER SPINE BEFORE AND AFTER CONTRAST	$340.76
72128	CT SCAN OF MIDDLE SPINE WITHOUT CONTRAST	$240.34
72129	CT SCAN OF MIDDLE SPINE WITH CONTRAST	$280.60
72130	CT SCAN OF MIDDLE SPINE BEFORE AND AFTER CONTRAST	$340.75
72131	CT SCAN OF LOWER SPINE WITHOUT CONTRAST	$247.17
72132	CT SCAN OF LOWER SPINE WITH CONTRAST	$280.60
72133	CT SCAN OF LOWER SPINE BEFORE AND AFTER CONTRAST	$341.06
72140	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$0.00
72141	MRI SCAN OF UPPER SPINAL CANAL WITHOUT CONTRAST	$431.66
72142	MRI SCAN OF UPPER SPINAL CANAL WITH CONTRAST	$517.94
72143	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	$0.00
72144	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	$0.00
72145	CMPTRZD AXL TMGRAPHY, SPNE;W/WO CNTRST MAT	$0.00
72146	MRI SCAN OF MIDDLE SPINAL CANAL WITHOUT CONTRAST	$472.21
72147	MRI SCAN OF MIDDLE SPINAL CANAL WITH CONTRAST	$517.94
72148	MRI SCAN OF LOWER SPINAL CANAL WITHOUT CONTRAST	$467.81
72149	MRI SCAN OF LOWER SPINAL CANAL WITH CONTRAST	$512.45

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
72156	MRI SCAN OF UPPER SPINAL CANAL BEFORE AND AFTER CONTRAST	$920.36
72157	MRI SCAN OF MIDDLE SPINAL CANAL BEFORE AND AFTER CONTRAST	$920.36
72158	MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST	$912.41
72159	MRI SCAN OF BLOOD VESSELS OF SPINAL CANAL	$0.00
72170	X-RAY OF PELVIS, 1-2 VIEWS	$26.78
72180	RADIOLOGIC EXAMINATION, PELVIS	$0.00
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	$34.17
72191	CT SCAN OF BLOOD VESSELS OF PELVIS WITH CONTRAST	$369.74
72192	CT SCAN OF PELVIS WITHOUT CONTRAST	$262.48
72193	CT SCAN OF PELVIS WITH CONTRAST	$278.84
72194	CT SCAN OF PELVIS BEFORE AND AFTER CONTRAST	$327.07
72195	MRI SCAN OF PELVIS WITHOUT CONTRAST	$373.71
72196	MRI SCAN OF PELVIS WITH CONTRAST	$431.66
72197	MRI SCAN OF PELVIS BEFORE AND AFTER CONTRAST	$792.67
72198	MRI SCAN OF BLOOD VESSELS OF PELVIS	$394.91
72200	X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 1-2 VIEWS	$27.12
72202	X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 3 OR MORE VIEWS	$28.90
72220	X-RAY OF SACRUM AND TAILBONE, MINIMUM OF 2 VIEWS	$28.81
72240	REVIEW BY RADIOLOGIST OF UPPER SPINAL CANAL IMAGE	$156.47
72255	REVIEW BY RADIOLOGIST OF MIDDLE SPINAL CANAL IMAGE	$178.17
72256	MYELOGRAPHY, THORACIC; COMPLETE PROCEDURE	$0.00
72265	REVIEW BY RADIOLOGIST OF LOWER SPINAL CANAL IMAGE	$166.71
72266	MYELOGRAPHY, LUMBOSACRAL; COMPLETE PROCEDURE	$0.00
72270	REVIEW BY RADIOLOGIST OF MULTIPLE SPINAL CANALS IMAGE	$253.11
72271	MYELOGRAPHY, ENTIRE SPINAL CANAL; COMPLETE PROCEDURE	$0.00
72285	REVIEW BY RADIOLOGIST OF DISC OF UPPER OR MIDDLE SPINE IMAGE	$319.32
72286	DISKOGRAPHY, CERVICAL; COMPLETE PROCEDURE	$0.00
72295	REVIEW BY RADIOLOGIST OF DISC OF LOWER SPINE IMAGE	$291.79
72296	DISKOGRAPHY, LUMBAR; COMPLETE PROCEDURE	$0.00
73000	X-RAY OF COLLAR BONE	$23.36
73010	X-RAY OF SHOULDER BLADE	$27.12
73020	X-RAY OF SHOULDER, 1 VIEW	$23.44
73030	X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS	$28.13
73040	REVIEW BY RADIOLOGIST OF SHOULDER JOINT IMAGE	$90.51
73041	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73050	X-RAY OF BOTH COLLAR BONES JOINTS	$33.51
73060	X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS	$28.39
73070	X-RAY OF ELBOW, 2 VIEWS	$23.75
73080	X-RAY OF ELBOW, MINIMUM OF 3 VIEWS	$25.75
73085	REVIEW BY RADIOLOGIST OF ELBOW IMAGE	$90.82
73086	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73090	X-RAY OF FOREARM, 2 VIEWS	$26.47
73092	X-RAY OF INFANT ARM, MINIMUM OF 2 VIEWS	$22.74
73100	X-RAY OF WRIST, 2 VIEWS	$25.44
73110	X-RAY OF WRIST, MINIMUM OF 3 VIEWS	$24.25
73115	REVIEW BY RADIOLOGIST OF WRIST JOINT IMAGE	$73.79
73116	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73120	X-RAY OF HAND, 2 VIEWS	$28.24
73130	X-RAY OF HAND, MINIMUM OF 3 VIEWS	$27.34
73140	X-RAY OF FINGER, MINIMUM OF 2 VIEWS	$21.42
73200	CT SCAN OF ARM WITHOUT CONTRAST	$205.80
73201	CT SCAN OF ARM WITH CONTRAST	$240.34
73202	CT SCAN OF ARM BEFORE AND AFTER CONTRAST	$356.88
73206	CT SCAN OF BLOOD VESSELS OF ARM WITH CONTRAST	$342.45
73218	MRI SCAN OF ARM WITHOUT CONTRAST	$368.37
73219	MRI SCAN OF ARM WITH CONTRAST	$442.17
73220	MRI SCAN OF ARM BEFORE AND AFTER CONTRAST	$714.47
73221	MRI SCAN OF ARM JOINT WITHOUT CONTRAST	$423.20
73222	MRI SCAN OF ARM JOINT WITH CONTRAST	$442.17

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
73223	MRI SCAN OF ARM JOINT BEFORE AND AFTER CONTRAST	$787.12
73225	MRI SCAN OF BLOOD VESSELS OF ARM	$0.00
73501	X-RAY OF HIP, 1 VIEW	$20.14
73502	X-RAY OF HIP, 2-3 VIEWS	$27.99
73503	X-RAY OF HIP, MINIMUM OF 4 VIEWS	$34.94
73521	X-RAY OF BOTH HIPS, 2 VIEWS	$26.99
73522	X-RAY OF BOTH HIPS, 3-4 VIEWS	$32.88
73523	X-RAY OF BOTH HIPS, MINIMUM OF 5 VIEWS	$38.30
73525	REVIEW BY RADIOLOGIST OF HIP JOINT IMAGE	$92.67
73551	X-RAY OF THIGH BONE, 1 VIEW	$18.70
73552	X-RAY OF THIGH BONE, MINIMUM 2 VIEWS	$21.88
73560	X-RAY OF KNEE, 1-2 VIEWS	$23.94
73562	X-RAY OF KNEE, 3 VIEWS	$29.46
73564	X-RAY OF KNEE, 4 OR MORE VIEWS	$33.09
73565	X-RAY OF BOTH KNEES WHILE STANDING	$25.75
73580	REVIEW BY RADIOLOGIST OF KNEE JOINT IMAGE	$107.55
73581	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73590	X-RAY OF LOWER LEG, 2 VIEWS	$26.78
73592	X-RAY OF INFANT LEG, MINIMUM OF 2 VIEWS	$23.05
73600	X-RAY OF ANKLE, 2 VIEWS	$25.44
73610	X-RAY OF ANKLE, MINIMUM OF 3 VIEWS	$24.25
73615	REVIEW BY RADIOLOGIST OF ANKLE JOINT IMAGE	$90.82
73616	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73620	X-RAY OF FOOT, 2 VIEWS	$23.05
73630	X-RAY OF FOOT, MINIMUM OF 3 VIEWS	$27.46
73650	X-RAY OF HEEL, MINIMUM OF 2 VIEWS	$24.76
73660	X-RAY OF TOE, MINIMUM OF 2 VIEWS	$19.45
73700	CT SCAN OF LEG WITHOUT CONTRAST	$229.20
73701	CT SCAN OF LEG WITH CONTRAST MATERIAL	$240.34
73702	CT SCAN OF LEG BEFORE AND AFTER CONTRAST	$292.08
73706	CT SCAN OF BLOOD VESSELS OF LOWER LEG WITH CONTRAST	$345.26
73718	MRI SCAN OF LEG WITHOUT CONTRAST	$368.37
73719	MRI SCAN OF LEG WITH CONTRAST	$441.87
73720	MRI SCAN OF LEG BEFORE AND AFTER CONTRAST	$714.22
73721	MRI SCAN OF LEG JOINT WITHOUT CONTRAST	$423.20
73722	MRI SCAN OF LEG JOINT WITH CONTRAST	$442.38
73723	MRI SCAN OF LEG JOINT BEFORE AND AFTER CONTRAST	$787.12
73725	MRI SCAN OF BLOOD VESSELS OF LEG	$437.70
74018	X-RAY OF ABDOMEN, 1 VIEW	$18.26
74019	X-RAY OF ABDOMEN, 2 VIEWS	$22.32
74021	X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	$26.04
74022	X-RAY SERIES OF ABDOMEN WITH SINGLE X-RAY OF CHEST	$35.27
74150	CT SCAN OF ABDOMEN WITHOUT CONTRAST	$259.18
74160	CT SCAN OF ABDOMEN WITH CONTRAST	$276.22
74170	CT SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST	$362.28
74174	CT SCAN OF BLOOD VESSELS OF ABDOMEN AND PELVIS WITH CONTRAST	$381.03
74175	CT SCAN OF BLOOD VESSELS OF ABDOMEN WITH CONTRAST	$372.30
74176	CT SCAN OF ABDOMEN AND PELVIS WITHOUT CONTRAST	$147.40
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	$235.97
74178	CT SCAN OF ABDOMEN AND PELVIS BEFORE AND AFTER CONTRAST	$299.96
74181	MRI SCAN OF ABDOMEN WITHOUT CONTRAST	$431.45
74182	MRI SCAN OF ABDOMEN WITH CONTRAST	$446.99
74183	MRI SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST	$792.67
74185	MRI SCAN OF BLOOD VESSELS OF ABDOMEN	$438.11
74190	REVIEW BY RADIOLOGIST OF ABDOMINAL CAVITY LINING IMAGE	$49.74
74210	X-RAY OF VOICE BOX AND/OR ESOPHAGUS WITH CONTRAST	$53.40
74220	SINGLE CONTRAST X-RAY OF ESOPHAGUS	$57.52
74221	DOUBLE CONTRAST X-RAY OF ESOPHAGUS	$73.27
74230	IMAGING FOR EVALUATION OF SWALLOWING FUNCTION	$73.05

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
74235	REVIEW BY RADIOLOGIST OF IMAGING FOR REMOVAL OF ESOPHAGEAL FOREIGN BODY IN	$132.88
74240	SINGLE CONTRAST X-RAY OF UPPER DIGESTIVE TRACT	$88.76
74246	DOUBLE CONTRAST X-RAY OF UPPER DIGESTIVE TRACT	$93.04
74248	FOLLOW-THROUGH X-RAY OF SMALL INTESTINES	$55.05
74250	SINGLE CONTRAST X-RAY OF SMALL INTESTINE	$69.48
74251	DOUBLE CONTRAST X-RAY OF SMALL INTESTINE	$68.44
74261	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITHOUT CONTRAST	$189.09
74262	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITH CONTRAST	$243.88
74270	SINGLE CONTRAST X-RAY OF LARGE INTESTINE	$90.00
74280	DOUBLE CONTRAST X-RAY OF LARGE INTESTINE	$124.50
74283	ENEMA USING AIR OR CONTRAST	$163.58
74285	RAD XM,CLN;HGH KIL TECH POLYP STUDY	$0.00
74290	IMAGING OF GALLBLADDER WITH CONTRAST	$42.01
74300	REVIEW BY RADIOLOGIST OF BILE AND/OR PANCREATIC DUCT IMAGE DURING SURGERY	$18.78
74301	REVIEW BY RADIOLOGIST OF ADDITIONAL BILE AND/OR PANCREATIC DUCT IMAGE DURING	$0.00
74310	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	$0.00
74315	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	$0.00
74321	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC; COMPLETE PROCEDURE	$0.00
74325	DIAG PNEUMOPRITONEUM;SUPRV & INTERP ONLY	$0.00
74326	DIAG PNMPRTNEVM;COMPLETE PROC	$0.00
74328	REVIEW BY RADIOLOGIST OF IMAGE FROM TUBE PLACEMENT INTO BILE DUCT USING AN	$131.53
74329	REVIEW BY RADIOLOGIST OF IMAGE FROM TUBE PLACEMENT INTO PANCREATIC DUCT USING	$131.53
74330	REVIEW BY RADIOLOGIST OF IMAGE FROM TUBE PLACEMENT INTO BILE AND PANCREATIC	$137.98
74340	REVIEW BY RADIOLOGIST OF PLACEMENT OF LONG SMALL BOWEL TUBE	$107.55
74351	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE; COMPLETE PROCEDURE	$0.00
74355	REVIEW BY RADIOLOGIST OF PLACEMENT OF SMALL BOWEL TUBE	$116.39
74356	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE; COMPLETE PROCEDURE	$0.00
74360	REVIEW BY RADIOLOGIST OF IMAGE TO GUIDE OPENING OF DIGESTIVE TRACT	$125.82
74361	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS OR BILIAR	$0.00
74363	REVIEW BY RADIOLOGIST OF IMAGE TO GUIDE OPENING OF BILE DUCT	$235.78
74400	IMAGING OF URINARY TRACT WITH INJECTION OF CONTRAST INTO A VEIN	$84.06
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB; WITH SPECIAL HYPERTEN	$0.00
74406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA 20MEV	$0.00
74407	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS THR	$0.00
74410	IMAGING OF URINARY TRACT USING INFUSION TECHNIQUE	$93.26
74415	IMAGING OF URINARY TRACT USING INFUSION TECHNIQUE WITH KIDNEY SECTION FILMING	$98.06
74420	IMAGING OF URINARY TRACT FOLLOWING INJECTION OF A CONTRAST AGENT	$100.63
74425	REVIEW BY RADIOLOGIST OF UPPER URINARY TRACT IMAGE	$57.07
74430	REVIEW BY RADIOLOGIST OF URINARY BLADDER IMAGE	$47.66
74431	CYSTOGRAPHY, MINIMUM OF THREE VIEWS; COMPLETE PROCEDURE	$0.00
74440	REVIEW BY RADIOLOGIST OF MALE INTERNAL GENITALS IMAGE	$52.61
74441	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY; COMPLETE PROCEDURE	$0.00
74445	REVIEW BY RADIOLOGIST OF PENIS IMAGE	$66.31
74446	CORPORA CAVERNOSOGRAPHY; COMPLETE PROCEDURE	$0.00
74450	REVIEW BY RADIOLOGIST OF URINARY BLADDER AND URETHRA IMAGES WITH CONTRAST	$61.21
74451	URETHROCYSTOGRAPHY, RETROGRADE; COMPLETE PROCEDURE	$0.00
74455	REVIEW BY RADIOLOGIST OF URINARY BLADDER AND URETHRA IMAGES WITH CONTRAST AND	$65.21
74456	URETHROCYSTOGRAPHY, VOIDING; COMPLETE PROCEDURE	$0.00
74460	PNEUMOGRAPHY RETRPRTNL;SUPRV & INTERP ONLY	$0.00
74461	PNEUMGRPHY RETRPRTNL;COMPLETE PROCEDURE	$0.00
74470	REVIEW BY RADIOLOGIST OF KIDNEY CYST IMAGE	$62.37
74471	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION; C	$0.00
74476	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	$0.00
74481	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	$0.00
74485	REVIEW BY RADIOLOGIST OF URETER OR URETHRA IMAGE	$125.20
74486	DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC MONITORING AND RADIOGRAPH	$0.00
74710	MEASUREMENT OF DIAMETERS OF PELVIS IN FEMALE	$48.19
74712	MRI SCAN OF FETUS FOR SINGLE OR FIRST PREGNANCY	$285.02
74713	MRI SCAN OF FETUS FOR EACH ADDITIONAL PREGNANCY	$171.19

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
74720	RADIOLOGIC EXAMINATION, ABDOMEN, FOR FETAL AGE, FETAL POSITION	$0.00
74725	RADIOLOGIC EXAMINATION, ABDOMEN, FOR FETAL AGE, FETAL POSITION	$0.00
74730	PLACENTOGRAPHY WITH CONTRAST CYSTOGRAPHY;	$0.00
74731	PLACENTOGRAPHY WITH CONTRAST CYSTOGRAPHY;	$0.00
74740	REVIEW BY RADIOLOGIST OF UTERINE TUBE AND OVARY IMAGE	$58.16
74741	HYSTEROSALPINGOGRAPHY; COMPLETE PROCEDURE	$0.00
74742	REVIEW BY RADIOLOGIST OF IMAGE FROM PLACEMENT OF UTERINE TUBE	$127.35
74760	PNEUMOGRAPHY PELVIC;SUPRV & INTERP ONLY	$0.00
74761	PNEUMOGRPHY,PELVIC;COMPLETE PROC	$0.00
74770	RADIOLOGIC EXAMINATION, FETAL STUDY, INTRAUTERINE CONTRAST	$0.00
74771	RADIOLOGIC EXAMINATION, FETAL STUDY, INTRAUTERINE CONTRAST	$0.00
74775	IMAGING OF ANOGENITAL REGION	$73.09
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	$0.00
75501	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY; COMPLETE PROCEDURE (INCLUDING CATHETERIZ	$0.00
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND I	$0.00
75506	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE; COMPLETE PROCEDURE (INCLUDING	$0.00
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND IN	$0.00
75509	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE; COMPLETE PROCEDURE (INCLUDING C	$0.00
75510	ANGCRDGRPHY C02 PSTVE CNTRST INTRVNS PRCRDL EFFSN	$0.00
75511	ANGCRD GRPHY C02 INTRVNS PRCRDLEFFSN ATRL THCKNSS	$0.00
75520	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE; COMPLETE PRO	$0.00
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL	$0.00
75524	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE; COMPLETE PROC	$0.00
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RAD	$0.00
75528	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE; COM	$0.00
75557	MRI SCAN OF HEART WITHOUT CONTRAST	$293.12
75559	MRI SCAN OF HEART WITHOUT CONTRAST WITH STRESS IMAGING	$313.83
75561	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST	$422.83
75563	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST WITH STRESS IMAGING	$439.32
75565	MRI SCAN OF BLOOD FLOW OF HEART	$49.37
75571	CT SCAN OF HEART WITH EVALUATION OF BLOOD VESSEL CALCIUM	$44.89
75572	CT SCAN OF HEART STRUCTURE WITH CONTRAST	$138.89
75573	CT SCAN OF CONGENITAL HEART DISEASE WITH CONTRAST	$197.21
75574	CT SCAN OF BLOOD VESSELS AND GRAFTS OF HEART WITH CONTRAST	$243.98
75600	REVIEW BY RADIOLOGIST OF CHEST AORTA IMAGE	$435.08
75601	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75605	REVIEW BY RADIOLOGIST OF CHEST AORTA SERIAL IMAGES	$460.17
75606	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75620	AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, WITHOUT SERIALOGRAPHY	$0.00
75621	AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, WITHOUT SERIALOGRAPHY	$0.00
75622	AORTOGRAPHY, ABDOMINAL, CATHETER, WITHOUT SERIALOGRAPHY	$0.00
75623	AORTOGRAPHY, ABDOMINAL, CATHETER, WITHOUT SERIALOGRAPHY	$0.00
75625	REVIEW BY RADIOLOGIST OF ABDOMINAL AORTA IMAGE	$459.80
75627	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATI	$0.00
75628	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75630	REVIEW BY RADIOLOGIST OF ABDOMINAL AORTA AND BOTH LEG ARTERIES IMAGE	$571.32
75631	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	$0.00
75635	CT SCAN OF ABDOMINAL AORTA AND BOTH LEG ARTERIES WITH CONTRAST	$487.09
75651	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN; COMPLETE PROCED	$0.00
75652	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; ONE V	$0.00
75654	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; TWO V	$0.00
75655	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; TWO V	$0.00
75656	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; THREE	$0.00
75657	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; THREE	$0.00
75661	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDU	$0.00
75663	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, BILATERAL, SELECTIVE; COMPLETE PROCEDUR	$0.00
75669	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00
75673	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00
75678	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00

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75682	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00
75686	ANGIOGRAPHY, VERTEBRAL DIRECT PUNCTURE, COMPLETE PROCEDURE	$0.00
75691	ANGIOGRAPHY, VERTEBRAL, CERVICAL, UNILATERAL;	$0.00
75692	ANGIOGRAPHY, VERTEBRAL, CERVICAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00
75695	ANGIOGRAPHY, VERTEBRAL, CERVICAL, BILATERAL; SUPERVISION AND INTERPRETATION ONLY	$0.00
75696	ANGIOGRAPHY, VERTEBRAL, CERVICAL, BILATERAL;	$0.00
75697	ANGIOGRAPHY, VERTEBRAL, CERVICAL, BILATERAL; CATHETER, COMPLETE PROCEDURE	$0.00
75705	REVIEW BY RADIOLOGIST OF SPINAL ARTERY IMAGE	$500.64
75706	ANGIOGRAPHY, SPINAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75710	REVIEW BY RADIOLOGIST OF ARM OR LEG ARTERY IMAGE	$550.27
75711	ANGIOGRAPHY, EXTREMITY, UNILATERAL; WITHOUT SERIALOGRAPHY, COMPLETE PROCEDURE	$0.00
75712	ANGIOGRAPHY, EXTREMITY, UNILATERAL; BY SERIALOGRAPHY, COMPLETE PROCEDURE	$0.00
75716	REVIEW BY RADIOLOGIST OF BOTH ARMS OR LEGS ARTERIES IMAGE	$466.14
75717	ANGIOGRAPHY, EXTREMITY, BILATERAL; WITHOUT SERIALOGRAPHY, COMPLETE PROCEDURE	$0.00
75718	ANGIOGRAPHY, EXTREMITY, BILATERAL; BY SERIALOGRAPHY, COMPLETE PROCEDURE	$0.00
75726	REVIEW BY RADIOLOGIST OF ABDOMINAL ARTERY IMAGE	$459.48
75728	ANGIOGRAPHY, VISCERAL; SUPRASELECTIVE, COMPLETE PROCEDURE	$0.00
75731	REVIEW BY RADIOLOGIST OF ADRENAL GLAND ARTERY IMAGE	$459.48
75732	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75733	REVIEW BY RADIOLOGIST OF BOTH ADRENAL GLANDS ARTERIES IMAGE	$466.45
75734	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75736	REVIEW BY RADIOLOGIST OF PELVIS ARTERY IMAGE	$459.48
75738	ANGIOGRAPHY, PELVIC; SUPRASELECTIVE, COMPLETE PROCEDURE	$0.00
75741	REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE	$466.14
75742	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75743	REVIEW BY RADIOLOGIST OF ARTERIES OF BOTH LUNGS IMAGE	$479.91
75744	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75746	REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE WITH CONTRAST	$459.23
75747	ANGIOGRAPHY, PULMONARY; CATHETER, NONSELECTIVE, COMPLETE PROCEDURE	$0.00
75748	ANGIOGRAPHY, PULMONARY; VENOUS INJECTION, COMPLETE PROCEDURE	$0.00
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATI	$0.00
75751	ANGIOGRAPHY, CORONARY, ROOT INJECTION; COMPLETE PROCEDURE	$0.00
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR	$0.00
75755	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR	$0.00
75756	REVIEW BY RADIOLOGIST OF BREAST ARTERY OF BREAST IMAGE	$461.73
75757	ANGIOGRAPHY, INTERNAL MAMMARY; COMPLETE PROCEDURE	$0.00
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPER	$0.00
75764	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION; COMPLETE PROCEDURI	$0.00
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVI	$0.00
75767	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION; COMPLETE PROCEDURE	$0.00
75774	REVIEW BY RADIOLOGIST OF ADDITIONAL ARTERY IMAGE	$428.91
75775	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION;	$0.00
75801	REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF ARM OR LEG IMAGE	$210.73
75802	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL; COMPLETE PROCEDURE	$0.00
75803	REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF BOTH ARMS OR LEGS IMAGE	$224.19
75804	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL; COMPLETE PROCEDURE	$0.00
75805	REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF SIDE OF PELVIS AND ABDOMEN IMAGE	$233.06
75806	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL; COMPLETE PROCEDURE	$0.00
75807	REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF BOTH SIDE OF PELVIS AND ABDOMEN	$246.78
75808	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL; COMPLETE PROCEDURE	$0.00
75809	REVIEW BY RADIOLOGIST OF PREVIOUS PLACED SHUNT IMAGE	$44.12
75810	REVIEW BY RADIOLOGIST OF SPLEEN AND LIVER VEIN IMAGE	$367.45
75811	SPLENOPORTOGRAPHY; COMPLETE PROCEDURE	$0.00
75820	REVIEW BY RADIOLOGIST OF 1 ARM OR LEG VEIN OF 1 ARM OR LEG IMAGE	$59.10
75821	VENOGRAPHY, EXTREMITY, UNILATERAL; COMPLETE PROCEDURE	$0.00
75822	REVIEW BY RADIOLOGIST OF BOTH ARMS AND LEGS VEINS OF BOTH ARMS OR LEGS IMAGE	$90.22
75823	VENOGRAPHY, EXTREMITY, BILATERAL; COMPLETE PROCEDURE	$0.00
75825	REVIEW BY RADIOLOGIST OF MAJOR LOWER BODY VEIN IMAGE	$459.48
75827	REVIEW BY RADIOLOGIST OF MAJOR UPPER BODY VEIN IMAGE	$459.48

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
75828	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75831	REVIEW BY RADIOLOGIST OF KIDNEY IMAGE	$459.48
75833	REVIEW BY RADIOLOGIST OF BOTH KIDNEYS VEINS IMAGE	$473.31
75840	REVIEW BY RADIOLOGIST OF ADRENAL GLAND VEIN IMAGE	$459.48
75841	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75842	REVIEW BY RADIOLOGIST OF BOTH ADRENAL GLAND VEINS IMAGE	$473.31
75843	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75845	VENOGRAPHY, AZYGOS	$0.00
75846	VENOGRAPHY, AZYGOS	$0.00
75847	VENOGRAPHY, AZYGOS	$0.00
75850	VENOGRAPHY, INTRAOSSEOUS	$0.00
75851	VENOGRAPHY, INTRAOSSEOUS	$0.00
75860	REVIEW BY RADIOLOGIST OF HEAD OR NECK VEIN SYSTEM IMAGE	$459.80
75861	VENOGRAPHY, SINUS OR JUGULAR, CATHETER; COMPLETE PROCEDURE	$0.00
75870	REVIEW BY RADIOLOGIST OF HEAD VEIN SYSTEM IMAGE	$459.48
75871	VENOGRAPHY, SUPERIOR SAGITTAL SINUS; COMPLETE PROCEDURE, INCLUDING DIRECT PUNCTU	$0.00
75872	REVIEW BY RADIOLOGIST OF SPINAL CANAL VEIN IMAGE	$459.48
75873	VENOGRAPHY, EPIDURAL; COMPLETE PROCEDURE	$0.00
75880	REVIEW BY RADIOLOGIST OF EYE SOCKET VEIN OF EYE SOCKET IMAGE	$59.10
75881	VENOGRAPHY, ORBITAL; COMPLETE PROCEDURE	$0.00
75885	REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE WITH	$471.06
75887	REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE	$377.02
75888	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION; COMPLE	$0.00
75889	REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE WITH ASSESSMENT OF BLOOD FLOW	$459.48
75891	REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE	$459.48
75892	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION; COMPLETE PI	$0.00
75893	REVIEW BY RADIOLOGIST OF IMAGING GUIDANCE FOR REMOVAL OF BLOOD SAMPLE	$436.08
75894	REVIEW BY RADIOLOGIST OF IMAGE FOR INSERTION OF MATERIAL TO BLOCK BLOOD FLOW	$845.96
75895	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIO	$0.00
75897	TRANSCATHETER THERAPY, INFUSION (EG, THROMBOLYSIS OTHER THAN CORONARY), INCLUDIN	$0.00
75898	IMAGING OF BLOOD VESSEL	$100.07
75901	REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF OBSTRUCTIVE MATERIAL	$72.38
75902	REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL	$68.55
75941	PERCUTANEOUS PLACEMENT OF IVC FILTER; COMPLETE PROCEDURE	$0.00
75950	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	$0.00
75951	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	$0.00
75955	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON, COIL, OR METHACRYLATE), PERM	$0.00
75956	REVIEW BY RADIOLOGIST OF IMAGE FOR REPAIR OF DESCENDING AORTA AND SUBCLAVIAN	$0.00
75956	REVIEW BY RADIOLOGIST OF IMAGE FOR REPAIR OF DESCENDING AORTA AND SUBCLAVIAN	$0.00
75957	REVIEW BY RADIOLOGIST OF IMAGE FOR REPAIR OF DESCENDING AORTA WITH INSERTION OF	$0.00
75958	REVIEW BY RADIOLOGIST OF IMAGE FOR INSERTION OF EXTENSION	$0.00
75959	REVIEW BY RADIOLOGIST OF IMAGE FOR INSERTION OF EXTENSION AFTER PREVIOUS REPAIR	$0.00
75963	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, PERIPHERAL ARTERY; COMPLETE	$0.00
75965	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL PERIPHERAL AF	$0.00
75967	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, RENAL OR OTHER VISCERAL ARTE	$0.00
75969	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL VISCERAL ARTE	$0.00
75970	REVIEW BY RADIOLOGIST OF IMAGE FOR BIOPSY OF BLOOD VESSEL WITH TUBE	$413.98
75971	TRANSCATHETER BIOPSY; COMPLETE PROCEDURE	$0.00
75972	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, UNILATERAL;	$0.00
75973	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, UNILATERAL;	$0.00
75974	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, SINGLE CATHETER;	$0.00
75975	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, SINGLE CATHETER;	$0.00
75976	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, DUAL CATHETERS;	$0.00
75977	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, DUAL CATHETERS;	$0.00
75979	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS); COMPLET	$0.00
75981	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING; COMPLETE P	$0.00
75983	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNA	$0.00
75984	REVIEW BY RADIOLOGIST OF IMAGE FOR REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE	$92.75
75985	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY T	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75989	REVIEW BY RADIOLOGIST OF IMAGE FOR DRAINAGE OF FLUID	$150.54
75990	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECT	$0.00
76000	IMAGING GUIDANCE FOR PROCEDURE, 60 MINUTES OR LESS	$49.90
76010	X-RAY FROM NOSE TO RECTUM	$24.20
76080	REVIEW BY RADIOLOGIST OF ABSCESS OR SINUS CAVITY STUDY	$56.20
76081	RADIOLOGIC EXAMINATION, FISTULA OR SINUS TRACT STUDY; COMPLETE PROCEDURE	$0.00
76087	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT; COMPLETE PROCEDURE	$0.00
76089	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS; COMPLETE PROCEDURE	$0.00
76097	LOCALIZATION OF BREAST NODULE OR CALCIFICATION BEFORE OPERATION, WITH MARKER AND	$0.00
76098	X-RAY OF SURGICAL SPECIMEN	$20.56
76100	X-RAY OF BODY PLANE	$64.05
76120	IMAGING OF ORGAN	$50.43
76125	IMAGING OF ORGAN, COMPLIMENTING ROUTINE EXAM	$36.74
76127	PRCDRS USNG POLAROID/SMLR PHOTO MEDIA	$0.00
76130	RADLGCL XM;BEDSIDE/OPERATNG RM,NOT OTHRWS SPCFD	$0.00
76135	RAD XM;IN HOME	$0.00
76137	RAD XM;AFTER REGULAR HOURS	$0.00
76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE, INCLUDING REPORT	$0.00
76300	THERMOGRAPH EXAMINATION	$0.00
76366	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION; COMPLETE PROCEDURE	$0.00
76376	3D RADIOGRAPHIC PROCEDURE	$105.59
76377	3D RADIOGRAPHIC PROCEDURE WITH COMPUTERIZED IMAGE POSTPROCESSING	$132.10
76380	LIMITED OR FOLLOW-UP CT SCAN	$153.75
76390	MRI STUDY FOR MEASURING BIOCHEMICAL CHANGES IN THE BRAIN	$424.53
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	$160.78
76496	OTHER FLUOROSCOPIC PROCEDURE	$0.00
76497	OTHER CT SCAN	$0.00
76498	OTHER MRI SCAN	$0.00
76499	OTHER DIAGNOSTIC IMAGING PROCEDURE	$66.48
76500	ECHOENCEPHALOGRAPHY, A-MODE, DIENCEPHALIC MIDLINE	$0.00
76505	ECHNCEPHALOGRAPHY,A-MODE;COMPLETE	$0.00
76506	ULTRASOUND SCAN OF BRAIN	$72.42
76510	1D AND 2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$131.77
76511	1D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$84.94
76512	2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$80.25
76513	ULTRASOUND SCAN OF EYE USING WATER BATH METHOD	$74.16
76514	ULTRASOUND SCAN OF CORNEA TO DETERMINE THICKNESS	$9.23
76515	TOMOGRAPHY, W/W/O A OR M-MODE	$0.00
76516	ULTRASOUND SCAN TO DETERMINE EYE LENGTH	$53.24
76517	B-SCAN A/OR REAL TIME W/IMAGE DOCUMENTATION	$0.00
76519	ULTRASOUND SCAN TO DETERMINE EYE LENGTH AND LENS POWER	$56.60
76529	ULTRASOUND SCAN OF EYE FOR FOREIGN BODY LOCALIZATION	$56.34
76530	ECHOGRAPHY THYROID;A-MODE	$0.00
76536	ULTRASOUND SCAN OF HEAD AND NECK SOFT TISSUE	$78.41
76601	ECHOGRPHY,CHEST;A-MODE	$0.00
76604	ULTRASOUND SCAN OF CHEST	$64.82
76620	ECHOCARDIOGRAPHY, M-MODE	$0.00
76625	ECHOCARDIOGRAPHY, M-MODE	$0.00
76627	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	$0.00
76628	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	$0.00
76629	ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE	$0.00
76640	ECHOGRAPHY,BREAST;A-MODE	$0.00
76641	COMPLETE ULTRASOUND SCAN OF 1 BREAST	$72.54
76642	LIMITED ULTRASOUND SCAN OF 1 BREAST	$59.23
76700	COMPLETE ULTRASOUND SCAN OF ABDOMEN	$96.88
76705	LIMITED ULTRASOUND SCAN OF ABDOMEN	$70.18
76706	ULTRASOUND SCAN OF ABDOMINAL AORTA	$63.83
76770	COMPLETE ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY	$106.53
76775	LIMITED ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY	$69.91

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
76776	ULTRASOUND SCAN OF TRANSPLANTED KIDNEY	$88.77
76800	ULTRASOUND SCAN OF SPINAL CANAL	$91.69
76801	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), SINGLE OR FIRST FETUS	$87.43
76802	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), EACH ADDITIONAL FETUS	$55.73
76805	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS	$108.78
76810	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), EACH ADDITIONAL FETUS	$101.50
76811	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION,	$186.17
76812	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION,	$107.47
76813	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF	$88.39
76814	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF	$57.43
76815	LIMITED ULTRASOUND OF PREGNANT UTERUS	$84.72
76816	FOLLOW-UP ULTRASOUND SCAN OF PREGNANT UTERUS	$70.34
76817	VAGINAL ULTRASOUND OF PREGNANT UTERUS	$74.64
76818	ULTRASOUND AND MONITORING OF HEART OF FETUS	$84.46
76819	ULTRASOUND SCAN OF FETUS	$75.79
76820	ULTRASOUND SCAN OF FETAL UMBILICAL ARTERY BLOOD FLOW RATE	$71.84
76821	ULTRASOUND SCAN OF FETAL BRAIN ARTERY BLOOD FLOW RATE	$79.75
76825	ULTRASOUND SCAN OF FETAL HEART	$125.99
76826	FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART	$62.27
76827	ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW	$87.20
76828	FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW	$60.66
76830	ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA	$77.68
76831	ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY	$98.58
76855	ECHOGRAPHY, PELVIC AREA (DOPPLER)	$0.00
76856	COMPLETE ULTRASOUND SCAN OF PELVIS	$90.72
76857	LIMITED ULTRASOUND SCAN OF PELVIS	$56.37
76870	ULTRASOUND SCAN OF SCROTUM	$86.02
76872	ULTRASOUND SCAN OF PELVIC REGION THROUGH RECTUM	$90.72
76873	ULTRASOUND SCAN OF PROSTATE THROUGH RECTUM	$164.68
76881	COMPLETE ULTRASOUND SCAN OF JOINT	$79.89
76882	LIMITED ULTRASOUND SCAN OF JOINT OR OTHER EXTREMITY STRUCTURE LACKING BLOOD	$19.66
76885	ULTRASOUND SCAN OF INFANT HIP DURING MOVEMENT	$85.79
76886	ULTRASOUND SCAN OF INFANT HIP	$70.97
76900	PERIPHERAL FLOW STDY;ARTERIAL ONLY	$0.00
76910	PERIPHERAL FLOW STDY; VENOUS ONLY	$0.00
76920	PERIPHERAL FLOW STDY; ARTERIAL & VENOUS	$0.00
76925	ECHOGRAPHY, PERIPHERAL VASCULAR SYSTEM (EG, B-SCAN, DOPPLER OR REAL-TIME SCAN)	$0.00
76926	ECHOGRAPHY, HEAD AND TRUNK, VASCULAR SYSTEM (EG, DUPLEX DOPPLER)	$0.00
76931	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS; COMPLETE PROCEDURE	$0.00
76932	ULTRASONIC GUIDANCE FOR BIOPSY OF HEART MUSCLE	$78.15
76933	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY; COMPLETE PROCEDURE	$0.00
76935	ULTRASONIC GUIDANCE FOR THORACENTESIS; COMPLETE PROCEDURE	$0.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF BLOOD VESSEL	$293.19
76937	ULTRASONIC GUIDANCE FOR BLOOD VESSEL ACCESS	$25.56
76939	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION; COMPLET	$0.00
76940	ULTRASOUND GUIDANCE FOR TISSUE REMOVAL	$128.56
76941	ULTRASONIC GUIDANCE FOR FETAL TRANSFUSION OR UMBILICAL BLOOD SAMPLING	$105.32
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	$94.48
76943	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY; COMPLETE PROCEDURE	$0.00
76945	ULTRASONIC GUIDANCE FOR TESTING PLACENTAL TISSUE	$82.20
76946	ULTRASONIC GUIDANCE FOR REMOVAL OF AMNIOTIC FLUID	$65.59
76947	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; COMPLETE PROCEDURE	$0.00
76948	ULTRASONIC GUIDANCE FOR RETRIEVAL OF EGG	$65.53
76949	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA; COMPLETE PROCEDURE	$0.00
76965	ULTRASONIC GUIDANCE FOR ADMINISTRATION OF RADIATION THERAPY	$291.68
76975	REVIEW BY RADIOLOGIST OF ULTRASOUND OF DIGESTIVE TRACT USING AN ENDOSCOPE	$82.40
76977	ULTRASOUND SCAN OF BONE FOR MEASURING LOSS	$35.86
76978	ULTRASOUND SCAN OF GROWTH USING CONTRAST, FIRST GROWTH	$221.14
76979	ULTRASOUND SCAN OF GROWTH USING CONTRAST, EACH ADDITIONAL GROWTH	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
76980	ULTRSND XM OUTSIDE REG HRS	$0.00
76981	ULTRASOUND SCAN OF ORGAN TISSUE FOR MEASURING ELASTICITY	$72.91
76982	ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, FIRST GROWTH	$64.98
76983	ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, EACH ADDITIONAL GROWTH	$39.47
76990	SPCL ULTRSNC DISPLY/IMAGNG TECNIQUES	$0.00
76991	INTRALUMINAL ULTRASOUND STUDY (EG, TRANSRECTAL, TRANSVAGINAL)	$0.00
76998	ULTRASONIC GUIDANCE DURING SURGERY	$0.00
76999	OTHER ULTRASOUND PROCEDURE	$0.00
77001	FLUOROSCOPIC GUIDANCE FOR INSERTION OR REMOVAL OF CENTRAL VEIN ACCESS DEVICE	$59.33
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	$53.33
77003	FLUOROSCOPIC GUIDANCE FOR SPINE OR BACK MUSCLE INJECTION	$51.53
77011	CT GUIDANCE FOR NEEDLE OR TUBE LOCALIZATION	$355.92
77012	REVIEW BY RADIOLOGIST OF CT GUIDANCE FOR NEEDLE PLACEMENT	$232.54
77013	CT GUIDANCE FOR TISSUE REMOVAL	$0.00
77014	CT GUIDANCE FOR INSERTION OF RADIATION THERAPY FIELDS	$122.28
77021	REVIEW BY RADIOLOGIST OF MRI GUIDANCE FOR NEEDLE PLACEMENT	$357.48
77022	MRI GUIDANCE FOR TISSUE REMOVAL	$0.00
77046	MRI SCAN OF 1 BREAST WITHOUT CONTRAST	$168.38
77047	MRI SCAN OF BOTH BREASTS WITHOUT CONTRAST	$172.50
77048	MRI SCAN OF 1 BREAST	$268.11
77049	MRI SCAN OF BOTH BREASTS	$273.31
77053	REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, 1 DUCT	$73.33
77054	REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, MULTIPLE DUCTS	$105.53
77063	SCREENING 3D BREAST MAMMOGRAPHY	$36.80
77065	DIAGNOSTIC MAMMOGRAPHY OF 1 BREAST	$90.59
77066	DIAGNOSTIC MAMMOGRAPHY OF BOTH BREASTS	$113.15
77067	SCREENING MAMMOGRAPHY	$93.09
77071	APPLICATION OF STRESS BY PHYSICIAN FOR JOINT IMAGING	$19.76
77072	X-RAY FOR ESTIMATING BONE AGE	$15.86
77073	X-RAY FOR BONE LENGTH ASSESSMENT	$30.04
77074	LIMITED X-RAY OF BODY BONES	$43.20
77075	COMPLETE X-RAY OF BODY BONES	$63.62
77076	X-RAY OF INFANT BODY BONES	$51.17
77077	X-RAY OF JOINTS, MULTIPLE	$38.64
77078	CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE	$104.66
77080	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE	$80.74
77081	DXA BONE DENSITY MEASUREMENT OF FOREARM, FINGER, HAND, OR FOOT	$28.63
77084	MRI SCAN OF BONE MARROW	$392.67
77085	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE INCLUDING SPINE FRACTURE	$38.18
77086	FRACTURE ASSESSMENT OF SPINE BONES USING DXA	$24.14
77261	SIMPLE RADIATION THERAPY PLANNING	$69.73
77262	INTERMEDIATE RADIATION THERAPY PLANNING	$108.60
77263	COMPLEX RADIATION THERAPY PLANNING	$161.40
77280	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 1 TREATMENT	$142.39
77285	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 2 TREATMENT	$225.40
77290	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 3 OR MORE	$308.18
77293	OBTAINING RESPIRATORY DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT	$292.53
77295	3D RADIATION THERAPY PLANNING	$1,163.72
77299	OTHER MANAGEMENT OF RADIATION THERAPY OR THERAPEUTIC RADIOLOGY	$0.00
77300	CALCULATION OF RADIATION THERAPY DOSE	$68.85
77301	HIGH PRECISION RADIATION THERAPY PLANNING	$1,078.48
77306	SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$95.46
77307	COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$185.59
77316	SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$123.80
77317	INTERMEDIATE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$162.03
77318	COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$232.78
77321	SPECIAL RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$171.17
77331	SPECIAL RADIATION THERAPY PLANNING	$51.68
77332	DESIGN AND CONSTRUCTION OF SIMPLE RADIATION TREATMENT DEVICE	$65.81

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77333	DESIGN AND CONSTRUCTION OF INTERMEDIATE RADIATION TREATMENT DEVICE	$95.91
77334	DESIGN AND CONSTRUCTION OF COMPLEX RADIATION TREATMENT DEVICE	$156.22
77336	CONTINUING RADIATION THERAPY CONSULTATION PER WEEK	$105.25
77338	DESIGN AND CONSTRUCTION OF RADIATION TREATMENT DEVICE FOR HIGH PRECISION	$248.46
77370	SPECIAL MEDICAL RADIATION THERAPY CONSULTATION	$123.30
77371	COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RADIATION	$850.66
77372	COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RADIATION AND A	$645.44
77373	CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS	$1,204.26
77399	OTHER MANAGEMENT OF RADIATION THERAPY AND MEDICAL RADIATION PHYSICS	$0.00
77400	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; SIMPLE	$0.00
77401	SUPERFICIAL AND/OR LOW VOLTAGE RADIATION TREATMENT DELIVERY	$58.71
77402	DELIVERY OF SIMPLE RADIATION TREATMENT	$58.71
77405	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; INTERMEDIATE	$0.00
77407	DELIVERY OF INTERMEDIATE RADIATION TREATMENT	$68.94
77410	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; COMPLEX	$0.00
77412	DELIVERY OF COMPLEX RADIATION TREATMENT	$76.99
77415	THERAPEUTIC RADIOLOGY TREATMENT PORT FILM INTERPRETATION AND VERIFICATION, PER T	$0.00
77417	X-RAY DURING RADIATION THERAPY	$21.11
77423	DELIVERY OF SPECIALIZED EXTERNAL RADIATION TREATMENT	$66.22
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENT SESSIONS	$164.97
77431	RADIATION TREATMENT MANAGEMENT, 1-2 TREATMENT SESSIONS	$97.14
77432	MANAGEMENT OF COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING	$391.40
77435	MANAGEMENT OF CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS	$439.08
77465	DAILY KILOVOLTAGE TREATMENT MANAGEMENT	$0.00
77469	MANAGEMENT OF INTRAOPERATIVE RADIATION TREATMENT	$183.54
77470	SPECIAL RADIATION TREATMENT	$493.81
77499	OTHER MANAGEMENT OF RADIATION THERAPY	$0.00
77506	RAD.TREAT.1 AREA;SINGLE OR PARALLEL PORTS;20MEV OR GREATER	$0.00
77520	SIMPLE PROTON BEAM RADIATION TREATMENT	$0.00
77522	SIMPLE PROTON BEAM RADIATION TREATMENT WITH COMPENSATION	$0.00
77523	INTERMEDIATE PROTON BEAM RADIATION TREATMENT	$0.00
77525	COMPLEX PROTON BEAM RADIATION TREATMENT	$0.00
77600	USE OF EXTERNALLY GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL,	$162.14
77605	USE OF EXTERNALLY GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL,	$218.27
77610	USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER	$162.14
77615	USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER	$217.08
77620	USE OF BODY CAVITY PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL	$164.02
77630	PROVISION EXTRNL CMPNSTNG SHLD;RADIUM SRCS	$0.00
77635	PROVISION EXTRNL CMPNSTNG SHLD;RADSTPE SRC	$0.00
77699	UNLISTED PROC RAD THERAPY TRTMENT AID	$0.00
77700	RADIUM THERAPY DOSIMETRY&INTERP APPLICATN	$0.00
77705	RADIOISOTOPE THRPY DOSMTRY & INTERP APPLICATN	$0.00
77749	UNLISTED PROC INTERNAL RAD DOSIMETY	$0.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	$236.88
77755	SUPERVSN & CONSULT RADIOELEMNT APPLCTN ONLY	$0.00
77760	INTRACAVITY RADIUM APPLICATION	$0.00
77761	SIMPLE BODY CAVITY RADIATION SOURCE APPLICATION	$231.09
77762	INTERMEDIATE BODY CAVITY RADIATION SOURCE APPLICATION	$345.48
77763	COMPLEX BODY CAVITY RADIATION SOURCE APPLICATION	$486.60
77765	INTRACAVITRY RADIOISOTOPE APPLICATION	$0.00
77767	HIGH DOSE SKIN SURFACE RADIATION THERAPY, 1 CHANNEL OR LESION DIAMETER 2.0 CM	$153.85
77768	HIGH DOSE SKIN SURFACE RADIATION THERAPY, 2 CHANNELS AND LESION DIAMETER MORE	$241.97
77770	HIGH DOSE RADIATION THERAPY, 1 CHANNEL	$217.99
77771	HIGH DOSE RADIATION THERAPY, 2-12 CHANNELS	$405.47
77772	HIGH DOSE RADIATION THERAPY, MORE THAN 12 CHANNELS	$619.91
77775	INTERSTITIAL RADIOISOTOPE THERAPY	$0.00
77778	COMPLEX APPLICATION OF RADIATION SOURCE	$786.81
77780	RADIUM HANDLING & LOODING	$0.00
77789	SURFACE APPLICATION OF LOW DOSE RATE SOURCE	$59.36

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77790	SUPERVISION, HANDLING, AND LOADING OF RADIATION SOURCE	$58.45
77799	OTHER ADMINISTRATION OF RADIATION THERAPY	$0.00
78012	NUCLEAR MEDICINE STUDY OF THYROID FUNCTION	$56.70
78013	NUCLEAR MEDICINE STUDY OF THYROID	$114.70
78014	NUCLEAR MEDICINE STUDY OF THYROID AND THYROID FUNCTION	$165.84
78015	NUCLEAR MEDICINE STUDY OF LIMITED AREA FOR THYROID CANCER	$111.53
78016	NUCLEAR MEDICINE STUDIES FOR THYROID CANCER, ADDITIONAL STUDIES	$147.10
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	$0.00
78018	NUCLEAR MEDICINE STUDY OF WHOLE BODY FOR THYROID CANCER	$213.35
78020	NUCLEAR MEDICINE STUDY OF THYROID FUNCTION FOR THYROID CANCER	$55.02
78070	NUCLEAR MEDICINE STUDY OF PARATHYROID	$136.66
78071	NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT	$425.81
78072	NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT AND CT SCAN	$0.00
78075	NUCLEAR MEDICINE STUDY OF ADRENAL GLANDS	$193.92
78099	NUCLEAR MEDICINE STUDY OF ENDOCRINE ORGANS	$0.00
78102	NUCLEAR MEDICINE STUDY OF BONE MARROW LIMITED AREA	$89.22
78103	NUCLEAR MEDICINE STUDY OF BONE MARROW MULTIPLE AREAS	$149.08
78104	NUCLEAR MEDICINE STUDY OF BONE MARROW WHOLE BODY	$165.98
78110	NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, 1 SAMPLING	$39.25
78111	NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, MULTIPLE SAMPLINGS	$93.57
78120	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, SINGLE SAMPLE	$66.88
78121	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, MULTIPLE SAMPLES	$108.37
78122	NUCLEAR MEDICINE STUDY OF WHOLE BLOOD VOLUME	$169.50
78130	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL SURVIVAL	$117.81
78140	NUCLEAR MEDICINE STUDY OF RADIOISOTOPE LABELED RED BLOOD CELLS	$153.62
78180	RADIOIRON BODY DISTRIBUTION/STDRAG POOLS	$0.00
78185	NUCLEAR MEDICINE STUDY OF SPLEEN	$93.94
78186	SPLEEN IMAGING ONLY; WITH VASCULAR FLOW	$0.00
78191	NUCLEAR MEDICINE STUDY OF PLATELET SURVIVAL	$265.36
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	$0.00
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	$0.00
78195	NUCLEAR MEDICINE STUDY OF LYMPHATIC SYSTEM	$177.94
78199	NUCLEAR MEDICINE STUDY OF BLOOD AND LYMPHATIC SYSTEMS	$0.00
78201	NUCLEAR MEDICINE STUDY OF LIVER	$95.31
78202	NUCLEAR MEDICINE STUDY OF LIVER AND BLOOD FLOW	$114.86
78215	NUCLEAR MEDICINE STUDY OF LIVER AND SPLEEN	$115.90
78216	NUCLEAR MEDICINE STUDY OF LIVER, SPLEEN, AND BLOOD FLOW	$135.84
78221	LIVER FNCTN STUDY W/HEPTBLRY AGENTS;W/PROBE TECH	$0.00
78225	LIVER-LUNG IMAGING (EG, SUBPHRENIC ABSCESS)	$0.00
78226	NUCLEAR MEDICINE STUDY OF LIVER AND BILE DUCT SYSTEM	$224.45
78227	NUCLEAR MEDICINE STUDY OF LIVER AND BILE DUCT SYSTEM WITH USE OF DRUGS	$228.90
78230	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND	$90.27
78231	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND WITH SERIAL IMAGES	$125.29
78232	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND FUNCTION	$135.15
78240	PANCREAS IMAGING	$0.00
78258	NUCLEAR MEDICINE STUDY OF ESOPHAGUS TO ASSESS MOVEMENT	$123.97
78261	NUCLEAR MEDICINE STUDY OF STOMACH LINING	$162.78
78262	NUCLEAR MEDICINE STUDY OF STOMACH AND ESOPHAGUS TO ASSESS REFLUX	$166.94
78264	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING	$167.02
78265	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL BOWEL MOVEMENT	$261.01
78266	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL AND LARGE BOWEL	$338.74
78267	NUCLEAR MEDICINE STUDY TO ACQUIRE EXHALED BREATH SAMPLES	$10.86
78268	NUCLEAR MEDICINE STUDY TO ASSESS EXHALED BREATH SAMPLES	$93.09
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	$0.00
78278	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD LOSS	$199.74
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	$0.00
78282	NUCLEAR MEDICINE STUDY TO ASSESS PROTEIN LOSS INTO THE DIGESTIVE TRACT	$14.93
78285	GASTROINTSTNAL FAT ABSORPTION STDY	$0.00
78286	GASTROINTSTNAL FATTY ACID ABSORPTON STDY	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78290	NUCLEAR MEDICINE STUDY OF INTESTINE	$127.32
78291	NUCLEAR MEDICINE STUDY TO ASSESS THE DEGREE OF OPENNESS OF SHUNT FROM JUGULAR	$135.39
78299	NUCLEAR MEDICINE STUDY OF DIGESTIVE TRACTS	$0.00
78300	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT LIMITED AREA	$106.53
78305	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT MULTIPLE AREAS	$153.23
78306	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT WHOLE BODY	$188.43
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	$0.00
78315	NUCLEAR MEDICINE STUDY OF BONE TAKEN AT DIFFERENT TIMES	$197.41
78350	NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 1 PHOTON BEAM	$39.00
78351	NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 2 PHOTON BEAMS	$0.00
78380	JOINT IMAGING; LIMITED AREA	$0.00
78381	JOINT IMAGING; MULTIPLE AREAS	$0.00
78399	OTHER NUCLEAR MEDICINE STUDY OF MUSCULOSKELETAL SYSTEM	$0.00
78401	CARDIAC BLOOD POOL IMAGING	$0.00
78402	CARDIAC BLOOD POOL IMAGING, WITH VASCULAR FLOW ASSESSMENT	$0.00
78403	CARDIAC BLOOD POOL IMAGING BY GATED EQUILIBRIUM BLOOD	$0.00
78404	CARDIAC BLOOD POOL IMAGING BY GATED EQUILIBRIUM BLOOD	$0.00
78407	CARDIAC BLOOD POOL IMAGING BY GATED EQUILIBRIUM BLOOD	$0.00
78409	CRDC BLD POOL IMGNG; W/DTRMNTN OF VNTRCLR EJCTN FR	$0.00
78411	CARDIAC BLOOD POOL IMAGING BY FIRST PASS TECHNIQUE,	$0.00
78412	CARDIAC BLOOD POOL IMAGING BY FIRST PASS TECHNIQUE,	$0.00
78413	CRDC BLD POOL IMGN; W/DTRMNTN OF VNTRCLR WALL	$0.00
78414	NUCLEAR MEDICINE STUDY OF CARDIOVASCULAR FUNCTION	$18.27
78415	CARDIAC BLOOD POOL IMAGING, FUNCTIONAL IMAGING (EG, PHASE AND AMPLITUDE ANALYSIS	$0.00
78418	MYOCARDIUM IMAGING,	$0.00
78424	MYOCARDIUM IMAGING;	$0.00
78425	CARDIAC REGURGITANT INDEX	$0.00
78428	NUCLEAR MEDICINE STUDY FOR DETECTING HEART SHUNT	$106.68
78429	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION AND CONCURRENT	$0.00
78430	NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS	$0.00
78431	NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS	$0.00
78432	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION	$0.00
78433	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION	$0.00
78434	NUCLEAR MEDICINE STUDY OF HEART MUSCLE BLOOD FLOW BY PET	$0.00
78435	CARDIAC FLOW IMAGING (IE, ANGIOCARDIOGRAPHY)	$0.00
78445	NUCLEAR MEDICINE STUDY OF NON-CARDIAC BLOOD FLOW	$81.15
78451	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT	$117.56
78452	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT	$203.04
78453	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D	$102.89
78454	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D	$97.90
78456	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN USING RADIOLABELED PEPTIDE	$153.65
78457	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF SIDE	$132.32
78458	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF BOTH SIDES	$167.74
78459	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION	$1,495.20
78466	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK	$113.93
78467	MYOCARDIAL IMAGING, INFARCT AVID, AT REST; QUANTITATIVE	$0.00
78468	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH MEASUREMENT	$152.13
78469	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH SPECT	$208.76
78470	CARDIAC OUTPUT	$0.00
78471	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST, WALL MOTION STUDY PLUS E	$0.00
78472	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS	$221.07
78473	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS	$329.97
78474	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	$0.00
78475	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	$0.00
78476	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	$0.00
78477	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	$0.00
78479	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; SERIAL STUDIES, ANY COMB	$0.00
78481	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION WITH MEASUREMENT OF INTERNAL	$211.58
78483	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY FIRST PASS TECHNIQUE WITH	$318.81

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78484	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	$0.00
78485	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	$0.00
78486	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	$0.00
78487	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	$0.00
78489	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; SERIAL STUDIES, ANY C	$0.00
78490	TISSUE CLEARANCE EXAMS	$0.00
78494	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS	$271.81
78496	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION OVER SINGLE CYCLE	$200.90
78499	OTHER NUCLEAR MEDICINE STUDY OF CARDIOVASCULAR SYSTEM	$63.79
78579	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION	$118.90
78580	NUCLEAR MEDICINE STUDY OF LUNG CIRCULATION	$142.19
78581	PULMONARY PERFUSION IMAGING; GASEOUS	$0.00
78582	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION	$218.84
78597	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND BLOOD FLOW TO LUNG	$133.49
78598	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION AND BLOOD FLOW TO	$206.05
78599	OTHER NUCLEAR MEDICINE STUDY OF RESPIRATORY SYSTEM	$0.00
78600	NUCLEAR MEDICINE STUDY OF BRAIN, LESS THAN 4 STATIC VIEWS	$112.40
78601	NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW	$132.15
78605	NUCLEAR MEDICINE STUDY OF BRAIN, 4 STATIC VIEWS OR MORE	$133.29
78606	NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW, 4 STATIC VIEWS OR MORE	$152.60
78608	NUCLEAR MEDICINE STUDY OF BRAIN WITH METABOLIC EVALUATION	$1,495.20
78610	NUCLEAR MEDICINE STUDY OF BRAIN WITH BLOOD FLOW	$64.11
78630	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST	$193.15
78635	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST	$109.38
78640	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	$0.00
78645	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO EVALUATE SHUNT	$135.28
78650	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO LOCATE LEAKAGE	$176.82
78660	NUCLEAR MEDICINE STUDY OF TEAR DRAINAGE STRUCTURE	$90.87
78699	OTHER NUCLEAR MEDICINE STUDY OF NERVOUS SYSTEM	$0.00
78700	NUCLEAR MEDICINE STUDY OF KIDNEY	$117.90
78701	NUCLEAR MEDICINE STUDY OF KIDNEY AND BLOOD FLOW	$136.30
78707	NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD FLOW, AND FUNCTION	$185.04
78708	NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD, FLOW, AND FUNCTION WITH DRUG	$192.80
78709	NUCLEAR MEDICINE STUDIES OF KIDNEY, BLOOD FLOW, AND FUNCTION	$199.00
78720	KIDNEY FUNCTION STUDY ONLY (IE, RENOGRAM)	$0.00
78725	NUCLEAR MEDICINE STUDY OF KIDNEY FUNCTION	$73.95
78730	NUCLEAR MEDICINE STUDY OF REMAINING URINE IN BLADDER	$62.88
78740	NUCLEAR MEDICINE STUDY TO ASSESS URINE FLOW	$92.24
78761	NUCLEAR MEDICINE STUDY OF TESTICLE AND BLOOD FLOW	$133.67
78770	PALCENTA IMAGNG	$0.00
78775	NUCLEAR SCAN OF PLACENTA	$0.00
78799	OTHER NUCLEAR MEDICINE STUDY OF UROGENITAL SYSTEM	$0.00
78800	NUCLEAR MEDICINE STUDY, 1 AREA	$152.44
78801	NUCLEAR MEDICINE STUDY, MULTIPLE AREAS	$170.40
78802	NUCLEAR MEDICINE STUDY, WHOLE BODY	$216.41
78803	NUCLEAR MEDICINE STUDY, 1 AREA WITH SPECT	$259.27
78804	NUCLEAR MEDICINE STUDY, WHOLE BODY REQUIRING MULTIPLE IMAGING DAYS	$320.14
78808	INJECTION OF RADIOACTIVE CONTRAST INTO A VEIN FOR NON-IMAGING GAMMA PROBE	$29.84
78811	NUCLEAR MEDICINE STUDY LIMITED AREA	$0.00
78812	NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH	$0.00
78813	NUCLEAR MEDICINE STUDY WHOLE BODY	$0.00
78814	NUCLEAR MEDICINE STUDY LIMITED AREA WITH CT SCAN	$0.00
78815	NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH WITH CT SCAN	$0.00
78816	NUCLEAR MEDICINE STUDY WHOLE BODY WITH CT SCAN	$0.00
78830	NUCLEAR MEDICINE STUDY, 1 AREA WITH SPECT AND CONCURRENT CT SCAN	$342.87
78831	NUCLEAR MEDICINE STUDY, MULTIPLE AREAS WITH SPECT	$496.79
78832	NUCLEAR MEDICINE STUDY, MULTIPLE AREAS WITH SPECT AND CONCURRENT CT SCAN	$647.63
78835	QUANTIFICATION OF RADIOACTIVE MATERIALS	$71.34
78895	BEDSIDE UNIT REQUIRED	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78999	OTHER NUCLEAR MEDICINE STUDY	$0.00
79005	RADIOACTIVE DRUG THERAPY BY MOUTH	$152.19
79101	RADIOACTIVE DRUG THERAPY THROUGH A VEIN	$158.70
79200	RADIOACTIVE DRUG THERAPY INTO A BODY CAVITY	$165.04
79300	RADIOACTIVE DRUG THERAPY INTO A TISSUE	$0.00
79403	RADIOACTIVE DRUG THERAPY OF RADIOLABELED MONOCLONAL ANTIBODY THROUGH A VEIN	$222.58
79440	RADIOACTIVE DRUG THERAPY INTO A JOINT	$165.29
79445	RADIOACTIVE DRUG THERAPY THROUGH A TUBE INSERTED IN AN ARTERY	$176.60
79999	RADIOACTIVE DRUG THERAPY	$32.54
80031	THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA (IF DRUG	$0.00
80032	THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 2 DRUGS	$0.00
80033	THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 3 DRUGS	$0.00
80034	THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 4 OR MOR	$0.00
80040	SERUM RADIOIMMUNOASSAY FOR CIRCULATING ANTIBIOTIC LEVELS	$0.00
80042	SERUM ANTIMICROBIAL LEVEL, BIOASSAY METHOD	$0.00
80047	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED)	$30.51
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL)	$11.70
80050	GENERAL HEALTH PANEL	$41.19
80051	BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	$9.69
80052	PRE-MARITAL PROFILE	$0.00
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	$14.61
80055	OBSTETRIC BLOOD TEST PANEL	$21.14
80056	AMENORRHEA PROFILE	$0.00
80057	MALE INFERTILITY AND/OR GYNECOMASTIA PROFILE	$0.00
80060	HYPERTENSION PANEL	$0.00
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	$18.51
80062	CARDIAC EVALUATION (INCLUDING CORONARY RISK) PANEL	$0.00
80064	CARDIAC INJURY PANEL; WITH CREATINE PHOSPHOKINASE (CPK) AND/OR LACTIC DEHYDROGEN	$0.00
80065	METABOLIC PANEL	$0.00
80066	MALABSORPTION PANEL	$0.00
80067	PULMONARY (LUNG FUNCTION) PANEL	$0.00
80068	LUNG MATURITY PROFILE	$0.00
80069	KIDNEY FUNCTION BLOOD TEST PANEL	$12.00
80070	THYROID PANEL;	$0.00
80071	THYROID PANEL; WITH THYROTROPIN RELEASING HORMONE (TRH)	$0.00
80074	ACUTE HEPATITIS PANEL	$65.82
80075	PARATHYROID PANEL	$0.00
80076	LIVER FUNCTION BLOOD TEST PANEL	$11.29
80080	PROSTATIC PANEL	$0.00
80081	BLOOD TEST PANEL FOR OBSTETRICS (CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B,	$61.18
80082	PANCREATIC PANEL	$0.00
80085	MICROCYTIC ANEMIA PANEL	$0.00
80086	MACROCYTIC ANEMIA PANEL	$0.00
80088	TRANSITION PANEL (FOR MANAGEMENT OF PATIENT WITH PROVEN METASTATIC DISEASE)	$0.00
80089	MUSCLE PANEL	$0.00
80099	UNLISTED PANEL	$0.00
80143	MEASUREMENT OF ACETAMINOPHEN	$11.18
80145	MEASUREMENT OF ADALIMUMAB	$23.14
80150	AMIKACIN (ANTIBIOTIC) LEVEL	$20.83
80151	MEASUREMENT OF AMIODARONE	$11.18
80155	CAFFEINE LEVEL	$11.58
80156	CARBAMAZEPINE LEVEL, TOTAL	$20.12
80157	CARBAMAZEPINE LEVEL, FREE	$11.11
80158	CYCLOSPORINE LEVEL	$24.95
80159	CLOZAPINE LEVEL	$15.14
80161	MEASUREMENT OF CARBAMAZEPINE-10,11-EPOXIDE	$11.18
80162	DIGOXIN LEVEL, TOTAL	$18.35
80164	VALPROIC ACID LEVEL, TOTAL	$18.72
80167	MEASUREMENT OF FELBAMATE	$11.18

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
80168	ETHOSUXIMIDE LEVEL	$22.58
80169	EVEROLIMUS LEVEL	$11.24
80170	GENTAMICIN (ANTIBIOTIC) LEVEL	$22.65
80171	GABAPENTIN LEVEL	$10.85
80173	HALOPERIDOL LEVEL	$20.34
80175	LAMOTRIGINE LEVEL	$10.85
80176	LIDOCAINE LEVEL	$20.30
80177	LEVETIRACETAM LEVEL	$10.85
80178	LITHIUM LEVEL	$9.13
80179	MEASUREMENT OF SALICYLATE	$11.18
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	$14.78
80181	MEASUREMENT OF FLECAINIDE	$11.18
80183	OXCARBAZEPINE LEVEL	$10.85
80184	PHENOBARBITAL LEVEL	$15.83
80185	PHENYTOIN LEVEL, TOTAL	$18.32
80186	PHENYTOIN LEVEL, FREE	$19.03
80187	MEASUREMENT OF POSACONAZOLE	$0.00
80188	PRIMIDONE LEVEL	$22.93
80189	MEASUREMENT OF ITRACONAZOLE	$0.00
80190	PROCAINAMIDE LEVEL	$14.05
80192	PROCAINAMIDE LEVEL, WITH METABOLITES	$23.15
80193	MEASUREMENT OF LEFLUNOMIDE	$0.00
80194	QUINIDINE LEVEL	$20.17
80195	SIROLIMUS LEVEL	$11.50
80197	TACROLIMUS LEVEL	$18.97
80198	THEOPHYLLINE LEVEL	$19.56
80199	TIAGABINE LEVEL	$14.78
80200	TOBRAMYCIN (ANTIBIOTIC) LEVEL	$22.27
80201	TOPIRAMATE LEVEL	$16.48
80202	VANCOMYCIN (ANTIBIOTIC) LEVEL	$18.72
80203	ZONISAMIDE LEVEL	$10.85
80204	MEASUREMENT OF METHOTREXATE	$0.00
80210	MEASUREMENT OF RUFINAMIDE	$0.00
80230	MEASUREMENT OF INFLIXIMAB	$23.14
80235	MEASUREMENT OF LACOSAMIDE	$16.27
80280	MEASUREMENT OF VEDOLIZUMAB	$23.14
80285	MEASUREMENT OF VORICONAZOLE	$16.27
80299	QUANTITATION OF THERAPEUTIC DRUG	$18.92
80305	TESTING FOR PRESENCE OF DRUG, READ BY DIRECT OBSERVATION	$8.98
80306	TESTING FOR PRESENCE OF DRUG, READ BY INSTRUMENT ASSISTED OBSERVATION	$11.97
80307	TESTING FOR PRESENCE OF DRUG, BY CHEMISTRY ANALYZERS	$47.89
80400	HORMONAL PANEL FOR ADRENAL GLAND ASSESSMENT (ADRENAL GLAND INSUFFICIENCY)	$45.06
80402	HORMONE PANEL FOR ADRENAL GLAND ASSESSMENT (21 HYDROXYLASE DEFICIENCY)	$72.88
80406	HORMONE PANEL ADRENAL GLAND ASSESSMENT (3 BETA-HYDROXYDEHYDROGENASE DEFICIEN	$65.60
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	$105.20
80410	CALCITONIN STIMULATION PANEL	$67.34
80412	ADRENAL GLAND STIMULATION PANEL	$276.30
80414	REPRODUCTIVE HORMONE PANEL (TESTOSTERONE)	$43.30
80415	REPRODUCTIVE HORMONE PANEL (ESTRADIOL)	$46.85
80416	RENAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	$110.63
80417	PERIPHERAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	$36.88
80418	ANTERIOR PITUITARY GLAND EVALUATION PANEL	$485.86
80420	DEXAMETHASONE (STEROID) SUPPRESSION EVALUATION PANEL, 48 HOUR	$60.38
80422	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR INSULINOMA (PANCREATIC TUMO	$38.63
80424	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL	$42.34
80426	GONADOTROPIN RELEASING HORMONE (REPRODUCTIVE HORMONE) PANEL	$124.44
80428	GROWTH HORMONE STIMULATION PANEL	$55.90
80430	GROWTH HORMONE SUPPRESSION PANEL	$65.76
80432	INSULIN-INDUCED C-PEPTIDE (PROTEIN) SUPPRESSION PANEL	$113.24

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
80434	INSULIN TOLERANCE PANEL FOR ACTH (ADRENAL GLAND HORMONE) INSUFFICIENCY	$84.78
80435	INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY	$86.31
80436	METYRAPONE (HORMONE ANTIBODY) PANEL	$76.42
80438	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 1	$69.63
80439	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 2	$92.84
81000	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, NON-AUTOMATED	$4.37
81001	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED	$4.37
81002	URINALYSIS, MANUAL TEST	$3.54
81003	AUTOMATED URINALYSIS TEST	$3.10
81004	URINALYSIS; COMPONENTS, SINGLE, NOT OTHERWISE LISTED, SPECIFY	$0.00
81005	ANALYSIS OF URINE, EXCEPT IMMUNOASSAYS	$3.00
81006	URNLYSIS; URINE VOL MEASUREMENT	$0.00
81007	URINALYSIS FOR BACTERIA	$3.55
81010	URINALYSIS; CONCENTRATION AND DILUTION TEST	$0.00
81011	URINALYSIS; WATER DEPRIVATION TEST	$0.00
81012	URINALYSIS; WATER DEPRIVATION TEST WITH VASOPRESSIN RESPONSE	$0.00
81015	URINALYSIS USING MICROSCOPE	$4.20
81020	URINALYSIS, 2 OR 3 GLASS TEST	$4.29
81025	URINE PREGNANCY TEST	$8.74
81030	QUANTITATIVE SEDIMENT ANALYSIS AND QUANTITATIVE PROTEIN (ADDIS COUNT)	$0.00
81050	URINE VOLUME MEASUREMENT	$2.70
81099	UNLISTED ANALYSIS OF URINE	$0.00
81105	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 1) FOR COMMON VARIANT	$90.53
81106	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 2) FOR COMMON VARIANT	$90.53
81107	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 3) FOR COMMON VARIANT	$90.53
81108	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 4) FOR COMMON VARIANT	$90.53
81109	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 5) FOR COMMON VARIANT	$90.53
81110	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 6) FOR COMMON VARIANT	$90.53
81111	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 9) FOR COMMON VARIANT	$90.53
81112	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 15) FOR COMMON VARIANT	$90.53
81120	GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) FOR COMMON VARIANTS	$115.95
81121	GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) FOR COMMON	$177.47
81161	GENE ANALYSIS (DYSTROPHIN)	$167.40
81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE AND ANALYSIS FOR	$1,491.52
81163	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE	$280.80
81164	GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR DUPLICATION OR DELETION VARIANTS	$350.40
81165	GENE ANALYSIS (BREAST CANCER 1) OF FULL SEQUENCE	$169.73
81166	GENE ANALYSIS (BREAST CANCER 1) FOR DUPLICATION OR DELETION VARIANTS	$180.81
81167	GENE ANALYSIS (BREAST CANCER 2) FOR DUPLICATION OR DELETION VARIANTS	$169.73
81168	GENE ANALYSIS (CCND1/IGH (T(11;14))) TRANSLOCATION ANALYSIS	$124.39
81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	$197.71
81171	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR ABNORMAL ALLELES	$82.20
81172	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR CHARACTERIZATION OF ALLELES	$164.90
81173	GENE ANALYSIS (ANDROGEN RECEPTOR) OF FULL SEQUENCE	$180.81
81174	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR KNOWN FAMILIAL VARIANT	$111.12
81175	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) FULL	$424.21
81176	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) TARGETED	$179.18
81177	GENE ANALYSIS (ATROPIN 1) FOR ABNORMAL ALLELES	$82.20
81178	GENE ANALYSIS (ATAXIN 1) FOR ABNORMAL ALLELES	$82.20
81179	GENE ANALYSIS (ATAXIN 2) FOR ABNORMAL ALLELES	$82.20
81180	GENE ANALYSIS (ATAXIN 3) FOR ABNORMAL ALLELES	$82.20
81181	GENE ANALYSIS (ATAXIN 7) FOR ABNORMAL ALLELES	$82.20
81182	GENE ANALYSIS (ATAXIN 8 OPPOSITE STRAND [NON-PROTEIN CODING]) FOR ABNORMAL	$82.20
81183	GENE ANALYSIS (ATAXIN 10) FOR ABNORMAL ALLELES	$82.20
81184	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR ABNORMAL	$82.20
81185	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) OF FULL SEQUENCE	$507.76
81186	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR KNOWN	$111.12
81187	GENE ANALYSIS (CCH-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) FOR ABNORMAL	$82.20
81188	GENE ANALYSIS (CYSTATIN B) FOR ABNORMAL ALLELES	$82.20

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81189	GENE ANALYSIS (CYSTATIN B) OF FULL SEQUENCE	$164.90
81190	GENE ANALYSIS (CYSTATIN B) FOR KNOWN FAMILIAL VARIANTS	$111.12
81191	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) TRANSLOCATION ANALYSIS	$124.39
81192	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) TRANSLOCATION ANALYSIS	$0.00
81193	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) TRANSLOCATION ANALYSIS	$124.39
81194	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) TRANSLOCATION	$310.97
81200	GENE ANALYSIS (ASPARTOACYLASE)	$28.35
81201	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE	$468.00
81202	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS	$168.00
81203	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION OR DELETION VARIANTS	$120.00
81204	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR CHARACTERIZATION OF ALLELES	$82.20
81205	GENE ANALYSIS (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE)	$0.00
81206	TRANSLOCATION ANALYSIS (BCR/ABL1) MAJOR BREAKPOINT	$134.21
81207	TRANSLOCATION ANALYSIS (BCR/ABL1) MINOR BREAKPOINT	$118.55
81209	GENE ANALYSIS (BLOOM SYNDROME, RECQ HELICASE-LIKE)	$0.00
81210	GENE ANALYSIS (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1)	$107.55
81212	GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR 185DELAG, 5385INSC, 6174DELT VARIANTS	$106.02
81215	GENE ANALYSIS (BREAST CANCER 1) FOR KNOWN FAMILIAL VARIANT	$55.94
81216	GENE ANALYSIS (BREAST CANCER 2) OF FULL SEQUENCE	$0.00
81217	GENE ANALYSIS (BREAST CANCER 2) FOR KNOWN FAMILIAL VARIANT	$55.94
81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) FULL GENE SEQUENCE	$197.71
81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	$99.41
81220	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) COMMON	$333.96
81221	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) KNOWN	$0.00
81222	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) DUPLICATION	$0.00
81223	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) FULL GENE	$299.40
81224	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) INTRON 8	$101.25
81225	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) COMMON	$175.08
81226	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) COMMON	$270.95
81228	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER VARIANTS	$540.00
81229	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND SINGLE NUCLEOTIDE	$696.00
81230	GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) FOR COMMON VARIANT	$104.89
81231	GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) FOR COMMON VARIANT	$104.89
81232	GENE ANALYSIS (DIHYDROPYRIMIDINE DEHYDROGENASE) FOR COMMON VARIANT	$104.89
81233	GENE ANALYSIS (BRUTON'S TYROSINE KINASE) FOR COMMON VARIANTS	$105.24
81234	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR ABNORMAL ALLELES	$82.20
81235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS	$198.01
81236	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) OF	$169.73
81237	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) FOR	$105.24
81238	GENE ANALYSIS (COAGULATION FACTOR IX) FULL SEQUENCE ANALYSIS	$360.00
81239	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR CHARACTERIZATION OF ALLELES	$164.90
81240	GENE ANALYSIS (PROTHROMBIN, COAGULATION FACTOR II) A VARIANT	$40.28
81241	GENE ANALYSIS (COAGULATION FACTOR V) LEIDEN VARIANT	$50.02
81242	GENE ANALYSIS (FANCONI ANEMIA, COMPLEMENTATION GROUP C) COMMON VARIANT	$0.00
81243	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION) ABNORMAL ALLELES	$0.00
81244	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 1) FOR CHARACTERIZATION OF ALLELES	$0.00
81245	GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) INTERNAL TANDEM DUPLICATION	$99.55
81247	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR COMMON VARIANT	$104.89
81248	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR KNOWN FAMILIAL VARIANT	$225.15
81249	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FULL SEQUENCE ANALYSIS	$360.00
81250	GENE ANALYSIS (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) COMMON VARIANTS	$0.00
81251	GENE ANALYSIS (GLUCOSIDASE, BETA, ACID) COMMON VARIANTS	$28.35
81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE	$0.00
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN	$0.00
81254	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON	$21.00
81255	GENE ANALYSIS (HEXOSAMINIDASE A) COMMON VARIANTS	$30.87
81256	GENE ANALYSIS (HEMOCHROMATOSIS) COMMON VARIANTS	$53.50
81257	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR COMMON DELETIONS OR	$0.00
81258	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR KNOWN FAMILIAL VARIANT	$225.15

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81259	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FULL SEQUENCE ANALYSIS	$360.00
81260	GENE ANALYSIS (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS,	$0.00
81261	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) TO DETECT	$162.07
81262	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) TO DETECT	$35.73
81263	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS), VARIABLE REGION	$241.07
81264	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) TO DETECT	$122.23
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS OF PATIENT AND	$176.03
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS OF PATIENT AND	$0.00
81267	CHIMERISM ANALYSIS POST TRANSPLANTATION, WITHOUT CELL SELECTION	$169.82
81268	CHIMERISM ANALYSIS POST TRANSPLANTATION, WITH CELL SELECTION	$213.47
81269	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR DUPLICATION/DELETION	$121.44
81270	GENE ANALYSIS (JANUS KINASE 2) VARIANT	$75.04
81271	GENE ANALYSIS (HUNTINGTIN) FOR ABNORMAL ALLELES	$82.20
81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG),	$197.71
81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG),	$74.92
81274	GENE ANALYSIS (HUNTINGTIN) FOR CHARACTERIZATION OF ALLELES	$164.90
81275	GENE ANALYSIS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) VARIANTS IN CODONS	$118.49
81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	$118.31
81277	CANCER CYTOGENOMIC ARRAY GENE ANALYSIS	$0.00
81278	GENE ANALYSIS (IGH@/BCL2 (T(14;18)) TRANSLOCATION ANALYSIS	$124.39
81279	GENE ANALYSIS (JANUS KINASE 2) TARGETED SEQUENCE ANALYSIS	$111.12
81283	GENE ANALYSIS (INTERFERON, LAMBDA 3) FOR RS12979860 VARIANT	$45.26
81284	GENE ANALYSIS (FRATAXIN) FOR ABNORMAL ALLELES	$82.20
81285	GENE ANALYSIS (FRATAXIN) FOR CHARACTERIZATION OF ALLELES	$164.90
81286	GENE ANALYSIS (FRATAXIN) OF FULL SEQUENCE	$164.90
81287	GENE ANALYSIS (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) FOR PROMOTER METHYLATI	$49.81
81289	GENE ANALYSIS (FRATAXIN) FOR KNOWN FAMILIAL VARIANTS	$111.12
81290	GENE ANALYSIS (MUCOLIPIN 1) COMMON VARIANTS	$0.00
81291	GENE ANALYSIS (5, 10-METHYLENETETRAHYDROFOLATE REDUCTASE) COMMON VARIANTS	$0.00
81292	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) FULL SEQUENCE	$387.74
81293	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) KNOWN	$155.44
81294	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) DUPLICATION	$114.41
81295	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) FULL SEQUENCE	$91.03
81296	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) KNOWN	$77.72
81297	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) DUPLICATION	$91.03
81298	GENE ANALYSIS (MUTS HOMOLOG 6 [E COLI]) FULL SEQUENCE ANALYSIS	$172.70
81299	GENE ANALYSIS (MUTS HOMOLOG 6 [E COLI]) KNOWN FAMILIAL VARIANTS	$96.74
81300	GENE ANALYSIS (MUTS HOMOLOG 6 [E COLI]) DUPLICATION OR DELETION VARIANTS	$97.01
81301	MICROSATELLITE INSTABILITY ANALYSIS	$237.02
81302	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) FULL SEQUENCE ANALYSIS	$0.00
81303	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) KNOWN FAMILIAL VARIANT	$72.00
81304	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) DUPLICATION OR DELETION VARIANTS	$90.00
81305	GENE ANALYSIS (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) FOR P.LEU265PRO	$105.24
81306	GENE ANALYSIS (NUDIX HYDROLASE 15) FOR COMMON VARIANTS	$174.82
81307	GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2) FULL SEQUENCE ANALYSIS	$169.73
81308	GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2) FOR DETECTION OF KNOWN FAMILIAL	$180.81
81309	GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2) TARGETED SEQUENCE ANALYSIS	$164.90
81310	GENE ANALYSIS (NUCLEOPHOSMIN) EXON 12 VARIANTS	$148.28
81311	GENE ANALYSIS FOR CANCER (NEUROBLASTOMA)	$159.84
81312	GENE ANALYSIS (POLY[A] BINDING PROTEIN NUCLEAR 1) FOR ABNORMAL ALLELES	$82.20
81314	GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE)	$197.71
81315	TRANSLOCATION ANALYSIS (PML-RARA REGULATED ADAPTOR MOLECULE 1) COMMON BREAKPOI	$169.70
81316	TRANSLOCATION ANALYSIS (PML-RARA REGULATED ADAPTOR MOLECULE 1) SINGLE BREAKPOINT	$258.83
81317	GENE ANALYSIS (POSTMEIOTIC SEGREGATION INCREASED 2 [S CEREVISIAE]) FULL	$468.77
81318	GENE ANALYSIS (POSTMEIOTIC SEGREGATION INCREASED 2 [S CEREVISIAE]) KNOWN	$110.77
81319	GENE ANALYSIS (POSTMEIOTIC SEGREGATION INCREASED 2 [S CEREVISIAE]) DUPLICATION	$133.00
81320	GENE ANALYSIS (PHOSPHOLIPASE C GAMMA 2) FOR COMMON VARIANTS	$174.82
81321	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	$360.42
81322	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT	$35.04

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81323	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION OR DELETION VARIANT	$52.56
81324	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), DUPLICATION OR DELETION ANALYSIS	$0.00
81325	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS	$0.00
81326	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT	$31.71
81328	GENE ANALYSIS (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) FOR	$104.89
81329	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR DOSAGE/DELETION	$82.20
81330	GENE ANALYSIS (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) COMMON	$28.20
81331	METHYLATION ANALYSIS (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND	$0.00
81332	GENE ANALYSIS (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE,	$35.04
81333	GENE ANALYSIS (TRANSFORMING GROWTH FACTOR BETA-INDUCED) FOR COMMON VARIANTS	$82.20
81334	GENE ANALYSIS (RUNT RELATED TRANSCRIPTION FACTOR 1) TARGETED SEQUENCE ANALYSIS	$197.71
81335	GENE ANALYSIS (THIOPURINE S-METHYLTRANSFERASE) FOR COMMON VARIANT	$104.89
81336	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) OF FULL SEQUENCE	$180.81
81337	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR KNOWN FAMILIAL	$111.12
81338	GENE ANALYSIS (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) FOR DETECTION OF	$90.20
81339	GENE ANALYSIS (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) SEQUENCE ANALYSIS	$111.12
81340	GENE ANALYSIS (T CELL ANTIGEN RECEPTOR BETA) AMPLIFICATION METHODOLOGY	$171.01
81341	GENE REARRANGEMENT ANALYSIS DETECTION ABNORMAL CLONAL POPULATION (T CELL	$40.59
81342	GENE REARRANGEMENT ANALYSIS DETECTION ABNORMAL CLONAL POPULATION (T CELL	$164.94
81343	GENE ANALYSIS (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) FOR ABNORMAL	$82.20
81344	GENE ANALYSIS (TATA BOX BINDING PROTEIN) FOR ABNORMAL ALLELES	$82.20
81345	GENE ANALYSIS (TELOMERASE REVERSE TRANSCRIPTASE) TARGETED SEQUENCE ANALYSIS	$111.12
81346	GENE ANALYSIS (THYMIDYLATE SYNTHETASE) FOR COMMON VARIANT	$104.89
81347	GENE ANALYSIS (SPLICING FACTOR [3B] SUBUNIT B1) FOR DETECTION OF COMMON VARIANTS	$0.00
81348	GENE ANALYSIS (SERINE AND ARGININE-RICH SPLICING FACTOR 2) FOR DETECTION OF	$0.00
81350	GENE ANALYSIS (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) FOR	$140.40
81351	GENE ANALYSIS (TUMOR PROTEIN 53) FULL SEQUENCE ANALYSIS	$385.11
81352	GENE ANALYSIS (TUMOR PROTEIN 53) TARGETED SEQUENCE ANALYSIS	$0.00
81353	GENE ANALYSIS (TUMOR PROTEIN 53) TARGETED SEQUENCE ANALYSIS FOR DETECTION OF	$184.80
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COMMON VARIANTS	$52.92
81357	GENE ANALYSIS (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) FOR DETECTION OF COMMON	$0.00
81360	GENE ANALYSIS (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND	$0.00
81361	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR COMMON VARIANT	$104.89
81362	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR KNOWN FAMILIAL VARIANT	$225.15
81363	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR DUPLICATION/DELETION VARIANT	$121.44
81364	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FULL SEQUENCE ANALYSIS	$194.75
81370	HLA CLASS I AND II TYPING LOW RESOLUTION HLA-A, -B, -C, -DRB1/3/4/5 AND -DQB1	$329.16
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION HLA-A, -B, AND -DRB1	$197.02
81372	HLA CLASS I TYPING LOW RESOLUTION	$180.82
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS	$91.16
81374	HLA CLASS I TYPING, LOW RESOLUTION ONE ANTIGEN EQUIVALENT	$59.55
81375	HLA CLASS II TYPING LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	$180.69
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS	$100.04
81377	HLA CLASS II TYPING LOW RESOLUTION ONE ANTIGEN EQUIVALENT	$75.15
81378	HLA CLASS I AND II TYPING HIGH RESOLUTION HLA-A, -B, -C, AND -DRB1	$282.86
81379	HLA CLASS I TYPING HIGH RESOLUTION	$274.52
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS	$145.09
81381	HLA CLASS I TYPING HIGH RESOLUTION ONE ALLELE OR ALLELE GROUP	$77.42
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS	$101.24
81383	HLA CLASS II TYPING HIGH RESOLUTION ONE ALLELE OR ALLELE GROUP	$89.33
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	$82.20
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	$58.88
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	$111.12
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	$0.00
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 GENETIC ANALYSIS	$180.81
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	$0.00
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	$0.00
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	$1,200.00
81410	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE, GENOMIC SEQUENCE	$302.40

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81411	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE, DUPLICATION/DELETION	$0.00
81412	TEST FOR DETECTING GENES FOR DISORDERS RELATED TO ASHKENAZI JEWS, GENOMIC	$0.00
81415	TEST FOR DETECTING EXOME, SEQUENCE ANALYSIS	$2,868.00
81416	TEST FOR DETECTING EXOME, SEQUENCE ANALYSIS, EACH COMPARATOR EXOME	$7,200.00
81417	REEVALUATION TEST OF PREVIOUSLY OBTAINED EXOME SEQUENCE	$192.00
81419	GENE ANALYSIS PANEL FOR EVALUATION OF GENES ASSOCIATED WITH EPILEPSY	$0.00
81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE, ANEUPLOIDY GENOMIC	$481.40
81430	TEST FOR DETECTING GENES CAUSING HEARING LOSS GENOMIC SEQUENCE ANALYSIS PANEL,	$975.00
81431	TEST FOR DETECTING GENES CAUSING HEARING LOSS, DUPLICATION/DELETION ANALYSIS	$0.00
81432	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED BREAST CANCER-RELATED	$0.00
81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	$0.00
81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	$0.00
81437	GENE ANALYSIS (NEUROENDOCRINE TUMORS), GENOMIC SEQUENCE	$0.00
81438	GENE ANALYSIS (NEUROENDOCRINE TUMORS), DUPLICATION AND DELETION VARIANTS	$0.00
81440	TEST FOR DETECTING GENES	$1,994.40
81442	GENE ANALYSIS (NOONAN SYNDROME) GENOMIC SEQUENCE ANALYSIS	$0.00
81443	GENOMIC SEQUENCE ANALYSIS PANEL FOR SEVERE INHERITED CONDITIONS WITH SEQUENCING	$1,469.14
81448	GENE ANALYSIS PANEL FOR HEREDITARY DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM	$433.26
81479	MOLECULAR PATHOLOGY PROCEDURE	$0.00
81490	TEST FOR DETECTING GENES ASSOCIATED WITH RHEUMATOID ARTHRITIS USING IMMUNOASSAY	$126.94
81493	TEST FOR DETECTING GENES ASSOCIATED WITH HEART VESSELS DISEASES	$387.16
81500	GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS, ASSAYS OF TWO PROTEINS	$156.30
81503	GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS, ASSAYS OF FIVE PROTEINS	$538.20
81504	GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS	$312.00
81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE,	$0.00
81507	DNA ANALYSIS USING MATERNAL PLASMA	$477.00
81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A, HCG	$32.58
81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A,	$0.00
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3,	$0.00
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3,	$92.10
81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3,	$0.00
81513	MEASUREMENT OF RNA OF BACTERIA IN VAGINAL FLUID SPECIMEN	$0.00
81514	MEASUREMENT OF DNA OF BACTERIA IN VAGINAL FLUID SPECIMEN	$0.00
81518	MRNA GENE ANALYSIS OF 11 GENES IN BREAST TUMOR TISSUE	$2,323.80
81519	TEST FOR DETECTING GENES ASSOCIATED WITH BREAST CANCER	$2,051.62
81520	GENE ANALYSIS OF BREAST TUMOR TISSUE, PROFILING BY HYBRID CAPTURE OF 58 GENES	$1,859.41
81521	GENE ANALYSIS OF BREAST TUMOR TISSUE, PROFILING OF 70 CONTENT GENES AND 465	$2,323.80
81522	MRNA GENE EXPRESSION ANALYSIS OF 12 GENES IN BREAST TUMOR TISSUE	$2,323.80
81525	GENE ANALYSIS (COLON RELATED CANCER)	$387.16
81528	GENE ANALYSIS (COLORECTAL CANCER)	$300.76
81529	MRNA GENE ANALYSIS OF 31 GENES IN SKIN MELANOMA TISSUE SPECIMEN	$4,315.80
81535	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, FIRST	$399.38
81536	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, EACH	$21.31
81538	TESTING OF LUNG TUMOR CELLS FOR PREDICTION OF SURVIVAL	$118.08
81540	GENE ANALYSIS (CANCER)	$861.58
81541	GENE ANALYSIS OF PROSTATE TUMOR TISSUE, PROFILING BY REAL-TIME RT-PCR OF 46	$2,323.80
81542	MRNA GENE EXPRESSION ANALYSIS OF 22 GENES IN PROSTATE TUMOR TISSUE	$0.00
81546	MRNA GENE ANALYSIS OF 10,196 GENES IN FINE NEEDLE ASPIRATION THYROID SPECIMEN,	$2,160.00
81551	GENE ANALYSIS OF PROSTATE TUMOR TISSUE, PROFILING BY REAL-TIME PCR OF 3 GENES	$0.00
81552	MRNA GENE EXPRESSION ANALYSIS OF 15 GENES IN EYE MELANOMA O TISSUE OR FINE	$0.00
81554	MRNA GENE ANALYSIS OF 190 GENES ASSOCIATED WITH LUNG DISEASE (IDIOPATHIC	$3,300.00
81595	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASES	$387.16
81596	BIOCHEMICAL ASSAYS FOR EVALUATION OF CHRONIC HEPATITIS C VIRUS INFECTION	$43.31
82005	ACETOACETIC ACID	$0.00
82009	KETONE BODIES ANALYSIS, QUALITATIVE	$6.25
82010	KETONE BODIES ANALYSIS, QUANTITATIVE	$11.29
82011	ACETYLSALICYLIC ACID; QUANTITATIVE	$0.00
82012	ACETYLSALICYLIC ACID; QUALITATIVE	$0.00
82013	ACETYLCHOLINESTERASE (ENZYME) LEVEL	$15.44

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82016	CHEMICAL ANALYSIS FOR GENETIC DISORDER	$11.62
82017	CHEMICAL TEST FOR GENETIC DISORDER	$23.31
82024	ADRENOCORTICOTROPIC HORMONE (ACTH) LEVEL	$53.38
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP) LEVEL	$21.63
82035	ADENOSINE; 5'-TRIPHOSPHATE, BLOOD	$0.00
82040	ALBUMIN (PROTEIN) LEVEL	$6.85
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	$7.15
82043	URINE MICROALBUMIN (PROTEIN) LEVEL	$8.00
82044	URINE MICROALBUMIN (PROTEIN) ANALYSIS	$6.33
82045	ALBUMIN (PROTEIN) LEVEL RELATED TO RESTRICTED HEART BLOOD FLOW	$28.46
82060	ALCOHOL (ETHANOL), BLOOD; BY GAS-LIQUID CHROMATOGRAPHY	$0.00
82065	ALCOHOL (ETHANOL), URINE; CHEMICAL	$0.00
82070	ALCOHOL (ETHANOL), URINE; BY GAS-LIQUID CHROMATOGRAPHY	$0.00
82072	ALCOHOL (ETHANOL) GELATION	$0.00
82075	MEASUREMENT OF ALCOHOL LEVEL IN BREATH SPECIMEN	$16.66
82076	ALCOHOL; ISOPROPYL	$0.00
82077	MEASUREMENT OF ALCOHOL LEVEL IN SPECIMEN OTHER THAN BREATH OR URINE	$10.36
82078	ALCOHOL; METHYL	$0.00
82085	ALDOLASE (ENZYME) LEVEL	$13.42
82086	ALDOLASE, BLOOD; COLORIMETRIC	$0.00
82087	ALDOSTERONE; DOUBLE ISOTOPE TECHNIQUE	$0.00
82088	ALDOSTERONE HORMONE LEVEL	$56.32
82089	ALDOSTERONE; RIA, URINE	$0.00
82091	ALDOSTERONE; SALINE INFUSION TEST	$0.00
82095	ALKALOIDS, TISSUE; SCREENING	$0.00
82096	ALKALOIDS, TISSUE; QUANTITATIVE	$0.00
82100	ALKALOIDS, URINE; SCREENING	$0.00
82103	ALPHA-1-ANTITRYPSIN (PROTEIN) BLOOD TEST, TOTAL	$18.56
82104	ALPHA-1-ANTITRYPSIN (PROTEIN) BLOOD TEST, PHENOTYPE	$19.98
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM	$23.18
82106	ALPHA-FETOPROTEIN (AFP) LEVEL, AMNIOTIC FLUID	$23.18
82107	ALPHA-FETOPROTEIN (AFP) ANALYSIS	$62.99
82108	ALUMINUM LEVEL	$21.73
82112	AMIKACIN	$0.00
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA	$5.19
82126	AMINO ACID NITROGEN, ALPHA	$0.00
82127	AMINO ACID ANALYSIS, QUALITATIVE, EACH SPECIMEN	$11.62
82128	AMINO ACID ANALYSIS, MULTIPLE AMINO ACIDS, QUALITATIVE, EACH SPECIMEN	$19.16
82130	AMINO ACIDS, URINE OR PLASMA, CHROMATOGRAPHIC FRACTIONATION	$0.00
82131	AMINO ACID ANALYSIS, QUANTITATIVE, EACH SPECIMEN	$23.31
82134	AMINOHIPPURATE, PARA (PAH)	$0.00
82135	AMINOLEVULINIC ACID (PROTEIN) LEVEL	$22.75
82136	AMINO ACID LEVEL, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	$14.14
82137	AMINOPHYLLINE	$0.00
82138	AMITRIPTYLINE	$0.00
82139	AMINO ACID LEVEL, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	$23.31
82140	AMMONIA LEVEL	$20.14
82141	AMMONIA; URINE	$0.00
82142	AMMONIUM CHLORIDE LOADING TEST	$0.00
82143	AMNIOTIC FLUID SCAN	$5.77
82150	AMYLASE (ENZYME) LEVEL	$8.96
82154	ANDROSTANEDIOL GLUCURONIDE (HORMONE) LEVEL	$24.17
82155	AMYLASE, SERUM;	$0.00
82156	AMYLASE, URINE (DIASTASE)	$0.00
82157	ANDROSTENEDIONE (HORMONE) LEVEL	$40.46
82159	ANDROSTERONE;	$0.00
82160	ANDROSTERONE (HORMONE) LEVEL	$20.96
82163	ANGIOTENSIN LL (PROTEIN) LEVEL	$17.21
82164	ANGIOTENSIN L - CONVERTING ENZYME (ACE) LEVEL	$20.17

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82165	ANILINE	$0.00
82168	ANTIHISTAMINES	$0.00
82170	ANTIMONY, URINE	$0.00
82172	APOLIPOPROTEIN LEVEL	$21.41
82173	ARGININE TOLERANCE TEST	$0.00
82175	ARSENIC LEVEL	$26.22
82180	ASCORBIC ACID (VITAMIN C) LEVEL, BLOOD	$13.66
82190	MEASUREMENT OF SUBSTANCE USING SPECTROSCOPY (LIGHT)	$12.50
82210	BARBITURATES; QUANTITATIVE AND IDENTIFICATION	$0.00
82225	BARIUM	$0.00
82230	BERYLLIUM, URINE	$0.00
82231	BETA-2 MICROGLOBULIN, RIA; URINE	$0.00
82232	BETA-2 MICROGLOBULIN (PROTEIN) LEVEL	$22.36
82235	BICARBONATE EXCRETION, URINE	$0.00
82236	BICARBONATE LOADING TEST	$0.00
82239	BILE ACIDS LEVEL, TOTAL	$23.67
82240	BILE ACIDS LEVEL, CHOLYLGLYCINE	$22.28
82245	BILE PIGMENTS, URINE	$0.00
82247	BILIRUBIN LEVEL, TOTAL	$6.94
82248	BILIRUBIN LEVEL, DIRECT	$6.94
82252	STOOL ANALYSIS FOR BILIRUBIN	$3.81
82260	BILIRUBIN; URINE, QUANTITATIVE	$0.00
82261	BIOTINIDASE (ENZYME) LEVEL	$23.31
82265	BILIRUBIN; AMNIOTIC FLUID, QUANTITATIVE	$0.00
82268	BISMUTH	$0.00
82270	STOOL ANALYSIS FOR BLOOD TO SCREEN FOR COLON TUMORS	$4.49
82271	SPECIMEN ANALYSIS FOR BLOOD	$4.54
82272	STOOL ANALYSIS FOR BLOOD, BY PEROXIDASE ACTIVITY	$4.54
82274	STOOL ANALYSIS FOR BLOOD, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY	$13.33
82280	BORIC ACID; BLOOD	$0.00
82285	BORIC ACID; URINE	$0.00
82286	BRADYKININ (PROTEIN) LEVEL	$5.77
82290	BROMIDES; BLOOD	$0.00
82291	BROMIDES; URINE	$0.00
82300	CADMIUM LEVEL	$19.40
82305	CAFFEINE	$0.00
82306	VITAMIN D-3 LEVEL	$40.91
82308	CALCITONIN (HORMONE) LEVEL	$37.01
82310	CALCIUM LEVEL, TOTAL	$7.12
82315	CALCIUM, BLOOD; FLUOROMETRIC	$0.00
82320	CALCIUM, BLOOD; EMISSION FLAME PHOTOMETRY	$0.00
82325	CALCIUM, BLOOD; ATOMIC ABSORPTION FLAME PHOTOMETRY	$0.00
82330	CALCIUM LEVEL, IONIZED	$18.88
82331	CALCIUM LEVEL, AFTER CALCIUM INFUSION TEST	$4.34
82335	CALCIUM, URINE; QUALITATIVE (SULKOWITCH)	$0.00
82340	URINE CALCIUM LEVEL	$8.34
82345	CALCIUM, FECES, QUANTITATIVE, TIMED SPECIMEN	$0.00
82355	ANALYSIS OF STONE	$15.99
82360	CHEMICAL ANALYSIS OF STONE	$17.80
82365	INFRARED ANALYSIS OF STONE	$11.44
82370	X-RAY ANALYSIS OF STONE	$17.32
82372	CARBAMAZEPINE, SERUM	$0.00
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN (PROTEIN) LEVEL	$25.23
82374	CARBON DIOXIDE (BICARBONATE) LEVEL	$6.76
82375	CARBOXYHEMOGLOBIN (PROTEIN) LEVEL	$17.03
82375	CARBOXYHEMOGLOBIN (PROTEIN) LEVEL	$0.00
82376	CARBOXYHEMOGLOBIN (PROTEIN) ANALYSIS	$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA) PROTEIN LEVEL	$26.22
82379	CARNITINE LEVEL	$23.31

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82380	CAROTENE LEVEL	$12.75
82382	CATECHOLAMINES (ORGANIC NITROGEN) URINE LEVEL	$14.41
82383	CATECHOLAMINES ORGANIC NITROGEN BLOOD LEVEL	$21.01
82384	CATECHOLAMINES (ORGANIC NITROGEN) LEVEL	$34.90
82387	CATHEPSIN-D (ENZYME) LEVEL	$17.44
82390	CERULOPLASMIN (PROTEIN) LEVEL	$14.84
82397	ANALYSIS USING CHEMILUMINESCENT TECHNIQUE (LIGHT AND CHEMICAL)REACTION	$11.84
82400	CHLORAL HYDRATE; BLOOD	$0.00
82415	CHLORAMPHENICOL LEVEL	$10.62
82418	CHLORAZEPATE DIPOTASSIUM	$0.00
82420	CHLORDIAZEPOXIDE; BLOOD	$0.00
82425	CHLORDIAZEPOXIDE; URINE	$0.00
82435	BLOOD CHLORIDE LEVEL	$6.35
82436	URINE CHLORIDE LEVEL	$6.95
82437	CHLORIDES; SWEAT (WITHOUT IONTOPHORESIS)	$0.00
82438	CHLORIDE LEVEL	$6.76
82441	SCREENING TEST FOR CHLORINATED HYDROCARBONS	$5.03
82443	CHLOROTHIAZIDE-HYDROCHLOROTHIAZIDE	$0.00
82465	CHOLESTEROL LEVEL	$6.02
82470	CHOLESTEROL, SERUM; TOTAL AND ESTERS	$0.00
82480	CHOLINESTERASE (ENZYME) LEVEL, TO TEST FOR EXPOSURE TO CHEMICAL OR LIVER DISEASE	$10.89
82482	CHOLINESTERASE (ENZYME) LEVEL	$6.44
82484	CHOLINESTERASE; SERUM AND RBC	$0.00
82485	CHONDROITIN B SULFATE (PROTEIN) LEVEL	$17.31
82490	CHROMIUM;	$0.00
82495	CHROMIUM LEVEL TO TEST FOR POISONING OR DEFICIENCY	$28.03
82505	CHYMOTRYPSIN, DUODENAL CONTENTS	$0.00
82507	CITRATE LEVEL	$38.43
82512	CLONAZEPAM	$0.00
82523	COLLAGEN CROSS LINKS TEST, (URINE TEST TO EVALUATE BONE HEALTH)	$25.83
82525	COPPER LEVEL	$17.15
82526	COPPER; URINE	$0.00
82528	CORTICOSTERONE (HORMONE) LEVEL	$18.87
82529	CORTISOL; FLUOROMETRIC, PLASMA	$0.00
82530	CORTISOL (HORMONE) MEASUREMENT, FREE	$23.10
82531	CORTISOL; CPB, PLASMA	$0.00
82532	CORTISOL; CPB, URINE	$0.00
82533	CORTISOL (HORMONE) MEASUREMENT, TOTAL	$22.53
82534	CORTISOL; RIA, URINE	$0.00
82536	CORTISOL; AFTER ADRENOCORTICOTROPIC HORMONE (ACTH) ADMINISTRATION	$0.00
82537	CORTISOL; 48 HOURS AFTER CONTINUOUS ACTH INFUSION	$0.00
82538	CORTISOL; AFTER METYRAPONE TARTRATE ADMINISTRATION	$0.00
82539	CORTISOL; DEXAMETHASONE SUPPRESSION TEST, PLASMA AND/OR URINE	$0.00
82540	CREATINE MEASUREMENT	$6.40
82542	CHEMICAL ANALYSIS USING CHROMATOGRAPHY TECHNIQUE	$24.96
82545	CREATINE; URINE	$0.00
82546	CREATINE AND CREATININE	$0.00
82550	CREATINE KINASE (CARDIAC ENZYME) LEVEL, TOTAL	$9.01
82552	CREATINE KINASE (CARDIAC ENZYME) LEVEL, ISOENZYMES	$18.51
82553	CREATINE KINASE (CARDIAC ENZYME) LEVEL, MB FRACTION ONLY	$15.95
82554	CREATINE KINASE (CARDIAC ENZYME) LEVEL, ISOFORMS	$9.95
82555	CREATINE PHOSPHOKINASE (CPK), BLOOD; COLORIMETRIC	$0.00
82565	BLOOD CREATININE LEVEL	$7.07
82570	CREATININE LEVEL TO TEST FOR KIDNEY FUNCTION OR MUSCLE INJURY	$7.15
82575	CREATININE CLEARANCE MEASUREMENT TO TEST FOR KIDNEY FUNCTION	$13.06
82585	CRYOFIBRINOGEN (PROTEIN) LEVEL	$11.85
82595	CRYOGLOBULIN (PROTEIN) MEASUREMENT	$8.95
82600	CYANIDE MEASUREMENT	$16.27
82601	CYANIDE; TISSUE	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82606	CYANOCOBALAMIN (VITAMIN B-12); BIOASSAY	$0.00
82607	CYANOCOBALAMIN (VITAMIN B-12) LEVEL	$20.83
82608	CYANOCOBALAMIN (VITAMIN B-12) LEVEL, UNSATURATED BINDING CAPACITY	$19.80
82610	CYSTATIN C (ENZYME INHIBITOR) LEVEL	$19.00
82614	CYSTINE, BLOOD, QUALITATIVE	$0.00
82615	CYSTINE AND HOMOCYSTINE (AMINO ACIDS) ANALYSIS	$11.29
82620	CYSTINE AND HOMOCYSTINE, URINE; QUANTITATIVE	$0.00
82624	CYSTINE AMINOPEPTIDASE	$0.00
82626	DEHYDROEPIANDROSTERONE (DHEA) HORMONE LEVEL	$34.93
82627	DEHYDROEPIANDROSTERONE (DHEA-S) HORMONE LEVEL	$30.72
82628	DESIPRAMINE	$0.00
82633	DESOXYCORTICOSTERONE, 11 (HORMONE) LEVEL	$25.97
82634	DEOXYCORTISOL, 11 (HORMONE) LEVEL	$24.54
82635	DIACETIC ACID	$0.00
82636	DIAZEPAM	$0.00
82638	DIBUCAINE NUMBER (ENZYME) MEASUREMENT	$10.27
82639	DICUMAROL	$0.00
82640	DIGITOXIN (DIGITALIS); BLOOD, RIA	$0.00
82641	DIGITOXIN (DIGITALIS); URINE	$0.00
82642	MEASUREMENT OF DIHYDROTESTOSTERONE	$19.52
82652	DIHYDROXYVITAMIN D, 1, 25 LEVEL	$53.19
82656	DETECTION OF PANCREATIC ELASTASE (ENZYME) IN STOOL	$15.95
82657	ENZYME ACTIVITY MEASUREMENT, NONRADIOACTIVE SUBSTRATE	$24.96
82658	ENZYME ACTIVITY MEASUREMENT, RADIOACTIVE SUBSTRATE	$15.14
82660	DRUG SCREEN (AMPHETAMINES, BARBITURATES, ALKALOIDS)	$0.00
82662	IMMUNOASSAY TECHNIQUE FOR DRUGS	$0.00
82664	ELECTROPHORESIS, LABORATORY TESTING TECHNIQUE	$47.48
82668	ERYTHROPOIETIN (PROTEIN) LEVEL	$25.97
82670	MEASUREMENT OF TOTAL ESTRADIOL (HORMONE)	$38.62
82671	ESTROGEN ANALYSIS, FRACTIONATED	$27.08
82672	ESTROGEN ANALYSIS, TOTAL	$29.97
82673	ESTRIOL; FLUOROMETRIC	$0.00
82674	ESTRIOL; GLC	$0.00
82676	ESTRIOL; CHEMICAL	$0.00
82677	ESTRIOL (HORMONE) LEVEL	$33.43
82678	ESTRONE; CHEMICAL	$0.00
82679	ESTRONE (HORMONE) LEVEL	$20.93
82681	DIRECT MEASUREMENT OF FREE ESTRADIOL (HORMONE)	$0.00
82691	ETHCHLORVYNOL; URINE	$0.00
82692	ETHOSUXIMIDE	$0.00
82693	ETHYLENE GLYCOL (ANTIFREEZE) MEASUREMENT	$20.59
82694	ETIOCHOLANOLONE	$0.00
82696	ETIOCHOLANOLONE (TESTOSTERONE BYPRODUCT) LEVEL	$19.77
82705	STOOL FAT OR LIPIDS ANALYSIS, QUALITATIVE	$7.04
82710	STOOL FAT OR LIPIDS ANALYSIS, QUANTITATIVE	$23.21
82715	STOOL FAT DIFFERENTIAL MEASUREMENT, QUANTITATIVE	$23.79
82720	FATTY ACIDS, BLOOD; ESTERIFIED	$0.00
82725	FATTY ACIDS MEASUREMENT	$18.40
82726	VERY LONG CHAIN FATTY ACIDS LEVEL	$25.23
82727	FERRIC CHLORIDE, URINE	$0.00
82728	FERRITIN (BLOOD PROTEIN) LEVEL	$15.81
82730	FIBRINOGEN, QUANTITATIVE	$0.00
82731	FETAL FIBRONECTIN (PROTEIN) ANALYSIS	$89.01
82735	FLUORIDE LEVEL	$25.63
82740	FLUORIDE; URINE	$0.00
82741	FLUCYTOSINE (5-FLUOROCYTOSINE)	$0.00
82745	FOLIC ACID (FOLATE), BLOOD; BIOASSAY	$0.00
82746	FOLIC ACID LEVEL, SERUM	$20.32
82747	FOLIC ACID LEVEL, RBC	$23.93

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82750	FORMIMINOGLUTAMIC ACID (FIGLU), URINE	$0.00
82755	FREE RADICAL ASSAY TECHNIQUE FOR DRUGS (FRAT)	$0.00
82756	FREE THYROXINE INDEX (T-7)	$0.00
82757	SEMEN FRUCTOSE (CARBOHYDRATE) LEVEL	$14.54
82759	GALACTOKINASE (ENZYME) LEVEL	$18.01
82760	GALACTOSE (CARBOHYDRATE) LEVEL	$15.47
82763	GALACTOSE; TOLERANCE TEST	$0.00
82765	GALACTOSE; URINE	$0.00
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE (ENZYME) LEVEL	$17.66
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREENING TEST	$11.59
82777	GALECTIN-3 LEVEL	$10.68
82780	GALLIUM	$0.00
82784	GAMMAGLOBULIN (IMMUNE SYSTEM PROTEIN) MEASUREMENT	$10.55
82785	IGE (IMMUNE SYSTEM PROTEIN) LEVEL	$22.76
82786	GAMMAGLOBULIN, SALT PRECIPITATION METHOD	$0.00
82787	GAMMAGLOBULIN (IMMUNE SYSTEM PROTEIN) MEASUREMENT, IMMUNOGLOBULIN SUBCLASSES	$11.20
82790	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PO2	$0.00
82792	GASES, BLOOD, OXYGEN SATURATION QUANTIFICATION	$0.00
82793	GASES, BLOOD, OXYGEN SATURATION; BY SPECTROPHOTOMETRY	$0.00
82795	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PCO2	$0.00
82800	BLOOD PH LEVEL	$11.71
82801	GASES, BLOOD; PCO2	$0.00
82802	GASES, BLOOD; PH, PCO2 BY ELECTRODE	$0.00
82803	BLOOD GASES MEASUREMENT	$26.74
82805	BLOOD GASES MEASUREMENT, WITH O2 SATURATION	$39.21
82810	BLOOD GAS, OXYGEN SATURATION MEASUREMENT	$12.06
82812	GASES, BLOOD; PO2 BY MANOMETRY	$0.00
82817	GASES, BLOOD; PH, PCO2 BY TONOMETRY	$0.00
82820	HEMOGLOBIN-OXYGEN AFFINITY MEASUREMENT	$7.80
82929	GASTRIC ACID, FREE OR TOTAL; EACH ADDITIONAL SPECIMEN	$0.00
82930	GASTRIC ACID ANALYSIS	$7.67
82931	GASTRIC ACID, PH TITRATION; SINGLE SPECIMEN	$0.00
82932	GASTRIC ACID, PH TITRATION; EACH ADDITIONAL SPECIMEN	$0.00
82938	GASTRIN (GI TRACT HORMONE) LEVEL, AFTER SECRETIN STIMULATION	$14.83
82941	GASTRIN (GI TRACT HORMONE) LEVEL	$24.38
82942	GLOBULIN, SERUM	$0.00
82943	GLUCAGON (PANCREATIC HORMONE) LEVEL	$19.75
82944	GLUCOSAMINE	$0.00
82945	GLUCOSE (SUGAR) LEVEL ON BODY FLUID	$5.42
82946	GLUCAGON (PANCREATIC HORMONE) TOLERANCE TEST	$20.83
82947	BLOOD GLUCOSE (SUGAR) LEVEL	$5.42
82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP	$4.37
82949	GLUCOSE; FERMENTATION	$0.00
82950	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE	$6.56
82951	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, 3 SPECIMENS	$17.80
82952	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS	$5.42
82954	GLUCOSE, URINE	$0.00
82955	G6PD (ENZYME) LEVEL	$13.40
82960	G6PD (ENZYME) SCREENING TEST	$8.38
82962	BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT	$2.50
82963	GLUCOSIDASE (SUGAR ENZYME) MEASUREMENT	$18.01
82965	GLUTAMATE DEHYDROGENASE (ENZYME) MEASUREMENT	$6.48
82977	GLUTAMYLTRANSFERASE (LIVER ENZYME) LEVEL	$9.95
82978	GLUTATHIONE (PROTEIN) LEVEL	$11.95
82979	GLUTATHIONE REDUCTASE (ENZYME) LEVEL	$5.77
82985	GLYCATED PROTEIN LEVEL	$20.83
82995	GOLD, BLOOD	$0.00
82996	GONADOTROPIN, CHORIONIC, BIOASSAY;	$0.00
82997	GONADOTROPIN, CHORIONIC, BIOASSAY;	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82998	GONADOTROPIN, CHORIONIC, RIA	$0.00
83000	GONADOTROPIN, PITUITARY, FOLLICLE STIMULATING HORMONE (FSH); BIOASSAY	$0.00
83001	GONADOTROPIN, FOLLICLE STIMULATING (REPRODUCTIVE HORMONE) LEVEL	$25.69
83002	GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL	$25.60
83003	HUMAN GROWTH HORMONE LEVEL	$23.04
83004	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN); AFTER GLUCOSE TOLERANCE TEST	$0.00
83005	GUANASE, BLOOD	$0.00
83009	BLOOD TEST ANALYSIS FOR HELICOBACTER PYLORI	$56.47
83010	HAPTOGLOBIN (SERUM PROTEIN) LEVEL	$17.38
83011	HAPTOGLOBIN; QUANTITATIVE, ELECTROPHORESIS	$0.00
83012	HAPTOGLOBIN (SERUM PROTEIN) MEASUREMENT	$14.41
83013	BREATH TEST ANALYSIS FOR HELICOBACTER PYLORI	$93.09
83014	ADMINISTRATION OF DRUG FOR HELICOBACTER PYLORI	$10.86
83015	HEAVY METAL SCREENING TEST	$19.80
83018	HEAVY METAL LEVEL	$30.35
83019	HELICOBACTER PYLORI, BREATH TEST (INCLUDING DRUG AND BREATH SAMPLE COLLECTION KI	$0.00
83020	HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS	$17.80
83021	HEMOGLOBIN ANALYSIS AND MEASUREMENT, CHROMATOGRAPHY	$24.96
83026	HEMOGLOBIN LEVEL	$3.26
83030	FETAL HEMOGLOBIN LEVEL	$11.43
83033	FETAL HEMOGLOBIN ANALYSIS	$8.24
83036	HEMOGLOBIN A1C LEVEL	$13.42
83040	HEMOGLOBIN; METHEMOGLOBIN, ELECTROPHORETIC SEPARATION	$0.00
83045	METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUALITATIVE	$4.16
83050	METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUANTITATIVE	$10.12
83051	PLASMA HEMOGLOBIN LEVEL	$6.13
83052	HEMOGLOBIN; SICKLE, TURBIDIMETRIC	$0.00
83053	HEMOGLOBIN; SOLUBILITY, S-D, ETC	$0.00
83060	SULFHEMOGLOBIN (HEMOGLOBIN) LEVEL	$6.94
83065	THERMOLABILE (HEAT SENSITIVE) HEMOGLOBIN LEVEL	$5.77
83068	SCREENING TEST FOR UNSTABLE HEMOGLOBIN	$7.10
83069	URINE HEMOGLOBIN LEVEL	$3.31
83070	HEMOSIDERIN (HEMOGLOBIN BREAKDOWN PRODUCT) ANALYSIS	$6.56
83080	B-HEXOSAMINIDASE (ENZYME) LEVEL	$23.31
83086	HISTIDINE; BLOOD, QUALITATIVE	$0.00
83087	HISTIDINE; URINE, QUALITATIVE	$0.00
83088	HISTAMINE (IMMUNE SYSTEM SUBSTANCE) LEVEL	$40.81
83090	HOMOCYSTEINE (AMINO ACID) LEVEL	$23.31
83093	HOMOGENTISIC ACID; BLOOD, QUALITATIVE	$0.00
83094	HOMOGENTISIC ACID; URINE, QUALITATIVE	$0.00
83095	HOMOGENTISIC ACID; URINE, QUANTITATIVE	$0.00
83150	HOMOVANILLIC ACID (ORGANIC ACID) LEVEL	$19.80
83485	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; KINETIC ULTRAVIOLET METHOD	$0.00
83486	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; COLORIMETRIC METHOD	$0.00
83491	HYDROXYCORTICOSTEROIDS, 17 (ADRENAL GLAND HORMONE) LEVEL	$14.68
83492	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); GAS LIQUID CHROMATOGRAPHY (GLC)	$0.00
83493	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, PORTER-SILBER TYPE	$0.00
83494	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, FLUOROMETRIC	$0.00
83495	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, PORTER-SILBER TYPE	$0.00
83496	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, FLUOROMETRIC	$0.00
83497	HYDROXYINDOLACETIC ACID (PRODUCT OF METABOLISM) LEVEL	$17.82
83498	HYDROXYPROGESTERONE, 17-D (SYNTHETIC HORMONE) LEVEL	$37.54
83500	HYDROXYPROLINE (AMINO ACID) MEASUREMENT, FREE	$18.99
83505	HYDROXYPROLINE (AMINO ACID) MEASUREMENT, TOTAL	$20.38
83510	HYDROXYPROLINE, URINE; FREE AND TOTAL	$0.00
83516	ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, MULTIPLE STEP METHOD	$15.95
83518	ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, SINGLE STEP METHOD	$11.72
83519	MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, BY RADIOIMMUNOASSAY	$18.67
83520	MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE	$17.89

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
83523	IMIPRAMINE	$0.00
83524	INDICAN, URINE	$0.00
83525	INSULIN MEASUREMENT, TOTAL	$15.81
83526	INSULIN TOLERANCE TEST	$0.00
83527	INSULIN MEASUREMENT, FREE	$10.85
83528	INTRINSIC FACTOR (STOMACH PROTEIN) LEVEL	$13.33
83530	INULIN CLEARANCE	$0.00
83533	IODINE PROTEIN BOUND (PBI)	$0.00
83534	IODINE;TOTAL	$0.00
83540	IRON LEVEL	$8.95
83545	IRON, SERUM; AUTOMATED	$0.00
83546	IRON, SERUM; RADIOACTIVE UPTAKE METHOD	$0.00
83550	IRON BINDING CAPACITY	$12.08
83555	IRON BINDING CAPACITY, SERUM; AUTOMATED	$0.00
83565	IRON BINDING CAPACITY, SERUM; RADIOACTIVE UPTAKE METHOD	$0.00
83570	ISOCITRIC DEHYDROGENASE (ENZYME) LEVEL	$7.42
83571	ISOCITRIC DEHYDROGENASE (IDH), BLOOD; COLORIMETRIC	$0.00
83576	ISONICOTINIC ACID HYDRAZIDE (INH)	$0.00
83578	KANAMYCIN	$0.00
83582	KETOGENIC STEROIDS (HORMONE) MEASUREMENT	$11.88
83583	KETOGENIC STEROIDS, URINE; 11-DESOXY: 11-OXY RATIO	$0.00
83584	KETOGLUTARATE, ALPHA	$0.00
83586	KETOSTEROIDS, 17 (HORMONE) MEASUREMENT, TOTAL	$10.73
83587	KETOSTEROIDS, 17- (17-KS), BLOOD; FRACTIONATION, ALPHA/BETA	$0.00
83588	KETOSTEROIDS, 17- (17-KS), BLOOD; RIA	$0.00
83589	KETOSTEROIDS, 17- (17-KS), URINE; TOTAL	$0.00
83590	KETOSTEROIDS, 17- (17-KS), URINE; FRACTIONATION, ALPHA/BETA	$0.00
83593	KETOSTEROIDS, 17 (HORMONE) MEASUREMENT, FRACTIONATION	$22.05
83596	KETSTRDS, 17-(17-KS), URINE;D/A/F RATIO	$0.00
83597	KETOSTEROIDS, 17- (17-KS), URINE; 11-DESOXY: 11-OXY RATIO	$0.00
83599	KETOSTEROIDS, 17-OH, RIA	$0.00
83600	KYNURENIC ACID	$0.00
83605	LACTIC ACID LEVEL	$14.76
83610	LACTIC DEHYDROGENASE (LDH), RIA	$0.00
83615	LACTATE DEHYDROGENASE (ENZYME) LEVEL	$8.35
83620	LACTIC DEHYDROGENASE (LDH), BLOOD; COLORIMETRIC OR FLUOROMETRIC	$0.00
83624	LACTIC DEHYDROGENASE (LDH), BLOOD; HEAT OR UREA INHIBITION (TOTAL NOT INCLUDED)	$0.00
83625	LACTATE DEHYDROGENASE (ENZYME) MEASUREMENT	$10.73
83626	LACTIC DEHYDROGENASE (LDH), BLOOD; ISOENZYMES, CHEMICAL SEPARATION	$0.00
83628	LACTIC DEHYDROGENASE, LIVER (LLDH)	$0.00
83629	LACTIC DEHYDROGENASE (LDH), URINE	$0.00
83630	STOOL LACTOFERRIN (IMMUNE SYSTEM PROTEIN) ANALYSIS	$16.45
83631	STOOL LACTOFERRIN (IMMUNE SYSTEM PROTEIN) LEVEL	$16.45
83632	HUMAN PLACENTAL LACTOGEN (PLACENTAL HORMONE) LEVEL	$16.94
83633	URINE LACTOSE (CARBOHYDRATE) ANALYSIS	$4.61
83645	LEAD, SCREENING; BLOOD	$0.00
83650	LEAD, SCREENING; URINE	$0.00
83655	LEAD LEVEL	$16.72
83660	LEAD, QUANTITATIVE; URINE	$0.00
83661	FETAL LUNG MATURITY ASSESSMENT, LECITHIN SPHINGOMYELIN (L/S) RATIO	$18.43
83662	FETAL LUNG MATURITY ASSESSMENT, FOAM STABILITY TEST	$15.86
83663	FETAL LUNG MATURITY ASSESSMENT, FLUORESCENCE POLARIZATION	$26.43
83664	FETAL LUNG MATURITY ASSESSMENT, LAMELLAR BODY DENSITY	$26.43
83670	LEUCINE AMINOPEPTIDASE (ENZYME) LEVEL	$7.68
83675	LEUCINE AMINOPEPTIDASE (LAP), BLOOD; COLORIMETRIC	$0.00
83680	LEUCINE AMINOPEPTIDASE (LAP), URINE	$0.00
83681	LEUCINE TOLERANCE TEST	$0.00
83685	LIDOCAINE	$0.00
83690	LIPASE (FAT ENZYME) LEVEL	$9.52

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
83695	LIPOPROTEIN (A) LEVEL	$12.66
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (ENZYME) LEVEL	$47.43
83700	LIPOPROTEIN LEVEL, ELECTROPHORETIC SEPARATION AND QUANTITATION	$9.44
83701	LIPOPROTEIN MEASUREMENT	$24.28
83704	LIPOPROTEIN LEVEL, QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S)	$30.86
83705	LIPIDS, BLOOD; FRACTIONATED (CHOLESTEROL, TRIGLYCERIDES, PHOSPHOLIPIDS)	$0.00
83717	LIPOPROTEIN, BLOOD; ULTRACENTRIFUGATION AND QUANTITATION	$0.00
83718	HDL CHOLESTEROL LEVEL	$11.31
83719	VLDL CHOLESTEROL LEVEL	$9.76
83720	LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA	$0.00
83721	LDL CHOLESTEROL LEVEL	$13.18
83722	MEASUREMENT OF SMALL DENSE LOW DENSITY LIPOPROTEIN CHOLESTEROL	$21.04
83727	LUTEINIZING RELEASING FACTOR (REPRODUCTIVE HORMONE) LEVEL	$14.41
83730	MACROGLOBULINS (SIA TEST)	$0.00
83735	MAGNESIUM LEVEL	$9.26
83740	MAGNESIUM, BLOOD; FLUOROMETRIC	$0.00
83750	MAGNESIUM, BLOOD; ATOMIC ABSORPTION	$0.00
83755	MAGNESIUM, URINE; CHEMICAL	$0.00
83760	MAGNESIUM, URINE; FLUOROMETRIC	$0.00
83775	MALATE DEHYDROGENASE (ENZYME) LEVEL	$6.18
83785	MANGANESE (HEAVY METAL) LEVEL	$20.62
83789	MASS SPECTROMETRY (LABORATORY TESTING METHOD)	$24.96
83790	MANNITOL CLEARANCE	$0.00
83795	MELANIN, URINE, QUALITATIVE	$0.00
83799	MEPERIDINE, QUANTITATIVE	$0.00
83825	MERCURY LEVEL	$22.47
83830	MERCURY, QUANTITATIVE; URINE	$0.00
83835	METANEPHRINES LEVEL	$23.41
83842	METHAPYRILENE	$0.00
83845	METHAQUALONE	$0.00
83857	METHEMALBUMIN (PROTEIN) LEVEL	$14.84
83859	METHYPRYLON	$0.00
83860	MORPHINE; SCREENING	$0.00
83861	MICROFLUID ANALYSIS OF TEARS	$23.58
83862	MORPHINE; RIA	$0.00
83864	MUCOPOLYSACCHARIDES (PROTEIN) LEVEL	$16.69
83865	MUCOPOLYSACCHARIDES, ACID, URINE; QUANTITATIVE	$0.00
83872	JOINT FLUID DIAGNOSTIC TEST	$8.10
83873	MYELIN BASIC PROTEIN (NERVE PROTEIN) LEVEL, SPINAL FLUID	$14.42
83874	MYOGLOBIN (MUSCLE PROTEIN) LEVEL	$17.84
83875	MYOGLOBIN, URINE	$0.00
83876	MYELOPEROXIDASE (WHITE BLOOD CELL ENZYME) MEASUREMENT	$0.00
83880	NATRIURETIC PEPTIDE (HEART AND BLOOD VESSEL PROTEIN) LEVEL	$28.46
83883	NEPHELOMETRY, TEST METHOD USING LIGHT	$18.79
83885	NICKEL LEVEL	$20.54
83895	NITROGEN, TOTAL; URINE, 24-HOUR SPECIMEN	$0.00
83910	NONPROTEIN NITROGEN (NPN), BLOOD	$0.00
83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	$9.35
83916	MEASUREMENT OF IMMUNE SUBSTANCE (OLIGOCLONAL BANDS)	$27.79
83917	ORGANIC ACIDS; SCREEN, QUALITATIVE	$0.00
83918	ORGANIC ACIDS LEVEL	$22.75
83919	ORGANIC ACIDS ANALYSIS	$22.75
83920	ORNITHINE CARBAMYL TRANSFERASE (OCT)	$0.00
83921	ORGANIC ACID LEVEL	$22.75
83930	BLOOD OSMOLALITY (CONCENTRATION) MEASUREMENT	$9.13
83935	URINE OSMOLALITY (CONCENTRATION) MEASUREMENT	$9.42
83937	OSTEOCALCIN (BONE PROTEIN) LEVEL	$41.26
83938	OUABAIN	$0.00
83945	OXALATE LEVEL	$17.80

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
83946	OXAZEPAM	$0.00
83947	OXYBUTYRIC ACID, BETA	$0.00
83948	OXYCODINONE	$0.00
83949	OXYTOCINASE, RIA	$0.00
83950	HER-2 ONCOPROTEIN (CANCER RELATED GENE) MEASUREMENT	$53.99
83951	ONCOPROTEIN (CANCER RELATED GENE) MEASUREMENT	$0.00
83965	PARALDEHYDE, BLOOD, QUANTITATIVE	$0.00
83970	PARATHORMONE (PARATHYROID HORMONE) LEVEL	$57.04
83972	PENTAZOCINE	$0.00
83973	PENTOSE, URINE, QUALITATIVE	$0.00
83974	PEPSIN, GASTRIC	$0.00
83975	PEPSINOGEN, BLOOD	$0.00
83985	PESTICIDE OTHER THAN CHLORINATED HYDROCARBONS, BLOOD, URINE, OR OTHER MATERIAL	$0.00
83986	BODY FLUID PH LEVEL	$4.95
83987	PH EXHALED BREATH	$22.74
83992	PCP DRUG LEVEL	$12.32
83993	STOOL CALPROTECTIN (PROTEIN) LEVEL	$27.42
83995	PHENOL, BLOOD OR URINE	$0.00
84005	PHENOLSULFONPHTHALEIN (PSP) TEST, URINE	$0.00
84021	PHENOTHIAZINE, URINE; QUALITATIVE, CHEMICAL	$0.00
84030	PHENYLALANINE, PKU (AMINO ACID) LEVEL	$7.61
84031	PHENYLALANINE (PKU), BLOOD; FLUOROMETRIC	$0.00
84033	PHENYLBUTAZONE	$0.00
84035	PHENYLKETONES (KETONE) ANALYSIS	$3.07
84037	PHENYLKETONES; URINE, QUALITATIVE	$0.00
84038	PHENYLPROPANOLAMINE	$0.00
84039	PHENYLPYRUVIC ACID; BLOOD	$0.00
84040	PHENYLPYRUVIC ACID; URINE	$0.00
84045	PHENYTOIN	$0.00
84060	PHOSPHATASE (ENZYME) MEASUREMENT, ACID, TOTAL	$6.19
84065	PHOSPHATASE, ACID; PROSTATIC FRACTION	$0.00
84066	PHOSPHATASE, PROSTATIC (PROSTATE ENZYME) LEVEL	$13.35
84075	PHOSPHATASE (ENZYME) LEVEL, ALKALINE	$7.15
84078	PHOSPHATASE (ENZYME) LEVEL, ALKALINE, HEAT STABLE	$6.12
84080	PHOSPHATASE (ENZYME) MEASUREMENT, ALKALINE, ISOENZYMES	$20.44
84081	PHOSPHATIDYLGLYCEROL (AMNIOTIC FLUID ORGANIC ACID) LEVEL	$22.84
84082	PHOSPHATES, TUBULAR REABSORPTION OF (TRP)	$0.00
84083	PHOSPHOGLUCOMUTASE, ISOENZYMES	$0.00
84085	PHOSPHOGLUCONATE, 6, DEHYDROGENASE (ENZYME) LEVEL	$5.65
84087	PHOSPHOHEXOSE ISOMERASE (ENZYME) LEVEL	$8.65
84090	PHOSPHOLIPIDS, BLOOD	$0.00
84100	PHOSPHATE LEVEL	$6.56
84105	URINE PHOSPHATE LEVEL	$7.15
84106	URINE PORPHOBILINOGEN (METABOLISM SUBSTANCE) ANALYSIS	$3.59
84110	URINE PORPHOBILINOGEN (METABOLISM SUBSTANCE) LEVEL	$11.68
84112	CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN	$90.64
84118	PORPHYRINS, COPRO-, URINE; QUANTITATIVE	$0.00
84119	URINE PORPHYRINS (METABOLISM SUBSTANCE) ANALYSIS	$11.90
84120	URINE PORPHYRINS (METABOLISM SUBSTANCE) MEASUREMENT	$20.33
84121	PORPHYRINS; URO-, COPRO- AND PORPHOBILINOGEN, URINE	$0.00
84126	STOOL PORPHYRINS (METABOLISM SUBSTANCE) LEVEL	$21.35
84128	PORPHYRINS, PLASMA	$0.00
84132	BLOOD POTASSIUM LEVEL	$6.35
84133	URINE POTASSIUM LEVEL	$5.94
84134	PREALBUMIN (PROTEIN) LEVEL	$20.16
84135	PREGNANEDIOL (REPRODUCTIVE HORMONE) LEVEL	$16.04
84136	PREGNANEDIOL; OTHER METHOD (SPECIFY)	$0.00
84138	PREGNANETRIOL (REPRODUCTIVE HORMONE) LEVEL	$15.88
84139	PREGNANETRIOL; OTHER METHOD (SPECIFY)	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
84140	PREGNENOLONE (REPRODUCTIVE HORMONE) LEVEL	$28.58
84141	PRIMIDONE	$0.00
84142	PROCAINAMIDE	$0.00
84143	17-HYDROXYPREGNENOLONE (HORMONE) LEVEL	$19.13
84144	PROGESTERONE (REPRODUCTIVE HORMONE) LEVEL	$28.83
84145	PROCALCITONIN (HORMONE) LEVEL	$27.76
84146	PROLACTIN (MILK PRODUCING HORMONE) LEVEL	$26.78
84147	PROPOXYPHENE	$0.00
84149	PROPRANOLOL	$0.00
84150	PROSTAGLANDIN (HORMONE) LEVEL	$34.50
84152	PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, COMPLEXED	$25.42
84153	PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, TOTAL	$25.42
84154	PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, FREE	$25.42
84155	TOTAL PROTEIN LEVEL, BLOOD	$5.06
84156	TOTAL PROTEIN LEVEL, URINE	$3.69
84157	TOTAL PROTEIN LEVEL, BODY FLUID	$3.69
84160	TOTAL PROTEIN LEVEL	$2.80
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A LEVEL	$20.80
84165	PROTEIN MEASUREMENT, SERUM	$14.84
84166	PROTEIN MEASUREMENT, BODY FLUID	$24.92
84170	PROTEIN, TOTAL, AND ALBUMIN/GLOBULIN RATIO	$0.00
84175	PROTEIN; ELECTROPHORESIS, OTHER SOURCES REQUIRING CONCENTRATION (EG, CSF URINE)	$0.00
84176	PROTEIN, SPECIAL STUDIES (EG, MONOCLONAL PROTEIN ANALYSIS)	$0.00
84180	PROTEIN, URINE; QUANTITATIVE, 24-HOUR SPECIMEN	$0.00
84181	PROTEIN MEASUREMENT	$14.28
84182	PROTEIN MEASUREMENT, IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION	$15.09
84185	PROTEIN, URINE; BENCE-JONES	$0.00
84190	PROTEIN, URINE; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	$0.00
84195	PROTEIN, SPINAL FLUID; SEMI-QUANTITATIVE (PANDY)	$0.00
84200	PROTEIN, SPINAL FLUID; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	$0.00
84201	PROTIRELIN, THYROTROPIN RELEASING HORMONE (TRH) TEST	$0.00
84202	PROTOPORPHYRIN (METABOLISM SUBSTANCE) LEVEL	$19.83
84203	PROTOPORPHYRIN (METABOLISM SUBSTANCE) SCREENING TEST	$7.22
84205	PROTRIPTYLENE	$0.00
84206	PROINSULIN (PANCREATIC HORMONE) LEVEL	$23.03
84207	VITAMIN B-6 LEVEL	$26.36
84208	PYROPHOSPHATE VS URATE, CRYSTALS (POLARIZATION)	$0.00
84210	PYRUVATE (ORGANIC ACID) LEVEL	$15.01
84220	PYRUVATE KINASE (ENZYME) LEVEL	$7.91
84228	QUININE (DRUG) LEVEL	$9.76
84230	QUINIDINE, BLOOD	$0.00
84231	RADIOIMMUNOASSAY (RIA) NOT ELSEWHERE SPECIFIED	$0.00
84232	RELEASING FACTOR	$0.00
84233	ESTROGEN RECEPTOR ANALYSIS	$53.99
84234	PROGESTERONE (REPRODUCTIVE HORMONE) RECEPTOR ANALYSIS	$54.38
84235	HORMONE RECEPTOR ANALYSIS	$73.12
84236	RECEPTOR ASSAY; PROGESTERONE AND ESTROGEN	$0.00
84238	CHEMICAL RECEPTOR ANALYSIS	$50.53
84244	RENIN (KIDNEY ENZYME) LEVEL	$30.40
84246	RENIN (ANGIOTENSIN I); FUROSEMIDE TEST	$0.00
84252	VITAMIN B-2 (RIBOFLAVIN) LEVEL	$15.99
84255	SELENIUM (VITAMIN) LEVEL	$35.28
84260	SEROTONIN (HORMONE) LEVEL	$42.81
84270	SEX HORMONE BINDING GLOBULIN (PROTEIN) LEVEL	$13.11
84275	SIALIC ACID (ORGANIC ACID) LEVEL	$11.26
84285	SILICA (SILICON) LEVEL	$19.74
84295	BLOOD SODIUM LEVEL	$6.65
84300	URINE SODIUM LEVEL	$6.72
84302	SODIUM LEVEL	$6.79

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
84305	SOMATOMEDIN (GROWTH FACTOR) LEVEL	$29.38
84307	SOMATOSTATIN (GROWTH HORMONE INHIBITOR) LEVEL	$15.32
84310	SORBITOL DEHYDROGENASE, SERUM	$0.00
84311	CHEMICAL ANALYSIS USING SPECTROPHOTOMETRY (LIGHT)	$9.66
84315	SPECIFIC GRAVITY (LIQUID WEIGHT) MEASUREMENT	$2.10
84317	STARCH, FECES, SCREENING	$0.00
84318	STERCOBILIN, QUALITATIVE, FECES	$0.00
84324	STRYCHNINE	$0.00
84375	CARBOHYDRATE (SUGAR) ANALYSIS	$16.43
84376	CARBOHYDRATE ANALYSIS, SINGLE QUALITATIVE	$7.61
84377	CARBOHYDRATE ANALYSIS, MULTIPLE QUALITATIVE	$4.61
84378	CARBOHYDRATE ANALYSIS, SINGLE QUANTITATIVE	$9.66
84379	CARBOHYDRATE ANALYSIS, MULTIPLE QUANTITATIVE	$9.66
84382	SULFOBROMOPHTHALEIN (BSP)	$0.00
84392	URINE SULFATE (ACID) LEVEL	$3.98
84395	SULFONAMIDE, BLOOD, CHEMICAL	$0.00
84397	SULFONAMIDE;CRYSTALS, QUALITATIVE	$0.00
84401	TESTOSTRN,BLD;DBL ISOTOPE	$0.00
84402	TESTOSTERONE (HORMONE) LEVEL, FREE	$35.19
84403	TESTOSTERONE (HORMONE) LEVEL, TOTAL	$35.68
84404	TESTOSTRN,URINE;DBL ISOTOP	$0.00
84406	TESTOSTERONE, BINDING PROTEIN	$0.00
84407	TETRACAINE	$0.00
84408	TETRAHYDROCANNABINOL THC (MARIJUANA)	$0.00
84409	TETRAHYDROCORTISONE OR TETRAHYDROCORTISOL	$0.00
84410	TESTOSTERONE LEVEL	$43.53
84420	THEOPHYLLINE, BLOOD OR SALIVA	$0.00
84425	VITAMIN B-1 (THIAMINE) LEVEL	$26.36
84430	THIOCYANATE (ORGANIC SULFUR SUBSTANCE) LEVEL	$9.76
84431	URINE ANALYSIS FOR THROMBOXANE (LIPID)	$18.54
84432	THYROGLOBULIN (THYROID RELATED HORMONE) LEVEL	$22.20
84434	THIORIDAZINE	$0.00
84435	THYROXINE, (T-4), CPB OR RESIN UPTAKE	$0.00
84436	THYROXINE (THYROID CHEMICAL), TOTAL	$9.50
84437	THYROXINE (THYROID CHEMICAL), REQUIRING ELUTION	$8.95
84439	THYROXINE (THYROID CHEMICAL), FREE	$12.46
84442	THYROXINE BINDING GLOBULIN (THYROID RELATED PROTEIN) LEVEL	$20.44
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	$23.21
84444	THYROTROPIN RELEASING FACTOR (TRF)	$0.00
84445	THYROID STIMULATING IMMUNE GLOBULINS (THYROID RELATED PROTEIN) LEVEL	$32.92
84446	VITAMIN E LEVEL	$19.60
84447	TOXICOLOGY, SCREEN; GENERAL	$0.00
84448	TOXICOLOGY, SCREEN; SEDATIVE (ACID AND NEUTRAL DRUGS, VOLATILES)	$0.00
84449	TRANSCORTIN (CORTISOL BINDING PROTEIN) LEVEL	$24.87
84450	LIVER ENZYME (SGOT), LEVEL	$7.14
84455	TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	$0.00
84460	LIVER ENZYME (SGPT), LEVEL	$7.32
84465	TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	$0.00
84466	TRANSFERRIN (IRON BINDING PROTEIN) LEVEL	$17.65
84472	TRICHLOROETHANOL	$0.00
84474	TRICHLOROACETIC ACID	$0.00
84476	TRIFLUOPERAZINE	$0.00
84478	TRIGLYCERIDES LEVEL	$7.95
84479	THYROID HORMONE EVALUATION	$8.95
84480	THYROID HORMONE, T3 MEASUREMENT, TOTAL	$19.60
84481	THYROID HORMONE, T3 MEASUREMENT, FREE	$23.41
84482	THYROID HORMONE, T3 MEASUREMENT, REVERSE	$21.78
84483	TRIMETHADIONE	$0.00
84484	TROPONIN (PROTEIN) ANALYSIS, QUANTITATIVE	$13.60

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
84485	TRYPSIN (PANCREATIC ENZYME) MEASUREMENT, INTESTINAL FLUID	$6.29
84488	TRYPSIN (PANCREATIC ENZYME) ANALYSIS, STOOL	$6.12
84490	STOOL TRYPSIN (PANCREATIC ENZYME) ANALYSIS, 24-HOUR COLLECTION	$6.38
84510	TYROSINE (AMINO ACID) LEVEL	$8.72
84512	TROPONIN (PROTEIN) ANALYSIS, QUALITATIVE	$10.64
84520	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, QUANTITATIVE	$5.45
84525	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, SEMIQUANTITATIVE	$4.02
84540	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, URINE	$6.56
84545	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, CLEARANCE	$9.12
84550	URIC ACID LEVEL, BLOOD	$6.25
84555	URIC ACID; URICASE, ULTRAVIOLET METHOD	$0.00
84560	URIC ACID LEVEL	$6.56
84565	UROBILIN, URINE; QUALITATIVE	$7.73
84570	UROBILIN, URINE; QUANTITATIVE, TIMED SPECIMEN	$0.00
84575	UROBILIN, FECES, QUANTITATIVE	$0.00
84577	UROBILINOGEN (METABOLISM SUBSTANCE) LEVEL, STOOL	$10.46
84578	UROBILINOGEN (METABOLISM SUBSTANCE) ANALYSIS, URINE	$2.72
84580	UROBILINOGEN (METABOLISM SUBSTANCE) LEVEL, URINE	$5.95
84583	UROBILINOGEN (METABOLISM SUBSTANCE) MEASUREMENT, URINE	$4.21
84584	UROPEPSIN, URINE	$0.00
84585	URINE VANILLYLMANDELIC ACID	$21.42
84586	VASOACTIVE INTESTINAL PEPTIDE (INTESTINAL HORMONE) LEVEL	$46.25
84588	ADH (ANTIDIURETIC HORMONE) LEVEL	$46.91
84589	VISCOSITY	$0.00
84590	VITAMIN A LEVEL	$16.02
84591	VITAMIN MEASUREMENT	$9.72
84595	VITAMIN A, BLOOD; INCLUDING CAROTENE	$0.00
84597	VITAMIN K LEVEL	$18.94
84600	VOLATILE CHEMICAL MEASUREMENT	$13.47
84605	VOLUME, BLOOD, DYE METHOD (EVANS BLUE);	$0.00
84610	VOLUME, BLOOD, DYE METHOD (EVANS BLUE); INCLUDING TOTAL PLASMA AND TOTAL BLOOD C	$0.00
84613	WARFARIN	$0.00
84615	XANTHURENIC ACID	$0.00
84620	XYLOSE (CARBOHYDRATE) ABSORPTION TEST OF BLOOD AND/OR URINE	$9.93
84630	ZINC LEVEL	$15.74
84635	ZINC, QUANTITATIVE; URINE	$0.00
84645	ZINC SULFATE TURBIDITY	$0.00
84681	C-PEPTIDE (PROTEIN) LEVEL	$28.75
84695	GENTAMICIN	$0.00
84701	GONADOTROPIN, CHORIONIC, BETA SUBUNIT, RIA	$0.00
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	$20.80
84703	GONADOTROPIN (REPRODUCTIVE HORMONE) ANALYSIS	$10.38
84704	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) MEASUREMENT	$21.03
84800	THYROID STIMULATING HORMONE (TSH), NEONATAL	$0.00
84810	TOBRAMYCIN	$0.00
84830	OVULATION TESTS	$8.41
84999	CHEMISTRY PROCEDURES	$0.00
85000	BLEEDING TIME; DUKE	$0.00
85002	BLEEDING TIME	$6.22
85003	BLEEDING TIME;ADELSON-CRSBY IMMRSN MTHD	$0.00
85004	WHITE BLOOD CELL COUNT	$9.04
85005	BLOOD COUNT; BASOPHIL COUNT, DIRECT	$0.00
85007	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS WITH MANUAL CELL COUNT	$4.76
85008	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS	$4.76
85009	MANUAL WHITE BLOOD CELL COUNT AND EVALUATION	$5.14
85012	BLOOD COUNT; EOSINOPHIL COUNT, DIRECT	$0.00
85013	RED BLOOD CELL HEMOGLOBIN CONCENTRATION	$3.27
85014	RED BLOOD CELL CONCENTRATION MEASUREMENT	$3.27
85018	BLOOD COUNT, HEMOGLOBIN	$3.27

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED	$10.74
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED	$8.95
85028	BLOOD COUNT;	$0.00
85029	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	$0.00
85030	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	$0.00
85032	MANUAL BLOOD CELL COUNT	$6.01
85041	RED BLOOD CELL COUNT, AUTOMATED TEST	$4.20
85044	RED BLOOD COUNT, MANUAL TEST	$5.94
85045	RED BLOOD COUNT, AUTOMATED TEST	$5.59
85046	RED BLOOD COUNT AUTOMATED, WITH ADDITIONAL CALCULATIONS	$7.72
85048	AUTOMATED WHITE BLOOD CELL COUNT	$3.52
85049	PLATELET COUNT, AUTOMATED TEST	$6.25
85055	RETICULATED (YOUNG) PLATELET MEASUREMENT	$18.20
85060	BLOOD SMEAR INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	$15.19
85097	BONE MARROW, SMEAR INTERPRETATION	$34.18
85100	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION, STAINING AND INTERPRETATION	$0.00
85101	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION AND STAINING ONLY	$0.00
85103	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND INTERPRETATION	$0.00
85105	BONE MARROW BIOPSY, NEEDLE OR TROCAR; INTERPRETATION ONLY	$0.00
85109	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND PREPARATION ONLY	$0.00
85120	BONE MARROW TRANSPLNT	$0.00
85130	ASSESSMENT OF BLOOD CLOTTING FUNCTION	$16.44
85160	CALCIUM SATURATION CLOTTING TEST	$0.00
85165	CAPILLARY FRAGILITY TEST, RUMPEL-LEEDE (SEPARATE	$0.00
85170	BLOOD CLOT EVALUATION, (RETRACTION TIME)	$3.03
85171	CLOT RETRACTION; QUANTITATIVE	$0.00
85172	CLOT RETRACTION; INHIBITION BY DRUGS	$0.00
85175	BLOOD CLOT EVALUATION, (CLOT DISSOLVING TIME)	$3.81
85210	CLOTTING FACTOR II PROTHROMBIN, MEASUREMENT	$17.95
85220	CLOTTING FACTOR V (ACG OR PROACCELERIN) MEASUREMENT	$24.39
85230	CLOTTING FACTOR VII (PROCONVERTIN, STABLE FACTOR)	$24.75
85240	CLOTTING FACTOR VIII (AHG) MEASUREMENT	$24.75
85242	CLOTTING; FACTOR VIII (AHG), TWO STAGE	$0.00
85244	CLOTTING FACTOR VIII RELATED ANTIGEN MEASUREMENT	$17.12
85245	CLOTTING FACTOR VIII (VW FACTOR) MEASUREMENT	$31.72
85246	CLOTTING FACTOR VIII (VW FACTOR) ANTIGEN	$31.72
85247	CLOTTING FACTOR VIII (VON WILLEBRAND FACTOR) MEASUREMENT	$31.72
85250	CLOTTING FACTOR IX (PTC OR CHRISTMAS) MEASUREMENT	$26.31
85260	CLOTTING FACTOR X (STUART-PROWER) MEASUREMENT	$24.75
85270	CLOTTING FACTOR XI (PTA) MEASUREMENT	$24.75
85280	CLOTTING FACTOR XII (HAGEMAN) MEASUREMENT	$22.58
85290	CLOTTING FACTOR XIII (FIBRIN STABILIZING) MEASUREMENT	$13.70
85291	CLOTTING FACTOR XIII (FIBRIN STABILIZING) SCREENING TEST	$7.45
85292	FLETCHER FACTOR (CLOTTING FACTOR) MEASUREMENT	$15.88
85293	FITZGERALD FACTOR (CLOTTING FACTOR) MEASUREMENT	$15.88
85300	ANTITHROMBIN III ANTIGEN (CLOTTING INHIBITOR) ACTIVITY	$16.38
85301	ANTITHROMBIN III ANTIGEN (CLOTTING INHIBITOR) LEVEL	$9.07
85302	PROTEIN C, (CLOTTING INHIBITOR) ACTIVITY	$16.61
85303	PROTEIN C ANTIGEN (CLOTTING INHIBITOR) MEASUREMENT	$19.11
85305	PROTEIN S (CLOTTING INHIBITOR) LEVEL	$16.02
85306	PROTEIN S (CLOTTING INHIBITOR) MEASUREMENT	$21.18
85307	ACTIVATED PROTEIN RESISTANCE ASSAY	$21.41
85310	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBOPLASTIN	$0.00
85311	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBINASE	$0.00
85320	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBOPLASTIN	$0.00
85330	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIFACTOR VIII	$0.00
85335	CLOTTING FACTOR INHIBITOR TEST	$17.99
85337	THROMBOMODULIN (COAGULATION PROTEIN) MEASUREMENT	$8.74
85340	CLOTTING INHIBITORS OR ANTICOAGULANTS; CROSS RECALCIFICATION TIME (MIXTURES)	$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
85341	CLOTTING INHIBITORS OR ANTICOAGULANTS; PTT INHIBITION TEST	$0.00
85345	COAGULATION TIME MEASUREMENT, LEE AND WHITE	$3.61
85347	COAGULATION TIME MEASUREMENT, ACTIVATED	$5.88
85348	COAGULATION TIME MEASUREMENT, OTHER METHODS	$3.12
85360	EUGLOBULIN LYSIS (CLOT DISSOLVING) MEASUREMENT	$7.04
85362	COAGULATION FUNCTION ANALYSIS, AGGLUTINATION SLIDE, SEMIQUANTITATIVE	$9.52
85363	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); ETHANOL GEL	$0.00
85364	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); HEMAGGLUTINATION INHIBITION (ME	$0.00
85365	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); IMMUNOELECTROPHORESIS	$0.00
85366	COAGULATION FUNCTION MEASUREMENT, PARACOAGULATION	$7.22
85367	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PRECIPITATION	$0.00
85368	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PROTAMINE PARACOAGULATION (PPP)	$0.00
85369	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); STAPHYLOCOCCAL CLUMPING	$0.00
85370	COAGULATION FUNCTION MEASUREMENT, QUANTITATIVE	$9.52
85371	FIBRINOGEN, SEMIQUANTITATIVE; LATEX	$0.00
85372	FIBRINOGEN, SEMIQUANTITATIVE; TURBIDIMETRIC	$0.00
85376	FIBRINOGEN; THROMBIN WITH PLASMA DILUTION	$0.00
85377	FIBRINOGEN; THROMBIN TIME DILUTION	$0.00
85378	COAGULATION FUNCTION MEASUREMENT, QUALITATIVE OR SEMIQUANTITATIVE	$9.86
85379	COAGULATION FUNCTION MEASUREMENT, D-DIMER; QUANTITATIVE	$14.06
85380	COAGULATION FUNCTION MEASUREMENT, ULTRASENSITIVE, QUALITATIVE OR	$14.22
85384	FIBRINOGEN (FACTOR 1) ACTIVITY MEASUREMENT	$11.74
85385	FIBRINOGEN (FACTOR 1) ANTIGEN DETECTION	$7.12
85390	COAGULATION FUNCTION SCREENING TEST WITH INTERPRETATION AND REPORT	$4.33
85392	FIBRINOLYSINS; WITH EACA CONTROL	$0.00
85395	FIBRINOLYSINS; SEMIQUANTITATIVE	$0.00
85396	COAGULATION OR FIBRINOLYSIS (CLOT DISSOLVING) FUNCTION MEASUREMENT WITH	$13.22
85397	MEASUREMENT OF BLOOD COAGULATION AND FIBRINOLYSIS (CLOT DISSOLVING) FUNCTION	$0.00
85398	FIBRINOLYSIS, QUANTITATIVE	$0.00
85400	PLASMIN (FIBRINOLYTIC FACTOR) MEASUREMENT	$12.22
85410	ALPHA-2 ANTIPLASMIN (FACTOR INHIBITOR) MEASUREMENT	$10.66
85415	PLASMINOGEN ACTIVATOR (FIBRINOLYTIC FACTOR) MEASUREMENT	$23.76
85420	PLASMINOGEN (FIBRINOLYTIC FACTOR) MEASUREMENT	$5.48
85421	PLASMINOGEN ANTIGENIC (FACTOR INHIBITOR) MEASUREMENT	$8.54
85426	FIBRINOLYTIC MECHANISMS; VON WILLEBRAND FACTOR ASSAY	$0.00
85441	EVALUATION OF RED BLOOD CELL DEFECT (HEINZ BODIES), DIRECT	$3.53
85445	EVALUATION OF RED BLOOD CELL DEFECT (HEINZ BODIES), INDUCED	$5.71
85460	FETAL HEMOGLOBIN OR RED BLOOD CELLS MEASUREMENT FOR ASSESSMENT OF	$10.69
85461	FETAL HEMOGLOBIN OR RED BLOOD CELLS MEASUREMENT FOR ASSESSMENT OF	$5.56
85475	MEASUREMENT OF HEMOLYSIN (RED BLOOD CELL DESTRUCTIVE SUBSTANCE)	$12.26
85520	HEPARIN ASSAY	$15.81
85525	HEPARIN NEUTRALIZATION TEST	$16.12
85530	HEPARIN THERAPY ASSESSMENT	$11.89
85536	BLOOD SMEAR FOR IRON	$5.42
85538	LEDER STAIN (ESTERASE) BLOOD OR BONE MARROW	$0.00
85540	WHITE BLOOD CELL ALKALINE PHOSPHATASE (ENZYME) MEASUREMENT WITH CELL COUNT	$11.88
85544	LUPUS ERYTHEMATOSUS (LE) CELL PREP	$0.00
85547	RED BLOOD CELL FRAGILITY MEASUREMENT	$7.21
85548	MORPHOLOGY OF RED BLOOD CELLS, ONLY	$0.00
85549	WHITE BLOOD CELL ENZYME ACTIVITY MEASUREMENT	$15.73
85555	RED BLOOD CELL FRAGILITY MEASUREMENT, UNINCUBATED	$5.60
85556	OSMOTIC FRAGILITY, RBC; INCUBATED, QUALITATIVE	$0.00
85557	RED BLOOD CELL FRAGILITY MEASUREMENT, INCUBATED	$11.20
85560	PEROXIDASE STAIN, WBC	$0.00
85575	PLATELET; IN VITRO	$0.00
85576	PLATELET AGGREGATION FUNCTION TEST	$22.53
85577	PLATELET; RETENTION (IN VITRO), GLASS BEAD	$0.00
85580	PLATELET; COUNT (REES-ECKER)	$0.00
85597	PLATELET FUNCTION TEST	$24.84

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
85598	PHOSPHOLIPID TEST	$25.30
85610	BLOOD TEST, CLOTTING TIME	$5.43
85611	BLOOD TEST, CLOTTING TIME, SUBSTITUTION	$5.43
85612	CLOTTING FACTOR X ASSESSMENT TEST, UNDILUTED	$13.22
85613	CLOTTING FACTOR X ASSESSMENT TEST, DILUTED	$13.22
85614	PROTHROMBIN TIME	$0.00
85615	PROTHROMBIN UTILIZATION (CONSUMPTION)	$0.00
85618	PROTHROMBIN-PROCONVERTIN, P&P (OWREN)	$0.00
85630	RED BLOOD CELL SIZE (PRICE-JONES)	$0.00
85632	RED BLOOD CELL PEROXIDE HEMOLYSIS	$0.00
85635	BLOOD COAGULATION SCREENING TEST	$8.26
85650	SEDIMENTATION RATE (ESR); WINTROBE TYPE	$0.00
85651	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, NON-AUTOMATED	$4.91
85652	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, AUTOMATED	$3.73
85660	RED BLOOD CELL SICKLING MEASUREMENT	$7.63
85665	STREPTOKINASE TITER (PLASMINOGEN ACTIVATOR)	$0.00
85667	T-CELL DEPLETION (ANY METHOD) OF BONE MARROW FOR TRANSPLANTATION	$0.00
85670	THROMBIN TIME, FIBRINOGEN SCREENING TEST, PLASMA	$7.98
85675	THROMBIN TIME, FIBRINOGEN SCREENING TEST, TITER	$5.75
85700	THROMBOPLASTIN GENERATION TEST; SCREENING (HICKS-PITNEY)	$0.00
85705	THROMBOPLASTIN INHIBITION (CIRCULATING ANTICOAGULANT) MEASUREMENT	$13.31
85710	THROMBOPLASTIN GENERATION TEST; DEFINITIVE, WITH PLATELET SUBSTITUTE	$0.00
85711	THROMBOPLASTIN GENERATION TEST; WITH PATIENT'S PLATELETS	$0.00
85720	THROMBOPLASTIN GENERATION TEST; ALL FACTORS	$0.00
85730	COAGULATION ASSESSMENT BLOOD TEST, PLASMA OR WHOLE BLOOD	$8.30
85732	COAGULATION ASSESSMENT BLOOD TEST, SUBSTITUTION, PLASMA FRACTIONS	$8.95
85810	BLOOD VISCOSITY MEASUREMENT	$16.14
85820	VISCOSITY; SERUM OR PLASMA	$0.00
85999	HEMATOLOGY AND COAGULATION PROCEDURES	$12.34
86000	MEASUREMENT OF ANTIBODY TO INFECTIOUS ORGANISM	$9.26
86001	MEASUREMENT OF ANTIBODY (IGG) TO ALLERGIC SUBSTANCE, EACH ALLERGEN	$7.30
86002	AGGLUTININS; FEBRILE PANEL (TYPHOID O & H, PARATYPHOID A & B, BRUCELLA AND PROTE	$0.00
86003	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE, CRUDE ALLERGEN EXTRACT,	$7.22
86004	AGGLUTININS; WARM	$0.00
86005	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE, MULTIALLERGEN SCREEN	$1.73
86006	ANTIBODY, NON-RBC, QUALITATIVE; FIRST ANTIGEN, SLIDE OR TUBE	$0.00
86007	ANTIBODY, NON-RBC, QUALITATIVE; EACH ADDITIONAL ANTIGEN	$0.00
86008	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE, RECOMBINANT OR PURIFIED	$13.28
86009	ANTIBODY, NON-RBC, QUANTITATIVE; EACH ADDITIONAL ANTIGEN	$0.00
86011	ANTIBODY, DETECTION, LEUKOCYTE ANTIBODY	$0.00
86012	ANTIBODY ABSORPTION, COLD AUTO ABSORPTION; PER SERUM	$0.00
86013	ANTIBODY ABSORPTION, COLD AUTO ABSORPTION; DIFFERENTIAL	$0.00
86014	ANTIBODY, PLATELET ANTIBODIES (AGGLUTININS)	$0.00
86016	ANTIBODY SCREEN, RBC, EACH SERUM	$0.00
86017	ANTIBODIES, RBC, SALINE	$0.00
86018	ANTIBODIES, RBC, SALINE	$0.00
86019	ANTIBODY (RBC) ELUTION, ANY METHOD, EACH ELUTION	$0.00
86021	ANTIBODY IDENTIFICATION TEST FOR WHITE BLOOD CELL ANTIBODIES	$20.80
86022	ANTIBODY IDENTIFICATION TEST, PLATELET ANTIBODIES	$25.38
86023	ANTIBODY IDENTIFICATION TEST, PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	$15.20
86024	ANTIBODY IDENTIFICATION; RBC ANTIBODIES (EACH PANEL)	$0.00
86026	ANTIBODY IDENTIFICATION	$0.00
86028	ANTIBODY IDENTIFICATION	$0.00
86032	ANTIHUMAN GLOBULIN TEST; INDIRECT, QUALITATIVE (BROAD, GAMMA OR NONGAMMA), EACH	$0.00
86033	ANTIHUMAN GLOBULIN TEST; INDIRECT, TITER (BROAD, GAMMA OR NONGAMMA), EACH	$0.00
86034	ANTIHUMAN GLOBULIN TEST; ENZYME TECHNIQUE, QUALITATIVE	$0.00
86035	ANTIHUMAN GLOBULIN TEST	$0.00
86038	SCREENING TEST FOR AUTOIMMUNE DISORDER	$16.70
86039	MEASUREMENT OF ANTIBODY FOR ASSESSMENT OF AUTOIMMUNE DISORDER, TITER	$15.43

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86045	ANTISTREPTOCOCCAL CARBOHYDRATE, ANTI-A CHO	$0.00
86060	MEASUREMENT FOR STREP ANTIBODY (STREP THROAT)	$10.09
86063	SCREENING TEST FOR STREP ANTIBODY (STREP THROAT)	$7.98
86066	ANTITRYPSIN, ALPHA-1; PI (PROTEASE INHIBITOR) TYPING	$0.00
86067	ANTITRYPSIN, ALPHA-1; OTHER METHOD (SPECIFY)	$0.00
86068	BLOOD COMPATIBILITY TEST; CROSSMATCH BY IMMEDIATE SPIN AND ANTIHUMAN GLOBULIN TE	$0.00
86069	BLOOD CROSSMATCH, COMPLETE STANDARD TECHNIQUE, INCLUDES	$0.00
86070	BLOOD COMPATIBILITY TEST; CROSSMATCH BY IMMEDIATE SPIN TECHNIQUE ONLY	$0.00
86072	BLOOD CROSSMATCH	$0.00
86073	BLOOD CROSSMATCH	$0.00
86074	BLOOD CROSSMATCH	$0.00
86075	BLOOD CROSSMATCH, MINOR ONLY (PLASMA, RH IMMUNE GLOBULIN),	$0.00
86076	BLOOD CROSSMATCH, MINOR ONLY (PLASMA, RH IMMUNE GLOBULIN),	$0.00
86077	BLOOD BANK PHYSICIAN SERVICES FOR CROSS MATCH AND/OR EVALUATION AND WRITTEN	$51.86
86078	BLOOD BANK PHYSICIAN SERVICES FOR INVESTIGATION OF TRANSFUSION REACTION WITH	$52.33
86079	BLOOD BANK PHYSICIAN SERVICES WITH WRITTEN REPORT	$52.37
86080	BLOOD TYPING; ABO ONLY	$0.00
86082	BLOOD TYPING; ABO AND RHO(D)	$0.00
86083	BLOOD TYPING; ABO, RH(D) AND RBC ANTIBODY SCREENING	$0.00
86084	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, P	$0.00
86085	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT'S SERUM, PER U	$0.00
86090	BLOOD TYPING	$0.00
86096	BLOOD TYPING, RBC ANTIGENS OTHER THAN ABO OR RHO(D)	$0.00
86100	BLOOD TYPING; RHO(D) ONLY	$0.00
86105	BLOOD TYPING; RH GENOTYPING, COMPLETE	$0.00
86115	BLOOD TYPING; ANTI-RH IMMUNOGLOBULIN TESTING (RHOGAM TYPE)	$0.00
86120	BLOOD TYPING	$0.00
86128	COLLECTION, PROCESSING AND STORAGE OF PREDEPOSITED AUTOLOGOUS WHOLE BLOOD OR (	$0.00
86129	BLD COMPONENT PROCESSING NOT SPECIFIED	$0.00
86130	COLLECTION AND PROCESSING FOR TRANSFUSION OF INTRAOPERATIVELY SALVAGED BLOOD	$0.00
86131	BLOOD UNIT FOR DIRECT TRNSFUSION UP TO 50 ML	$0.00
86134	BLD UNIT FOR TRNSFSN;PROCESSNG BLD BNK;COLLECTN	$0.00
86138	BLOOD UNIT FOR TRANSFUSION;REPLACEMENT	$0.00
86139	BLD UNT FOR TRANSFUSN; SPLITTNG OPN/CLSD SEPTM, EA	$0.00
86140	MEASUREMENT C-REACTIVE PROTEIN FOR DETECTION OF INFECTION OR INFLAMMATION	$7.15
86141	MEASUREMENT C-REACTIVE PROTEIN FOR DETECTION OF INFECTION OR INFLAMMATION, HIGH	$17.20
86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY (AUTOANTIBODY) MEASUREMENT	$35.54
86147	CARDIOLIPIN ANTIBODY (TISSUE ANTIBODY) MEASUREMENT	$35.16
86148	PHOSPHOLIPID ANTIBODY (AUTOIMMUNE ANTIBODY) MEASUREMENT	$22.20
86149	CARCINOEMBRYONIC ANTIGEN (CEA); GEL DIFFUSION	$0.00
86151	CARCINOEMBRYONIC ANTIGEN (CEA); RIA OR EIA	$0.00
86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID	$0.00
86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID	$0.00
86155	MEASUREMENT OF WHITE BLOOD CELL FUNCTION	$13.40
86156	MEASUREMENT OF COLD AGGLUTININ (PROTEIN) TO SCREEN FOR INFECTION OR DISEASE	$9.26
86157	MEASUREMENT OF COLD AGGLUTININ (PROTEIN) TO DETECT INFECTION OR DISEASE	$11.14
86158	COMPLEMENT; C'1 ESTERASE	$0.00
86159	COMPLEMENT; C'2 ESTERASE	$0.00
86160	MEASUREMENT OF COMPLEMENT (IMMUNE SYSTEM PROTEINS), ANTIGEN,	$16.59
86161	MEASUREMENT OF COMPLEMENT FUNCTION (IMMUNE SYSTEM PROTEINS)	$16.59
86162	MEASUREMENT OF COMPLEMENT (IMMUNE SYSTEM PROTEINS), TOTAL HEMOLYTIC	$28.08
86163	COMPLEMENT; C'3 ESTERASE	$0.00
86164	COMPLEMENT; C'4 ESTERASE	$0.00
86171	MEASUREMENT OF COMPLEMENT FIXATION TESTS (IMMUNE SYSTEM PROTEINS)	$8.40
86200	MEASUREMENT OF ANTIBODY FOR RHEUMATOID ARTHRITIS ASSESSMENT	$12.66
86202	CRYPRCPTATE PRPRTON;W/THWNG & POOLNG EA UNIT	$0.00
86209	CYTOTOXIC TESTING	$0.00
86215	MEASUREMENT OF DNA ANTIBODY	$18.32
86225	MEASUREMENT OF DNA ANTIBODY, NATIVE OR DOUBLE STRANDED	$18.99

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86226	MEASUREMENT OF DNA ANTIBODY, SINGLE STRANDED	$16.73
86235	MEASUREMENT OF ANTIBODY FOR ASSESSMENT OF AUTOIMMUNE DISORDER, ANY METHOD	$24.78
86241	86240 DILUTION EACH BOTTLE (FACTOR VIII	$0.00
86244	FETO-PROTEIN, ALPHA-1, RIA OR EIA	$0.00
86255	SCREENING TEST FOR ANTIBODY TO NONINFECTIOUS AGENT	$16.66
86256	MEASUREMENT OF ANTIBODY TO NONINFECTIOUS AGENT	$16.66
86265	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	$0.00
86266	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	$0.00
86267	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	$0.00
86277	MEASUREMENT OF GROWTH HORMONE ANTIBODY	$13.19
86280	MEASUREMENT OF IMMUNE SYSTEM PROTEIN	$6.86
86281	HEMOLYSINS, ACID (FOR PAROXYSMAL HEMOGLOBINURIA) (HAM TEST)	$0.00
86282	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	$0.00
86283	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED WITH GLUCOSE (EG, ATP)	$0.00
86285	HEPATITIS B SURFACE ANTIGEN (HBSAG) (AUSTRALIAN ANTIGEN,	$0.00
86286	HEPATITIS B SURFACE ANTIGEN (HBSAG) (AUSTRALIAN ANTIGEN,	$0.00
86288	HEPATITIS B CORE ANTIGEN (HBCAG), RIA	$0.00
86294	IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUALITATIVE OR	$16.45
86297	HEPATITIS A VIRUS ANTBDY,RIA	$0.00
86298	HEPATITIS A ANTIBODY (HAAB) (EG, RIA, EIA); IGG ANTIBODY	$0.00
86300	IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUANTITATIVE; CA 15-3	$28.76
86301	IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	$28.76
86304	IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUANTITATIVE; CA 125	$28.76
86305	ANALYSIS OF FEMALE REPRODUCTIVE GENETIC MARKER	$29.81
86308	SCREENING TEST FOR MONONUCLEOSIS (MONO)	$7.15
86309	MONONUCLEOSIS ANTIBODY LEVEL, TITER	$5.42
86310	MONONUCLEOSIS ANTIBODY LEVEL, TITERS AFTER ABSORPTION	$6.18
86312	HIV (HTLV-III) ANTIBODY DETECTION; IMMUNOASSAY	$0.00
86314	HIV (HTLV-III) ANTIBODY DETECTION; CONFIRMATORY TEST (EG, WESTERN BLOT)	$0.00
86316	ANALYSIS FOR DETECTION OF TUMOR MARKER	$28.76
86317	DETECTION OF INFECTIOUS AGENT ANTIBODY, QUANTITATIVE	$20.72
86318	TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	$17.89
86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	$0.00
86320	IMMUNOLOGIC ANALYSIS TECHNIQUE ON SERUM	$22.10
86325	IMMUNOLOGIC ANALYSIS TECHNIQUE ON BODY FLUID	$22.53
86327	IMMUNOLOGIC ANALYSIS TECHNIQUE, CROSSED	$19.02
86328	TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	$0.00
86329	IMMUNOLOGIC ANALYSIS TECHNIQUE, UNSPECIFIED	$11.77
86331	IMMUNOLOGIC ANALYSIS FOR DETECTION OF ANTIGEN OR ANTIBODY	$10.05
86332	IMMUNE COMPLEX MEASUREMENT	$32.38
86333	IMMUNE COMPLEX ASSAY; RAJI CELL	$0.00
86334	IMMUNOLOGIC ANALYSIS TECHNIQUE ON SERUM (IMMUNOFIXATION)	$30.87
86335	IMMUNOLOGIC ANALYSIS TECHNIQUE ON BODY FLUID, OTHER FLUIDS WITH CONCENTRATION	$30.87
86336	INHIBIN A (REPRODUCTIVE ORGAN HORMONE) MEASUREMENT	$18.09
86337	INSULIN ANTIBODY MEASUREMENT	$29.59
86338	INSULIN FACTOR ANTIBODIES, RIA	$0.00
86340	INTRINSIC FACTOR (STOMACH PROTEIN) ANTIBODY MEASUREMENT	$20.83
86341	ISLET CELL (PANCREAS) ANTIBODY MEASUREMENT	$25.15
86342	IRRADIATION OF BLOOD PRODUCTS, EACH	$0.00
86343	WHITE BLOOD CELL HISTAMINE (IMMUNE SYSTEM CHEMICAL) RELEASE TEST	$10.45
86344	WHITE BLOOD CELL FUNCTION MEASUREMENT	$6.70
86345	LEUKOCYTE POOR BLD,NYLON FLTR PREP INC CLCT/PROCES	$0.00
86346	LEUKOCYTE POOR BLD,INVRT SPIN PREP INC CLCTN/PROCE	$0.00
86347	LEUKCYTE POOP BLD INRT SPN PRPAR;NOTINCL COLL &PRC	$0.00
86349	LEUKOCYTE TRANSFUSION (LEUKAPHERESIS)	$0.00
86351	LYMPHOCYTE STORAG,LIQUD NITRGN, INCL PREPRTN	$0.00
86352	ANALYSIS OF CELL FUNCTION AND ANALYSIS FOR GENETIC MARKER	$97.30
86353	WHITE BLOOD CELL FUNCTION MEASUREMENT, MITOGEN OR ANTIGEN INDUCED BLASTOGENESIS	$41.09
86355	TOTAL CELL COUNT FOR B CELLS (WHITE BLOOD CELLS)	$36.89

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86356	WHITE BLOOD CELL ANTIGEN MEASUREMENT	$25.28
86357	TOTAL CELL COUNT FOR NATURAL KILLER CELLS (WHITE BLOOD CELL)	$31.62
86358	LYMPHOCYTES; B-CELL EVALUATION	$0.00
86359	T CELLS COUNT, TOTAL	$52.13
86360	T CELL COUNT AND RATIO, INCLUDING RATIO	$64.93
86361	T CELL COUNT AND RATIO	$25.00
86365	MAST CELL DEGRANULATION TEST	$0.00
86367	STEM CELLS COUNT, TOTAL	$36.89
86376	MICROSOMAL ANTIBODIES (AUTOANTIBODY) MEASUREMENT	$20.11
86377	MICROSOMAL ANTIBODY (THYROID); OTHER METHOD (SPECIFY)	$0.00
86382	VIRAL NEUTRALIZATION TEST TO DETECT VIRAL ANTIBODY LEVEL	$14.17
86384	NITROBLUE TETRAZOLIUM DYE TEST TO MEASURE WHITE BLOOD CELL FUNCTION	$9.55
86385	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL);	$0.00
86386	PROTEIN TEST FOR DIAGNOSIS AND MONITORING OF BLADDER CANCER	$22.61
86389	PLSMAPHERESIS, EA UNIT	$0.00
86392	PLATELET CONCNTRT; PREPRTN	$0.00
86393	PLATELET CNCENTRATE;MIX & POOL, EA UNIT	$0.00
86398	PLATELT RICH PLSMA;PREPARTN	$0.00
86402	PRECIPITIN DETERMINATION, GEL DIFFUSION, IN ASPERGILLOSIS,	$0.00
86403	SCREENING TEST FOR PRESENCE OF ANTIBODY	$14.08
86404	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	$0.00
86405	PRECIPITIN TEST FOR BLOOD (SPECIES IDENTIFICATION)	$0.00
86406	ANTIBODY LEVEL MEASUREMENT	$14.58
86410	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	$0.00
86411	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	$0.00
86412	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	$0.00
86416	PROTHRMBN COMPLEX;LYOPHILIZED, UNIT	$0.00
86417	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH DR	$0.00
86418	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	$0.00
86419	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH IN	$0.00
86420	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL RE	$0.00
86421	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; UP TO 5 TE	$0.00
86422	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE (EG, RAST,	$0.00
86423	RADIOIMMUNOSORBENT TEST (RIST) IGE, QUANTITATIVE	$0.00
86424	RAT MAST CELL TECNQ	$0.00
86425	RED BLD CELLS, PCKD, PREPRTN GRVTY METH	$0.00
86426	RED BLD CELLS, PACKED;CENTRFGE METHD ADD COLL & PR	$0.00
86427	RED BLD CELLS, PACKED;PRCSSNG LY BLD BNK, INCL CLL	$0.00
86430	RHEUMATOID FACTOR ANALYSIS	$7.85
86431	RHEUMATOID FACTOR LEVEL	$7.85
86450	SKIN TEST;ACTINOMYCOSIS	$0.00
86455	SKIN TEST; ANERGY TESTING, ONE OR MORE ANTIGENS	$0.00
86460	SKIN TEST;BLASTOMYCOSIS	$0.00
86470	SKIN TEST;BRUCELLOSIS	$0.00
86480	TUBERCULOSIS TEST, GAMMA INTERFERON	$51.95
86481	TUBERCULOSIS TEST, ENUMERATION OF T-CELLS	$87.22
86485	SKIN TEST FOR CANDIDA (YEAST)	$13.04
86486	SKIN TEST FOR INFECTIOUS ORGANISM	$3.31
86490	SKIN TEST FOR COCCIDIOIDOMYCOSIS (FUNGAL INFECTION)	$7.69
86495	SKIN TEST;DIPHTHERIA (SCHICK)	$0.00
86500	SKIN TEST;ECHINOCOCCOSIS	$0.00
86510	SKIN TEST HISTOPLASMOSIS (PARASITE INFECTION)	$8.45
86520	SKIN TEST;LEPTOSPIROSIS	$0.00
86530	SKIN TESTS;LYMPHOGRANULOMA VENEREUM	$0.00
86540	SKIN TEST; MUMPS	$7.89
86550	SKIN TEST;PSITTOCOSIS	$0.00
86565	SKIN TESTS;SARCOIDOSIS, SKIN TEST ONLY	$0.00
86570	SKIN TEST; TRICHINOIS	$0.00
86580	SKIN TEST FOR TUBERCULOSIS	$6.68

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86590	MEASUREMENT OF ANTIBODY TO STREPTOKINASE (ENZYME)	$15.24
86592	SYPHILIS DETECTION TEST	$5.90
86593	SYPHILIS TEST	$6.09
86594	THYROID AUTOANTIBODIES	$0.00
86595	TISSUE CULTURE	$0.00
86597	TISSUE;TYPING	$0.00
86600	TOXOPLASMOSIS, DYE TEST	$0.00
86602	ANALYSIS FOR ANTIBODY TO ACTINOMYCES (BACTERIA)	$8.53
86603	ANALYSIS FOR ANTIBODY TO ADENOVIRUS (RESPIRATORY VIRUS)	$10.79
86606	ANALYSIS FOR ANTIBODY TO ASPERGILLUS (FUNGUS)	$20.80
86609	ANALYSIS FOR ANTIBODY BACTERIA	$17.81
86611	ANALYSIS FOR ANTIBODY TO BARTONELLA (BACTERIA)	$14.22
86612	ANALYSIS FOR ANTIBODY TO BLASTOMYCES (FUNGUS)	$10.82
86615	ANALYSIS FOR ANTIBODY BORDETELLA (RESPIRATORY BACTERIA)	$11.06
86617	CONFIRMATION TEST FOR ANTIBODY TO BORRELIA BURGDORFERI (LYME DISEASE BACTERIA)	$21.40
86618	ANALYSIS FOR ANTIBODY BORRELIA BURGDORFERI (LYME DISEASE BACTERIA)	$23.54
86619	ANALYSIS FOR ANTIBODY TO BORRELIA (RELAPSING FEVER BACTERIA)	$11.21
86622	ANALYSIS FOR ANTIBODY TO BRUCELLA (BACTERIA)	$12.35
86625	ANALYSIS FOR ANTIBODY TO CAMPYLOBACTER (INTESTINAL BACTERIA)	$11.00
86628	ANALYSIS FOR ANTIBODY TO CANDIDA (YEAST)	$16.60
86630	TRANSFER FACTOR TEST (TFT)	$0.00
86631	ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA)	$16.35
86632	ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA)	$17.55
86635	ANALYSIS FOR ANTIBODY TO COCCIDIOIDES (BACTERIA)	$9.62
86638	ANALYSIS FOR ANTIBODY TO COXIELLA BURNETII (Q FEVER BACTERIA)	$10.16
86641	ANALYSIS FOR ANTIBODY TO CRYPTOCOCCUS (YEAST)	$12.08
86644	ANALYSIS FOR ANTIBODY TO CYTOMEGALOVIRUS (CMV)	$19.89
86645	ANALYSIS FOR ANTIBODY (IGM) TO CYTOMEGALOVIRUS (CMV)	$23.28
86648	ANALYSIS FOR ANTIBODY TO DIPHTHERIA (BACTERIA)	$21.02
86650	TREPONEMA ANTIBODIES, FLUORESCENT, ABSORBED (FTA-ABS)	$0.00
86651	ANALYSIS FOR ANTIBODY TO LA CROSSE (CALIFORNIA) VIRUS (ENCEPHALITIS CAUSING	$11.06
86652	ANALYSIS FOR ANTIBODY TO EASTERN EQUINE VIRUS (VIRAL ENCEPHALITIS)	$11.06
86653	ANALYSIS FOR ANTIBODY TO ST. LOUIS VIRUS (VIRAL ENCEPHALITIS)	$11.06
86654	ANALYSIS FOR ANTIBODY TO WESTERN EQUINE VIRUS (VIRAL ENCEPHALITIS)	$11.06
86658	ANALYSIS FOR ANTIBODY TO ENTEROVIRUS (GASTROINTESTINAL VIRUS)	$10.92
86660	TREPONEMA PALLIDUM IMMOBILIZATION (TPI)	$0.00
86662	TREPONEMA PALLIDUM TEST, OTHER, SPECIFY (EG, TPIA, TPA, TPMB, TPCF, RPCF)	$0.00
86663	ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), EARLY ANTIGEN	$18.13
86664	ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), NUCLEAR	$21.14
86665	ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), VIRAL CAPSID	$25.07
86666	ANALYSIS FOR ANTIBODY TO EHRLICHIA (BACTERIA TRANSMITTED BY TICKS)	$8.53
86668	ANALYSIS FOR ANTIBODY TO FRANCISELLA TULARENSIS (BACTERIA TRANSMITTED BY	$8.72
86670	WASHD RED CELLS TRNSFUS, NO UNIT CLCT/PRCSS	$0.00
86671	ANALYSIS FOR ANTIBODY TO FUNGUS	$16.95
86674	ANALYSIS FOR ANTIBODY TO GIARDIA LAMBLIA (INTESTINAL PARASITE)	$20.34
86677	ANALYSIS FOR ANTIBODY TO HELICOBACTER PYLORI (GASTROINTESTINAL BACTERIA)	$20.05
86681	ADRENAL CORTEX ANTIBODIES, RIA	$0.00
86682	ANALYSIS FOR ANTIBODY TO HELMINTH (INTESTINAL WORM)	$12.60
86684	ANALYSIS FOR ANTIBODY TO HAEMOPHILUS INFLUENZA (RESPIRATORY BACTERIA)	$13.28
86685	ANTI-ACHR (ACETYLCHOLINE RECEPTOR) ANTIBODY TITER	$0.00
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	$11.60
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	$11.74
86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	$26.75
86692	ANALYSIS FOR ANTIBODY TO HEPATITIS D VIRUS	$23.72
86694	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS	$19.89
86695	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1	$18.23
86696	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2	$27.05
86698	ANALYSIS FOR ANTIBODY TO HISTOPLASMA (FUNGUS)	$10.48
86701	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS	$12.28

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86702	ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS	$18.69
86703	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS	$18.96
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT	$16.66
86705	HEPATITIS B CORE ANTIBODY (IGM) MEASUREMENT	$16.27
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT	$14.84
86707	HEPATITIS BE ANTIBODY MEASUREMENT	$15.98
86708	MEASUREMENT OF HEPATITIS A ANTIBODY	$17.12
86709	MEASUREMENT OF HEPATITIS A ANTIBODY (IGM)	$15.55
86710	ANALYSIS FOR ANTIBODY TO INFLUENZA VIRUS	$11.36
86711	ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS	$11.87
86713	ANALYSIS FOR ANTIBODY TO LEGIONELLA (WATERBORNE BACTERIA)	$21.15
86717	ANALYSIS FOR ANTIBODY TO LEISHMANIA (PARASITE)	$10.27
86720	ANALYSIS FOR ANTIBODY TO LEPTOSPIRA	$18.23
86723	ANALYSIS FOR ANTIBODY TO LISTERIA MONOCYTOGENES (BACTERIA)	$11.06
86727	ANALYSIS FOR ANTIBODY TO LYMPHOCYTIC CHORIOMENINGITIS VIRUS (VIRAL MENINGITIS)	$10.79
86732	ANALYSIS FOR ANTIBODY TO MUCORMYCOSIS (FUNGUS)	$11.06
86735	ANALYSIS FOR ANTIBODY TO MUMPS VIRUS	$18.03
86738	ANALYSIS FOR ANTIBODY TO MYCOPLASMA (BACTERIA)	$18.31
86741	ANALYSIS FOR ANTIBODY TO NEISSERIA MENINGITIDIS (BACTERIAL MENINGITIS)	$11.06
86744	ANALYSIS FOR ANTIBODY TO NOCARDIA (BACTERIA)	$11.06
86747	ANALYSIS FOR ANTIBODY TO PARVOVIRUS	$20.77
86750	ANALYSIS FOR ANTIBODY TO PLASMODIUM (MALARIA PARASITE)	$11.06
86753	ANALYSIS FOR ANTIBODY TO PROTOZOA (PARASITE)	$10.39
86756	ANALYSIS FOR ANTIBODY TO RESPIRATORY SYNCYTIAL VIRUS (RSV)	$10.81
86757	ANALYSIS FOR ANTIBODY TO RICKETTSIA (BACTERIA)	$26.75
86759	ANALYSIS FOR ANTIBODY TO ROTAVIRUS (INTESTINAL VIRUS)	$11.06
86762	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)	$19.89
86765	ANALYSIS FOR ANTIBODY TO RUBEOLA (MEASLES VIRUS)	$17.81
86768	ANALYSIS FOR ANTIBODY TO SALMONELLA (INTESTINAL BACTERIA)	$11.06
86769	MEASURE OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY	$0.00
86771	ANALYSIS FOR ANTIBODY TO SHIGELLA (INTESTINAL BACTERIA)	$11.06
86774	ANALYSIS FOR ANTIBODY TO TETANUS BACTERIA (CLOSTRIDIUM TETANUS)	$12.41
86777	ANALYSIS FOR ANTIBODY TO TOXOPLASMA (PARASITE)	$19.89
86778	ANALYSIS FOR ANTIBODY (IGM) TO TOXOPLASMA (PARASITE)	$19.90
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM	$18.97
86784	ANALYSIS FOR ANTIBODY TO TRICHINELLA (WORM PARASITE)	$17.36
86787	ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX)	$17.81
86788	ANALYSIS FOR ANTIBODY (IGM) TO WEST NILE VIRUS	$23.54
86789	ANALYSIS FOR ANTIBODY TO WEST NILE VIRUS	$20.11
86790	ANALYSIS FOR ANTIBODY TO VIRUS	$17.81
86793	ANALYSIS FOR ANTIBODY TO YERSINIA (BACTERIA)	$11.06
86794	ANALYSIS FOR ANTIBODY TO ZIKA VIRUS	$12.48
86800	THYROGLOBULIN (THYROID PROTEIN) ANTIBODY MEASUREMENT	$21.98
86803	HEPATITIS C ANTIBODY MEASUREMENT	$19.73
86804	CONFIRMATION TEST FOR HEPATITIS C ANTIBODY	$21.40
86805	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, WITH TITRATION	$44.08
86806	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, WITHOUT TITRATION	$39.68
86807	TRANSPLANT ANTIBODY MEASUREMENT, STANDARD METHOD	$28.22
86808	TRANSPLANT ANTIBODY MEASUREMENT, QUICK METHOD	$24.88
86810	TISSUE TYPING	$0.00
86812	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, A, B, OR C, SINGLE ANTIGEN	$35.66
86813	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, A, B, OR C, MULTIPLE ANTIGENS	$80.13
86816	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, DR/DQ, SINGLE ANTIGEN	$38.49
86817	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, DR/DQ, MULTIPLE ANTIGENS	$88.98
86821	IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, LYMPHOCYTE CULTURE, MIXED	$47.33
86825	IMMUNOLOGIC ANALYSIS FOR ORGAN TRANSPLANT, FIRST SERUM SAMPLE OR DILUTION	$77.76
86826	IMMUNOLOGIC ANALYSIS FOR ORGAN TRANSPLANT, EACH ADDITIONAL SERUM SAMPLE OR	$25.92
86828	ASSESSMENT OF ANTIBODIES TO CLASS I AND CLASS II HUMAN LEUKOCYTE ANTIGENS (HLA)	$27.77
86829	ASSESSMENT OF ANTIBODIES TO CLASS I OR CLASS II HUMAN LEUKOCYTE ANTIGENS (HLA)	$24.48

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86830	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY	$66.59
86831	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY	$57.08
86832	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION	$104.64
86833	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION	$95.13
86834	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I	$294.89
86835	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE	$266.36
86849	IMMUNOLOGY PROCEDURES	$18.98
86850	SCREENING TEST FOR RED BLOOD CELL ANTIBODIES	$19.65
86860	REMOVAL OF ANTIBODIES FROM SURFACE OF RED BLOOD CELL	$16.20
86870	IDENTIFICATION OF RED BLOOD CELL ANTIBODIES	$55.70
86880	RED BLOOD CELL ANTIBODY DETECTION TEST, DIRECT	$7.42
86885	RED BLOOD CELL ANTIBODY DETECTION TEST, INDIRECT	$7.90
86886	RED BLOOD CELL ANTIBODY LEVEL	$7.15
86890	PROCESSING AND STORAGE OF BLOOD UNIT OR COMPONENT, PREDEPOSITED	$32.95
86891	PROCESSING AND STORAGE OF BLOOD UNIT OR COMPONENT, INTRA- OR POSTOPERATIVE	$0.00
86900	BLOOD GROUP TYPING (ABO)	$4.12
86901	BLOOD TYPING FOR RH (D) ANTIGEN	$8.22
86902	SCREENING TEST FOR COMPATIBLE BLOOD UNIT, USING REAGENT SERUM	$5.38
86904	SCREENING TEST FOR COMPATIBLE BLOOD UNIT, USING PATIENT SERUM	$4.02
86905	BLOOD TYPING FOR RED BLOOD CELL ANTIGENS	$5.28
86906	BLOOD TYPING RH PHENOTYPING	$10.71
86910	BLOOD TYPING FOR PATERNITY TESTING (ABO, RH AND MN)	$0.00
86911	BLOOD TYPING FOR PATERNITY TESTING, EACH ADDITIONAL ANTIGEN SYSTEM	$0.00
86920	BLOOD UNIT COMPATIBILITY TEST, IMMEDIATE SPIN TECHNIQUE	$20.80
86921	BLOOD UNIT COMPATIBILITY TEST, INCUBATION TECHNIQUE	$20.80
86922	BLOOD UNIT COMPATIBILITY TEST, ANTIGLOBULIN TECHNIQUE	$20.80
86923	BLOOD UNIT COMPATIBILITY TEST, ELECTRONIC	$0.00
86927	THAWING OF FRESH FROZEN PLASMA UNIT	$5.35
86930	FREEZING OF BLOOD UNIT	$9.00
86931	THAWING OF BLOOD UNIT	$0.00
86932	FREEZING AND THAWING OF BLOOD UNIT	$0.00
86940	RED BLOOD CELL ANTIBODY SCREENING TEST	$11.32
86941	RED BLOOD CELL ANTIBODY MEASUREMENT	$16.73
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	$54.60
86950	WHITE BLOOD CELL TRANSFUSION	$0.00
86960	VOLUME REDUCTION OF BLOOD UNIT OR BLOOD PRODUCT	$0.00
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	$16.20
86970	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBODY ANALYSIS	$0.00
86971	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBODY ANALYSIS	$0.00
86972	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBODY ANALYSIS	$0.00
86975	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND	$0.00
86976	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND	$0.00
86977	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND	$0.00
86978	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND	$0.00
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	$9.00
86999	TRANSFUSION MEDICINE PROCEDURES	$21.15
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	$14.11
87015	CONCENTRATION OF SPECIMEN FOR INFECTIOUS AGENTS	$9.23
87040	BACTERIAL BLOOD CULTURE	$14.27
87045	STOOL CULTURE	$13.04
87046	STOOL CULTURE, ADDITIONAL PATHOGENS	$7.91
87070	BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC	$11.90
87071	BACTERIAL CULTURE AND COLONY COUNT	$7.91
87073	BACTERIAL CULTURE AND COLONY COUNT FOR ANAEROBIC BACTERIA	$7.91
87075	BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC	$13.08
87076	BACTERIAL CULTURE FOR ANAEROBIC ISOLATES	$11.16
87077	BACTERIAL CULTURE FOR AEROBIC ISOLATES	$11.16
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS	$9.16
87084	SCREENING TEST FOR PATHOGENIC ORGANISMS WITH COLONY COUNT	$11.90

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
87086	BACTERIAL COLONY COUNT, URINE	$11.16
87088	BACTERIAL URINE CULTURE	$10.55
87101	FUNGAL CULTURE (MOLD OR YEAST) OF SKIN, HAIR, OR NAIL	$10.66
87102	FUNGAL CULTURE (MOLD OR YEAST)	$11.61
87103	FUNGAL BLOOD CULTURE (MOLD OR YEAST)	$12.46
87106	FUNGAL CULTURE, YEAST	$14.27
87107	CULTURE FOR IDENTIFICATION OF YEAST	$14.42
87109	MYCOPLASMA CULTURE	$21.26
87110	CULTURE FOR CHLAMYDIA	$27.08
87116	CULTURE FOR ACID-FAST BACILLI	$13.63
87118	IDENTIFICATION OF MYCOBACTERIA (TB OR TB LIKE ORGANISM)	$15.13
87140	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, IMMUNOFLUORESCENT METHOD	$7.71
87143	IDENTIFICATION OF ORGANISM USING CHROMATOGRAPHY	$10.51
87147	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN	$7.15
87149	IDENTIFICATION OF ORGANISMS BY GENETIC ANALYSIS, DIRECT PROBE TECHNIQUE	$27.71
87150	IDENTIFICATION OF ORGANISMS BY GENETIC ANALYSIS, AMPLIFIED PROBE TECHNIQUE	$50.27
87152	IDENTIFICATION OF ORGANISM BY PULSE FIELD GEL TYPING	$4.39
87153	IDENTIFICATION OF ORGANISMS BY NUCLEIC ACID SEQUENCING METHOD	$165.22
87158	MICROBIAL IDENTIFICATION	$4.39
87164	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, INCLUDES SPECIMEN COLLECTION	$9.01
87166	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, WITHOUT COLLECTION	$9.47
87168	MACROSCOPIC EXAMINATION (VISUAL INSPECTION) OF INSECT	$5.40
87169	MACROSCOPIC EXAMINATION (VISUAL INSPECTION) OF PARASITE	$5.90
87172	PINWORM TEST	$5.90
87173	ENDOTOXIN, BACTERIAL (PYROGENS);	$0.00
87176	TISSUE PREPARATION FOR CULTURE	$4.93
87177	SMEAR FOR PARASITES	$12.30
87181	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), AGAR	$2.57
87184	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	$9.53
87185	DETECTION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	$2.57
87186	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL),	$11.94
87187	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL),	$8.69
87188	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL),	$5.56
87190	ANTIMICROBIAL STUDY, MYCOBACTERIA (TB ORGANISM FAMILY)	$7.81
87197	EVALUATION OF ANTIBIOTIC THERAPY	$9.79
87205	SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM	$5.90
87206	SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM	$7.42
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES	$8.37
87209	SPECIAL STAIN FOR PARASITES	$17.57
87210	SMEAR FOR INFECTIOUS AGENTS	$5.90
87220	TISSUE FUNGI OR PARASITES	$5.90
87230	MICROBIAL TOXIN OR ANTITOXIN ASSAY	$27.28
87250	INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL FOR VIRUS ISOLATION	$27.02
87252	TISSUE CULTURE INOCULATION FOR VIRUS ISOLATION	$36.02
87253	TISSUE CULTURE FOR VIRUS ISOLATION	$12.39
87254	VIRUS ISOLATION, CENTRIFUGE ENHANCED	$16.39
87255	VIRUS ISOLATION	$42.92
87260	DETECTION TEST FOR ADENOVIRUS (VIRUS)	$10.06
87265	DETECTION TEST FOR BORDETELLA PERTUSSIS OR PARAPERTUSSIS (RESPIRATORY BACTERIA)	$16.58
87267	DETECTION TEST FOR ENTEROVIRUS (INTESTINAL VIRUS), DIRECT FLUORESCENT ANTIBODY	$16.76
87269	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR GIARDIA (INTESTINAL PARASITE)	$12.02
87270	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CHLAMYDIA	$16.58
87271	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CYTOMEGALOVIRUS (CMV)	$16.76
87272	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CRYPTOSPORIDIUM (PARASITE)	$16.58
87273	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 2	$10.06
87274	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1	$16.58
87275	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR INFLUENZA B VIRUS	$16.58
87276	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR INFLUENZA A VIRUS	$16.58
87278	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR LEGIONELLA PNEUMOPHILA (WATE	$16.58

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
87279	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PARAINFLUENZA VIRUS	$10.06
87280	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RESPIRATORY SYNCYTIAL VIRUS	$16.58
87281	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PNEUMOCYSTIS CARINII	$10.06
87283	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RUBEOLA (MEASLES VIRUS)	$10.06
87285	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR TREPONEMA PALLIDUM (SYPHILIS	$10.06
87290	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR VARICELLA (CHICKEN POX)	$10.06
87299	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR ORGANISM	$16.58
87300	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR MULTIPLE ORGANISMS	$10.06
87301	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ADENOVIRUS ENTERIC TYPES 40/41	$16.58
87305	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ASPERGILLUS (FUNGUS)	$16.58
87320	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS	$16.58
87324	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CLOSTRIDIUM DIFFICILE TOXINS (STOOL	$16.58
87327	DETECTION TEST BY IMMUNOASSAY TECHNIQUE, MULTISTEP METHOD, FOR CRYPTOCOCCUS	$16.58
87328	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CRYPTOSPORIDIUM (PARASITE)	$16.58
87329	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR GIARDIA (INTESTINAL PARASITE)	$12.02
87332	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CYTOMEGALOVIRUS	$16.58
87335	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ESCHERICHIA COLI 0157 (E. COLI)	$16.58
87336	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ENTAMOEBA HISTOLYTICA DISPAR GROUP	$16.58
87337	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ENTAMOEBA HISTOLYTICA GROUP	$16.58
87338	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HELICOBACTER PYLORI (GI TRACT	$16.58
87339	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HELICOBACTER PYLORI (GI TRACT	$16.58
87340	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN	$14.27
87341	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN	$14.43
87350	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS BE SURFACE ANTIGEN	$15.92
87380	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS D	$13.76
87385	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HISTOPLASMA CAPSULATUM (PARASITE)	$10.06
87389	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN AND HIV-1 AND HIV-2	$34.12
87390	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN	$20.92
87391	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-2 ANTIGEN	$20.92
87400	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR INFLUENZA VIRUS	$16.58
87420	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR RESPIRATORY SYNCYTIAL VIRUS (RSV)	$16.58
87425	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ROTAVIRUS	$16.58
87426	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME	$16.58
87427	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SHIGA-LIKE TOXIN (BACTERIAL TOXIN)	$10.06
87428	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME	$0.00
87430	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR STREPTOCOCCUS, GROUP A (STREP)	$16.58
87449	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR OTHER ORGANISM	$16.58
87450	IMMUNOLOGIC ANALYSIS FOR DETECTION OF ORGANISM BY IMMUNOASSAY TECHNIQUE, SINGLE	$13.25
87451	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR MULTIPLE ORGANISMS, EACH POLYVALENT	$8.03
87471	DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA	$29.42
87472	DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA	$35.91
87475	DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), DIRECT PROBE	$16.81
87476	DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), AMPLIFIED PROBE	$29.42
87480	DETECTION TEST FOR CANDIDA SPECIES (YEAST), DIRECT PROBE TECHNIQUE	$27.71
87481	DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE	$29.42
87482	DETECTION TEST FOR CANDIDA SPECIES (YEAST), QUANTIFICATION	$35.00
87483	TEST FOR DETECTING NUCLEIC ACID OF ORGANISM CAUSING INFECTION OF CENTRAL	$343.03
87485	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	$16.81
87486	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE	$29.42
87487	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, QUANTIFICATION	$35.91
87490	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE	$27.71
87491	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE	$48.50
87492	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, QUANTIFICATION	$29.30
87493	DETECTION TEST BY NUCLEIC ACID FOR CLOSTRIDIUM DIFFICILE, AMPLIFIED PROBE	$50.27
87495	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), DIRECT PROBE TECHNIQUE	$16.81
87496	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), AMPLIFIED PROBE	$48.50
87497	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION	$59.20
87498	DETECTION TEST BY NUCLEIC ACID FOR ENTEROVIRUS (INTESTINAL VIRUS), AMPLIFIED	$49.04
87500	DETECTION TEST BY NUCLEIC ACID FOR VANCOMYCIN RESISTANCE STREP (VRE), AMPLIFIED	$49.04

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
87501	DETECTION TEST BY NUCLEIC ACID FOR INFLUENZA VIRUS, EACH TYPE OR SUBTYPE	$72.22
87502	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES INFLUENZA VIRUS	$119.75
87503	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES INFLUENZA VIRUS, EACH	$29.22
87510	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), DIRECT PROBE TECHNIQUE	$27.71
87511	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), AMPLIFIED PROBE TECHNIQUE	$29.42
87512	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), QUANTIFICATION	$35.00
87516	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS, AMPLIFIED PROBE TECHNIQUE	$48.50
87517	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS, QUANTIFICATION	$59.20
87520	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, DIRECT PROBE TECHNIQUE	$27.71
87521	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, AMPLIFIED PROBE TECHNIQUE	$48.50
87522	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, QUANTIFICATION	$59.20
87525	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, DIRECT PROBE TECHNIQUE	$16.81
87526	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, AMPLIFIED PROBE TECHNIQUE	$29.42
87527	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, QUANTIFICATION	$35.00
87528	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	$16.81
87529	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE	$46.44
87530	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, QUANTIFICATION	$59.20
87531	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	$16.81
87532	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	$29.42
87533	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, QUANTIFICATION	$35.00
87534	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, DIRECT PROBE TECHNIQUE	$16.81
87535	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, AMPLIFIED PROBE TECHNIQUE	$48.50
87536	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, QUANTIFICATION	$117.59
87537	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, DIRECT PROBE TECHNIQUE	$16.81
87538	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, AMPLIFIED PROBE TECHNIQUE	$29.42
87539	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, QUANTIFICATION	$35.91
87540	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE	$16.81
87541	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE	$29.42
87542	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE	$35.00
87550	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), DIRECT	$16.81
87551	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), AMPLIFIED	$29.42
87552	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA),	$35.91
87555	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA),	$27.71
87556	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA),	$48.50
87557	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA),	$35.91
87560	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE	$27.71
87561	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE	$29.42
87562	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE	$35.91
87563	DETECTION OF MYCOPLASMA GENITALIUM BY DNA OR RNA PROBE	$21.05
87580	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), DIRECT	$16.81
87581	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), AMPLIFIED	$29.42
87582	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA),	$35.00
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE	$27.71
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE	$48.50
87592	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE	$35.91
87623	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES	$28.68
87624	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES	$28.68
87625	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18	$28.68
87631	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS,	$105.80
87632	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS,	$176.02
87633	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS,	$343.75
87634	DETECTION TEST BY NUCLEIC ACID FOR RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE	$52.00
87635	AMPLIFED DNA OR RNA PROBE DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME	$100.00
87636	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE	$0.00
87637	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE	$0.00
87640	DETECTION TEST BY NUCLEIC ACID FOR STAPHYLOCOCCUS AUREUS (BACTERIA), AMPLIFIED	$49.04
87641	DETECTION TEST BY NUCLEIC ACID FOR STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT	$49.04
87650	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), DIRECT PROBE	$27.71
87651	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), AMPLIFIED	$29.42

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
87652	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A),	$35.00
87653	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP B), AMPLIFIED	$49.04
87660	DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE),	$20.17
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	$28.72
87662	DETECTION TEST BY NUCLEIC ACID FOR ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE	$38.01
87797	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE	$28.02
87798	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, AMPLIFIED PROBE TECHNIQUE	$48.50
87799	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, QUANTIFICATION	$35.91
87800	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, DIRECT PROBE(S) TECHNIQUE	$33.62
87801	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S)	$58.84
87802	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS,	$10.06
87803	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CLOSTRIDIUM	$16.58
87804	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR INFLUENZA VIRUS	$16.58
87807	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR RESPIRATORY	$16.58
87808	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR TRICHOMONAS	$16.58
87809	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR ADENOVIRUS	$16.76
87810	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CHLAMYDIA	$16.58
87811	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE	$0.00
87850	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA	$16.58
87880	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS,	$16.58
87899	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR OTHER ORGANISM	$16.58
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY ANALYSIS	$127.48
87901	ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS	$355.78
87902	ANALYSIS TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS	$256.16
87903	ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, FIRST THROUGH 10 DRUGS TESTED	$486.21
87904	ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, EACH ADDITIONAL DRUG TESTED	$35.94
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY TO DETECT ORGANISM	$0.00
87906	ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, OTHER REGION	$181.44
87910	ANALYSIS TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, CYTOMEGALOVIRUS	$212.33
87912	ANALYSIS TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS	$212.33
87999	UNLISTED MICROBIOLOGY PROCEDURE	$7.90
88000	AUTOPSY	$0.00
88005	AUTOPSY WITH OF BRAIN	$0.00
88007	AUTOPSY WITH EXAMINATION OF BRAIN AND SPINAL CORD	$0.00
88012	AUTOPSY OF INFANT WITH EXAMINATION OF BRAIN	$0.00
88014	AUTOPSY OF STILLBORN OR NEWBORN INFANT WITH EXAMINATION OF BRAIN	$0.00
88016	AUTOPSY OF STILLBORN INFANT	$0.00
88020	AUTOPSY WITH MICROSCOPIC EXAMINATION OF TISSUE	$0.00
88025	AUTOPSY WITH EXAMINATION OF BRAIN AND MICROSCOPIC EXAMINATION OF TISSUE	$0.00
88027	AUTOPSY WITH EXAMINATION OF BRAIN AND SPINAL CORD AND MICROSCOPIC EXAMINATION	$0.00
88028	AUTOPSY OF INFANT INCLUDING BRAIN AND MICROSCOPIC EXAMINATION OF TISSUE	$0.00
88029	AUTOPSY OF STILLBORN OR NEWBORN INFANT WITH EXAMINATION OF BRAIN AND	$0.00
88036	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY	$0.00
88037	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY, SINGLE ORGAN	$0.00
88040	AUTOPSY FOR FORENSIC (INVESTIGATIVE) EXAMINATION	$0.00
88045	CORONER'S SERVICES	$0.00
88099	AUTOPSY SERVICES	$0.00
88104	CELL EXAMINATION OF BODY FLUID, SMEARS	$35.00
88106	CELL EXAMINATION OF BODY FLUID, SIMPLE FILTER METHOD	$47.63
88108	CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE	$44.09
88109	88104 SMEARS & CELLS BLOCK W/INTERPRETATION	$0.00
88112	CELL EXAMINATION OF SPECIMEN, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	$93.30
88120	CELL EXAMINATION OF URINE, MANUAL	$322.52
88121	CELL EXAMINATION OF URINE, COMPUTER-ASSISTED	$272.50
88125	FORENSIC (INVESTIGATION) EXAMINATION OF SPECIMEN	$13.13
88130	SEX IDENTIFICATION, BARR BODIES	$12.61
88140	SEX IDENTIFICATION, PERIPHERAL BLOOD SMEAR	$11.05
88141	PAP TEST	$22.89
88142	PAP TEST, MANUAL SCREENING	$28.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
88143	PAP TEST, MANUAL SCREENING AND RESCREENING	$16.99
88147	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM	$15.73
88148	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM WITH MANUAL RESCREENING	$21.00
88150	PAP TEST, SLIDES, MANUAL SCREENING	$14.60
88152	PAP TEST, SLIDES, AUTOMATED SYSTEM WITH COMPUTER-ASSISTED RESCREENING	$8.86
88153	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING	$8.86
88155	PAP TEST, SLIDES, DEFINITIVE HORMONAL EVALUATION	$7.59
88156	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, THE BETHESDA SYSTEM (TBS), UP TO THR	$0.00
88158	WITH MANUAL CYTOTECHNOLOGIST SCREENING AND AUTOMATED RESCREENING UNDER PHYSIC	$0.00
88160	SCREENING EXAMINATION OF SPECIMEN CELLS, SCREENING AND INTERPRETATION	$33.12
88161	SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND	$35.90
88162	SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY	$44.05
88164	PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM)	$14.60
88165	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING (THE BETHESDA SYSTEM)	$14.60
88166	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING (THE	$8.86
88167	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL	$8.86
88172	EVALUATION OF FINE NEEDLE ASPIRATE	$39.40
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH INTERPRETATION AND REPORT	$87.10
88174	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM	$29.85
88175	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL	$37.01
88177	PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL	$18.12
88182	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS	$68.89
88184	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, FIRST MARKER	$40.70
88185	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, EACH ADDITIONAL MARKER	$19.96
88187	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 2 TO 8 MARKERS	$51.09
88188	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 9 TO 15 MARKERS	$63.76
88189	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 16 OR MORE MARKERS	$84.00
88199	CYTOPATHOLOGY PROCEDURES	$15.32
88230	TISSUE CULTURE TO IDENTIFY WHITE BLOOD CELL DISORDERS	$161.00
88233	TISSUE CULTURE TO IDENTIFY SKIN DISORDERS	$117.98
88235	TISSUE CULTURE FOR DISORDERS OF AMNIOTIC FLUID OR PLACENTA CELLS	$146.52
88237	TISSUE CULTURE FOR TUMOR DISORDERS OF BONE MARROW AND BLOOD CELLS	$125.68
88239	TISSUE CULTURE FOR TUMOR DISORDERS	$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS	$3.76
88241	THAWING AND EXPANSION OF FROZEN CELLS	$3.76
88245	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, BASELINE SISTER CHROMATID EXCHANGE	$95.85
88248	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, BASELINE BREAKAGE, SCORE 50-100 CELLS,	$145.18
88249	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, SCORE 100 CELLS, CLASTOGEN STRESS	$145.18
88261	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 5 CELLS	$148.16
88262	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 15-20 CELLS	$124.02
88263	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 45 CELLS FOR MOSAICISM	$125.98
88264	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 20-25 CELLS	$104.48
88267	CHROMOSOME ANALYSIS OF AMNIOTIC FLUID OR PLACENTA FOR GENETIC DEFECTS	$178.88
88269	CHROMOSOME ANALYSIS OF AMNIOTIC FLUID FOR GENETIC DEFECTS	$139.43
88271	DNA TESTING FOR GENETIC DEFECTS	$29.60
88272	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 3-5 CELLS	$22.45
88273	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 10-30 CELLS	$44.40
88274	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 25-99 CELLS	$29.18
88275	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 100-300 CELLS	$55.50
88280	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL KARYOTYPES, EACH STUDY	$34.68
88283	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL SPECIALIZED BANDING	$28.43
88285	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL CELLS COUNTED, EACH STUDY	$15.92
88289	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL HIGH RESOLUTION STUDY	$13.11
88291	INTERPRETATION AND REPORT OF GENETIC TESTING	$16.54
88299	GENETIC STUDIES	$0.00
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	$13.56
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	$29.54
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	$38.92
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	$66.67

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	$118.35
88309	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY	$165.80
88311	PREPARATION OF TISSUE FOR EXAMINATION BY REMOVING ANY CALCIUM PRESENT	$12.61
88312	SPECIAL STAINED SPECIMEN SLIDES TO IDENTIFY ORGANISMS INCLUDING INTERPRETATION	$51.28
88313	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE INCLUDING INTERPRETATION AND	$37.43
88314	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE AND FROZEN PREPARATION OF	$63.31
88316	PREP OF DUP SLDS, STND / UNSTND REQSTD BY CNSLT	$0.00
88317	INTERPRETATION AND REPORT BY TREATING PHYSICIAN OF PREVIOUSLY DIAGNOSED HISTOLOG	$0.00
88319	EVALUATION OF SPECIMEN ENZYMES	$99.23
88321	SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWH	$70.99
88323	SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING	$85.05
88325	SURGICAL PATHOLOGY CONSULTATION AND REPORT, COMPREHENSIVE	$106.09
88329	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY	$37.40
88331	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, FIRST TISSUE BLOCK	$61.43
88332	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL TISSUE BLOCK	$26.58
88333	PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, INITIAL SITE	$62.55
88334	PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL SITE	$32.70
88341	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH ADDITIONAL PROCEDURE	$45.26
88342	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, INITIAL PROCEDURE	$57.22
88344	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH MULTIPLEX PROCEDURE	$78.76
88346	ANTIBODY EVALUATION, INITIAL SINGLE ANTIBODY STAIN PROCEDURE	$60.22
88348	ELECTRON MICROSCOPY FOR DIAGNOSIS	$273.83
88350	ANTIBODY EVALUATION, EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE	$48.43
88355	MICROSCOPIC GENETIC ANALYSIS OF MUSCLE	$266.70
88356	MICROSCOPIC GENETIC ANALYSIS OF NERVE TISSUE	$178.32
88358	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	$46.95
88360	MICROSCOPIC GENETIC ANALYSIS OF TUMOR, MANUAL	$84.56
88361	MICROSCOPIC GENETIC ANALYSIS OF TUMOR, USING COMPUTER-ASSISTED TECHNOLOGY	$107.70
88362	NERVE TEASING PREPARATION	$171.05
88363	EXAMINATION OF ARCHIVAL TISSUE FOR GENETIC ANALYSIS	$10.40
88364	GENETIC SEQUENCING LOCALIZATION, EACH ADDITIONAL PROCEDURE	$65.85
88365	GENETIC SEQUENCING LOCALIZATION, INITIAL PROCEDURE	$82.14
88366	GENETIC SEQUENCING LOCALIZATION, EACH MULTIPLEX PROCEDURE	$99.62
88367	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL	$163.50
88368	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, INITIAL PROCEDURE	$94.81
88369	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL PROCEDURE	$49.37
88371	PROTEIN ANALYSIS OF TISSUE WITH INTERPRETATION AND REPORT	$18.63
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT	$19.07
88373	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, EACH	$40.23
88374	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL	$139.61
88375	MICROSCOPIC IMAGING USING AN ENDOSCOPE, INTERPRETATION AND REPORT, REAL-TIME OR	$0.00
88377	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL MULTIPLEX STAIN	$144.50
88380	PREPARATION OF SPECIMEN USING LASER	$0.00
88381	PREPARATION OF SPECIMEN, MANUAL	$126.26
88387	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE	$19.67
88388	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE DURING SURGERY	$11.44
88399	SURGICAL PATHOLOGY PROCEDURE	$22.00
88720	MEASUREMENT OF BILIRUBIN	$0.00
88738	HEMOGLOBIN MEASUREMENT	$0.00
88740	HEMOGLOBIN MEASUREMENT, PER DAY	$0.00
88741	HEMOGLOBIN MEASUREMENT, PER DAY, METHEMOGLOBIN	$0.00
88749	IN VIVO LABORATORY SERVICE	$0.00
89005	TST COMB ASND INDLY PRCDR NUM / SEC CONV / CBC	$0.00
89006	CBC, URINALYSIS & SEROLOGY	$0.00
89007	CBC, URINALYSIS, SEROLOGY, BLOOD TYPING & RH GRP	$0.00
89049	TEST FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY (GENETIC DISORDER)	$44.44
89050	BODY FLUID CELL COUNT	$6.53
89051	BODY FLUID CELL COUNT WITH CELL IDENTIFICATION	$7.61
89055	WHITE BLOOD CELL MEASURE, STOOL SPECIMEN	$5.96

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
89060	CRYSTAL IDENTIFICATION FROM TISSUE OR BODY FLUID	$9.88
89070	CERBRSPNL FLD, COMP XM (CLRD, GLCS, PRTN, CELL CNT	$0.00
89080	COLLOIDAL GOLD, SPINAL FLUID	$0.00
89125	FAT STAIN OF STOOL, URINE, OR RESPIRATORY SECRETIONS	$5.96
89160	EXAMINATION OF STOOL FOR MEAT FIBERS	$5.09
89190	NASAL SMEAR FOR EOSINOPHILS (ALLERGY RELATED WHITE BLOOD CELLS)	$6.56
89205	OCCULT BLOOD, ANY SOURCE EXCEPT FECES	$0.00
89210	PHARMACOKINETIC ANALYS, SPCFY DRUG/FLUID TISS	$0.00
89220	SPUTUM SPECIMEN COLLECTION	$11.23
89230	SWEAT COLLECTION	$3.14
89240	PATHOLOGY TESTS	$10.50
89250	CULTURE OF EGGS OR EMBRYOS, LESS THAN 4 DAYS	$0.00
89251	CULTURE OF EGGS OR EMBRYOS, LESS THAN 4 DAYS, WITH CO-CULTURE OF EGGS OR EMBRYOS	$0.00
89253	ASSISTED EMBRYO HATCHING (FERTILITY PROCEDURE)	$0.00
89254	EGG IDENTIFICATION FROM OVARIAN FLUID	$0.00
89255	PREPARATION OF EMBRYO FOR TRANSFER	$0.00
89257	SPERM IDENTIFICATION FROM ASPIRATION	$0.00
89258	FROZEN PRESERVATION OF EMBRYOS	$0.00
89259	FROZEN PRESERVATION OF SPERM	$0.00
89260	SPERM ISOLATION WITH SEMEN ANALYSIS FOR FERTILIZATION OR DIAGNOSIS	$0.00
89261	SPERM ISOLATION AND SEMEN ANALYSIS FOR FERTILIZATION OR DIAGNOSIS	$0.00
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE	$0.00
89300	SEMEN ANALYSIS PRESENCE AND/OR MOTILITY OF SPERM	$12.32
89310	SEMEN ANALYSIS MOTILITY AND COUNT	$7.22
89320	SEMEN EVALUATION VOLUME, SPERM COUNT, MOTILITY AND ANALYSIS	$16.66
89321	SEMEN ANALYSIS FOR SPERM PRESENCE	$16.66
89322	SEMEN EVALUATION, VOLUME, SPERM COUNT, MOTILITY, AND ANALYSIS	$21.65
89325	SPERM ANTIBODY MEASUREMENT	$8.95
89329	SPERM EVALUATION, HAMSTER PENETRATION TEST	$17.58
89330	SPERM EVALUATION, CERVICAL MUCUS PENETRATION TEST	$8.30
89331	SPERM EVALUATION, FOR REVERSE EJACULATION, URINE SPECIMEN	$27.37
89345	SPUTUM XM HEMDSIDERIN/FORGN MATRL	$0.00
90000	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE	$0.00
90010	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE	$0.00
90015	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	$0.00
90017	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE	$0.00
90020	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	$0.00
90030	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVIC	$0.00
90040	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	$0.00
90050	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVIC	$48.18
90060	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE S	$48.18
90070	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVI	$0.00
90080	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE	$0.00
90100	HOME MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE	$0.00
90110	HOME MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE	$0.00
90115	HOME MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	$0.00
90117	HOME MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE	$0.00
90130	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	$0.00
90140	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	$0.00
90150	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVICE	$0.00
90160	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	$0.00
90170	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICE	$0.00
90200	INITIAL HOSPITAL CARE; BRIEF HISTORY AND EXAMINATION, INITIATION OF DIAGNOSTIC A	$0.00
90215	INITIAL HOSPITAL CARE; INTERMEDIATE HISTORY AND EXAMINATION, INITIATION OF DIAGN	$0.00
90225	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	$0.00
90240	SUBSEQUENT HOSPITAL CARE, EACH DAY; BRIEF SERVICES	$0.00
90250	SUBSEQUENT HOSPITAL CARE, EACH DAY; LIMITED SERVICES	$0.00
90260	SUBSEQUENT HOSPITAL CARE, EACH DAY; INTERMEDIATE SERVICES	$0.00
90270	SUBSEQUENT HOSPITAL CARE, EACH DAY; EXTENDED SERVICES	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
90280	SUBSEQUENT HOSPITAL CARE, EACH DAY; COMPREHENSIVE SERVICES	$0.00
90282	SUBSEQUENT HOSPITAL CARE, EACH DAY; NORMAL NEWBORN SERVICES	$0.00
90283	HUMAN IMMUNE GLOBULIN FOR INFUSION INTO VEIN	$0.00
90285	NEWBORN CARE IN HOSPITAL, INCLUDING PHYSICAL	$0.00
90287	BOTULINUM EQUINE ANTITOXIN	$0.00
90292	HOSPITAL DISCHARGE DAY MANAGEMENT	$0.00
90296	DIPHTHERIA EQUINE ANTITOXIN	$0.00
90300	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	$0.00
90315	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	$0.00
90320	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	$0.00
90340	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	$0.00
90350	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	$0.00
90360	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	$0.00
90370	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	$0.00
90399	OTHER IMMUNE GLOBULIN INJECTION OR INFUSION PROCEDURE	$0.00
90400	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90410	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90415	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90420	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90430	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90440	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90450	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	$0.00
90476	ADENOVIRUS TYPE 4 VACCINE	$4.00
90477	ADENOVIRUS TYPE 7 VACCINE	$4.00
90500	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; MINIMAL SERVICE	$0.00
90505	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; BRIEF SERVICE	$0.00
90510	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; LIMITED SERVICE	$0.00
90515	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	$0.00
90517	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; EXTENDED SERVICE	$0.00
90520	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	$0.00
90530	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	$0.00
90540	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	$0.00
90550	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; LIMITED SERVICE	$0.00
90560	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	$0.00
90570	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICE	$0.00
90580	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE SERVICE	$0.00
90581	ANTHRAX VACCINE	$4.00
90585	BACILLUS CALMETTE-GUERIN VACCINE FOR TUBERCULOSIS	$4.00
90586	BACILLUS CALMETTE-GUERIN VACCINE FOR BLADDER CANCER	$4.00
90590	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	$0.00
90605	INITIAL CONSULTATION; INTERMEDIATE	$0.00
90610	INITIAL CONSULTATION; EXTENDED	$0.00
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGRO	$0.00
90625	CHOLERA VACCINE	$0.00
90626	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.25 ML DOSAGE, FOR	$0.00
90627	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.5 ML DOSAGE, FOR	$0.00
90630	INFLUENZA VACCINE, QUADRIVALENT	$4.00
90632	HEPATITIS A VACCINE ADULT DOSAGE	$4.00
90633	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE	$4.00
90634	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)	$4.00
90636	HEPATITIS A AND HEPATITIS B VACCINE	$4.00
90640	FOLLOW-UP CONSULTATION; BRIEF	$0.00
90641	FOLLOW-UP CONSULTATION; LIMITED	$0.00
90642	FOLLOW-UP CONSULTATION; INTERMEDIATE	$0.00
90643	FOLLOW-UP CONSULTATION; COMPLEX	$0.00
90647	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-OMP CONJUGATE	$4.00
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-T CONJUGATE	$4.00
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUADRIVALENT	$4.00
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT	$4.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT	$4.00
90652	CONFIRMATORY CONSULTATION; EXTENDED	$0.00
90653	INFLUENZA VACCINE, INACTIVATED	$4.00
90654	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE	$4.00
90655	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.25 ML DOSAGE	$4.00
90656	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.5 ML DOSAGE	$4.00
90657	INFLUENZA VACCINE, TRIVALENT, 0.25 ML DOSAGE	$4.00
90658	INFLUENZA VACCINE, TRIVALENT, 0.5 ML DOSAGE	$4.00
90660	INFLUENZA VACCINE, TRIVALENT FOR NASAL ADMINISTRATION	$4.00
90661	INFLUENZA VACCINE, TRIVALENT DERIVED FROM CELL CULTURES	$0.00
90662	INFLUENZA VACCINE SPLIT VIRUS, PRESERVATIVE FREE	$4.00
90664	INFLUENZA VACCINE, LIVE, PANDEMIC FORMULATION FOR NASAL ADMINISTRATION	$4.00
90666	INFLUENZA VACCINE, LIVE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE	$4.00
90667	INFLUENZA VACCINE, LIVE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED	$4.00
90668	INFLUENZA VACCINE, LIVE, PANDEMIC FORMULATION, SPLIT VIRUS	$4.00
90670	PNEUMOCOCCAL VACCINE, 13-VALENT	$4.00
90671	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCULAR USE	$0.00
90672	INFLUENZA VACCINE, QUADRIVALENT FOR NASAL ADMINISTRATION	$4.00
90673	INFLUENZA VACCINE, TRIVALENT DERIVED FROM RECOMBINANT DNA	$4.00
90674	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES, PRESERVATIVE AND	$4.00
90675	RABIES VACCINE FOR INJECTION INTO MUSCLE	$4.00
90676	RABIES VACCINE FOR INJECTION INTO SKIN	$4.00
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCULAR USE	$0.00
90680	ROTAVIRUS VACCINE, PENTAVALENT	$4.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED	$4.00
90682	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM RECOMBINANT DNA	$4.00
90685	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.25 ML DOSAGE	$4.00
90686	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5 ML DOSAGE	$4.00
90687	INFLUENZA VACCINE, QUADRIVALENT, 0.25 ML DOSAGE	$4.00
90688	INFLUENZA VACCINE, QUADRIVALENT, 0.5 ML DOSAGE	$4.00
90689	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.25 ML DOSAGE	$4.00
90690	TYPHOID VACCINE	$4.00
90691	TYPHOID VACCINE FOR INJECTION INTO MUSCLE	$4.00
90694	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.5 ML DOSAGE	$0.00
90696	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, AND POLIO VACCINE	$4.00
90697	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B,	$0.00
90698	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, AND HAEMOPHILUS INFLUENZAE	$4.00
90699	UNLISTED MEDICAL SERVICE, GENERAL	$0.00
90700	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (YOUNGER THAN 7 YEARS)	$4.00
90702	DIPHTHERIA AND TETANUS VACCINE (YOUNGER THAN 7 YEARS)	$4.00
90707	MEASLES, MUMPS, AND RUBELLA VACCINE	$4.00
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	$4.00
90711	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND INJECTABLE PO	$0.00
90713	POLIOVIRUS VACCINE	$4.00
90714	DIPHTHERIA AND TETANUS VACCINE (7 YEARS OR OLDER)	$0.00
90714	DIPHTHERIA AND TETANUS VACCINE (7 YEARS OR OLDER)	$4.00
90715	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (7 YEARS OR OLDER)	$4.00
90716	VARICELLA VACCINE	$4.00
90717	YELLOW FEVER VACCINE	$4.00
90723	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, HEPATITIS B, AND POLIO VACCINE	$4.00
90726	IMMUNIZATION, ACTIVE; RABIES VACCINE	$0.00
90728	IMMUNIZATION, ACTIVE; BCG VACCINE	$0.00
90730	IMMUNIZATION, ACTIVE; HEPATITIS A VACCINE	$0.00
90732	PNEUMOCOCCAL VACCINE, 23-VALENT	$4.00
90733	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, Y, W-135	$4.00
90734	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, W, Y, DIPHTHERIA TOXOID CARRIER VACCINE	$4.00
90736	SHINGLES VACCINE FOR INJECTION UNDER SKIN	$4.00
90738	JAPANESE ENCEPHALITIS VACCINE	$4.00
90739	HEPATITIS B VACCINE, ADULT DOSAGE	$4.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE	$4.00
90742	IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEA	$0.00
90743	HEPATITIS B VACCINE, ADOLESCENT DOSAGE	$4.00
90744	HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)	$4.00
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE)	$4.00
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE	$4.00
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE	$4.00
90749	OTHER VACCINE OR TOXOID INJECTION OR INFUSION PROCEDURE	$4.00
90751	INITIAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING ANT	$0.00
90752	INITIAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING ANT	$0.00
90753	INITIAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING ANT	$0.00
90754	INITIAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING ANT	$0.00
90755	INFANT CARE TO ONE YEAR OF AGE, WITH A MAXIMUM OF 12 OFFICE VISITS DURING REGULA	$0.00
90757	NEWBORN CARE, IN OTHER THAN HOSPITAL SETTING, INCLUDING PHYSICAL EXAMINATION OF	$0.00
90758	LIVE ZAIRE EBOLAVIRUS VACCINE, FOR INTRAMUSCULAR USE	$0.00
90762	INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING AN	$0.00
90763	INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING AN	$0.00
90764	INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY INDIVIDUAL, INCLUDING AN	$0.00
90778	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CO	$0.00
90785	PSYCHIATRIC SERVICES COMPLICATED BY COMMUNICATION FACTOR	$4.77
90790	CHEMOTHERAPY MALIGNANT DISEASE;PARENTERAL	$0.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$104.43
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	$104.43
90793	CHEMOTHERAPHY MALIGNANT DISEASE;INTRACAUITY	$0.00
90796	INJ INTRATHECAL CHEMO AGNT ADM PHYS	$0.00
90798	INTRAVENOUS THERAPY FOR SEVERE OR INTRACTABLE ALLERGIC DISEASE IN PHYSICIAN'S OF	$0.00
90831	TELEPHONE CONSULTATION WITH OR ABOUT PATIENT FOR PSYCHIATRIC	$0.00
90832	PSYCHOTHERAPY, 30 MINUTES	$46.62
90833	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES	$42.15
90834	PSYCHOTHERAPY, 45 MINUTES	$75.00
90836	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 45 MINUTES	$68.43
90837	PSYCHOTHERAPY, 1 HOUR	$110.09
90838	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 1 HOUR	$110.68
90839	PSYCHOTHERAPY FOR CRISIS, FIRST HOUR	$0.00
90840	PSYCHOTHERAPY FOR CRISIS, EACH ADDITIONAL 30 MINUTES	$0.00
90841	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	$25.36
90843	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	$42.00
90844	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	$78.00
90845	PSYCHOANALYSIS	$65.82
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT, 50 MINUTES	$71.55
90847	FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES	$82.73
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	$25.38
90853	GROUP PSYCHOTHERAPY	$27.20
90869	TREATMENT USING MAGNETIC FIELD TO STIMULATE NERVE CELLS IN BRAIN, SUBSEQUENT	$69.49
90870	THERAPY USING ELECTRICAL CURRENTS	$70.99
90880	GUIDED HYPNOSIS	$83.76
90899	OTHER PSYCHIATRIC SERVICE OR PROCEDURE	$0.00
90912	BIOFEEDBACK TRAINING FOR BOWEL OR BLADDER CONTROL, INITIAL 15 MINUTES	$27.98
90913	BIOFEEDBACK TRAINING FOR BOWEL OR BLADDER CONTROL, EACH ADDITIONAL 15 MINUTES	$15.52
90935	HEMODIALYSIS PROCEDURE WITH PHYSICIAN EVALUATION	$62.86
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION	$108.49
90940	HEMODIALYSIS ACCESS BLOOD FLOW STUDY	$0.00
90941	HEMODIALYSIS, FOR ACUTE RENAL FAILURE AND OR INTOXICATION,	$0.00
90942	HEMODIALYSIS, FOR ACUTE RENAL FAILURE AND OR INTOXICATION,	$0.00
90943	HEMODIALYSIS, FOR ACUTE RENAL FAILURE AND OR INTOXICATION,	$0.00
90944	HEMODIALYSIS, FOR ACUTE RENAL FAILURE AND OR INTOXICATION,	$0.00
90945	DIALYSIS PROCEDURE INCLUDING 1 EVALUATION	$63.76
90947	DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION	$106.32
90951	DIALYSIS SERVICES, 4 OR MORE VISITS PER MONTH (YOUNGER THAN 2 YEARS)	$599.20

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90952	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (YOUNGER THAN 2 YEARS)	$0.00
90952	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (YOUNGER THAN 2 YEARS)	$0.00
90953	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (YOUNGER THAN 2 YEARS OF AGE)	$0.00
90953	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (YOUNGER THAN 2 YEARS OF AGE)	$0.00
90954	DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (2-11 YEARS)	$487.27
90955	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (2-11 YEARS)	$277.33
90956	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (2-11 YEARS OF AGE)	$187.91
90957	DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (12-19 YEARS)	$392.90
90958	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (12-19 YEARS)	$265.66
90959	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (12-19 YEARS)	$174.23
90960	DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER)	$176.35
90961	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER)	$141.94
90962	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (20 YEARS OR OLDER)	$102.26
90963	HOME DIALYSIS SERVICES PER MONTH (YOUNGER THAN 2 YEARS)	$337.71
90964	HOME DIALYSIS SERVICES PER MONTH (2-11 YEARS)	$279.92
90965	HOME DIALYSIS SERVICES PER MONTH (12-19 YEARS)	$266.34
90966	HOME DIALYSIS SERVICES PER MONTH (20 YEARS OR OLDER)	$140.18
90967	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (YOUNGER THAN 2 YEARS)	$12.24
90968	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (2-11 YEARS)	$9.40
90969	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (12-19 YEARS)	$9.19
90970	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (20 YEARS OR OLDER)	$4.93
90976	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90977	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90978	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90979	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90982	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90983	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90984	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90985	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	$0.00
90988	SUPERVISION OF HEMODIALYSIS IN HOSPITAL OR OTHER FACILITY (EXCLUDING HOME DIALYS	$0.00
90989	DIALYSIS TRAINING COMPLETED	$0.00
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING	$0.00
90991	HOME HEMODIALYSIS CARE, OUTPATIENT, FOR THOSE SERVICES EITHER PROVIDED BY THE PH	$0.00
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING	$0.00
90993	DIALYSIS TRAINING NOT COMPLETED	$0.00
90994	SUPERVISION OF CHRONIC AMBULATORY PERITONEAL DIALYSIS (CAPD), HOME OR OUT-PATIEN	$0.00
90995	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, PER FULL MONTH	$0.00
90997	REMOVAL OF TOXINS FROM BLOOD	$94.90
90998	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY	$0.00
90999	OTHER INPATIENT OR OUTPATIENT DIALYSIS PROCEDURE	$0.00
91010	STUDY OF ESOPHAGUS TO ASSESS MOVEMENT	$142.41
91013	STUDY OF ESOPHAGUS TO ASSESS MOVEMENT WITH STIMULATION OR TUBE	$15.67
91020	STUDY OF STOMACH TO ASSESS MOVEMENT	$149.71
91022	STUDY OF UPPER SMALL BOWEL TO ASSESS MOVEMENT	$163.36
91030	TEST FOR ESOPHAGEAL REFLUX DISEASE	$83.53
91034	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE	$188.96
91035	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH A CAPSULE ATTACHED TO	$375.51
91037	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE WITH	$118.50
91038	PROLONGED MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE	$100.39
91040	STUDY OF ESOPHAGEAL SENSATION BY BALLOON DISTENSION	$368.65
91065	MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR STOMACH AND BOWEL SYMPTOMS	$42.00
91090	GASTROINTESTINAL STRING TEST FOR UPPER GASTROINTESTINAL BLEEDING,	$0.00
91110	IMAGING OF DIGESTIVE TRACT DONE FROM THE INSIDE OF THE DIGESTIVE TRACT	$738.30
91111	IMAGING OF ESOPHAGUS DONE FROM THE INSIDE OF THE ESOPHAGUS	$575.70
91112	MEASUREMENT OF COMPLEX STOMACH AND BOWEL MOTOR FUNCTION	$814.39
91117	STUDY OF LARGE INTESTINE TO ASSESS MOVEMENT	$95.06
91120	TEST FOR TONE AND SENSATION OF RECTUM AND ANUS	$363.85
91122	STUDY OF RECTUM SENSITIVITY AND FUNCTION	$173.36
91132	RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
91133	RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY WITH DRUG	$0.00
91200	MEASUREMENT OF LIVER STIFFNESS	$24.08
91299	OTHER DIAGNOSTIC PROCEDURE FOR GASTROINTESTINE	$0.00
92002	NEW PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	$48.16
92004	NEW PATIENT COMPLETE EXAM OF VISUAL SYSTEM	$81.31
92012	ESTABLISHED PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	$37.49
92014	ESTABLISHED PATIENT COMPLETE EXAM OF VISUAL SYSTEM	$60.20
92015	TEST TO DETERMINE IF PRESCRIPTION EYE WEAR IS NEEDED	$0.00
92018	COMPLETE EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	$85.43
92019	LIMITED EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	$72.95
92020	EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE	$12.68
92025	CT SCAN OF CORNEA	$21.67
92060	EXAM TO MEASURE EYE DEVIATION AND RANGE OF MOTION	$34.76
92071	FITTING OF CONTACT LENS FOR TREATMENT OF EYE SURFACE DISEASE	$20.90
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL CONDITION	$59.01
92081	EXAM OF VISUAL FIELD WITH LIMITED TESTING	$38.66
92082	EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING	$43.89
92083	EXAM OF VISUAL FIELD WITH EXTENDED TESTING	$47.92
92100	MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD	$30.48
92132	IMAGING OF FRONT THIRD OF EYE	$24.30
92133	IMAGING OF OPTIC NERVE	$29.56
92134	IMAGING OF RETINA	$29.56
92136	MEASUREMENT OF CORNEAL CURVATURE AND DEPTH OF EYE	$60.08
92145	MEASUREMENT OF CORNEAL PRESSURE	$10.17
92201	EXTENDED EXAM OF THE BACK PART OF THE EYE WITH RETINAL DRAWING	$14.69
92202	EXTENDED EXAM OF THE BACK PART OF THE EYE WITH OPTIC NERVE DRAWING	$95.16
92227	IMAGING OF RETINA WITH REMOTE REVIEW BY CLINICAL STAFF	$8.20
92228	IMAGING OF RETINA WITH REMOTE REVIEW BY PHYSICIAN	$20.07
92229	IMAGING OF RETINA FOR DISEASE DETECTION, WITH AUTOMATED REVIEW AND REPORT AT	$0.00
92230	EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE	$49.97
92235	EXAM OF RETINAL BLOOD VESSELS USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	$86.15
92240	EXAM OF BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AND RETINA USING A SPECIAL	$181.38
92242	EXAM OF RETINAL BLOOD VESSELS AND BLOOD VESSELS BETWEEN THE WHITE PART OF EYE	$155.58
92250	PHOTOGRAPHY OF THE RETINA	$49.50
92260	MEASUREMENT OF EYE ARTERY PRESSURE	$11.55
92265	MEASUREMENT OF EYE MUSCLE ELECTRICAL ACTIVITY AND THEIR NERVE CELLS WITH NEEDLE	$57.24
92270	MEASUREMENT OF EYE MOVEMENT	$58.07
92273	MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION	$91.28
92274	MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE SEPARATE	$61.30
92283	EXTENDED EXAM INVOLVING COLOR VISION TESTING	$25.47
92284	EVALUATION OF EYE ADAPTATION TO LIGHT AND DARK	$53.59
92285	PHOTOGRAPHY OF CONTENT OF EYES	$40.37
92286	IMAGING OF FRONT THIRD OF EYE USING A SPECIAL MICROSCOPE	$93.11
92287	IMAGING OF FRONT THIRD OF EYE USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	$43.86
92310	CONTACT LENS SERVICES BOTH EYES	$139.79
92311	CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT	$56.23
92312	CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT	$68.83
92313	CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA	$47.13
92314	CONTACT LENS SERVICES BOTH EYES WITH FITTING BY INDEPENDENT TECHNICIAN	$73.26
92315	CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT WITH FITTING BY	$23.82
92316	CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT WITH FITTING BY	$38.28
92317	CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA WITH FITTING BY	$23.40
92325	MODIFICATION OF CONTACT LENS	$12.41
92326	REPLACEMENT OF CONTACT LENS	$42.27
92340	FITTING OF MONOFOCAL SPECTACLES	$28.88
92341	FITTING OF BIFOCAL SPECTACLES	$34.44
92342	FITTING OF MULTIFOCAL SPECTACLES	$62.82
92352	FITTING OF MONOFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	$0.00
92353	FITTING OF MULTIFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
92358	FITTING AND PROVISION OF TEMPORARY CONTACT LENS WHERE NATURAL LENS IS ABSENT	$33.74
92370	REPAIR AND REFITTING OF SPECTACLES	$10.00
92371	REPAIR AND REFITTING OF SPECTACLE WHERE NATURAL LENS IS ABSENT	$21.49
92499	OTHER SERVICE OR PROCEDURE ON EYE	$65.23
92502	EXAM OF HEAD, NECK, INCLUDING EARS, NOSE AND THROAT UNDER GENERAL ANESTHESIA	$78.41
92504	EXAM OF EAR USING A MICROSCOPE	$8.73
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING	$21.05
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING	$11.15
92511	EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE	$39.44
92512	STUDY OF NASAL FUNCTION	$23.08
92516	STUDY OF FACIAL NERVE FUNCTION	$18.42
92517	VEMP TESTING OF LOWER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	$0.00
92518	VEMP TESTING OF UPPER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	$25.44
92519	VEMP TESTING OF UPPER AND LOWER BRANCHES OF INNER EAR NERVE WITH INTERPRETATION	$38.00
92520	STUDY OF VOICE BOX FUNCTION	$32.28
92521	EVALUATION OF SPEECH CONTINUITY, SMOOTHNESS, RATE, AND EFFORT	$73.10
92522	EVALUATION OF SPEECH SOUND PRODUCTION	$59.11
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSIC	$123.10
92524	ANALYSIS OF VOICE AND RESONANCE PRODUCTION	$61.31
92526	TREATMENT OF SWALLOWING AND FEEDING DISORDER	$22.46
92537	TEST TO ASSESS BALANCE DURING WARM AND COOL IRRIGATION IN BOTH EARS	$26.08
92538	TEST TO ASSESS BALANCE DURING WARM OR COOL IRRIGATION IN BOTH EARS	$13.23
92540	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	$47.51
92541	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	$35.89
92542	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	$36.89
92544	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	$29.23
92545	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH	$26.01
92546	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	$57.44
92547	USE OF ELECTRODES DURING BALANCE TESTING	$5.21
92548	TEST FOR BALANCE AND POSTURE	$75.05
92549	TEST FOR BALANCE AND POSTURE WITH MOTOR CONTROL AND ADAPTION TEST	$41.66
92550	TEST FOR EARDRUM AND MUSCLE FUNCTION	$10.22
92551	TEST FOR SCREENING HEARING	$10.13
92552	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	$15.10
92553	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE	$22.15
92555	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	$12.92
92556	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	$19.35
92557	COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	$40.56
92562	TEST TO DETECT LOUDNESS DIFFERENCES	$13.85
92563	TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS	$12.92
92565	TEST TO ASSESS HEARING LOSS	$13.54
92566	IMPEDANCE TESTING	$0.00
92567	TEST TO ASSESS MIDDLE EAR FUNCTION	$17.78
92568	TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	$12.92
92570	COMPREHENSIVE HEARING TEST	$14.52
92571	TEST TO ASSESS BY HEARING BY EXAMINING THE REPETITION OF REAL WORDS VERSUS	$13.23
92572	TEST TO ASSESS HEARING USING 2 SYLLABLE WORDS	$3.06
92575	TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES	$10.17
92576	TEST TO ASSESS HEARING LOSS USING GRAMMATICALLY INCORRECT SENTENCES	$15.35
92577	TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN	$24.27
92579	TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	$24.34
92581	EVOKED RESPONSE (EEG) AUDIOMETRY	$0.00
92582	TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	$24.34
92583	TEST TO ASSESS HEARING USING PICTURES	$30.14
92584	TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF	$83.43
92587	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH	$50.22
92588	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH	$66.75
92590	EXAM FOR HEARING AID, 1 EAR	$82.87
92591	EXAM FOR HEARING AID, BOTH EARS	$100.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
92592	CHECK OF HEARING AID, 1 EAR	$42.65
92593	CHECK OF HEARING AID, BOTH EARS	$59.75
92596	MEASUREMENT OF ADEQUACY OF HEARING PROTECTION DEVICE	$19.97
92601	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	$105.52
92602	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	$73.97
92603	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	$70.98
92604	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	$48.36
92605	EVALUATION AND PRESCRIPTION OF NONSPEECH-GENERATING AND ALTERNATIVE	$0.00
92606	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	$45.54
92607	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION	$88.11
92608	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION	$17.26
92609	THERAPY SERVICE FOR USE OF SPEECH-GENERATING DEVICE WITH PROGRAMMING	$47.70
92610	EVALUATION OF SWALLOWING FUNCTION	$88.36
92611	EVALUATION OF SWALLOWING FUNCTION IMAGE	$88.36
92612	EVALUATION AND RECORDING OF SWALLOWING USING AN ENDOSCOPE	$49.97
92613	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE	$26.99
92614	EVALUATION AND RECORDING OF VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	$49.97
92615	EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING	$24.15
92616	EVALUATION AND RECORDING OF SWALLOWING AND VOICE BOX SENSORY FUNCTION USING AN	$72.92
92617	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY	$30.08
92620	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	$36.09
92621	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	$8.94
92625	EVALUATION OF HEARING RINGING IN EAR	$35.47
92626	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE,	$56.67
92627	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE,	$16.69
92630	THERAPY SERVICE FOR HEARING LOSS PRIOR TO SPEECH AND LANGUAGE DEVELOPMENT	$88.44
92633	THERAPY SERVICE FOR HEARING LOSS AFTER SPEECH AND LANGUAGE DEVELOPMENT	$88.44
92640	EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	$41.55
92651	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING STATUS WITH	$55.63
92652	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING THRESHOLD	$72.87
92653	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DIAGNOSIS OF NERVOUS SYSTEM DISORDERS	$53.77
92700	OTHER PROCEDURE ON EAR, NOSE, OR THROAT	$0.00
92920	BALLOON DILATION OF SINGLE CORONARY ARTERY OR BRANCH	$324.64
92921	BALLOON DILATION OF CORONARY ARTERY OR BRANCH, EACH ADDITIONAL ARTERY OR BRANCH	$0.00
92924	REMOVAL OF PLAQUE WITH BALLOON DILATION OF SINGLE CORONARY ARTERY OR BRANCH	$385.94
92925	REMOVAL OF PLAQUE WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, EACH	$0.00
92928	INSERTION OF STENTS WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, SINGLE	$360.43
92929	INSERTION OF STENTS WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, EACH	$0.00
92933	REMOVAL OF PLAQUE, INSERTION OF STENT AND BALLOON DILATION OF SINGLE CORONARY	$403.04
92934	REMOVAL OF PLAQUE, INSERTION OF STENT AND BALLOON DILATION OF CORONARY ARTERY	$0.00
92937	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE	$359.99
92938	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF CORONARY	$0.00
92941	REMOVAL OF PLAQUE AND BLOOD CLOT, INSERTION OF STENT AND/OR BALLOON DILATION OF	$403.82
92943	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE	$403.82
92944	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION, EACH ADDITIONAL	$0.00
92950	MANUAL ATTEMPT TO RESTORE BLOOD CIRCULATION AND BREATHING	$168.25
92953	TEMPORARY PACEMAKER TO REGULATE HEART BEAT	$11.61
92960	EXTERNAL SHOCK TO HEART TO REGULATE HEART BEAT	$125.14
92961	INTERNAL SHOCK TO HEART TO REGULATE HEART BEAT	$176.85
92970	PLACEMENT OF INTERNAL DEVICE TO ASSIST CIRCULATION	$172.04
92971	PLACEMENT OF EXTERNAL DEVICE TO ASSIST CIRCULATION	$78.33
92973	REMOVAL OF BLOOD CLOT IN HEART ARTERY	$129.06
92974	INSERTION OF RADIATION DELIVERY DEVICE INTO HEART ARTERY	$140.52
92978	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY	$229.41
92979	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY	$138.64
92986	BALLOON DILATION REPAIR OF AORTIC VALVE	$1,018.07
92987	BALLOON DILATION REPAIR OF MITRAL VALVE	$1,053.82
92990	BALLOON DILATION REPAIR OF PULMONARY VALVE	$799.62
92997	BALLOON DILATION OF PULMONARY ARTERY, SINGLE VESSEL	$637.24

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
92998	BALLOON DILATION OF PULMONARY ARTERY, EACH ADDITIONAL VESSEL	$278.81
93000	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND	$23.63
93005	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH TRACING	$15.16
93010	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND	$8.47
93015	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH	$92.98
93016	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH	$21.45
93017	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG)	$55.90
93018	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH	$15.63
93024	INFUSION OF DRUG WITH EVALUATION OF CORONARY ARTERY SPASM RESPONSE	$98.73
93025	ELECTROCARDIOGRAM (ECG) ASSESSMENT OF IRREGULAR HEART BEATS	$211.93
93040	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN	$12.20
93041	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS	$4.93
93042	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN ONLY	$7.26
93045	RHYTHM ECG, ONE TO THREE LEADS	$0.00
93050	ANALYSIS OF CENTRAL ARTERIAL PRESSURE WITH REVIEW BY PHYSICIAN	$11.68
93201	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; WITH SUPERVISION DURING RECORDING WIT	$0.00
93202	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; TRACING ONLY, WITHOUT INTERPRETATION A	$0.00
93204	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; INTERPRETATION AND REPORT	$0.00
93205	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	$0.00
93208	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	$0.00
93209	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	$0.00
93210	PHONOCARDIOGRAM, INTRACARDIAC	$0.00
93220	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; WITH INTERPRETATION AND REPORT	$0.00
93221	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; TRACING ONLY, WITHOUT INTERPRETATIO	$0.00
93222	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; INTERPRETATION AND REPORT ONLY	$0.00
93224	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REVIEW AND REPORT BY HEALTH CARE	$140.59
93225	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS	$41.05
93226	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REPORT	$72.56
93227	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REVIEW BY HEALTH CARE PROFESSIONA	$26.97
93228	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH REVIEW AND REPORT BY	$15.81
93229	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH TRANSMISSION OF PATIENT	$0.00
93240	BALLISTOCARDIOGRAM	$0.00
93241	HEART RHYTHM RECORDING, ANALYSIS, REPORT, REVIEW, AND INTERPRETATION OF	$0.00
93242	HEART RHYTHM RECORDING CONTINOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7	$9.91
93243	HEART RHYTHM ANALYSIS AND REPORT OF CONTINOUS EXTERNAL EKG OVER MORE THAN 48	$0.00
93244	HEART RHYTHM REVIEW, AND INTERPRETATION OF CONTINOUS EXTERNAL EKG OVER MORE	$14.53
93245	HEART RHYTHM RECORDING, ANALYSIS, INTERPRETATION AND REPORT OF CONTINOUS	$0.00
93246	HEART RHYTHM RECORDING OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS	$9.91
93247	HEART RHYTHM ANALYSIS AND REPORT OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS	$0.00
93248	HEART RHYTHM REVIEW AND INTERPRETATION OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS	$15.95
93258	ELECTROCARDIOGRAPHIC MONITORING FOR UP TO 12 HOURS OF	$0.00
93259	ELECTROCARDIOGRAPHIC MONITORING FOR UP TO 12 HOURS OF	$0.00
93260	PROGRAMMING OF IMPLANTABLE DEFIBRILLATOR SYSTEM	$42.80
93261	EVALUATION OF IMPLANTABLE DEFIBRILLATOR SYSTEM	$39.19
93262	ELECTROCARDIOGRAPHIC MONITORING, 12 THROUGH 24 HOURS OF	$0.00
93263	ELECTROCARDIOGRAPHIC MONITORING, 12 THROUGH 24 HOURS OF	$0.00
93264	REMOTE MONITORING OF PULMONARY ARTERY PRESSURE SENSOR, UP TO 30 DAYS	$22.51
93266	ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NON-CONTINUOUS	$0.00
93268	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND	$205.43
93270	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING	$41.05
93271	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND	$155.61
93272	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING,	$23.85
93273	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	$0.00
93274	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	$0.00
93275	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	$0.00
93276	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	$0.00
93277	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	$0.00
93278	RECORDING TO EVALUATE HEIGHT AND DURATION OF HEART BEATS THROUGH DAMAGED HEART	$52.13
93279	PROGRAMMING OF SINGLE LEAD PACEMAKER SYSTEM	$36.04

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
93280	PROGRAMMING OF DUAL LEAD PACEMAKER SYSTEM	$42.76
93281	PROGRAMMING OF MULTIPLE LEAD PACEMAKER SYSTEM	$49.99
93282	PROGRAMMING OF SINGLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$46.03
93283	PROGRAMMING OF DUAL LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$56.03
93284	PROGRAMMING OF MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$65.63
93285	PROGRAMMING OF CARDIAC RHYTHM MONITOR SYSTEM	$31.21
93286	PROGRAMMING OF SINGLE, DUAL, OR MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM	$17.62
93287	PROGRAMMING OF SINGLE, DUAL OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$23.02
93288	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM	$28.12
93289	EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$42.97
93290	EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM	$20.22
93291	EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM	$26.86
93292	EVALUATION OF WEARABLE DEFIBRILLATOR SYSTEM	$24.20
93293	TELEPHONIC RHYTHM STRIP EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS	$39.20
93294	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM, REMOTE	$23.04
93295	EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM,	$41.72
93296	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM OR	$25.27
93297	EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM, REMOTE UP	$15.81
93298	EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM, REMOTE UP TO 30 DAYS	$18.58
93300	ECHOCARDIOGRAPHY, M-MODE	$0.00
93303	ULTRASOUND OF HEART FOR CONGENITAL DEFECT	$187.44
93304	ULTRASOUND OF HEART FOR CONGENITAL DEFECT, FOLLOW-UP	$100.97
93305	ECHOCARDIOGRAPHY, M-MODE	$0.00
93306	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE, DIRECTION AND VALVE	$177.92
93307	ULTRASOUND OF HEART	$175.94
93308	ULTRASOUND OF HEART, FOLLOW-UP	$92.06
93309	ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE DOCUMENTATION (2D)	$0.00
93312	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS, WITH REPORT	$223.29
93313	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND	$46.11
93314	INTERPRETATION AND REPORT OF ULTRASOUND OF HEART	$179.58
93315	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS FOR CONGENITAL DEFECT, WITH REPORT	$242.18
93316	INSERTION OF PROBE IN ESOPHAGUS FOR CONGENITAL HEART ULTRASOUND	$47.37
93317	INTERPRETATION AND REPORT OF CONGENITAL HEART ULTRASOUND	$199.34
93318	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS TO ASSESS HEART PUMP FUNCTION	$0.00
93320	ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS	$77.00
93321	ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS, FOLLOW-UP	$45.25
93325	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE AND VALVE FUNCTION	$100.18
93350	ULTRASOUND OF HEART DURING REST, EXERCISE AND/OR DRUG-INDUCED STRESS WITH REPOR	$99.58
93351	ULTRASOUND OF HEART WITH CONTINUOUS ELECTROCARDIOGRAM (ECG) DURING REST,	$183.31
93352	INJECTION OF X-RAY CONTRAST DURING ULTRASOUND OF HEART	$25.79
93355	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS DURING SURGERY ON HEART OR GREAT	$141.73
93356	HEART MUSCLE STRAIN IMAGING	$74.88
93451	INSERTION OF TUBE IN RIGHT HEART CHAMBERS FOR MEASUREMENT	$531.31
93452	INSERTION OF TUBE IN LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY	$578.76
93453	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY	$757.45
93454	INSERTION OF TUBE IN CORONARY ARTERY FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST	$597.65
93455	INSERTION OF TUBE IN BYPASS GRAFT FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST	$697.72
93456	INSERTION OF TUBE IN RIGHT HEART CHAMBERS AND CORONARY ARTERY FOR DIAGNOSIS	$747.25
93457	INSERTION OF TUBE IN RIGHT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS GRAFT	$847.25
93458	INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER AND CORONARY ARTERY FOR DIAGNOSIS	$720.79
93459	INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER, CORONARY ARTERY AND BYPASS GRAFT	$795.43
93460	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS AND CORONARY ARTERY FOR	$849.58
93461	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS	$975.23
93462	INSERTION OF TUBE IN LEFT HEART CHAMBER THROUGH HEART SEPTUM	$123.11
93463	DRUG INFUSION DURING CARDIAC CATHETERIZATION	$65.51
93464	DRUG INFUSION OR EXERCISE FOR HEART STIMULATION DURING DIAGNOSTIC STUDY	$170.18
93503	INSERTION OF TUBE IN PULMONARY ARTERY FOR MONITORING	$138.23
93505	BIOPSY OF HEART MUSCLE	$275.05
93535	PERCUTANEOUS INSERTION AND REMOVAL OF INTRA-AORTIC BALLOON CATHETER	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93546	COMBINED LEFT HEART CATHETERIZATION AND LEFT VENTRICULAR ANGIOGRAPHY	$0.00
93547	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MOR	$0.00
93548	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MOR	$0.00
93549	COMBINED RIGHT AND LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, O	$0.00
93550	COMBINED RIGHT AND LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, O	$0.00
93551	SELECTIVE OPACIFICATION OF AORTOCORONARY BYPASS GRAFTS, ONE OR MORE CORONARY AI	$0.00
93552	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MOR	$0.00
93553	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MOR	$0.00
93563	INJECTION FOR IMAGING OF CORONARY BLOOD VESSEL DURING EVALUATION OF CONGENITAL	$34.77
93564	INJECTION FOR IMAGING OF HEART VESSEL GRAFTS DURING EVALUATION OF CONGENITAL	$35.32
93565	INJECTION FOR IMAGING OF LEFT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST	$26.71
93566	INJECTION FOR IMAGING OF RIGHT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST	$26.71
93567	INJECTION FOR IMAGING OF AORTA ABOVE HEART VALVE WITH REVIEW BY RADIOLOGIST	$30.17
93568	INJECTION FOR IMAGING OF PULMONARY ARTERY WITH REVIEW BY RADIOLOGIST	$27.36
93571	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT,	$219.12
93572	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT, EACH	$170.28
93580	REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN UPPER HEART CHAMBERS WITH	$719.01
93581	REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN LOWER HEART CHAMBERS WITH	$963.22
93582	REPAIR OF CONGENITAL ABNORMALITY OF PULMONARY ARTERY TO AORTA	$414.39
93583	REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS INCLUDING PACEMAKER INSERTION	$461.10
93590	REPAIR OF LEAK ADJACENT TO MITRAL VALVE, FIRST CLOSURE DEVICE	$732.74
93591	REPAIR OF LEAK ADJACENT TO AORTIC VALVE, FIRST CLOSURE DEVICE	$608.30
93592	REPAIR OF LEAD ADJACENT TO HEART VALVE, EACH ADDITIONAL CLOSURE DEVICE	$267.49
93600	RECORDING OF UPPER HEART RHYTHM	$124.21
93602	RECORDING OF UPPER HEART CHAMBER RHYTHM	$139.08
93603	RECORDING OF RIGHT LOWER HEART CHAMBER RHYTHM	$165.09
93604	INTRAVENTRICULAR RECORDING	$0.00
93605	RIGHT VENTRICULAR RECORDING	$0.00
93606	COMBINED INTRACARDIAC RECORDING	$0.00
93608	LEFT VENTRICULAR RECORDING	$0.00
93609	INSERTION OF TUBE IN UPPER AND/OR LOWER HEART CHAMBERS TO RECORD AND IDENTIFY	$380.28
93610	INSERTION OF TEMPORARY PACEMAKER ELECTRODE FOR DIAGNOSTIC UPPER HEART PACING	$186.21
93612	INSERTION OF TEMPORARY PACEMAKER ELECTRODE FOR DIAGNOSTIC LOWER HEART PACING	$195.76
93613	INSERTION OF TUBE FOR 3D MAPPING OF ELECTRICAL IMPULSES TO HEART MUSCLE	$238.63
93614	BUNDLE OF HIS PACING	$0.00
93615	INSERTION OF PROBE IN ESOPHAGUS FOR RECORDING ELECTRICAL IMPULSES TO UPPER AND	$49.26
93616	INSERTION OF PROBE IN ESOPHAGUS FOR RECORDING ELECTRICAL IMPULSES TO UPPER AND	$80.70
93618	INDUCTION OF ABNORMAL HEART RHYTHM BY ELECTRICAL PACING	$353.96
93619	INSERTION OF CATHETERS FOR RECORDING AND PACING OF RIGHT HEART CHAMBERS RHYTHM	$637.92
93620	INSERTION OF CATHETERS FOR RECORDING AND PACING OF RIGHT HEART CHAMBERS RHYTHM	$900.80
93621	INSERTION OF CATHETERS FOR RECORDING AND PACING OF LEFT UPPER HEART CHAMBER	$0.00
93622	INSERTION OF CATHETERS FOR RECORDING AND PACING OF LEFT LOWER HEART CHAMBER	$0.00
93623	PROGRAMMING OF HEART RHYTHM STIMULATION AFTER DRUG INFUSION	$0.00
93624	INSERTION OF CATHETERS FOR RECORDING, PACING, AND INDUCTION OF ABNORMAL HEART	$278.41
93630	LEFT VENTRICULAR ENDOCARDIAL RESECTION, WITH OR WITHOUT	$0.00
93631	INTRA-OPERATIVE HEART PACING AND MAPPING OF ABNORMAL HEART RHYTHM FOR SURGICAL	$565.96
93640	EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR AT TIME	$421.81
93641	EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR AND	$547.26
93642	PROGRAMMING OF PACING CARDIOVERTER-DEFIBRILLATOR	$491.76
93644	PROGRAMMING OF IMPLANTABLE DEFIBRILLATOR	$194.85
93650	DESTRUCTION OF HEART CONDUCTION TISSUE TO CREATE HEART BLOCK	$550.26
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF	$492.16
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF	$656.92
93655	INSERTION OF CATHETERS AND DESTRUCTION OF TISSUE TO TREAT ABNORMAL HEART RHYTHM	$246.13
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF	$657.09
93657	DESTRUCTION OF TISSUE OF UPPER HEART CHAMBER THROUGH TUBE TO TREAT ABNORMAL	$246.27
93660	EVALUATION OF HEART FUNCTION USING TILT TABLE	$120.87
93662	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL WITH REVIEW BY RADIOLOGIST	$0.00
93668	PERIPHERAL ARTERIAL DISEASE REHABILITATION, EACH SESSION	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
93700	PERIPHERAL VASCULAR DISEASE	$0.00
93701	MEASUREMENT OF HEART BLOOD FLOW AND RESPIRATION	$29.00
93702	MEASUREMENT OF LYMPHEDEMA EXTRACELLULAR FLUID	$80.00
93710	PHONOANGIOGRPHY, CAROTID	$0.00
93724	ELECTRONIC ANALYSIS OF PACEMAKER TO CORRECT RAPID HEART RATE	$344.84
93725	PLETHYSMOGRPHY, REGIONAL; W/ INTERP/RPRT	$0.00
93726	PLETHSMOGRPHY, REGIONAL; TRACING ONLY	$0.00
93728	OCULOPLETHYSMOGRPHY	$0.00
93730	PHLEBORHEOGRAPHY	$0.00
93745	PROGRAMMING OF WEARABLE CARDIOVERTER-DEFIBRILLATOR	$0.00
93750	EVALUATION OF LOWER HEART CHAMBER ASSIST DEVICE	$22.14
93780	CIRCULATION TIME;	$0.00
93781	CIRCULATION TIME;	$0.00
93784	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING, SCANNING	$48.38
93786	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING	$23.17
93788	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH SCANNING ANALYSIS	$13.07
93790	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH REVIEW,	$12.15
93792	PATIENT/CAREGIVER TRAINING FOR MONITORING OF ANTICOAGULANT THERAPY	$37.64
93793	ANTICOAGULANT MANAGEMENT OF PATIENT TAKING WARFARIN	$7.74
93795	ELECTRONIC PACEMAKER TESTING	$0.00
93796	TELEPHONE PACEMAKER ANALYSIS	$0.00
93797	OUTPATIENT HEART REHABILITATION, QUALIFIED HEALTH CARE PROFESSIONAL SERVICES	$9.96
93798	OUTPATIENT HEART REHABILITATION WITH ELECTROCARDIOGRAM (ECG) MONITORING,	$15.38
93799	OTHER CARDIOVASCULAR SERVICE OR PROCEDURE	$0.00
93850	NON-INVASIVE STUDIES OF CEREBRAL ARTERIES OTHER THAN CAROTID (EG, PERIORBITAL FL	$0.00
93860	NON-INVASIVE STUDIES OF CAROTID ARTERIES, NON-IMAGING (EG, PHONOANGIOGRAPHY WITH	$0.00
93870	NON-INVASIVE STUDIES OF CAROTID ARTERIES, IMAGING (EG, FLOW IMAGING BY ULTRASONI	$0.00
93880	ULTRASOUND OF BOTH SIDES OF HEAD AND NECK BLOOD FLOW	$161.52
93882	ULTRASOUND OF ONE SIDE OF HEAD AND NECK BLOOD FLOW	$102.54
93886	COMPLETE ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	$200.44
93888	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	$127.36
93890	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOLLOWING MEDICATION	$186.62
93892	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS	$198.64
93893	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS WITH MICROBUBBLE	$194.68
93910	NON-INVASIVE STUDIES OF LOWER EXTREMITY ARTERIES (EG, SEGMENTAL BLOOD PRESSURE M	$0.00
93920	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY ARTERIES, BILATERAL, WITH OR WITHO	$0.00
93922	ULTRASOUND STUDY OF ARM AND LEG ARTERIES	$76.40
93923	COMPLETE ULTRASOUND STUDY OF ARM AND LEG ARTERIES	$117.07
93924	ULTRASOUND OF LEG ARTERIES AT REST AND AFTER EXERCISE	$138.14
93925	ULTRASOUND OF LEG ARTERIES OR ARTERY GRAFTS	$192.13
93926	ULTRASOUND OF ONE LEG ARTERIES OR ARTERY GRAFTS	$116.39
93930	ULTRASOUND OF ARM ARTERIES OR ARTERY GRAFTS	$156.25
93931	ULTRASOUND OF ONE ARM ARTERIES OR ARTERY GRAFTS	$103.76
93950	NON-INVASIVE STUDIES OF EXTREMITY VEINS (EG, DOPPLER STUDIES WITH EVALUATION OF	$0.00
93960	QUANTITATIVE VENOUS FLOW STUDIES (EG, CAPACITANCE AND OUTFLOW MEASUREMENT OF CA	$0.00
93970	ULTRASOUND STUDY OF ARM OR LEG VEINS WITH COMPRESSION AND MANEUVERS	$169.29
93971	ULTRASOUND STUDY OF ONE ARM OR LEG VEINS WITH COMPRESSION AND MANEUVERS	$112.56
93975	COMPLETE ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW	$244.58
93976	ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW	$149.97
93978	COMPLETE ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS	$149.97
93979	ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS	$105.87
93980	COMPLETE ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW	$173.48
93981	ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW	$130.77
93985	COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON BOTH	$182.83
93986	COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON SIDE OF	$92.05
93990	ULTRASOUND OF HEMODIALYSIS ACCESS	$111.49
93998	OTHER NONINVASIVE VASCULAR DIAGNOSTIC STUDY	$0.00
94002	INITIAL HOSPITAL INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT	$59.64
94003	FOLLOW-UP INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT	$43.79

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
94004	NURSING FACILITY VENTILATION ASSISTANCE AND MANAGEMENT	$31.91
94005	EVALUATION OF HOME VENTILATOR MANAGEMENT CARE PLAN, 30 MINUTES	$0.00
94010	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME	$24.25
94011	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME (2 YEARS OR YOUNGER)	$46.82
94012	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME BEFORE AND AFTER MEDICATION	$71.99
94013	TEST TO MEASURE REMAINING AIR OR LUNG CAPACITY AFTER EXHALATION (2 YEARS OR	$15.12
94014	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING	$33.77
94015	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING	$15.08
94016	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT AND	$20.42
94060	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME CHANGES BEFORE AND AFTER	$46.78
94070	TEST TO MEASURE LUNG AIRWAY SENSITIVITY	$61.45
94150	TEST TO MEASURE THE TOTAL VOLUME OF AIR THAT CAN BE EXHALED AFTER INHALING	$7.54
94200	TEST TO MEASURE LARGEST AMOUNT OF AIR BREATHED IN AN OUT	$14.25
94375	TEST TO MEASURE RATE OF AIRFLOW	$29.49
94450	TEST TO MEASURE LUNG FUNCTION RESPONSE TO LOW OXYGEN	$31.34
94452	TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE	$40.46
94453	TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE WITH EVALUATION OF OXYGEN NEEDS	$57.86
94610	ADMINISTRATION OF MEDICATION THROUGH BREATHING TUBE	$43.49
94617	TEST FOR EXERCISE-INDUCED SPASM OF LUNG AIRWAYS	$64.07
94618	TEST FOR EXERCISE-INDUCED LUNG STRESS	$22.16
94619	EXERCISE TEST FOR SPASM OF LUNG AIRWAYS	$46.37
94621	TEST FOR EXERCISE-INDUCED HEART AND LUNG STRESS	$104.05
94640	INHALATION TREATMENT FOR AIRWAY OBSTRUCTION OR SPUTUM PRODUCTION	$13.32
94642	INHALATION TREATMENT FOR PNEUMONIA	$5.50
94644	INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, FIRST HOUR	$27.58
94645	INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, EACH ADDITIONAL HOUR	$10.46
94660	THERAPY PROCEDURE USING A POSITIVE PRESSURE VENTILATOR	$39.67
94662	THERAPY PROCEDURE USING A NEGATIVE PRESSURE VENTILATOR	$29.54
94664	EVALUATION OF USE OF BREATHING DEVICE	$14.35
94667	INITIAL THERAPY SERVICE TO FACILITATE LUNG FUNCTION	$20.34
94668	FOLLOW-UP THERAPY SERVICE TO FACILITATE LUNG FUNCTION	$16.41
94669	THERAPY PROCEDURE TO CLEAR AIRWAY USING AN INFLATABLE VEST	$24.53
94680	TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION DURING REST AND	$54.46
94681	TEST TO MEASURE EXHALED AIR AND CARBON DIOXIDE FOR EVALUATION OF LUNG FUNCTION	$70.85
94690	TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION AT REST	$53.03
94700	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST ONL	$0.00
94705	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST AND	$0.00
94710	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); THREE OR	$0.00
94715	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	$0.00
94726	TEST TO DETERMINE LUNG VOLUMES USING SENSORS	$36.14
94727	TEST TO DETERMINE LUNG VOLUMES USING GAS DILUTION OR WASHOUT	$28.22
94728	TEST TO MEASURE RESISTANCE OF THE AIRWAYS AND LUNGS TO DIFFERING FREQUENCIES	$28.22
94729	TEST TO EXAMINE HOW WELL THE LUNGS EXCHANGE GASES	$36.28
94760	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE	$2.29
94761	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE MULTIPLE TIMES	$4.77
94762	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE CONTINUOUSLY	$19.84
94772	TEST TO RECORD INFANT BREATHING PATTERN OVER 12-24 HOURS	$0.00
94774	TEST TO MONITOR PEDIATRIC BREATHING AND HEART RATE AT HOME INCLUDING RECORDING,	$0.00
94775	TEST TO MONITOR PEDIATRIC BREATHING AND HEART RATE AT HOME INCLUDING RECORDING	$0.00
94776	TEST TO MONITOR PEDIATRIC BREATHING AND HEART RATE AT HOME INCLUDING RECORDING,	$0.00
94777	TEST TO MONITOR PEDIATRIC BREATHING AND HEART RATE AT HOME INCLUDING RECORDING	$0.00
94780	TEST OF CAR SEAT OR BED (1 YEAR OR YOUNGER), 1 HOUR	$14.47
94781	TEST OF CAR SEAT OR BED (1 YEAR OR YOUNGER), EACH ADDITIONAL 30 MINUTES	$5.03
94799	OTHER SERVICE OR PROCEDURE ON LUNG	$20.00
95000	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; UP TO 30	$0.00
95001	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 31-60 TE	$0.00
95002	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 61-90 TE	$0.00
95003	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; MORE THA	$0.00
95004	TEST FOR ALLERGY USING ALLERGENIC EXTRACT	$3.37

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
95005	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	$0.00
95006	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	$0.00
95007	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	$0.00
95011	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	$0.00
95012	TEST TO MEASURE THE LEVEL OF NITRIC OXIDE GAS	$14.38
95014	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	$0.00
95016	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	$0.00
95017	TEST FOR ALLERGY USING COMBINATION OF METHODS WITH VENOM	$2.28
95018	TEST FOR ALLERGY USING COMBINATION OF METHODS WITH DRUG OR BIOLOGICAL	$4.42
95021	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	$0.00
95022	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	$0.00
95023	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	$0.00
95024	TEST FOR ALLERGY USING ALLERGENIC EXTRACT INJECTED INTO SKIN	$4.93
95027	TEST FOR ALLERGY USING AIRBORNE ALLERGENIC EXTRACT INJECTED INTO SKIN	$4.93
95028	TEST FOR ALLERGY USING ALLERGENIC EXTRACT INJECTED INTO SKIN WITH DELAYED	$7.73
95030	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	$0.00
95031	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	$0.00
95032	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	$0.00
95033	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	$0.00
95034	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	$0.00
95040	PATCH OR APPLICATION TESTS; UP TO 10 TESTS	$0.00
95041	PATCH OR APPLICATION TESTS; 11-20 TESTS	$0.00
95042	PATCH OR APPLICATION TESTS; 21-30 TESTS	$0.00
95043	PATCH OR APPLICATION TESTS; MORE THAN 30 TESTS	$0.00
95044	TEST FOR ALLERGY USING SKIN PATCH	$6.80
95050	PHOTO PATCH TESTS; UP TO 10 TESTS	$0.00
95051	PHOTO PATCH TESTS; MORE THAN 10 TESTS	$0.00
95052	TEST FOR ALLERGY USING PHOTO PATCH	$8.36
95056	TEST FOR ALLERGY USING ULTRAVIOLET LIGHT	$5.87
95060	TEST FOR ALLERGY USING ALLERGENIC EXTRACT APPLIED TO EYE	$11.73
95065	TEST FOR ALLERGY USING ALLERGENIC EXTRACT BY SNIFFING	$6.80
95070	TEST FOR ALLERGY USING DRUGS	$73.17
95076	TEST FOR ALLERGY USING INGESTED ITEMS, INITIAL 2 HOURS	$44.53
95077	FOOD ALLERGENIC EXTRACT IMMUNOTHERAPY	$0.00
95079	TEST FOR ALLERGY USING INGESTED ITEMS, EACH ADDITIONAL HOUR	$44.53
95080	PASSIVE TRANSFER TESTS; UP TO 10 TESTS	$0.00
95081	PASSIVE TRANSFER TESTS; 11-20 TESTS	$0.00
95082	PASSIVE TRANSFER TESTS; MORE THAN 20 TESTS	$0.00
95105	MEDICAL CONFERENCE SERVICES (EG, USE OF MECHANICAL AND ELECTRIC DEVICES, CLIMATO	$0.00
95115	PROFESSIONAL SERVICE FOR SINGLE INJECTION OF ALLERGEN	$12.97
95117	PROFESSIONAL SERVICE FOR MULTIPLE INJECTIONS OF ALLERGEN	$16.72
95120	PROFESSIONAL SERVICE FOR SINGLE INJECTION OF ALLERGEN INCLUDING PROVISION OF	$0.00
95125	PROFESSIONAL SERVICE FOR MULTIPLE INJECTIONS OF ALLERGEN INCLUDING PROVISION OF	$0.00
95130	PROFESSIONAL SERVICE FOR INJECTION OF 1 STINGING INSECT VENOM	$0.00
95131	PROFESSIONAL SERVICE FOR INJECTION OF 2 STINGING INSECT VENOMS	$0.00
95132	PROFESSIONAL SERVICE FOR INJECTION OF 3 STINGING INSECT VENOMS	$0.00
95133	PROFESSIONAL SERVICE FOR INJECTION OF 4 STINGING INSECT VENOMS	$0.00
95134	PROFESSIONAL SERVICE FOR INJECTION OF 5 STINGING INSECT VENOMS	$0.00
95135	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	$0.00
95140	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	$0.00
95144	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF SINGLE-DOSE VIAL OF	$3.38
95145	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 1 STINGING INSECT VENOM	$3.38
95146	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 2 STINGING INSECT VENOM	$3.80
95147	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 3 STINGING INSECT VENOM	$3.38
95148	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 4 STINGING INSECT VENOM	$3.80
95149	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 5 STINGING INSECT VENOM	$3.80
95150	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	$0.00
95155	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	$0.00
95160	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
95165	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 1 OR MORE ANTIGENS	$3.38
95170	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF WHOLE BODY EXTRACT OF	$3.38
95180	INJECTION FOR RAPID DESENSITIZATION TO ALLERGEN	$80.90
95199	OTHER ALLERGY OR CLINICAL IMMUNOLOGY SERVICE OR PROCEDURE	$0.00
95249	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER	$38.27
95250	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER	$104.01
95251	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER	$18.98
95700	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), CONTINUOUS	$0.00
95705	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS	$0.00
95706	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH INTERMITTENT	$0.00
95707	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH CONTINUOUS MONITORING	$0.00
95708	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS	$0.00
95709	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH INTERMITTENT	$0.00
95710	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH CONTINUOUS MONITORING	$0.00
95711	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS	$0.00
95712	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH	$0.00
95713	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH	$0.00
95714	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS	$0.00
95715	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH	$0.00
95716	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH	$0.00
95717	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH HEALTH CARE	$64.56
95718	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH REVIEW	$84.95
95719	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH HEALTH CARE	$100.23
95720	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH REVIEW	$131.58
95721	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 37-60 HOURS WITH HEALTH CARE	$132.07
95722	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 37-60 HOURS WITH REVIEW	$160.51
95723	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-84 HOURS WITH HEALTH CARE	$163.37
95724	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 61-84 HOURS WITH REVIEW	$204.70
95725	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), MORE THAN 84 HOURS WITH REVIEW AND	$185.90
95726	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), MORE THAN 84 HOURS WITH	$258.62
95782	SLEEP STUDY IN SLEEP LAB (YOUNGER THAN 6 YEARS)	$712.82
95783	SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (YOUNGER THAN 6 YEARS)	$760.49
95800	SLEEP STUDY INCLUDING HEART RATE, BREATHING, AND SLEEP TIME	$142.99
95801	SLEEP STUDY INCLUDING HEART RATE AND BREATHING	$65.05
95803	SLEEP STUDY AND WAKE PATTERNS, 3-14 DAYS WITH REPORT	$0.00
95805	SLEEP STUDY, MULTIPLE TRIALS	$488.08
95807	SLEEP STUDY INCLUDING HEART RATE AND BREATHING ATTENDED BY TECHNICIAN	$347.15
95808	SLEEP STUDY IN SLEEP LAB	$404.78
95810	SLEEP STUDY IN SLEEP LAB (6 YEARS OR OLDER)	$534.28
95811	SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (6 YEARS OR OLDER)	$583.76
95812	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 41-60 MINUTES	$129.83
95813	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-119 MINUTES	$170.24
95816	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND DROWSY	$121.57
95819	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND ASLEEP	$103.13
95822	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), IN COMA OR ASLEEP	$144.59
95824	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) TO EVALUATE BRAIN DEATH	$43.18
95828	POLYSOMNOGRAPHY (RECORDING, ANALYSIS AND INTERPRETATION OF THE MULTIPLE SIMULTAN	$0.00
95829	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) DURING SURGERY	$936.19
95830	INSERTION OF ELECTRODES FOR MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG)	$70.81
95836	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH IMPLANTED BRAIN NEUROSTIMULATOR	$67.92
95851	MEASUREMENT OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION	$7.89
95852	MEASUREMENT OF RANGE OF MOTION OF HAND	$5.33
95857	INJECTION TO TEST FOR MYASTHENIA GRAVIS	$22.24
95860	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	$59.08
95861	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	$98.48
95863	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	$118.33
95864	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	$156.68
95865	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN VOICE BOX MUSCLES	$82.98
95866	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN HALF OF DIAPHRAGM MUSCLES	$55.22

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
95867	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	$55.97
95868	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON BOTH SIDES OF BODY	$84.46
95869	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	$25.46
95870	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES,	$25.46
95872	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE, INCLUDING JITTER, BLOCKING	$82.21
95873	ELECTRICAL STIMULATION FOR GUIDANCE WITH INJECTION OF CHEMICAL FOR PARALYSIS OF	$20.36
95874	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE WITH INJECTION OF CHEMICAL	$20.64
95875	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY OF MUSCLES WITH LOW BLOOD FLOW WITH	$63.77
95885	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, LIMITED STUDY	$37.36
95886	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, COMPLETE STUDY	$57.31
95887	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN TRUNK OR HEAD MUSCLES	$51.40
95905	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND	$41.42
95907	NERVE CONDUCTION, 1-2 STUDIES	$61.79
95908	NERVE CONDUCTION, 3-4 STUDIES	$76.22
95909	NERVE CONDUCTION, 5-6 STUDIES	$91.27
95910	NERVE CONDUCTION, 7-8 STUDIES	$120.05
95911	NERVE CONDUCTION, 9-10 STUDIES	$122.85
95912	NERVE CONDUCTION, 11-12 STUDIES	$169.58
95913	NERVE CONDUCTION, 13 OR MORE STUDIES	$196.29
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION AND HEART RATE RESPONSE TO DEEP	$47.70
95922	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, HEART RATE RESPONSE	$50.78
95923	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION	$83.82
95924	TESTING OF AUTONOMIC (SYMPATHETIC AND PARASYMPATHETIC) NERVOUS SYSTEM FUNCTION,	$95.96
95925	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN ARMS	$59.31
95926	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN LEGS	$59.31
95927	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN TRUNK OR	$59.94
95928	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN	$135.06
95929	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN	$140.86
95930	MEASUREMENT OF NERVE CONDUCTION USING VISUAL STIMULATION TESTING WITH REPORT	$65.38
95933	MEASUREMENT OF NERVE CONDUCTION PATTERNS OF EYE BLINK REFLEX	$54.08
95937	TESTING OF NERVE-MUSCLE JUNCTION	$40.81
95938	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES ON ARMS AND	$201.45
95939	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN	$312.05
95940	CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES	$19.98
95952	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY ATTACHED ELECTRODES OR	$0.00
95954	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH DRUG OR ACTIVITY STIMULATION	$166.30
95955	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) OUTSIDE THE BRAIN DURING SURGERY	$116.80
95957	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), DIGITAL ANALYSIS	$134.27
95958	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) IN SPECIFIC AREA OF BRAIN	$254.26
95961	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE	$168.18
95962	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE	$175.92
95965	MEASUREMENT OF BRAIN MAGNETIC FIELD FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	$0.00
95966	MEASUREMENT OF BRAIN EXTERNALLY EVOKED MAGNETIC FIELD, SINGLE LOCALIZATION	$0.00
95967	MEASUREMENT OF BRAIN EXTERNALLY EVOKED MAGNETIC FIELD, EACH ADDITIONAL	$0.00
95970	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL	$16.65
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH SIMPLE SPINAL	$28.64
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX SPINAL	$55.14
95976	ELECTRONIC ANALYSIS OF NEUROSTIMULATOR GENERATOR WITH SIMPLE CRANIAL NERVE	$25.16
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX CRANIA	$33.59
95980	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR DURING	$21.16
95981	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR	$8.40
95982	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR WITH	$16.58
95983	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL	$31.68
95984	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL	$27.79
95990	MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP	$45.46
95991	MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP BY HEALTH CARE	$27.76
95992	REPOSITIONING EXERCISES OF HEAD FOR TREATMENT OF DIZZINESS, EACH DAY	$0.00
95999	OTHER DIAGNOSTIC NEUROLOGICAL OR NEUROMUSCULAR PROCEDURE	$0.00
96020	TEST OF NEUROLOGICAL FUNCTION DURING FUNCTIONAL MRI	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
96040	COUNSELING FOR GENETIC TESTING	$0.00
96105	TEST TO ASSESS THE LOSS OF THE ABILITY TO SPEAK, WRITE, AND UNDERSTAND LANGUAGE	$59.90
96112	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	$79.82
96113	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	$36.44
96116	EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR	$61.95
96121	EXAM OF NEUROBEHAVIORAL STATUS, EACH ADDITIONAL HOUR	$48.49
96125	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO	$41.65
96127	ASSESSMENT OF EMOTIONAL OR BEHAVIORAL PROBLEMS	$3.63
96130	EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR	$67.64
96131	EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR	$51.53
96132	EVALUATION OF NEUROPSYCHOLOGICAL TEST, FIRST HOUR	$66.27
96133	EVALUATION OF NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR	$50.79
96136	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES	$15.28
96137	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30	$11.96
96138	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST	$26.65
96139	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH	$26.65
96146	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY SINGLE	$1.37
96156	ASSESSMENT OF HEALTH BEHAVIOR	$54.92
96158	TREATMENT OF BEHAVIOR IMPACTING HEALTH, INITIAL 30 MINUTES	$37.48
96159	TREATMENT OF BEHAVIOR IMPACTING HEALTH, EACH ADDITIONAL 15 MINUTES	$12.91
96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT	$3.23
96164	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, INITIAL 30 MINUTES	$5.45
96165	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, EACH ADDITIONAL 30	$2.42
96167	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, INITIAL 30	$40.05
96168	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, EACH ADDITIONAL	$14.24
96170	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, INITIAL 30 MINUTES	$0.00
96171	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, EACH ADDITIONAL 30 MINUTES	$0.00
96199	IMMUNOSUPPRESSION THERAPY	$0.00
96360	INFUSION INTO A VEIN FOR HYDRATION, 31-60 MINUTES	$38.10
96361	INFUSION INTO A VEIN FOR HYDRATION, EACH ADDITIONAL HOUR	$10.81
96365	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, 1 HOUR OR LESS	$46.51
96366	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, EACH ADDITIONAL HOUR	$14.27
96367	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, ADDITIONAL	$23.03
96368	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS CONCURRENT WITH	$13.30
96369	INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, 1 HOUR OR LESS	$102.89
96370	INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, EACH ADDITIONAL HOUR	$10.00
96371	ESTABLISHMENT OF NEW INFUSION SITE INTO TISSUE WITH PUMP SET UP	$50.39
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE	$13.87
96373	INJECTION OF DRUG OR SUBSTANCE INTO ARTERY	$11.75
96374	INJECTION OF DRUG OR SUBSTANCE INTO VEIN	$36.88
96375	INJECTION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN	$15.80
96376	INJECTION OF ADDITIONAL DRUG OR SUBSTANCE INTO VEIN PROVIDED IN A FACILITY	$0.00
96377	APPLICATION OF ON-BODY INJECTOR FOR UNDER SKIN INJECTION	$0.00
96379	INJECTION OR INFUSION INTO A VEIN OR ARTERY FOR THERAPY, PREVENTION, OR	$0.00
96401	ADMINISTRATION OF NON-HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO	$34.54
96402	ADMINISTRATION OF HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO	$30.04
96405	ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, 1-7	$30.10
96406	ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, MORE THAN 7	$43.07
96409	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN USING PUSH TECHNIQUE	$80.60
96411	ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN USING PUSH	$46.33
96413	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, 1 HOUR OR LESS	$113.96
96415	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, EACH ADDITIONAL HOUR	$38.31
96416	ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO VEIN	$122.71
96417	ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN, 1 HOUR OR LESS	$55.33
96420	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY USING PUSH TECHNIQUE	$72.79
96422	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, 1 HOUR OR LESS	$127.61
96423	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, EACH ADDITIONAL HOUR	$52.00
96425	ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO ARTERY	$118.52
96440	ADMINISTRATION OF CHEMOTHERAPY INTO CHEST CAVITY	$144.80

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
96446	ADMINISTRATION OF CHEMOTHERAPY INTO ABDOMINAL CAVITY	$13.16
96450	ADMINISTRATION OF CHEMOTHERAPY INTO FLUID-FILLED SPACE BETWEEN THE TISSUE THAT	$118.87
96500	CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT,	$0.00
96501	CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT,	$0.00
96504	CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS,	$0.00
96505	CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS,	$0.00
96508	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	$0.00
96509	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	$0.00
96510	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	$0.00
96511	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	$0.00
96512	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	$0.00
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	$101.13
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY	$72.83
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DRUG DELIVERY DEVICE	$20.64
96524	CHEMOTHERAPY INJECTION, COMPLEX, ADMINISTERED BY PHYSICIAN,	$0.00
96526	CHEMOTHERAPY INJECTION, COMPLEX, ADMINISTERED BY PHYSICIAN,	$0.00
96535	CHEMOTHERAPY INJECTION, COMPLEX, REQUIRING THORACENTESIS	$0.00
96538	CHEMOTHERAPY INJECTION, REQUIRING LUMBAR PUNCTURE, ADMINISTERED	$0.00
96540	CHEMOTHERAPY INJECTION, INTRATHECAL VIA RESERVOIR, SINGLE OR	$0.00
96542	INJECTION OF CHEMOTHERAPY VIA RESERVOIR UNDER SKIN	$82.55
96549	OTHER CHEMOTHERAPY PROCEDURE	$41.60
96567	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH	$50.24
96570	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE,	$58.12
96571	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE, EACH	$29.40
96573	APPLICATION OF LIGHT BY QUALIFIED HEALTH CARE PROFESSIONAL TO DESTROY PRECANCER	$131.08
96574	APPLICATION OF LIGHT WITH DEBRIDEMENT TO DESTROY PRECANCER SKIN GROWTH	$167.56
96900	APPLICATION OF ULTRAVIOLET LIGHT TO SKIN	$13.29
96904	PHOTOGRAPH OF ENTIRE BODY	$0.00
96910	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION WITH TAR OR PETROLEUM JELLY	$25.74
96912	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION	$32.74
96913	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION, 4-8 HOURS	$45.05
96920	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, LESS THAN 250.0 SQ CM	$45.75
96921	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, 250.0-500.0 SQ CM	$46.58
96922	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, MORE THAN 500.0 SQ CM	$83.40
96931	IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, FIRST	$0.00
96932	IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST GROWTH	$0.00
96933	INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST	$0.00
96934	IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, EACH	$0.00
96935	IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH ADDITIONAL GROWTH	$0.00
96936	INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH	$0.00
96999	OTHER SPECIAL SERVICE OR PROCEDURE ON SKIN	$0.00
97000	OFFICE VST W/ ONE MODALITY TO ONE AREA	$0.00
97010	APPLICATION OF HOT OR COLD PACKS	$10.08
97012	APPLICATION OF MECHANICAL TRACTION	$13.69
97014	APPLICATION OF ELECTRICAL STIMULATION	$11.85
97016	APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE	$12.49
97018	APPLICATION OF HOT WAX BATH	$6.82
97022	APPLICATION OF WHIRLPOOL THERAPY	$11.89
97024	APPLICATION OF HEAT WAVE THERAPY	$4.50
97026	APPLICATION OF LOW ENERGY HEAT	$4.50
97028	APPLICATION OF ULTRAVIOLET LIGHT	$5.63
97032	APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES	$13.64
97033	APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES	$13.64
97034	APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES	$11.39
97035	APPLICATION OF ULTRASOUND, EACH 15 MINUTES	$9.52
97036	APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES	$16.04
97039	OTHER PHYSICAL MEDICINE SERVICE OR PROCEDURE	$10.37
97110	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF	$17.65
97112	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15	$18.58

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
97113	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	$20.09
97116	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	$16.70
97124	THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES	$15.39
97129	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	$14.89
97130	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	$14.45
97139	OTHER THERAPEUTIC PROCEDURE	$12.02
97140	THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES	$20.55
97150	THERAPY PROCEDURE IN A GROUP SETTING	$14.78
97151	BEHAVIOR IDENTIFICATION ASSESSMENT BY PROFESSIONAL, EACH 15 MINUTES	$31.25
97152	BEHAVIOR IDENTIFICATION ASSESSMENT BY TECHNICIAN, EACH 15 MINUTES	$31.25
97153	ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN USING AN ESTABLISHED PLAN, EACH 15	$31.25
97154	ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN WITH MULTIPLE PATIENTS USING AN	$12.50
97155	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL USING AN ESTABLISHED PLAN, EACH 15	$31.25
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED	$15.63
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	$15.63
97158	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH GROUP USING AN ESTABLISHED	$15.63
97161	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$51.57
97162	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES	$51.57
97163	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES	$51.57
97164	RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$35.25
97165	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$49.83
97166	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	$49.83
97167	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR	$49.83
97168	RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$33.13
97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS	$0.00
97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	$0.00
97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	$0.00
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)	$0.00
97530	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	$18.32
97533	THERAPY PROCEDURE USING SENSORY EXPERIENCES	$17.81
97535	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	$19.20
97542	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	$17.54
97545	EVALUATION FOR WORK HARDENING OR CONDITIONING, INITIAL 2 HOURS	$0.00
97546	EVALUATION FOR WORK HARDENING OR CONDITIONING, EACH ADDITIONAL HOUR	$0.00
97597	REMOVAL OF TISSUE FROM WOUND, 20.0 SQ CM OR LESS	$37.07
97598	REMOVAL OF TISSUE FROM WOUND, EACH ADDITIONAL 20.0 SQ CM	$47.04
97602	REMOVAL OF TISSUE FROM WOUND GRADUALLY	$20.46
97605	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA 50.0 SQ	$18.49
97606	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA MORE	$20.32
97607	THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL	$0.00
97608	THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL	$0.00
97610	THERAPY PROCEDURE USING ULTRASOUND	$0.00
97750	TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES	$19.83
97755	EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES	$25.87
97760	TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG AND/OR TRUNK, EACH 15	$17.21
97761	TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES	$17.70
97763	FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG	$32.18
97799	OTHER PHYSICAL MEDICINE OR REHABILITATION SERVICE OR PROCEDURE	$0.00
98900	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O	$0.00
98902	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O	$0.00
98910	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	$0.00
98912	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	$0.00
98920	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	$0.00
98921	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	$0.00
98922	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	$0.00
98925	OSTEOPATHIC MANIPULATIVE TREATMENT, 1-2 BODY REGIONS	$22.01
98926	OSTEOPATHIC MANIPULATIVE TREATMENT, 3-4 BODY REGIONS	$30.70
98927	OSTEOPATHIC MANIPULATIVE TREATMENT, 5-6 BODY REGIONS	$37.99
98928	OSTEOPATHIC MANIPULATIVE TREATMENT, 7-8 BODY REGIONS	$43.75

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
98929	OSTEOPATHIC MANIPULATIVE TREATMENT, 9-10 BODY REGIONS	$53.93
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	$0.00
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES	$0.00
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20	$0.00
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30	$0.00
99014	TELEPHONE CALLS FOR CONSULTATION OR MEDICAL MANAGEMENT	$0.00
99015	TELEPHONE CALLS FOR CONSULTATION OR MEDICAL MANAGEMENT	$0.00
99062	EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS IN TH	$0.00
99064	EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE	$0.00
99065	EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE	$0.00
99070	PROVISION OF SUPPLY AND MATERIAL BY PHYSICIAN	$0.00
99080	PREPARATION OF SPECIAL REPORTS BEYOND WHAT IS FOUND IN THE MEDICAL RECORD	$125.00
99082	UNUSUAL TRAVEL	$22.00
99151	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A	$14.44
99152	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A	$7.65
99153	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A	$7.59
99155	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$57.17
99156	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$46.29
99157	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$35.14
99160	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	$0.00
99162	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	$0.00
99170	EXAM OF GENITAL AND ANAL REGION FOR SUSPECTED TRAUMA USING AN ENDOSCOPE, CHILD	$89.60
99171	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; BRIEF EXAMINATION, EVALUATION AND/OR	$0.00
99175	ADMINISTRATION OF MEDICATION TO INDUCE VOMITING	$46.30
99180	HYPERBARIC OXYGEN THERAPY; INITIAL	$0.00
99182	HYPERBARIC OXYGEN THERAPY; SUBSEQUENT	$0.00
99183	MANAGEMENT OF OXYGEN CHAMBER THERAPY	$74.57
99184	TREATMENT BY LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE	$144.93
99190	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, EACH HOUR	$0.00
99191	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, 45 MINUTES	$0.00
99192	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, 30 MINUTES	$0.00
99195	DRAWING OF BLOOD FOR A MEDICAL PROBLEM	$14.85
99199	OTHER SPECIAL SERVICE, PROCEDURE, OR REPORT	$0.00
99202	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES	$48.03
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-44 MINUTES	$68.82
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES	$99.17
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60-74 MINUTES	$122.28
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF	$9.17
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 10-19 MINUTES	$24.13
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	$36.31
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	$56.46
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 40-54 MINUTES	$83.57
99217	HOSPITAL OBSERVATION CARE ON DAY OF DISCHARGE	$50.53
99221	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 30 MINUTES	$53.33
99222	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 50 MINUTES	$87.63
99223	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 70 MINUTES	$116.67
99231	FOLLOW-UP HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 15 MINUTES	$27.32
99232	FOLLOW-UP HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 25 MINUTES	$42.31
99233	FOLLOW-UP HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 35 MINUTES	$59.39
99234	HOSPITAL OBSERVATION OR INPATIENT CARE ADMITTED AND DISCHARGED ON THE SAME DAY	$95.13
99235	HOSPITAL OBSERVATION OR INPATIENT CARE ADMITTED AND DISCHARGED ON THE SAME DAY	$128.86
99236	HOSPITAL OBSERVATION OR INPATIENT CARE ADMITTED AND DISCHARGED ON THE SAME DAY	$157.96
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	$50.28
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	$65.64
99281	EMERGENCY DEPARTMENT VISIT FOR PROBLEM OF MILD SEVERITY	$15.42
99282	EMERGENCY DEPARTMENT VISIT FOR PROBLEM OF MILD TO MODERATE SEVERITY	$23.95
99283	EMERGENCY DEPARTMENT VISIT FOR PROBLEM OF MODERATE SEVERITY	$48.05
99284	EMERGENCY DEPARTMENT VISIT FOR PROBLEM OF HIGH SEVERITY	$73.66
99285	EMERGENCY DEPARTMENT VISIT FOR LIFE THREATENING OR FUNCTIONING SEVERITY	$115.85

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99291	CRITICAL CARE, FIRST 30-74 MINUTES	$144.08
99292	CRITICAL CARE, EACH ADDITIONAL 30 MINUTES	$71.82
99304	INITIAL NURSING FACILITY VISIT PER DAY, TYPICALLY 25 MINUTES	$46.61
99305	INITIAL NURSING FACILITY VISIT PER DAY, TYPICALLY 35 MINUTES	$60.71
99306	INITIAL NURSING FACILITY VISIT PER DAY, TYPICALLY 45 MINUTES	$74.08
99307	FOLLOW-UP NURSING FACILITY VISIT PER DAY, TYPICALLY 10 MINUTES	$23.47
99308	FOLLOW-UP NURSING FACILITY VISIT PER DAY, TYPICALLY 15 MINUTES	$39.23
99309	FOLLOW-UP NURSING FACILITY VISIT PER DAY, TYPICALLY 25 MINUTES	$53.90
99310	FOLLOW-UP NURSING FACILITY VISIT PER DAY, TYPICALLY 35 MINUTES	$68.61
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	$45.08
99316	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES	$57.25
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES	$45.34
99324	NEW PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING VISIT,	$36.37
99325	NEW PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING VISIT,	$53.19
99326	NEW PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING VISIT,	$76.94
99327	NEW PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING VISIT,	$109.29
99328	NEW PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING VISIT,	$139.40
99334	ESTABLISHED PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING	$28.20
99335	ESTABLISHED PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING	$44.54
99336	ESTABLISHED PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING	$68.51
99337	ESTABLISHED PATIENT CUSTODIAL CARE FACILITY, GROUP CARE, OR ASSISTED LIVING	$107.32
99339	HOME OR ASSISTED LIVING FACILITY PHYSICIAN SUPERVISION OF CARE PER MONTH, 15-29	$0.00
99340	HOME OR ASSISTED LIVING FACILITY PHYSICIAN SUPERVISION OF CARE PER MONTH, 30	$0.00
99341	NEW PATIENT HOME VISIT, TYPICALLY 20 MINUTES	$44.73
99342	NEW PATIENT HOME VISIT, TYPICALLY 30 MINUTES	$63.95
99343	NEW PATIENT HOME VISIT, TYPICALLY 45 MINUTES	$93.85
99344	NEW PATIENT HOME VISIT, TYPICALLY 1 HOUR	$119.66
99345	NEW PATIENT HOME VISIT, TYPICALLY 75 MINUTES	$140.70
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES	$35.41
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES	$53.81
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES	$80.79
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 1 HOUR	$116.22
99354	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE, FIRST HOUR	$66.64
99355	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE, EACH ADDITIONAL 30 MINUTES	$66.34
99356	EXTENDED INPATIENT OR OBSERVATION HOSPITAL SERVICE, FIRST HOUR	$68.89
99357	EXTENDED INPATIENT OR OBSERVATION HOSPITAL SERVICE, EACH ADDITIONAL 30 MINUTES	$56.45
99358	EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, FIRST HOUR	$38.23
99359	EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, EACH ADDITIONAL 30	$0.00
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (YOUNGER THAN 1 YEAR)	$48.67
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)	$66.86
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)	$65.52
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)	$59.27
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	$61.58
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	$59.80
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (65 YEARS OR OLDER)	$51.38
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (YOUNGER THAN 1	$34.35
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (1-4 YEARS)	$33.27
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (5-11 YEARS)	$40.89
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (12-17 YEARS)	$45.94
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)	$53.86
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)	$55.27
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (65 YEAR OLD OR	$50.97
99406	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES	$9.63
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES	$19.82
99415	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, FIRST HOUR	$6.13
99416	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH ADDITIONAL	$0.38
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$8.02
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$16.79
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$26.72

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99438	INFANT CARE TO ONE YEAR OF AGE, WITH A MAXIMUM OF 12 OFFICE VISITS DURING REGULA	$0.00
99439	CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, ADDITIONAL	$16.24
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	$0.00
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES	$0.00
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES	$0.00
99451	TELEPHONE OR INTERNET ASSESSMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, 5	$23.00
99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	$23.00
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT	$13.27
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH	$43.99
99456	WORK-RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING	$0.00
99457	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR	$33.07
99458	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR	$20.18
99460	INITIAL EVALUATION AND MANAGEMENT OF NEWBORN PER DAY	$57.63
99461	INITIAL EVALUATION AND MANAGEMENT OF NEWBORN NOT IN HOSPITAL OR BIRTHING CENTER	$48.69
99462	FOLLOW-UP HOSPITAL CARE OF NEWBORN PER DAY	$30.80
99463	INITIAL INPATIENT HOSPITAL OR BIRTHING CENTER SAME DATE CARE AND DISCHARGE OF	$74.71
99464	PHYSICIAN ATTENDANCE AT DELIVERY AND STABILIZATION OF NEWBORN	$62.60
99465	REVIVING NEWBORN AT DELIVERY	$122.74
99466	CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, FIRST 30-74 MINUTES (2 YEARS	$199.35
99467	CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, EACH ADDITIONAL 30 MINUTES	$102.67
99468	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER)	$300.00
99469	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR	$144.00
99471	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29	$168.72
99472	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29	$144.00
99473	EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE	$7.57
99474	SELF MEASURED BLOOD PRESSURE MEASUREMENTS	$5.54
99475	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (2-5	$300.00
99476	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY	$144.00
99477	INITIAL INTENSIVE CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER)	$144.08
99478	FOLLOW-UP INTENSIVE CARE OF RECOVERING VERY LOW BIRTH WEIGHT INFANT PER DAY	$118.49
99479	FOLLOW-UP INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT PER DAY	$108.34
99480	FOLLOW-UP INTENSIVE CARE OF RECOVERING MEDIUM BIRTH WEIGHT INFANT PER DAY	$104.40
99483	ASSESSMENT OF AND CARE PLANNING FOR IMPAIRED THOUGHT PROCESSING, TYPICALLY 50	$109.95
99490	CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MINUTES OF CLINICAL STAFF TIME	$27.15
99491	CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, FIRST 30	$52.16
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST CALENDAR MONTH, FIRST	$55.54
99493	FOLLOW-UP PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, SUBSEQUENT CALENDAR MONT	$50.25
99494	PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT PER CALENDAR MONTH, EACH ADDITIONAL	$26.81
99497	ADVANCE CARE PLANNING, FIRST 30 MINUTES	$49.16
99498	ADVANCE CARE PLANNING, EACH ADDITIONAL 30 MINUTES	$46.00
99499	OTHER EVALUATION AND MANAGEMENT SERVICE	$32.99
99501	HOME VISIT FOR POST-DELIVERY ASSESSMENT AND FOLLOW-UP CARE	$0.00
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	$0.00
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	$0.00
99504	HOME VISIT FOR RESPIRATOR CARE	$0.00
99505	HOME VISIT FOR CARE OF LARGE BOWEL OR BLADDER SURGICALLY CREATED OPENING	$0.00
99506	HOME VISIT FOR INJECTIONS INTO A MUSCLE	$0.00
99507	HOME VISIT FOR CARE AND MAINTENANCE OF TUBE	$5.20
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	$0.00
99600	OTHER HOME VISIT SERVICE OR PROCEDURE	$0.00
99601	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, HOURS OR LESS	$16.64
99602	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, EACH ADDITIONAL HOUR	$0.00
99605	MEDICATION THERAPY MANAGEMENT SERVICES PROVIDED BY A PHARMACIST, 15 MINUTES	$0.00
99606	MEDICATION THERAPY MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT BY A	$0.00
99607	MEDICATION THERAPY MANAGEMENT SERVICES PROVIDED BY A PHARMACIST, EACH	$0.00
A0021	AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)	$0.00
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY	$0.00
A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	$0.00
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A0130	NON-EMERGENCY TRANSPORTATION: WHEELCHAIR VAN	$0.00
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR	$0.00
A0160	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	$0.00
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	$0.00
A0180	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	$0.00
A0190	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT	$0.00
A0200	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT	$0.00
A0210	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT	$0.00
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	$245.70
A0368	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	$0.00
A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS	$0.00
A0392	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (TO BE USED ONLY IN	$0.00
A0425	GROUND MILEAGE, PER STATUTE MILE	$1.95
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS	$245.70
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 -	$0.00
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	$204.74
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	$0.00
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	$2,880.00
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	$2,880.00
A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER	$0.00
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	$0.00
A0434	SPECIALTY CARE TRANSPORT (SCT)	$0.00
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST	$0.00
A4201	GELFOAM, PER BOTTLE	$0.00
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	$0.16
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC, EACH	$0.16
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	$0.16
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	$0.21
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	$0.21
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	$3.64
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	$0.52
A4215	NEEDLE, STERILE, ANY SIZE, EACH	$0.10
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	$0.60
A4217	STERILE WATER/SALINE, 500 ML	$2.43
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	$0.00
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	$19.40
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE,	$2.60
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	$9.06
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	$3.88
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC	$2.61
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY	$0.72
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME	$3.27
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD	$2.11
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD	$1.51
A4244	ALCOHOL OR PEROXIDE, PER PINT	$0.73
A4245	ALCOHOL WIPES, PER BOX	$0.01
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	$6.17
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	$5.82
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	$24.00
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	$35.50
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	$4.30
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	$5.08
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	$12.75
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	$18.30
A4259	LANCETS, PER BOX OF 100	$7.00
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	$15.00
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	$0.00
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	$31.60
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4265	PARAFFIN, PER POUND	$3.39
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	$0.00
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	$0.26
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	$2.50
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	$0.00
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	$4.95
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	$0.00
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	$0.00
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	$0.00
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	$0.00
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	$0.00
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	$0.00
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	$0.00
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	$3.43
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	$3.43
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	$15.95
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	$15.95
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	$9.76
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	$14.13
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	$15.02
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	$17.05
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	$17.58
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,	$20.36
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	$20.36
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	$2.86
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	$2.60
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	$9.37
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	$38.49
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	$8.75
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	$5.64
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR	$3.30
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	$0.13
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	$2.94
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	$2.81
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	$0.00
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	$0.00
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,	$8.32
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.), EACH	$18.18
A4341	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, TEFLON	$0.00
A4342	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX	$0.00
A4343	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX WITH TEFLON COATING	$0.00
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	$11.56
A4345	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, SILICONE WITH ELASTOMER COATING	$0.00
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	$12.30
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	$1.87
A4350	CATHETER CARE KIT	$0.00
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,	$1.20
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING	$6.43
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	$7.48
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	$11.50
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY	$7.02
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER	$33.48
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR	$10.81
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,	$7.04
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR	$0.67
A4361	OSTOMY FACEPLATE, EACH	$28.88
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	$3.65
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	$1.20
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	$2.33

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4366	OSTOMY VENT, ANY TYPE, EACH	$0.78
A4367	OSTOMY BELT, EACH	$7.52
A4368	OSTOMY FILTER, ANY TYPE, EACH	$0.27
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	$1.79
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	$3.60
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN	$4.52
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN	$6.77
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	$18.54
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	$51.39
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	$4.63
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	$33.18
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	$16.23
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	$40.31
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	$4.98
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	$26.59
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	$30.47
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	$10.41
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN	$5.49
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),	$4.62
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	$4.71
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	$6.70
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	$10.40
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	$7.66
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN	$8.18
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	$9.04
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID	$2.76
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	$0.05
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	$40.48
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	$14.93
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	$10.31
A4400	OSTOMY IRRIGATION SET	$63.84
A4402	LUBRICANT, PER OUNCE	$4.00
A4404	OSTOMY RING, EACH	$1.83
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	$3.40
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	$5.74
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED	$8.76
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	$9.87
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	$6.22
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	$9.04
A4411	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN	$3.06
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	$1.62
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	$5.50
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	$4.93
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	$6.00
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$2.75
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	$3.72
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$1.81
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	$1.74
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	$1.83
A4421	OSTOMY SUPPLY; MISCELLANEOUS	$4.68
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	$0.12
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	$1.86
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$4.75
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	$3.58
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	$2.73
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	$2.78
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	$6.51
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	$8.25
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	$8.52

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	$6.22
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	$3.59
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	$3.34
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	$3.76
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE	$6.64
A4440	NOT OTHERWISE CLASSIFIED URETEROSTOMY SUPPLIES	$0.00
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	$0.09
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	$0.36
A4453	RECTAL CATHETER FOR USE WITH THE MANUAL PUMP-OPERATED ENEMA SYSTEM, REPLACEMEN	$0.00
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	$1.70
A4458	ENEMA BAG WITH TUBING, REUSABLE	$1.86
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	$3.29
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	$0.00
A4465	NON-ELASTIC BINDER FOR EXTREMITY	$8.10
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	$0.00
A4470	GRAVLEE JET WASHER	$0.00
A4480	VABRA ASPIRATOR	$0.00
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	$0.53
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	$5.20
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	$11.44
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	$11.44
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	$7.28
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	$11.44
A4550	SURGICAL TRAYS	$5.20
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	$10.41
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	$15.74
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER	$6.84
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	$0.00
A4561	PESSARY, RUBBER, ANY TYPE	$0.00
A4562	PESSARY, NON RUBBER, ANY TYPE	$0.00
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP	$0.00
A4565	SLINGS	$10.40
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE	$0.00
A4570	SPLINT	$10.40
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	$0.00
A4580	CAST SUPPLIES (E.G., PLASTER)	$14.56
A4590	SPECIAL CASTING MATERIAL (E.G., FIBERGLASS)	$20.80
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)	$26.00
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5	$0.00
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE	$60.46
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	$16.00
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	$40.43
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	$52.53
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	$7.25
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	$8.46
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	$9.21
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	$23.59
A4615	CANNULA, NASAL	$2.16
A4616	TUBING (OXYGEN), PER FOOT	$0.07
A4617	MOUTH PIECE	$5.20
A4618	BREATHING CIRCUITS	$7.31
A4619	FACE TENT	$1.21
A4620	VARIABLE CONCENTRATION MASK	$0.65
A4623	TRACHEOSTOMY, INNER CANNULA	$3.50
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	$2.60
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	$6.24
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	$1.93
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE	$20.80
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	$2.92

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	$3.81
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL	$5.20
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	$41.04
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	$0.00
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	$1.03
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	$0.44
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	$0.00
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	$0.50
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	$287.21
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNE	$6.10
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	$0.00
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6	$0.00
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	$0.00
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	$0.00
A4649	SURGICAL SUPPLY; MISCELLANEOUS	$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	$0.00
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	$0.00
A4652	MICROCAPILLARY TUBE SEALANT	$0.00
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	$0.61
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	$0.16
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	$25.00
A4663	BLOOD PRESSURE CUFF ONLY	$0.00
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	$15.00
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	$0.00
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	$0.00
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	$0.00
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	$0.00
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	$0.00
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	$0.00
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	$0.00
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	$0.00
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	$0.00
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	$0.00
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	$0.00
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	$0.00
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	$0.00
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	$0.00
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	$0.00
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	$0.00
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	$0.00
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	$0.00
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	$22.50
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	$0.00
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	$0.00
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	$0.00
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	$0.00
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	$0.00
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	$0.00
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	$0.62
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	$0.00
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	$0.00
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10	$0.87
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT	$0.00
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT	$0.00
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	$0.00
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	$0.00
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	$0.00
A4927	GLOVES, NON-STERILE, PER 100	$0.11
A4928	SURGICAL MASK, PER 20	$5.60
A4929	TOURNIQUET FOR DIALYSIS, EACH	$0.00
A4930	GLOVES, STERILE, PER PAIR	$0.75
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	$2.00
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	$2.00
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	$2.07
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$1.49
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	$2.14
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	$1.79
A5055	STOMA CAP	$1.46
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1	$5.01
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN	$11.17
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	$3.52
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$2.27
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	$2.70
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	$6.01
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$4.24
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	$3.55
A5081	STOMA PLUG OR SEAL, ANY TYPE	$3.89
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	$10.62
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	$0.00
A5093	OSTOMY ACCESSORY; CONVEX INSERT	$2.09
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	$24.21
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	$61.69
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS,	$33.44
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	$3.72
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	$11.29
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	$0.25
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	$9.11
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	$15.22
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	$1.16
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	$17.83
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	$11.29
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	$59.36
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	$176.00
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	$27.54
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	$27.54
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	$27.54
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	$27.54
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	$27.54
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR	$25.00
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	$15.62
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT	$25.26
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF	$37.69
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM	$44.56
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND	$5.00
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	$30.96
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	$2.28
A6020	COLLAGEN BASED WOUND DRESSING, EACH DRESSING	$0.94
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	$17.88
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	$20.05
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	$190.30

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	$5.90
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	$0.00
A6154	WOUND POUCH, EACH	$15.37
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ.	$7.86
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE	$17.62
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE	$18.00
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	$5.66
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	$3.90
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	$7.27
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	$7.12
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	$1.57
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.	$4.75
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	$0.00
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	$7.83
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$16.82
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$30.61
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	$10.11
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$10.39
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	$10.72
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	$0.00
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	$0.08
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$0.45
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$0.94
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	$0.63
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	$1.66
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	$4.16
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE,	$2.22
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE,	$2.53
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE,	$3.78
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR	$3.88
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ.	$3.88
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ.	$3.88
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16	$4.46
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE	$6.57
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE	$18.30
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS,	$6.81
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT	$17.25
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN.,	$29.16
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH	$8.48
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT	$23.76
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN.,	$13.12
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	$12.77
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	$2.74
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	$6.50
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$13.20
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$42.08
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY	$7.76
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$10.63
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	$25.68
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	$16.91
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	$0.00
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR	$2.10
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ.	$4.05
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.	$6.85
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR	$1.30
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ.	$3.22
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.	$6.85
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	$1.63
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	$4.48

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	$8.50
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	$0.00
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	$0.00
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	$0.00
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE,	$2.06
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	$0.13
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR	$0.45
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$0.46
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR	$1.13
A6410	EYE PAD, STERILE, EACH	$0.39
A6411	EYE PAD, NON-STERILE, EACH	$0.25
A6412	EYE PATCH, OCCLUSIVE, EACH	$0.17
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	$0.67
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN	$0.17
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	$0.29
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	$0.49
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE	$0.32
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	$0.41
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	$0.67
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE	$1.16
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	$1.75
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	$2.00
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	$4.00
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	$5.91
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE	$0.61
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	$0.77
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	$1.39
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	$1.28
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	$1.14
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS,	$0.00
A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT	$0.00
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	$0.00
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	$0.00
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	$0.00
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	$0.00
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	$0.00
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	$0.00
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	$0.00
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	$0.00
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	$0.00
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	$0.00
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	$0.00
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	$0.00
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	$0.00
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	$28.08
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	$38.48
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	$40.00
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	$20.80
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	$26.00
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	$33.28
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	$95.00
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	$104.00
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	$104.00
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	$0.00
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	$28.08
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES	$24.82
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	$7.30
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	$30.90
A7002	TUBING, USED WITH SUCTION PUMP, EACH	$3.58

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	$2.08
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	$1.64
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	$28.18
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	$13.36
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	$4.93
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	$0.00
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	$0.00
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	$21.28
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	$2.81
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	$0.76
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	$4.36
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	$1.44
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	$11.88
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	$12.78
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	$0.51
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT	$0.00
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH	$397.50
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH	$28.75
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE	$186.52
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	$49.54
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	$20.24
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$0.00
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	$69.77
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	$40.53
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	$28.41
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	$117.64
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$41.46
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$13.94
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$38.64
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$3.23
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$13.26
A7040	ONE WAY CHEST DRAIN VALVE	$35.20
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	$66.14
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$120.91
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	$0.00
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	$19.51
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	$132.22
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED	$0.00
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	$100.18
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	$47.61
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND	$10.81
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$0.64
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE	$4.46
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH	$0.32
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	$2.37
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE	$2.74
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A	$1.41
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE	$47.48
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	$47.05
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND	$45.16
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	$25.23
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	$77.40
A7525	TRACHEOSTOMY MASK, EACH	$2.07
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	$3.37
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	$3.37
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$15.33
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$15.33
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND	$15.33
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND	$15.33

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	$0.00
A9150	NON-PRESCRIPTION DRUGS	$0.00
A9250	NURSING HOME RENTALS	$0.00
A9260	NON-CERTIFIED PHYSICAL THERAPISTS	$0.00
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS,	$0.00
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	$0.00
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	$0.00
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	$0.00
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	$83.20
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	$83.20
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	$0.00
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	$59.80
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	$1,855.00
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	$0.00
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	$0.00
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	$79.17
A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	$0.00
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999	$36.40
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	$117.25
A9520	TECHNETIUM TC-99M TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	$240.00
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$231.44
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	$17.68
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	$20.80
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	$0.00
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	$20.80
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	$20.00
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	$20.00
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	$11.50
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	$0.00
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	$0.00
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25	$0.00
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	$0.00
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	$0.00
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	$0.00
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25	$14.56
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	$0.00
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	$0.00
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250	$0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	$0.00
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	$0.00
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	$15.60
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	$55.00
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	$9.00
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	$0.00
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	$0.00
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	$2,675.00
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75	$0.00
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	$0.00
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	$0.00
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	$0.00
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	$0.00
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	$0.00
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	$0.00
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	$0.00
A9585	INJECTION, GADOBUTROL, 0.1 ML	$0.00
A9589	INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	$0.00
A9591	FLUOROESTRADIOL F 18, DIAGNOSTIC, 1 MILLICURIE	$0.00
A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	$0.00
A9593	GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCSF), 1 MILLICURIE	$0.00
A9594	GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCLA), 1 MILLICURIE	$0.00
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	$892.46
A9603	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI	$0.00
A9998	CONV. NO PROCEDURE	$0.00
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO	$5.20
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO	$10.26
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO	$6.78
B4081	NASOGASTRIC TUBING WITH STYLET	$19.17
B4082	NASOGASTRIC TUBING WITHOUT STYLET	$13.50
B4083	STOMACH TUBE - LEVINE TYPE	$2.17
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	$38.22
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	$38.22
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	$5.00
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	$0.17
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	$0.00
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS,	$0.94
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES	$0.56
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER	$0.49
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND	$1.59
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES	$1.12
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC	$0.87
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR	$1.12
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	$0.56
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	$0.56
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	$0.49
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	$1.59
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	$1.12
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML =	$9.89
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOME MIX	$14.41
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) -	$0.00
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) -	$27.88
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT)	$33.47
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500	$14.18
B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	$6.53
B4187	OMEGAVEN, 10 GRAMS LIPIDS	$0.00
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$145.60
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$197.60
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$239.20
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$280.80
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN,	$4.49
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	$6.76
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	$5.74
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	$20.80
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$10.40
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$4.06
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	$0.00
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	$74.80
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	$2,262.63
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	$2,262.63
B9998	NOC FOR ENTERAL SUPPLIES	$0.00
B9999	NOC FOR PARENTERAL SUPPLIES	$0.00
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	$29.12
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	$29.12

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH	$29.12
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	$29.12
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	$0.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	$58.24
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	$10.92
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	$6.76
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	$18.72
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY	$36.40
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	$10.19
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	$18.93
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	$19.11
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	$25.48
D0275	BITEWINGS-EACH ADDITIONAL FILM	$0.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	$46.80
D0310	SIALOGRAPHY	$67.60
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$47.32
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	$62.40
D0351	3D PHOTOGRAPHIC IMAGE	$0.00
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN	$0.00
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL	$0.00
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL	$0.00
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH	$0.00
D0410	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	$0.00
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	$36.40
D0420	CARIES SUSCEPTIBILITY TESTS	$0.00
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	$0.00
D1110	PROPHYLAXIS - ADULT	$36.40
D1120	PROPHYLAXIS - CHILD	$26.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$14.16
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	$14.16
D1351	SEALANT-PER TOOTH	$24.32
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	$6.33
D1510	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	$115.44
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	$149.76
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	$149.76
D1520	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	$85.61
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	$0.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	$31.20
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	$31.20
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	$31.20
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	$41.04
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	$41.04
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	$41.04
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	$115.44
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$30.94
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$38.53
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$40.40
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$50.02
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$48.46
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$60.63
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$53.56
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$66.90
D2330	RESIN-ONE SURFACE, ANTERIOR	$0.00
D2331	RESIN-TWO SURFACES, ANTERIOR	$0.00
D2332	RESIN-THREE SURFACES, ANTERIOR	$0.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$0.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	$38.53
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	$50.02

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	$60.63
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	$66.90
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	$0.00
D2740	CROWN - PORCELAIN/CERAMIC	$234.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$234.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$234.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$234.00
D2792	CROWN-FULL CAST NOBLE METAL	$234.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	$28.08
D2920	RE-CEMENT OR RE-BOND CROWN	$28.08
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	$74.36
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	$80.60
D2932	PREFABRICATED RESIN CROWN	$46.80
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	$74.36
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	$74.36
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	$62.40
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$15.60
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$74.88
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$74.88
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	$67.60
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT	$40.56
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	$71.44
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	$87.93
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$260.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$338.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$416.00
D3340	FOUR OR MORE CANALS (EXCLUDING FINAL RESTORATION)	$0.00
D3350	APEXIFICATION (PER TREATMENT VISIT)	$0.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR	$80.29
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL	$36.40
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	$36.40
D3410	APICOECTOMY - ANTERIOR	$224.88
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	$247.37
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	$283.35
D3440	APICAL CURETTAGE	$0.00
D3940	RECALCIFICATION OR REPAIR (PERFORATIONS, ROOT RESORPTION, ETC.)	$0.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED	$187.20
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED	$20.68
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	$49.92
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE	$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	$0.00
D4340	PERIODONTAL SCALING AND ROOT PLANING-ENTIRE MOUTH	$0.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION -	$36.40
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	$0.00
D5110	COMPLETE DENTURE - MAXILLARY	$520.00
D5120	COMPLETE DENTURE - MANDIBULAR	$520.00
D5130	IMMEDIATE DENTURE - MAXILLARY	$416.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	$416.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING	$416.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING	$416.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$520.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$520.00
D5215	UPPER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	$0.00
D5216	LOWER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	$0.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING	$0.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING	$0.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE	$0.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
D5280	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE HIGH NOBLE CASTING, CLASP ATTACHM	$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$41.81
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$37.44
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$28.08
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$26.21
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$0.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$0.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	$49.92
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$0.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$0.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$0.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$0.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	$49.92
D5640	REPLACE BROKEN TEETH-PER TOOTH	$43.68
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$72.80
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	$42.01
D5710	REBASE COMPLETE MAXILLARY DENTURE	$135.20
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$135.20
D5720	REBASE MAXILLARY PARTIAL DENTURE	$90.95
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$90.95
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	$78.00
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	$78.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	$78.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	$87.36
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	$140.40
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	$145.60
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	$116.48
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	$121.68
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	$104.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	$104.00
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND	$160.16
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND	$160.16
D5850	TISSUE CONDITIONING, MAXILLARY	$40.77
D5911	FACIAL MOULAGE (SECTIONAL)	$0.00
D5912	FACIAL MOULAGE (COMPLETE)	$0.00
D5913	NASAL PROSTHESIS	$0.00
D5914	AURICULAR PROSTHESIS	$0.00
D5915	ORBITAL PROSTHESIS	$0.00
D5916	OCULAR PROSTHESIS	$0.00
D5917	COMPOSITE FACIAL PROSTHESIS	$0.00
D5918	REPLACEMENT PROSTHESIS	$0.00
D5919	FACIAL PROSTHESIS	$0.00
D5920	OCULAR IMPLANT	$0.00
D5921	ORBITAL IMPLANT	$0.00
D5922	NASAL SEPTAL PROSTHESIS	$0.00
D5923	OCULAR PROSTHESIS, INTERIM	$0.00
D5924	CRANIAL PROSTHESIS	$0.00
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	$0.00
D5926	NASAL PROSTHESIS, REPLACEMENT	$0.00
D5927	AURICULAR PROSTHESIS, REPLACEMENT	$0.00
D5928	ORBITAL PROSTHESIS, REPLACEMENT	$0.00
D5929	FACIAL PROSTHESIS, REPLACEMENT	$0.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	$0.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	$0.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	$0.00
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	$0.00
D5936	OBTURATOR/PROSTHESIS, INTERIM	$0.00
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
D5951	FEEDING AID	$0.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	$0.00
D5953	SPEECH AID PROSTHESIS, ADULT	$0.00
D5954	PALATAL AUGMENTATION PROSTHESIS	$0.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	$0.00
D5956	OBTURATOR	$0.00
D5957	SPEECH BULB	$0.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	$0.00
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	$0.00
D5960	SPEECH AID PROSTHESIS, MODIFICATION	$0.00
D5971	SIMPLE IMPLANT	$0.00
D5972	COMPLEX IMPLANT	$0.00
D5973	SUBPERIOSTEAL IMPLANT	$0.00
D5974	ENDOSSEOUS IMPLANT (IN THE BONE)	$0.00
D5976	MANDIBULAR STAPLE IMPLANT	$0.00
D5982	SURGICAL STENT	$0.00
D5983	RADIATION CARRIER	$0.00
D5984	RADIATION SHIELD	$0.00
D5985	RADIATION CONE LOCATOR	$0.00
D5986	FLUORIDE GEL CARRIER	$0.00
D5987	COMMISSURE SPLINT	$0.00
D5988	SURGICAL SPLINT	$0.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	$0.00
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A	$0.00
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH -	$0.00
D6549	RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	$0.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	$0.00
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	$0.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	$0.00
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	$50.70
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$0.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	$145.60
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	$167.44
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$245.44
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	$302.64
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	$302.64
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	$99.84
D7260	ORAL ANTRAL FISTULA CLOSURE	$99.84
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	$98.80
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND	$98.80
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$78.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	$78.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	$78.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$78.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	$78.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	$93.60
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$36.40
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	$78.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$31.20
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	$0.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE	$0.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$236.82
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	$208.00
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	$260.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	$208.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$260.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	$104.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$104.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	$104.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	$130.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	$78.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	$78.00
D7472	REMOVAL OF TORUS PALATINUS	$0.00
D7473	REMOVAL OF TORUS MANDIBULARIS	$0.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	$0.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$62.40
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	$62.40
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$55.33
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	$31.20
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	$208.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	$182.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	$260.00
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$0.00
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$0.00
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$0.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$0.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$0.00
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	$0.00
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	$0.00
D7710	MAXILLA-OPEN REDUCTION	$0.00
D7720	MAXILLA-CLOSED REDUCTION	$0.00
D7730	MANDIBLE-OPEN REDUCTION	$0.00
D7740	MANDIBLE-CLOSED REDUCTION	$0.00
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$0.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$0.00
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	$0.00
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	$0.00
D7810	OPEN REDUCTION OF DISLOCATION	$0.00
D7820	CLOSED REDUCTION OF DISLOCATION	$0.00
D7840	CONDYLECTOMY	$0.00
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	$0.00
D7852	DISC REPAIR	$0.00
D7854	SYNOVECTOMY	$0.00
D7856	MYOTOMY	$0.00
D7860	ARTHROTOMY	$0.00
D7870	ARTHROCENTESIS	$0.00
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	$0.00
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	$0.00
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	$0.00
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	$0.00
D7875	ARTHROSCOPY: SYNOVECTOMY	$0.00
D7876	ARTHROSCOPY: DISCECTOMY	$0.00
D7877	ARTHROSCOPY: DEBRIDEMENT	$0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE	$0.00
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	$0.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$119.60
D7911	COMPLICATED SUTURE-UP TO 5 CM	$182.00
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	$208.00
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	$0.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	$0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	$0.00
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	$0.00
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	$0.00
D7945	OSTEOTOMY-BODY OF MANDIBLE	$0.00
D7946	LEFORT I (MAXILLA-TOTAL)	$0.00
D7947	LEFORT I (MAXILLA-SEGMENTED)	$0.00
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$0.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA -	$0.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	$0.00
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	$75.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	$75.00
D7963	FRENULOPLASTY	$0.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$208.00
D7971	EXCISION OF PERICORONAL GINGIVA	$32.03
D7980	SURGICAL SIALOLITHOTOMY	$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	$0.00
D7982	SIALODOCHOPLASTY	$0.00
D7990	EMERGENCY TRACHEOTOMY	$0.00
D7991	CORONOIDECTOMY	$0.00
D7992	EMINENECTOMY	$0.00
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	$0.00
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	$0.00
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	$0.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$0.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$0.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$0.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$0.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$0.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$0.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$0.00
D8210	REMOVABLE APPLIANCE THERAPY	$0.00
D8220	FIXED APPLIANCE THERAPY	$0.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	$0.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	$0.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	$0.00
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	$0.00
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF	$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	$0.00
D9001	PROVIDER ADJUSTMENT FOR DENTAL CLAIM	$0.00
D9002	MEDICARE COINSURANCE	$0.00
D9005	HMO COPAYMENT	$0.00
D9007	ADDITIONAL PAYMENT	$0.00
D9008	MEDICARE DEDUCTIBLE	$0.00
D9011	TOTAL CHARGE	$0.00
D9014	THIRD PARTY LIABILITY FOR DENTAL CLAIMS	$0.00
D9017	GROSS ADJUSTMENT	$0.00
D9019	TOTAL SERVICE	$0.00
D9020	TAX ON DENTAL ENCOUNTERS	$0.00
D9022	PATIENT'S SHARE	$0.00
D9070	INTEREST	$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	$59.28
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	$0.00
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	$55.99
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	$104.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	$52.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN	$66.56
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$66.56
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	$60.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	$0.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	$0.00
D9943	OCCLUSAL GUARD ADJUSTMENT	$0.00
D9960	COMPLETION OF CLAIM FORM	$0.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	$0.00
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	$0.00
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND	$0.00
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	$0.00
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	$0.00
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP,	$0.00
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	$19.27
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	$0.00
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	$0.00
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	$0.00
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$0.00
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$0.00
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	$11.99
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	$0.00
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$0.00
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	$0.00
E0150	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	$0.00
E0151	HANDGRIP,CANE, CRUTCH, OR WALKER	$0.00
E0152	TIP, CANE, CRUTCH, WALKER	$0.00
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	$8.87
E0154	PLATFORM ATTACHMENT, WALKER, EACH	$0.00
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$0.00
E0156	SEAT ATTACHMENT, WALKER	$0.00
E0157	CRUTCH ATTACHMENT, WALKER, EACH	$0.00
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	$0.00
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	$0.00
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	$7.39
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH	$1.89
E0162	SITZ BATH CHAIR	$9.95
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	$9.36
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	$9.36
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	$15.09
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$188.04
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	$5.81
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	$33.28
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$30.12
E0183	FLOTATION PAD FOR WHEELCHAIR	$0.00
E0184	DRY PRESSURE MATTRESS	$10.87
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$36.18
E0186	AIR PRESSURE MATTRESS	$41.43
E0187	WATER PRESSURE MATTRESS	$41.43
E0188	SYNTHETIC SHEEPSKIN PAD	$3.10
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	$10.81
E0191	HEEL OR ELBOW PROTECTOR, EACH	$0.93
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	$0.00
E0194	AIR FLUIDIZED BED	$3,410.32
E0195	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNE	$0.00
E0196	GEL PRESSURE MATTRESS	$41.43
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$36.18
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$36.18
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$8.09
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	$10.70
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	$56.14
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	$125.06
E0210	ELECTRIC HEAT PAD, STANDARD	$89.64
E0215	ELECTRIC HEAT PAD, MOIST	$86.80
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	$647.82
E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	$50.00
E0221	INFRARED HEATING PAD SYSTEM	$2,113.46
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	$52.75
E0236	PUMP FOR WATER CIRCULATING PAD	$92.62
E0239	HYDROCOLLATOR UNIT, PORTABLE	$1,692.56
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	$10.40
E0241	BATH TUB WALL RAIL, EACH	$2.60
E0242	BATH TUB RAIL, FLOOR BASE	$4.16
E0243	TOILET RAIL, EACH	$5.41
E0244	RAISED TOILET SEAT	$5.20
E0245	TUB STOOL OR BENCH	$10.40
E0246	TRANSFER TUB RAIL ATTACHMENT	$9.36
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$11.00
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$15.00
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	$15.37
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$94.30
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$84.70
E0252	HOSPITAL BED, FIXED HEIGHT, WITH MATTRESS	$0.00
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$111.42
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$73.62
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	$213.72
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	$187.72
E0271	MATTRESS, INNERSPRING	$0.00
E0272	MATTRESS, FOAM RUBBER	$0.00
E0275	BED PAN, STANDARD, METAL OR PLASTIC	$18.61
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	$17.02
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	$703.50
E0280	BED CRADLE, ANY TYPE	$0.00
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	$94.30
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$84.70
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	$111.42
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$73.26
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	$210.69
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	$187.72
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	$0.00
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	$380.10
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	$1,000.00
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	$286.65
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	$1,155.00
E0305	BED SIDE RAILS, HALF LENGTH	$0.00
E0310	BED SIDE RAILS, FULL LENGTH	$0.00
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	$76.00
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	$190.46
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	$9.06
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	$17.40
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD,	$0.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES,	$0.00
E0330	URINAL, MALE, DAY/NIGHT	$0.00
E0370	AIR PRESSURE ELEVATOR FOR HEEL	$0.00
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRES	$451.75
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$548.13
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$581.41
E0400	OXYGEN CONTENTS, GASEOUS, PER CUBIC FOOT (INCLUDES ALL CHARGES FOR USE OF THE CO	$0.00
E0405	OXYGEN CONTENTS, GASEOUS, PER 100 CUBIC FEET (INCLUDES ALL CHARGES FOR USE OF TH	$0.00
E0410	OXYGEN CONTENTS, LIQUID, PER POUND	$0.00
E0415	OXYGEN CONTENTS, LIQUID, PER 100 POUNDS	$0.00
E0416	OXYGEN REFILL FOR PORTABLE GASEOUS SYSTEMS ONLY, UP TO 23 CUBIC FEET, (INCLUDES	$0.00
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	$0.00
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	$0.00
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	$0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	$32.08

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	$0.00
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	$0.00
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	$329.68
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$77.45
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$77.45
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$0.00
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$0.00
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	$320.00
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT	$93.00
E0451	VOLUME VENTILATOR; PORTABLE (INCLUDES BATTERY, BATTERY CHARGER AND BATTERY CABLE	$0.00
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	$20.00
E0456	CHEST CUIRASS, WITH PUMP	$0.00
E0457	CHEST SHELL (CUIRASS)	$614.51
E0458	NEGATIVE PRESSURE PUMP	$0.00
E0459	CHEST WRAP	$93.68
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	$0.00
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY	$923.83
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST	$923.83
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF	$0.00
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	$0.00
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE	$0.00
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	$0.00
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	$0.00
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	$0.00
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND	$1,063.13
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	$36.92
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	$5.00
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	$5.00
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	$0.00
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC	$1,134.64
E0505	IPPB MACHINES WITH MANUAL VALVES ELECTRICALLY DRIVEN WITH INTERNAL POWER SOURCE,	$0.00
E0510	IPPB MACHINES WITH AUTOMATIC VALVES, EXTERNAL POWER SOURCE INCLUDES CYLINDER REG	$0.00
E0515	IPPB MACHINES WITH AUTOMATIC VALVES, ELECTRICALLY DRIVEN WITH INTERNAL COMPRESSO	$0.00
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB	$143.52
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH	$5.00
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR	$0.00
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$0.00
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$0.00
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR	$75.90
E0570	NEBULIZER, WITH COMPRESSOR	$13.00
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	$36.03
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	$38.09
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	$13.00
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	$0.00
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	$57.96
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$44.79
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	$0.00
E0602	BREAST PUMP, MANUAL, ANY TYPE	$29.52
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	$0.00
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	$0.00
E0605	VAPORIZER, ROOM TYPE	$75.56
E0606	POSTURAL DRAINAGE BOARD	$228.80
E0607	HOME BLOOD GLUCOSE MONITOR	$73.51
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE	$499.30
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER	$486.71
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	$500.00
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	$304.05
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	$85.00
E0619	APNEA MONITOR, WITH RECORDING FEATURE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	$0.05
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	$97.00
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	$100.00
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$357.15
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	$357.15
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR	$1,303.12
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	$142.55
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT	$1,054.56
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	$0.00
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSU	$666.57
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	$6,600.54
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	$96.95
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	$0.00
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	$0.00
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	$119.16
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	$111.44
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	$94.79
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	$553.95
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	$474.25
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	$198.00
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2	$222.66
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	$448.57
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	$348.56
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	$289.61
E0674	IRON LUNG	$0.00
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE,	$0.00
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	$0.00
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE	$898.59
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	$1,128.37
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	$1,390.98
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES	$4,427.34
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	$48.10
E0705	TRANSFER DEVICE, ANY TYPE, EACH	$55.64
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	$18.39
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	$487.78
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,	$532.82
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE	$594.69
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	$0.00
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	$243.07
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	$243.07
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	$235.36
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	$100.00
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	$2,912.05
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF	$84.13
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL	$460.91
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	$84.13
E0776	IV POLE	$15.60
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$18.42
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	$10.68
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	$0.00
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	$0.00
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	$0.00
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	$0.00
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	$0.00
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE	$0.00
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING	$0.00
E0790	PARENTERAL INFUSION PUMP, PORTABLE	$0.00
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	$0.00
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	$5.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	$6.44
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	$51.53
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	$6.44
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$53.38
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	$0.00
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	$4.69
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S)	$8.92
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION	$9.57
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	$9.60
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	$16.42
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	$19.04
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,	$49.85
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,	$114.47
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	$6.44
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	$13.52
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	$2.15
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	$36.59
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	$66.29
E0942	CERVICAL HEAD HARNESS/HALTER	$2.75
E0944	PELVIC BELT/HARNESS/BOOT	$3.57
E0945	EXTREMITY BELT/HARNESS	$4.79
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	$497.12
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$479.17
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	$469.39
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	$89.58
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$22.34
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	$0.00
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED	$8.03
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING	$0.00
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	$0.00
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	$0.00
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING	$0.00
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$43.54
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	$5.48
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	$0.00
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	$2.14
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	$8.84
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT	$6.46
E0968	COMMODE SEAT, WHEELCHAIR	$17.49
E0969	NARROWING DEVICE, WHEELCHAIR	$16.93
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$0.00
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	$10.95
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$5.03
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$4.33
E0980	SAFETY VEST, WHEELCHAIR	$2.99
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	$0.00
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	$0.00
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	$235.68
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	$116.69
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$18.25
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	$413.47
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	$0.00
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	$0.00
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$6.50
E0994	ARM REST, EACH	$3.30
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	$3.15
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$0.00
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR	$0.00
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR	$0.00
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE,	$0.00
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	$0.00
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	$0.00
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG	$97.22
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION	$0.00
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE	$50.00
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER	$94.99
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$32.86
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$11.46
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$0.00
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	$13.14
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR,	$13.14
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	$0.00
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	$0.00
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$0.00
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$0.00
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	$54.41
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY	$613.20
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT,	$0.00
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	$97.64
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$40.01
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN	$40.01
E1040	ROLLABOUT CHAIR, WITH FIXED OR REMOVABLE ARMS	$0.00
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE	$182.95
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	$119.14
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	$2,922.58
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	$117.06
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG	$96.20
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY	$112.84
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	$76.96
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE	$96.20
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	$165.56
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	$126.88
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE	$139.41
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	$119.08
E1091	YOUTH WHEELCHAIR, ANY TYPE	$0.00
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY	$109.95
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING	$177.97
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE	$0.00
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG	$135.20
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE	$57.72
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE	$57.72
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE	$83.20
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$74.36
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	$235.92
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	$86.55
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	$83.08
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR	$126.78
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	$116.54
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	$111.51
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	$147.78
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$101.83
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER,	$268.01
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	$43.16
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	$74.36
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	$70.69
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	$79.82
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15	$37.36

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80	$0.00
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$13.34
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$36.40
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	$0.00
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND	$196.46
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING	$189.20
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	$192.45
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	$199.41
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING	$192.89
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$167.16
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$147.48
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$148.77
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$0.00
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY	$105.04
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$63.11
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	$63.11
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	$63.11
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	$148.09
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$109.92
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	$109.92
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	$131.19
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$49.94
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$8.92
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	$43.35
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	$231.93
E1351	CANNULA	$0.00
E1353	REGULATOR	$29.75
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR	$0.00
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR	$0.00
E1355	STAND/RACK	$22.40
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE,	$0.00
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE,	$0.00
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE,	$0.00
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE,	$0.00
E1371	FACE TENT	$0.00
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$139.15
E1373	TRACHEOTOMY MASK OR COLLAR	$0.00
E1374	VARIABLE CONCENTRATION MASK	$0.00
E1388	OXYGEN CONCENTRATOR, EQUIVALENT TO 244 CUBIC FEET	$0.00
E1389	OXYGEN CONCENTRATOR, EQUIVALENT TO 488 CUBIC FEET	$0.00
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	$0.00
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	$0.00
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	$0.00
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	$32.08
E1393	OXYGEN CONCENTRATOR, EQUIVALENT TO 1464 CUBIC FEET	$0.00
E1394	OXYGEN CONCENTRATOR, EQUIVALENT TO 1708 CUBIC FEET	$0.00
E1395	OXYGEN CONCENTRATOR, EQUIVALENT TO 1952 CUBIC FEET	$0.00
E1396	OXYGEN CONCENTRATOR, EQUIVALENT TO OVER 1952 CUBIC FEET	$0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	$0.00
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	$0.00
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	$0.00
E1500	CENTRIFUGE, FOR DIALYSIS	$5.00
E1510	KIDNEY, DIALYSATE DELIVERY SYST KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL	$5.00
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	$5.00
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	$5.00
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	$5.00
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	$5.00
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	$5.00
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	$5.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	$5.00
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	$5.00
E1590	HEMODIALYSIS MACHINE	$5.00
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	$5.00
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	$5.00
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	$5.00
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	$5.00
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	$5.00
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	$5.00
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	$5.00
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	$5.00
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	$5.00
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	$5.00
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	$5.00
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	$0.00
E1637	HEMOSTATS, EACH	$0.00
E1639	SCALE, EACH	$5.00
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	$0.00
E1700	JAW MOTION REHABILITATION SYSTEM	$41.49
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	$11.45
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	$23.05
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	$138.27
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR	$121.43
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	$326.80
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	$138.27
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR	$99.66
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	$138.27
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR	$126.22
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	$85.99
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	$138.27
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR	$128.23
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR	$130.90
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	$8.33
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE	$10.51
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	$138.27
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR	$0.00
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	$371.93
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION	$453.00
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION	$50.00
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$48.77
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	$48.80
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	$18.86
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	$283.52
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	$37.31
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$40.29
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22	$40.71
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	$69.15
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC C	$3.19
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY,	$4.00
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$0.00
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	$0.00
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	$0.00
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$12.56
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$0.61
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),	$3.01
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$4.49
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$0.94
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	$0.50
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	$0.50

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	$0.50
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$2.98
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,	$3.21
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE),	$2.49
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	$2.09
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE,	$7.34
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	$1.74
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$3.79
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	$0.00
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	$0.00
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),	$0.00
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$50.00
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$50.00
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$50.00
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$50.00
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	$0.00
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	$0.00
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROL	$0.00
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROL	$0.00
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL	$201.67
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER,	$32.03
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK,	$0.00
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL	$0.00
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL	$0.00
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	$0.00
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING	$0.00
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL,	$0.00
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE,	$0.00
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	$0.00
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM	$0.00
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$35.85
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$53.76
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$38.08
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$60.92
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING	$0.00
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	$0.00
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL	$0.00
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH	$12.20
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL	$0.00
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$9.04
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL	$0.00
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$12.20
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL,	$0.00
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE	$10.65
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER	$0.00
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	$0.00
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	$0.00
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX	$0.00
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL,	$0.00
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	$15.08
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE	$0.00
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE	$16.92
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	$0.00
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	$0.00
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	$0.00
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	$55.41
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	$0.00
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,	$0.00
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	$0.00
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,	$0.00
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	$0.00
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT	$0.00
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,	$0.00
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$0.00
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,	$0.00
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	$0.00
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	$0.00
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	$0.00
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	$0.00
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$0.00
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	$0.00
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	$0.00
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	$0.00
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	$39.11
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	$119.59
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	$157.76
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	$231.29
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	$357.67
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	$676.82
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL	$50.00
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	$50.00
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	$0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.00
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$0.00
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.00
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$0.00
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.00
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$0.00
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	$0.00
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	$0.00
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	$0.00
E2610	WHEELCHAIR SEAT CUSHION, POWERED	$0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	$0.00
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	$0.00
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	$0.00
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	$0.00
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	$0.00
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	$0.00
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	$0.00
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	$0.00
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	$0.00
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	$0.00
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,	$0.00
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR	$0.00
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	$0.00
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22	$0.00
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$0.00
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$0.00
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$0.00
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$0.00
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM	$0.00
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	$0.00
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER	$0.00
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	$0.00
G0003	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPT	$332.28
G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	$0.00
G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE	$0.00
G0079	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR	$0.00
G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE	$0.00
G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE	$0.00
G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR	$0.00
G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR	$0.00
G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT.	$0.00
G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR	$0.00
G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN	$0.00
G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE	$0.00
G0091	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	$89.28
G0092	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	$99.51
G0093	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	$140.70
G0094	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	$156.83
G0095	HEPATIC FUNCTION PANEL A ((WITH BILIRUBIN, TOTAL AND DIRECT); ALBUMIN, SERUM; BI	$0.00
G0096	BASIC METABOLIC PANEL (CARBON DIOXIDE (BICARBONATE); CHLORIDE-BLOOD; CREATININE-	$0.00
G0097	ELECTROLYTES PANEL (CARBON DIOXIDE; CHLORIDE-BLOOD; POTASSIUM-SERUM; SODIUM-SERU	$0.00
G0098	COMPREHENSIVE METABOLIC PANEL (ALBUMIN-SERUM; BILIRUBIN-TOTAL; CALCIUM-TOTAL; CH	$0.00
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	$23.84
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	$9.02
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	$25.42
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	$55.97
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	$189.81
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	$140.76
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30	$34.21
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR	$20.15
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	$25.39
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	$9.29
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	$140.76
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	$211.36
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	$0.00
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$28.00
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$22.89
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$8.27
G0129	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL	$0.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	$45.36
G0133	ULTRASOUND BONE MINERAL DENSITY STUDY, ONE OR MORE SITES APPENDICULAR SKELETON	$0.00
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	$21.72
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$28.00
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$28.00
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$28.00
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	$15.73
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	$21.00
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR	$0.00
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR	$0.00
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME	$0.00
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15	$0.00
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH	$0.00
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME	$0.00
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME	$0.00
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH	$0.00
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH	$0.00
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME	$0.00
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF	$0.00
G0165	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF MELANOMA OR	$2,400.36
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	$4.05
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	$23.82
G0181	PHYSICIAN OR ALLOWED PRACTITIONER SUPERVISION OF A PATIENT RECEIVING	$92.25
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT	$103.97

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0183	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLOROIDAL NEOVASCULAR	$0.00
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	$0.00
G0203	SCREENING MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGES ANALYZED FOR	$0.00
G0205	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR	$91.91
G0207	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR	$75.43
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY	$18.91
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY	$12.74
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR	$8.70
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	$33.87
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	$17.09
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	$20.56
G0248	DEMONSTRATION, PRIOR TO INITIATION OF HOME INR MONITORING, FOR PATIENT WITH	$167.67
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT	$100.48
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING	$7.06
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING	$0.00
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPHY	$0.00
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS, INCLUDING	$0.00
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	$24.13
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	$0.00
G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR	$246.17
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	$32.71
G0278	ILIAC AND/OR FEMORAL ARTERY ANGIOGRAPHY, NON-SELECTIVE, BILATERAL OR	$9.80
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST	$36.80
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	$9.73
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE	$0.00
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	$9.73
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNI	$317.98
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	$62.31
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT	$0.00
G0298	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	$0.00
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH	$0.00
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME	$0.00
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE	$0.00
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15	$0.00
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS	$0.00
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF	$0.00
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND	$6.52
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	$5.42
G0327	COLORECTAL CANCER SCREENING; BLOOD-BASED BIOMARKER	$0.00
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3	$0.00
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	$2.06
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT	$24.04
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT	$46.92
G0406	FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15	$22.91
G0407	FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25	$41.21
G0408	FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35	$58.97
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING	$423.21
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR	$617.82
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	$585.76
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR	$796.60
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE	$425.37
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY	$0.00
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY	$0.00
G0425	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY	$48.15
G0426	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY	$65.65
G0427	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY	$96.56
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME	$8.94
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE,	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY	$0.00
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2,	$0.00
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	$5.71
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	$14.33
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	$5.71
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION;	$14.33
G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAVIORAL THERAPY FOR CARDIOVASCULAR DISEASE,	$14.33
G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	$14.33
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR	$0.00
G0449	ANNUAL FACE-TO-FACE OBESITY SCREENING, 15 MINUTES	$0.00
G0450	SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS, INCLUDES LABORATORY TESTS FOR CHL	$0.00
G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT	$0.00
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE	$16.29
G0454	PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT	$5.47
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING	$32.30
G0464	COLORECTAL CANCER SCREENING; STOOL-BASED DNA AND FECAL OCCULT HEMOGLOBIN (E.G.,	$0.00
G0466	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, NEW PATIENT; A	$0.00
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, ESTABLISHED PATIENT; A	$0.00
G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, IPPE OR AWV; A FQHC VISIT THAT	$0.00
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATIENT; A	$0.00
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, ESTABLISHED	$0.00
G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION	$0.00
G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	$0.00
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS	$0.00
G0477	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	$8.92
G0478	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	$11.89
G0479	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	$47.55
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO	$47.96
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO	$73.79
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO	$99.62
G0483	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO	$129.14
G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR	$0.00
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY	$0.00
G0492	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED	$0.00
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT	$0.00
G0494	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND	$0.00
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION	$0.00
G0496	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN), IN THE TRAINING AND/OR	$0.00
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS	$0.00
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED	$3.41
G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60	$123.19
G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND	$118.79
G0513	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	$0.00
G0514	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	$0.00
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR	$0.00
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR	$0.00
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE	$0.00
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED	$5.77
G2011	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT	$10.38
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A	$8.15
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	$23.46
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	$25.46
G2025	PAYMENT FOR A TELEHEALTH DISTANT SITE SERVICE FURNISHED BY A RURAL HEALTH	$0.00
G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE	$0.00
G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING	$0.00
G2076	INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS A COMPLETE,	$0.00
G2077	PERIODIC ASSESSMENT; ASSESSING PERIODICALLY BY QUALIFIED PERSONNEL TO DETERMINE	$0.00
G2078	TAKE-HOME SUPPLY OF METHADONE; UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE	$0.00
G2079	TAKE-HOME SUPPLY OF BUPRENORPHINE (ORAL); UP TO 7 ADDITIONAL DAY SUPPLY	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
G2080	EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDICATION ASSISTED	$0.00
G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$15.61
G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$15.61
G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE	$182.81
G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION,	$178.22
G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION,	$21.25
G2211	VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT ASSOCIATED WITH MEDICAL	$0.00
G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S)	$0.00
G2213	INITIATION OF MEDICATION FOR THE TREATMENT OF OPIOID USE DISORDER IN THE	$0.00
G2214	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 30	$0.00
G2215	TAKE-HOME SUPPLY OF NASAL NALOXONE; 2-PACK OF 4MG PER 0.1 ML NASAL SPRAY	$0.00
G2216	TAKE-HOME SUPPLY OF INJECTABLE NALOXONE (PROVISION OF THE SERVICES BY A	$0.00
G2250	REMOTE ASSESSMENT OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED	$5.44
G2251	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A	$7.62
G2252	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A	$14.57
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	$33.62
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY	$50.60
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL	$112.96
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL	$87.25
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL	$97.73
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL	$97.23
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A	$179.60
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A	$120.94
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A	$133.92
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A	$133.92
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM	$192.08
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM	$158.88
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM	$179.10
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM	$178.85
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA	$278.95
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED	$278.95
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING	$0.00
G6030	AMITRIPTYLINE	$14.62
G6031	BENZODIAZEPINES	$15.10
G6032	DESIPRAMINE	$14.05
G6034	DOXEPIN	$12.65
G6035	GOLD	$13.30
G6036	ASSAY OF IMIPRAMINE	$14.05
G6037	NORTRIPTYLINE	$11.06
G6038	SALICYLATE	$5.80
G6039	ACETAMINOPHEN	$16.52
G6040	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	$8.82
G6041	ALKALOIDS, URINE, QUANTITATIVE	$24.51
G6042	AMPHETAMINE OR METHAMPHETAMINE	$12.69
G6043	BARBITURATES, NOT ELSEWHERE SPECIFIED	$9.35
G6044	COCAINE OR METABOLITE	$12.37
G6045	DIHYDROCODEINONE	$16.86
G6046	DIHYDROMORPHINONE	$20.99
G6047	DIHYDROTESTOSTERONE	$21.08
G6048	DIMETHADIONE	$11.31
G6049	EPIANDROSTERONE	$17.54
G6050	ETHCHLORVYNOL	$14.11
G6051	FLURAZEPAM	$16.16
G6052	MEPROBAMATE	$14.39
G6053	METHADONE	$13.33
G6054	METHSUXIMIDE	$12.10
G6055	NICOTINE	$19.34
G6056	OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE	$15.89
G6057	PHENOTHIAZINE	$12.71

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G6058	DRUG CONFIRMATION, EACH PROCEDURE	$10.82
G8569	PROLONGED POSTOPERATIVE INTUBATION (> 24 HRS) REQUIRED	$0.00
G9001	COORDINATED CARE FEE, INITIAL RATE	$0.00
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	$0.00
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	$0.00
G9004	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	$0.00
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	$0.00
G9006	COORDINATED CARE FEE, HOME MONITORING	$0.00
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	$0.00
G9008	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	$0.00
G9009	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 3	$0.00
G9010	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 4	$0.00
G9011	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5	$0.00
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED	$0.00
G9016	SMOKING CESSATION COUNSELING, INDIVIDUAL, IN THE ABSENCE OF OR IN ADDITION TO	$0.00
G9481	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$11.02
G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$21.13
G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$32.63
G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$55.35
G9485	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$72.25
G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$10.89
G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$21.86
G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$33.69
G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$47.51
G9490	CMS INNOVATION CENTER MODELS, HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY	$30.37
G9668	DOCUMENTATION OF MEDICAL REASON (S) FOR NOT CURRENTLY BEING A STATIN THERAPY USE	$0.00
G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$0.00
G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$0.00
G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$0.00
G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$0.00
G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$0.00
G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$0.00
G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$0.00
G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$0.00
G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	$0.00
G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT	$0.00
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	$0.00
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF	$0.00
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$0.00
H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	$0.00
H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	$0.00
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	$0.00
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	$0.00
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM),	$0.00
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$0.00
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDICAL, NON-ACUTE CARE IN A	$0.00
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	$0.00
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	$0.00
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	$0.00
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$0.00
H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	$0.00
H0039	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$0.00
H0044	SUPPORTED HOUSING, PER MONTH	$0.00
H0045	RESPITE CARE SERVICES, NOT IN THE HOME, PER DIEM	$0.00
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	$0.00
H1000	PRENATAL CARE, AT-RISK ASSESSMENT	$0.00
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	$0.00
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	$0.00
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
H1004	PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME VISIT	$0.00
H1005	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)	$0.00
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$0.00
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	$0.00
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	$0.00
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$0.00
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$0.00
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$0.00
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	$0.00
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	$0.00
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$0.00
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$0.00
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	$0.00
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$0.00
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	$0.00
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	$0.00
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	$0.00
H2032	ACTIVITY THERAPY, PER 15 MINUTES	$0.00
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	$0.00
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	$0.00
H5010	THERAPY, INDIVIDUAL, BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	$0.00
H5020	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP, 45-50 MINUTES, PER PERSON, PE	$0.00
H5025	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP; 90 MINUTES, PER PERSON, PER S	$0.00
H5030	OTHER SERVICES BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	$0.00
H5040	RESIDENTIAL CARE IN PUBLIC INSTITUTION	$0.00
H5050	RESIDENTIAL CARE IN PRIVATE INSTITUTION	$0.00
H5060	PUBLIC SPECIAL SCHOOLS OR DAY CARE CENTERS	$0.00
H5090	SPECIAL CLASS PRIVATE	$0.00
H5100	SPECIAL CLASS PRIVATE PROPRIETARY	$0.00
H5110	SUMMER TREATMENT CAMP	$0.00
H5120	SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME	$0.00
H5130	VISITING TEACHER SERVICES	$0.00
H5160	READING THERAPY	$0.00
H5170	OTHER SPECIAL EDUCATION OR VOCATIONAL SERVICES	$0.00
H5180	TRANSPORTATION FOR HANDICAPPED	$0.00
H5190	NURSING CARE, HOME	$0.00
H5200	NURSING CARE, OTHER	$0.00
H5220	REHABILITATIVE EVALUATION, 0-20 MINUTES	$0.00
H5230	REHABILITATIVE EVALUATION, 21-40 MINUTES	$0.00
H5240	REHABILITATIVE EVALUATION, 41-60 MINUTES	$0.00
H5299	REHABILITATIVE EVALUATION, NOT OTHERWISE CLASSIFIED	$0.00
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	$0.00
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	$0.00
J0594	INJECTION, BUSULFAN, 1 MG	$0.00
J0894	INJECTION, DECITABINE, 1 MG	$0.00
J1324	INJECTION, ENFUVIRTIDE, 1 MG	$0.00
J1458	INJECTION, GALSULFASE, 1 MG	$0.00
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	$0.00
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	$0.00
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	$0.00
J1750	INJECTION, IRON DEXTRAN, 50 MG	$0.00
J1750	INJECTION, IRON DEXTRAN, 50 MG	$0.00
J2170	INJECTION, MECASERMIN, 1 MG	$0.00
J2170	INJECTION, MECASERMIN, 1 MG	$0.00
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	$0.00
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	$0.00
J3243	INJECTION, TIGECYCLINE, 1 MG	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	$0.00
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	$0.00
J7311	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	$0.00
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	$0.00
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR	$102.06
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	$0.00
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$110.87
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$171.37
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	$0.00
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	$0.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$0.00
J9171	INJECTION, DOCETAXEL, 1 MG	$0.00
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	$0.00
K0001	STANDARD WHEELCHAIR	$65.72
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	$66.78
K0003	LIGHTWEIGHT WHEELCHAIR	$85.74
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	$189.39
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	$196.33
K0006	HEAVY DUTY WHEELCHAIR	$166.41
K0007	EXTRA HEAVY DUTY WHEELCHAIR	$207.90
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	$0.00
K0009	OTHER MANUAL WHEELCHAIR/BASE	$0.00
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	$0.00
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	$0.00
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	$0.00
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	$0.00
K0019	ARM PAD, REPLACEMENT ONLY, EACH	$0.00
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	$0.00
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	$0.00
K0038	LEG STRAP, EACH	$0.00
K0039	LEG STRAP, H STYLE, EACH	$0.00
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	$0.00
K0041	LARGE SIZE FOOTPLATE, EACH	$0.00
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	$0.00
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	$0.00
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	$0.00
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	$0.00
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	$0.00
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	$0.00
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	$0.00
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	$0.00
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	$0.00
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,	$9.36
K0065	SPOKE PROTECTORS, EACH	$4.36
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT	$9.84
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED,	$18.02
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	$10.77
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY,	$6.08
K0073	CASTER PIN LOCK, EACH	$3.29
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	$5.78
K0105	IV HANGER, EACH	$9.76
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	$0.00
K0118	TENS SUPPLIES - ONE MONTH SUPPLY FOR TENS, 2 LEAD	$23.35
K0143	ISOETHARINE HYDROCHLORIDE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED	$0.00
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	$17.07
K0282	WATER, DISTILLED, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	$0.00
K0453	INJECTION, AMPHOTERICIN B, 50 MG	$0.00
K0454	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	$0.00
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION,	$339.20
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	$0.00
K0535	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE 16 SQUARE INCH O	$0.00
K0536	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE MORE THAN 16 SQ	$0.00
K0537	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ	$0.00
K0548	INJECTION, INSULIN LISPRO, UP TO 50 UNITS	$0.00
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL	$251.11
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS	$27.98
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	$1.10
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	$6.36
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5	$0.57
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6	$6.09
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5	$14.60
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS,	$2,268.20
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY,	$194.23
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	$12.14
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT	$483.65
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC	$25.00
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	$0.00
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH	$0.00
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE	$34.34
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN	$14.00
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A	$0.00
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	$0.00
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD	$0.00
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD	$0.00
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD	$0.00
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND	$0.00
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450	$0.00
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO	$0.00
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	$129.28
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK,	$241.24
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT	$308.78
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT	$351.63
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP	$336.74
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT	$257.66
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT	$330.77
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$399.75
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP	$402.37
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$484.27
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	$443.32

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	$626.93
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT	$533.09
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	$690.82
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601	$634.37
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK,	$442.59
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT	$442.59
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	$405.74
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR,	$420.75
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	$484.27
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,	$433.23
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	$626.93
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	$807.36
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID	$431.86
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR,	$431.86
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID	$519.96
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$528.44
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP	$508.07
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$521.03
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	$500.96
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	$708.26
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT	$727.56
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	$963.86
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT	$910.51
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	$567.23
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR,	$578.60
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	$703.76
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,	$671.17
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	$1,005.41
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID	$568.14
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID	$703.76
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID	$1,005.41
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID	$1,196.45
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	$0.00
K1001	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES	$0.00
K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND	$0.00
K1003	WHIRLPOOL TUB, WALK-IN, PORTABLE	$0.00
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL	$0.00
K1005	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	$0.00
K1013	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	$0.00
K1014	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID	$0.00
K1015	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	$0.00
K1016	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE	$0.00
K1017	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016	$0.00
K1018	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	$0.00
K1019	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1018	$0.00
K1020	NON-INVASIVE VAGUS NERVE STIMULATOR	$0.00
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT	$0.00
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR	$0.00
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	$23.71
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	$123.49
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	$26.99
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH	$67.92
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED,	$85.95
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	$412.90
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED,	$78.38
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC	$211.18
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	$230.90
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	$346.13
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	$403.40

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	$39.80
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	$118.75
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	$390.10
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	$163.51
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	$319.22
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL	$468.91
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL	$915.42
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC	$420.46
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC	$473.25
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC	$588.65
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC	$700.78
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	$245.42
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	$479.12
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	$280.16
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	$546.95
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	$528.08
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME	$280.28
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR	$682.30
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	$792.06
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	$145.78
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	$1,002.92
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	$1,129.24
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	$473.25
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING	$133.37
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID	$362.08
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID	$41.12
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	$58.10
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	$193.11
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID	$9.68
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID	$32.18
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1	$43.27
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	$36.75
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS,	$193.79
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	$39.55
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	$32.29
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	$76.36
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	$483.98
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	$84.13
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	$135.19
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	$21.15
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	$844.18
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	$1,070.07
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	$624.97
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	$621.81
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	$624.97
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	$493.33
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	$71.73
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS,	$378.34
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	$149.07
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	$944.87
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	$263.93
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	$1,220.12
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	$1,220.12
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL	$1,343.75
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH	$1,374.77
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	$1,849.84
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	$1,280.28
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	$2,737.33
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS	$528.06

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	$101.62
L0970	TLSO, CORSET FRONT	$87.05
L0972	LSO, CORSET FRONT	$77.89
L0974	TLSO, FULL CORSET	$112.25
L0976	LSO, FULL CORSET	$76.73
L0978	AXILLARY CRUTCH EXTENSION	$272.30
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	$6.74
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	$8.15
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	$35.49
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	$0.00
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF	$1,596.75
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE,	$60.00
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND	$1,508.96
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS	$35.43
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	$72.56
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	$73.64
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	$32.44
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	$65.25
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	$55.76
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	$67.19
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	$56.99
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	$32.44
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL	$118.79
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	$65.95
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	$105.14
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER,	$205.91
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	$45.01
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL	$1,347.53
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	$187.31
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	$163.24
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	$276.65
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	$58.18
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	$43.94
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	$48.45
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	$65.37
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	$65.66
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	$91.99
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	$1,184.61
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	$1,034.44
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	$39.00
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH	$79.47
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY),	$29.65
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS),	$80.81
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),	$89.57
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER	$192.89
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED	$126.12
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,	$168.06
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED,	$76.55
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL,	$1,263.81
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	$1,077.14
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	$680.29
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION	$911.67
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	$1,317.41
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	$1,458.77
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	$1,284.26
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	$947.32
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	$1,029.45
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,	$65.53
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	$127.95

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR	$76.34
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	$87.51
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED,	$138.76
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL	$342.56
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL	$668.79
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	$483.72
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL,	$62.90
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM	$631.28
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	$849.37
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	$403.56
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	$744.02
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR	$271.16
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR	$529.39
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	$222.29
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	$840.73
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	$802.05
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM	$780.56
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM	$146.01
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS,	$45.66
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM	$389.39
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED,	$125.17
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS,	$265.28
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,	$206.26
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR	$157.25
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING	$180.74
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	$420.71
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	$334.24
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION),	$624.75
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	$522.07
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	$395.95
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	$383.21
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	$361.72
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED,	$220.98
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	$312.57
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	$367.42
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,	$1,011.11
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	$1,931.89
L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND	$0.00
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	$883.52
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	$1,262.37
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	$764.12
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE	$1,016.93
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE	$88.21
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE	$1,088.63
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE	$1,106.81
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE,	$761.44
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS,	$79.09
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP	$402.91
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL	$493.79
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS,	$73.64
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP	$260.29
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL	$349.73
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	$577.01
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM	$652.45
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT,	$278.42
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID,	$442.48
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,	$551.26
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	$715.88
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	$1,095.10

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED,	$417.55
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID,	$655.07
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED,	$885.48
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE	$106.64
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	$51.50
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	$46.27
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT,	$70.78
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	$45.01
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	$31.73
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH	$288.79
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	$52.18
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH	$64.58
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST,	$77.39
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	$86.84
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	$7.34
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	$86.26
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP	$382.09
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	$329.86
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	$138.46
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED	$51.47
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION,	$83.43
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	$340.37
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT),	$252.68
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	$133.97
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS	$128.11
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM	$355.37
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	$182.14
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	$301.55
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT	$995.04
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	$32.72
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	$282.82
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	$81.01
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	$95.66
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	$88.81
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE	$114.64
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	$89.59
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	$98.74
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	$56.84
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	$41.10
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR	$57.26
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH	$67.58
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION,	$67.58
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	$58.97
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT	$221.54
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED	$475.07
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM	$299.85
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	$742.64
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	$406.87
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	$216.31
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT	$354.49
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	$239.17
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO	$474.60
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	$356.24
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST	$207.90
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST	$230.82
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	$219.42
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	$275.04
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION,	$344.43
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL,	$627.76

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP	$837.46
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	$180.77
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	$376.91
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	$68.40
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	$120.75
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	$102.91
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	$90.39
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	$36.56
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	$106.78
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR	$62.29
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	$61.43
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	$48.74
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	$28.68
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	$68.92
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL	$84.76
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	$68.28
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW	$102.02
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE	$85.90
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL,	$21.25
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL,	$35.74
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	$0.00
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	$29.12
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL,	$148.10
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	$62.35
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	$76.14
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	$82.15
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT,	$82.15
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL	$93.55
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	$35.98
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH	$5.99
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	$22.18
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	$22.18
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	$34.78
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	$14.98
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	$14.98
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL,	$19.19
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	$20.38
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	$41.98
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	$38.38
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	$3.01
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED,	$23.99
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	$2.00
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	$2.00
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	$2.00
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	$2.00
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	$3.00
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	$3.00
L3208	SURGICAL BOOT, EACH, INFANT	$3.00
L3209	SURGICAL BOOT, EACH, CHILD	$3.00
L3211	SURGICAL BOOT, EACH, JUNIOR	$3.00
L3212	BENESCH BOOT, PAIR, INFANT	$6.13
L3213	BENESCH BOOT, PAIR, CHILD	$6.13
L3214	BENESCH BOOT, PAIR, JUNIOR	$6.13
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	$5.37
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	$5.37
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	$6.84
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	$5.37
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	$6.84
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	$6.84

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	$74.31
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	$55.34
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	$8.55
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE	$8.55
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	$8.55
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,	$8.55
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	$8.55
L3254	NON-STANDARD SIZE OR WIDTH	$8.55
L3255	NON-STANDARD SIZE OR LENGTH	$8.55
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	$8.55
L3260	SURGICAL BOOT/SHOE, EACH	$2.28
L3265	PLASTAZOTE SANDAL, EACH	$2.28
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	$24.58
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	$52.00
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	$0.23
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	$266.82
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	$34.78
L3334	LIFT, ELEVATION, HEEL, PER INCH	$17.99
L3340	HEEL WEDGE, SACH	$40.18
L3350	HEEL WEDGE	$10.80
L3360	SOLE WEDGE, OUTSIDE SOLE	$16.79
L3370	SOLE WEDGE, BETWEEN SOLE	$23.37
L3380	CLUBFOOT WEDGE	$23.37
L3390	OUTFLARE WEDGE	$23.37
L3400	METATARSAL BAR WEDGE, ROCKER	$19.19
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	$43.76
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	$25.78
L3430	HEEL, COUNTER, PLASTIC REINFORCED	$75.55
L3440	HEEL, COUNTER, LEATHER REINFORCED	$35.98
L3450	HEEL, SACH CUSHION TYPE	$49.76
L3455	HEEL, NEW LEATHER, STANDARD	$19.19
L3460	HEEL, NEW RUBBER, STANDARD	$16.18
L3465	HEEL, THOMAS WITH WEDGE	$27.59
L3470	HEEL, THOMAS EXTENDED TO BALL	$29.38
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	$29.38
L3485	HEEL, PAD, REMOVABLE FOR SPUR	$1.95
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	$13.79
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	$13.79
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	$14.98
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	$14.98
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	$23.99
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	$4.19
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	$10.80
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	$40.18
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	$30.58
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	$25.18
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	$19.78
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	$35.98
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	$47.36
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	$35.98
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	$47.36
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT	$20.38
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	$36.40
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED,	$41.53
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT	$386.62
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT	$0.00
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT	$13.08
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$123.89
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	$67.12

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM	$599.65
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION	$646.73
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK	$972.27
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED,	$214.57
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED,	$0.00
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL,	$46.13
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,	$550.16
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC	$582.59
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT	$550.16
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS,	$582.59
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),	$30.49
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN	$107.29
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE	$18.94
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY	$209.46
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	$0.00
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	$763.00
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	$941.24
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	$2,508.92
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,	$425.51
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$255.64
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED,	$49.46
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL,	$67.78
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	$116.21
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS,	$35.68
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS,	$445.26
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN	$45.32
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	$88.51
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$116.21
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,	$137.83
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	$16.69
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	$71.00
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),	$51.93
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),	$0.00
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES,	$91.24
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES,	$99.77
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),	$195.96
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	$91.55
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM	$94.79
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	$0.00
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN,	$503.26
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY	$720.88
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN,	$458.11
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),	$851.12
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE	$807.91
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),	$851.12
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS,	$720.88
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE	$720.88
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR	$807.91
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE	$851.12
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND	$232.34
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER	$855.80
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES	$358.76
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND	$230.32
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	$18.58
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	$73.84
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	$865.76
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	$0.50
L4010	REPLACE TRILATERAL SOCKET BRIM	$507.05
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	$563.36

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	$361.73
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$328.73
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$290.08
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$424.41
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$269.71
L4060	REPLACE HIGH ROLL CUFF	$271.14
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	$373.08
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	$54.16
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	$51.49
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	$66.96
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	$66.12
L4130	REPLACE PRETIBIAL SHELL	$551.14
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$14.00
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	$21.02
L4310	MULTI-PODUS OR EQUAL ORTHOTIC PREPARATORY MANAGEMENT SYSTEM FOR LOWER EXTREM	$255.52
L4320	ADDITION TO AFO, MULTI-PODUS (OR EQUAL) ORTHOTIC PREPARATORY MANAGEMENT SYSTEM F	$86.10
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE	$81.51
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT	$157.58
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT	$307.64
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	$85.65
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	$74.75
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	$145.93
L4390	REPLACE SOFT INTERFACE MATERIAL, MULTI-PODUS TYPE SPLINT	$118.27
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	$10.91
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	$7.95
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL,	$77.80
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL,	$151.87
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	$35.81
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM,	$0.00
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	$302.50
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	$680.89
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	$1,427.30
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	$1,363.65
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	$1,866.29
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	$1,335.91
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	$2,648.43
L5110	BELOW KNEE,WOOD SOCKET,JOINTS AND THIGH LACER,SACH FOOT	$0.00
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS,	$2,593.85
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION,	$2,938.52
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$2,021.27
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO	$1,602.44
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED	$2,198.48
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE,	$2,783.15
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS	$4,453.97
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE	$4,551.59
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT	$5,083.14
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	$1,695.83
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	$0.00
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	$2,637.25
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP	$2,886.55
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,	$5,082.35
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	$844.32
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	$168.16
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	$1,056.97
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	$299.51
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	$166.00
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	$190.06
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER,	$882.99
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE	$1,182.52

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	$906.99
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	$956.90
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	$1,275.68
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH	$1,396.75
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	$1,229.29
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	$1,212.13
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	$1,347.61
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	$1,628.20
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	$1,449.79
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	$1,723.08
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT,	$4,400.50
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT,	$3,959.33
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE	$1,282.07
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE	$1,079.75
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE	$1,792.79
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE	$860.88
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL	$729.20
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR	$285.44
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	$146.17
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	$150.76
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	$195.97
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	$220.04
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	$281.57
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	$238.33
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	$124.96
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	$289.75
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	$224.09
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	$126.15
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	$262.99
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	$130.64
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	$192.43
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	$368.90
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	$985.39
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	$410.71
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	$256.45
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET,	$796.52
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	$278.32
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$493.31
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	$227.42
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	$624.62
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	$214.66
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	$997.82
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION	$345.92
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$543.77
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE	$110.48
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	$330.47
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST,	$206.97
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE,	$181.15
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO,	$262.18
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE,	$185.86
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	$398.15
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	$412.36
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	$52.10
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	$73.26
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS'	$195.23
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	$382.21
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	$156.15
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	$470.33
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	$259.25

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	$426.59
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	$42.22
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	$391.94
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	$154.37
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	$621.35
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	$490.16
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	$621.35
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	$55.14
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	$60.50
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	$32.13
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	$56.23
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	$68.65
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	$115.36
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	$147.77
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION,	$109.08
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	$143.37
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	$62.29
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN	$70.70
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	$223.78
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	$1,514.74
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT	$2,050.79
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO	$3,138.63
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	$1,226.65
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	$444.89
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	$497.59
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	$491.78
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	$656.73
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$329.38
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	$387.04
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	$382.69
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING	$246.06
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	$600.34
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE	$647.06
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	$560.77
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$994.34
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID	$1,014.29
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	$1,845.55
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC	$920.90
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	$1,890.05
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	$1,992.54
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	$285.22
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	$458.34
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	$591.40
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$443.88
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	$649.18
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	$496.29
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE	$1,894.69
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	$795.29
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND	$801.31
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	$789.20
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$1,385.18
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE	$1,593.19
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	$1,948.24
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE	$1,652.94
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC	$1,891.71
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	$846.67
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING	$507.96
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE	$61.12
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION	$182.36

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED	$13,248.06
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	$159.58
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE	$257.22
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	$221.45
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	$1,717.16
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	$275.36
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	$394.82
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	$477.00
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC	$0.00
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	$350.06
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	$550.92
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER	$708.19
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE	$1,716.58
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY	$13,380.54
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	$137.00
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT,	$137.00
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	$288.47
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXIC	$0.00
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	$208.31
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL	$218.99
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR	$472.48
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	$256.36
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE	$1,325.96
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	$2,281.74
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	$1,567.68
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	$422.15
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR	$461.35
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	$144.06
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	$540.53
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	$943.67
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L6000	PARTIAL HAND, THUMB REMAINING	$1,156.04
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	$1,308.42
L6020	PARTIAL HAND, NO FINGER REMAINING	$1,198.14
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL	$4,145.50
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	$1,087.80
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	$1,462.83
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	$1,643.53
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE,	$2,193.93
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	$2,077.22
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION,	$2,711.83
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	$2,186.69
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION,	$3,425.17
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	$2,933.03
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	$1,537.57
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	$699.76
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	$875.01
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	$1,143.18
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND	$277.55
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	$278.47
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC	$1,665.84
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	$1,955.43
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC	$1,777.67
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	$2,929.10
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	$3,393.71
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET,	$950.62
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION	$723.67
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET,	$1,168.16
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION	$984.65

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	$1,676.66
L6589	FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	$0.00
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	$1,476.86
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	$160.89
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	$167.08
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	$139.61
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH,	$30.42
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	$92.45
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT,	$32.32
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	$201.97
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH	$286.18
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	$278.32
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	$466.88
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	$197.62
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING	$91.58
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	$100.96
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	$28.52
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	$129.00
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	$223.18
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE	$1,181.29
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	$141.79
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	$104.81
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	$135.46
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	$234.20
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION,	$1,489.87
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	$245.27
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	$1,536.59
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	$244.49
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	$61.39
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	$82.19
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	$25.27
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	$46.87
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	$129.51
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE	$79.86
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE	$97.18
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	$177.50
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	$160.85
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR	$301.55
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	$43.32
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST	$306.29
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW	$336.58
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	$375.71
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	$438.70
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	$241.43
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	$419.09
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	$1,341.08
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$470.33
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$391.94
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$621.35
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$621.35
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	$382.21
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	$29.81
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	$38.91
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	$143.43
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	$93.28
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	$135.11
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	$0.00
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	$0.00
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	$0.00
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY	$0.00
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY	$0.00
L6760	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL,MODEL #10AW	$0.00
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	$218.03
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	$111.41
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	$1,931.19
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL	$1,464.89
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL,	$876.46
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL,	$1,835.12
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO	$2,933.03
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY	$115.99
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY	$273.75
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	$1,053.77
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	$1,132.34
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	$1,010.26
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR	$429.50
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE	$3,879.54
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE	$4,421.80
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	$3,590.40
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	$4,158.00
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	$4,560.01
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	$5,248.23
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	$5,083.82
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	$6,075.04
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	$6,625.82
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	$7,696.48
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDE	$8,161.18
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDE	$9,584.89
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	$293.44
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	$528.43
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	$295.80
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	$1,479.73
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	$701.30
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	$2,969.58
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVI	$18,827.33
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	$18,927.16
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	$3,110.95
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	$4,383.56
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY	$4,090.73
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	$4,312.67
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	$4,203.32
L7360	SIX VOLT BATTERY, EACH	$128.38
L7362	BATTERY CHARGER, SIX VOLT, EACH	$134.84
L7364	TWELVE VOLT BATTERY, EACH	$247.06
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	$323.22
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	$183.91
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	$238.40
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,	$144.77
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	$162.07
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR	$175.03
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,	$173.96
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC	$262.55
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR	$343.38
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	$7.80
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$14.00
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	$0.00
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	$17.19

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM,	$34.21
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,	$98.74
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,	$129.88
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	$35.30
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	$46.35
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	$175.95
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	$229.69
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	$0.00
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	$0.00
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	$0.00
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	$1,730.61
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,269.52
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,530.25
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,865.62
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$3,209.50
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$3,553.37
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,237.14
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,292.50
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,174.90
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	$0.00
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE	$18.82
L8300	TRUSS, SINGLE WITH STANDARD PAD	$102.55
L8310	TRUSS, DOUBLE WITH STANDARD PADS	$110.27
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	$41.59
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	$38.87
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	$12.32
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	$14.19
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	$12.64
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE	$38.37
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	$13.85
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	$14.65
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	$13.85
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	$38.87
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	$72.55
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	$22.03
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	$4.73
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	$5.54
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	$6.88
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	$38.93
L8500	ARTIFICIAL LARYNX, ANY TYPE	$442.19
L8501	TRACHEOSTOMY SPEAKING VALVE	$69.71
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	$2.00
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	$19.79
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE	$51.59
L8510	VOICE AMPLIFIER	$119.36
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE,	$34.36
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE	$1.59
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR	$2.45
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	$44.54
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	$51.83
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	$47.00
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL	$653.97
L8608	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II	$0.00
L8609	ARTIFICIAL CORNEA	$440.82
L8610	OCULAR IMPLANT	$44.09
L8612	AQUEOUS SHUNT	$45.77
L8613	OSSICULA IMPLANT	$19.35
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM,	$561.58
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR,	$48.63
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED	$0.00
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR	$0.00
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	$0.00
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	$0.00
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE,	$0.00
L8630	METACARPOPHALANGEAL JOINT IMPLANT	$281.81
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	$1,653.92
L8641	METATARSAL JOINT IMPLANT	$292.79
L8642	HALLUX IMPLANT	$237.49
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	$255.29
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	$1,450.65
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	$419.05
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	$0.00
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	$349.23
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE	$92.36
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	$4,532.45
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	$3,989.59
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT	$569.58
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,	$9,941.84
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE,	$6,343.69
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES	$12,938.31
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,	$8,255.68
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE	$1,416.44
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$3,515.70
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES	$1,970.66
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT	$0.00
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	$0.00
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	$0.00
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE	$12.53
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE	$0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	$0.00
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH	$0.00
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND,	$0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	$0.00
L9999	SALES TAX, ORTHOTIC/PROSTHETIC/ OTHER	$0.00
M0009	NOT OTHERWISE CLASSIFIED, OFFICE VISITS	$0.00
M0019	NOT OTHERWISE CLASSIFIED, HOME VISITS	$0.00
M0021	PER DIEM INPATIENT HOSPITAL CARE WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PE	$0.00
M0022	I.C.U. CARE FOLLOW-UP WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PERIOD	$0.00
M0023	ROUTINE NEWBORN CARE, INHOSPITAL, INITIAL VISIT ONLY	$0.00
M0024	CHEMOTHERAPY(FOR MALIGNANCIES, FOLLOW-UP VISIT FOR PURPOSES OF MONITORING)	$0.00
M0029	NOT OTHERWISE CLASSIFIED, HOSPITAL VISITS	$0.00
M0039	NOT OTHERWISE CLASSIFIED, SNF, ECF, OR ICF VISITS	$0.00
M0049	NOT OTHERWISE CLASSIFIED, NH, BOARDING HOME, DOMICILLARY, CUSTODIAL CARE FACILIT	$0.00
M0059	NOT OTHERWISE CLASSIFIED, EMERGENCY ROOM SERVICES	$0.00
M0070	INSULIN SHOCK THERAPY, HYPOGLYCEMIA, SUBCOMA, PER TREATMENT	$0.00
M0071	ORTHOMOLECULAR THERAPY	$0.00
M0072	IMMUNOTHERAPY FOR MALIGNANT DISEASE	$0.00
M0075	CELLULAR THERAPY	$0.00
M0076	PROLOTHERAPY	$0.00
M0080	HYPERTHERMIA THERAPY (TO INCLUDE SYSTEMIC THERMOTHERAPY, REGIONAL HYPERTHERMIA	$0.00
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	$0.00
M0101	CUTTING OR REMOVAL OF CORNS, CALLUSES AND/OR TRIMMING OF NAILS, APPLICATION OF S	$18.80
M0201	COVID-19 VACCINE ADMINISTRATION INSIDE A PATIENT'S HOME; REPORTED ONLY ONCE PER	$35.00
M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB	$505.74
M0241	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB	$843.38
M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST	$505.74

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
M0260	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH UNILATERAL MYRINGOTOMY AND T	$0.00
M0261	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUE	$0.00
M0299	NOT OTHERWISE CLASSIFIED, SPECIAL OTORHINOLARYNGOLIC SERVICES	$0.00
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	$0.00
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	$0.00
M0399	NOT OTHERWISE CLASSIFIED, CARDIOVASCULAR SERVICES	$0.00
M0520	ELECTRONIC PACEMAKER ANALYSIS, PULSE MONITOR	$0.00
M0525	SINGLE LEAD EKG WITH ANALYSIS OF PACEMAKER RATE	$0.00
M0526	COMPUTER TRACING AND INTERPRETATION OF ECGS	$0.00
M0530	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, UP TO	$0.00
M0535	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, 12 TH	$0.00
M0540	SIGNAL-AVERAGING EKG	$0.00
M0560	PNEUMOPLETHYSMOGRAPHY VENOUS OCCLUSIVE	$0.00
M0575	ELECTROENCEPHALOGRAM (EEG), INTERPRETATION AND REPORT ONLY	$0.00
M0580	TRANSTELEPHONIC ELECTROENCEPHALOGRAMS; COMPLETE PROCEDURE	$0.00
M0585	ACHILLES REFLEX RESPONSE, ELECTRICAL RECORDING (ART)	$16.80
M0590	MONITORING ECG, EEG OR PRESSURE IN INTRATHORACTIC OR OTHER CRITICAL SURGERY, PER	$92.40
M0601	PSYCHOLOGICAL TESTING, WITH WRITTEN REPORT, PER HOUR	$56.20
M0702	BRIEF, OSTEOPATHIC MANIPULATIVE THERAPY PERFORMED IN OFFICE, OR LOCATION OTHER T	$25.20
M0704	LIMITED, OSTEOPATHIC MANIPULATIVE THERAPY PERFORMED IN OFFICE OR LOCATION OTHER	$25.90
M0706	INTERMEDIATE OSTEOPATHIC MANIPULATIVE THERAPY PERFORMED IN OFFICE OR LOCATION OT	$87.50
M0708	EXTENDED OSTEOPATHIC MANIPULATIVE THERAPY PERFORMED IN OFFICE OR LOCATION OTHER	$44.98
M0710	COMPREHENSIVE OSTEOPATHIC MANIPULATIVE THERAPY PERFORMED IN OFFICE OR LOCATION	$120.94
M0722	BRIEF INPATIENT HOSPITAL OMT (UP TO TWO BODY REGIONS)	$36.53
M0724	LIMITED INPATIENT HOSPITAL OMT (UP TO FOUR BODY REGIONS)	$51.62
M0726	INTERMEDIATE INPATIENT HOSPITAL OMT (UP TO SIX BODY REGIONS)	$99.60
M0728	EXTENDED INPATIENT HOSPITAL OMT (UP TO EIGHT BODY REGIONS)	$45.84
M0730	COMPREHENSIVE INPATIENT HOSPITAL OMT (UP TO TEN BODY REGIONS)	$57.64
M0799	PHYSICAL MEDICINE, NOT OTHERWISE CLASSIFIED,	$0.00
M0900	EXCISION, REVISION OR REMOVAL OF A-V SHUNT ANASTOMOSIS WITH OR WITHOUT GRAFT	$281.16
M0910	INSERTION CATHETERS FEMORAL VEIN, UNILATERAL OR BILATERAL FOR DIALYSIS	$0.00
M0945	OUTPATIENT DIALYSIS RELATED PHYSICIANS' SERVICES EITHER PROVIDED BY THE PHYSICIA	$5.22
M0974	SELF DIALYSIS TRAINING, ANY MODE, COMPLETED COURSE	$0.00
M0978	SELF DIALYSIS TRAINING, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	$0.00
M0982	SELF-DIALYSIS, RETRAINING, ANY MODE, PER TRAINING SESSION	$0.00
M0994	DIAFILTRATION AND/OR HEMOFILTRATION	$0.00
M1003	TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN TWELVE MONTHS PRIOR TO	$0.00
M1004	DOCUMENTATION OF MEDICAL REASON FOR NOT SCREENING FOR TB OR INTERPRETING	$0.00
M1005	TB SCREENING NOT PERFORMED OR RESULTS NOT INTERPRETED, REASON NOT GIVEN	$0.00
M1006	DISEASE ACTIVITY NOT ASSESSED, REASON NOT GIVEN	$0.00
M1007	>=50% OF TOTAL NUMBER OF A PATIENT'S OUTPATIENT RA ENCOUNTERS ASSESSED	$0.00
M1008	<50% OF TOTAL NUMBER OF A PATIENT'S OUTPATIENT RA ENCOUNTERS ASSESSED	$0.00
M9999	NOT OTHERWISE CLASSIFIED, CRITICAL CARE	$0.00
P0999	NOT OTHERWISE CLASSIFIED, SPECIAL PATHOLOGY SERVICES	$0.00
P2028	CEPHALIN FLOCULATION, BLOOD	$0.00
P2029	CONGO RED, BLOOD	$0.00
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	$0.00
P2032	ICTERUS INDEX, BLOOD	$0.00
P2033	THYMOL TURBIDITY, BLOOD	$0.00
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	$6.95
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY	$14.60
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	$13.75
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	$21.60
P7020	VACCINE, AUTOGENOUS (MEDICAL NECESSITY PROCEDURE)	$0.00
P9005	ADMINISTRATION FEE CHARGE BY A PROVIDER FOR SUPPLYING BLOOD OR BLOOD DERIVATIVES	$0.00
P9007	HANDLING CHARGE FOR PURCHASED LAB SERVICES BLOOD ONLY	$0.00
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	$94.00
P9011	BLOOD, SPLIT UNIT	$0.00
P9012	CRYOPRECIPITATE, EACH UNIT	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
P9014	GLOBULIN, GAMMA, 1 ML.	$0.00
P9015	GLOBULIN, RH IMMUNE, 1 ML.	$0.00
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	$0.00
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH	$59.50
P9019	PLATELETS, EACH UNIT	$59.50
P9020	PLATELET RICH PLASMA, EACH UNIT	$0.00
P9021	RED BLOOD CELLS, EACH UNIT	$94.00
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	$145.00
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	$0.00
P9024	FACTOR VIII DILUTION, EACH BOTTLE.	$0.00
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	$0.00
P9032	PLATELETS, IRRADIATED, EACH UNIT	$0.00
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$0.00
P9034	PLATELETS, PHERESIS, EACH UNIT	$575.00
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	$580.00
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	$0.00
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$0.00
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	$0.00
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	$0.00
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	$0.00
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	$0.00
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	$0.00
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	$0.00
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	$0.00
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	$0.00
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250 ML	$0.00
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	$0.00
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	$0.00
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT	$0.00
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	$0.00
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED	$0.00
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	$0.00
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$0.00
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	$0.00
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	$0.00
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	$0.00
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	$0.00
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	$0.00
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	$0.00
P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	$0.00
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED	$0.00
P9100	PATHOGEN(S) TEST FOR PLATELETS	$0.00
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	$0.00
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	$2.76
P9610	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S), SINGLE HOME BOUND, NURSING HOME,	$5.10
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF	$3.00
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATIENTS)	$3.00
Q0009	MONOCLONAL ANTIBODIES(E.G.,MUROMONAB CD3; ORTHOCLONE).	$0.00
Q0019	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0020	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0021	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORGINAL ECG WAVEFOF	$0.00
Q0022	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0023	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0024	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0025	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0026	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFO	$0.00
Q0027	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITO	$0.00
Q0028	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITO	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0029	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITC	$0.00
Q0030	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITC	$0.00
Q0031	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITC	$0.00
Q0032	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITC	$0.00
Q0035	CARDIOKYMOGRAPHY	$24.94
Q0036	OXYGEN CONCENTRATOR, HIGH HUMIDITY	$0.00
Q0038	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEI	$0.00
Q0039	OXYGEN CONTENTS, LIQUID, PER UNIT, (FOR USE WITH OWNED STATIONARY LIQUID SYSTEMS	$0.00
Q0040	PORTABLE OXYGEN CONTENTS, GASEOUS PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS S	$0.00
Q0041	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SY	$0.00
Q0042	STATIONARY COMPRESSED GAS SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT), REGULATOR	$0.00
Q0043	STATIONARY LIQUID OXYGEN SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT)' USE OF RES	$0.00
Q0044	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	$0.00
Q0046	PORTABLE LIQUID OXYGEN SYSTEM RENTAL, INCLUDES FLOWMETER, REFILL ADAPTOR, CONTEN	$0.00
Q0047	ANESTHESIA FOR BLEPHAROPLASTY	$0.00
Q0048	OTHER HEMOPHILIA CLOTTING FACTORS, EG ANTI-INHIBITORS, ONE INTERNATIONAL UNIT (O	$0.00
Q0049	AIR FLUIDIZED BED	$0.00
Q0057	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION, 7.5 MG	$0.00
Q0059	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	$0.00
Q0060	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	$0.00
Q0061	SCREENING, PAPANICOLAOU SMEAR,CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING	$0.00
Q0062	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD WITH CHOLANGIOGRAPHY)	$0.00
Q0063	SCREENING, PAP SMEARS; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINA	$0.00
Q0064	REMOTE AFTERLOAD BRACHYTHERAPY, 1-4 SOURCE POSITIONS OR CATHETERS	$0.00
Q0065	REMOTE AFTERLOAD BRACHYTHERAPY, 5-8 SOURCE POSITIONS OR CATHETERS	$0.00
Q0066	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	$0.00
Q0067	REMOTE AFTERLOAD BRACHYTHERAPY, MORE THAN 12 SOURCE POSITIONS OR CATHETERS	$0.00
Q0069	MAGNETIC RESONANCE (EG., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	$802.47
Q0070	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; W	$0.00
Q0071	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; W	$0.00
Q0072	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBER; WIT	$0.00
Q0073	HALLUX IMPLANT	$0.00
Q0074	AQUEOUS SHUNT	$0.00
Q0076	REMOTE AFTERLOAD BRACHYTHERAPY, 9-12 SOURCE POSITIONS OR CATHETERS	$0.00
Q0077	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FO	$0.00
Q0078	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - ELECTRIC	$0.00
Q0079	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - NON-ELECTRIC	$0.00
Q0080	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	$0.00
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	$30.00
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (E.G.,	$5.00
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	$48.31
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S)	$48.31
Q0087	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	$0.00
Q0088	INJECTION, CALCITRIOL, 1 MCG AMP	$0.00
Q0089	INJECTION, IV., UROKINASE, 250,000 I.U. VIAL	$0.00
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	$8.27
Q0093	FILGRASTIM (G-CSF), PER 100 MCG	$0.00
Q0094	SARGRAMOSTIM (GM-CSF), PER 250 MCG	$0.00
Q0095	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON TEST	$0.00
Q0096	OVULATION TEST KITS, VISUAL COLOR COMPARISON TEST FOR HUMAN LUTEINIZING HORMONE	$0.00
Q0097	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON AUTOMATED	$0.00
Q0098	GLUCOSE, BLOOD; BY GLUCOSE MONITOR'G DEVCE CLR'D BY THE FDA SPCFCLLY 4 HOME USE	$4.91
Q0100	URINALYSIS BY DIP STICK OR TABLET FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONE	$3.97
Q0101	MICROHEMATOCRIT, SPUN	$3.67
Q0102	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	$5.51
Q0105	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (100-199 MGS OF IODINE)	$0.00
Q0106	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)	$0.00
Q0107	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)	$0.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	$5.90

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	$5.90
Q0113	PINWORM EXAMINATIONS	$7.47
Q0114	FERN TEST	$9.88
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	$13.68
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATU	$0.00
Q0126	IMMUNOASSAY, INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE	$0.00
Q0127	CYCLOPHOSPHAMIDE; ORAL, 25 MG	$0.00
Q0128	ETOPOSIDE; ORAL, 50 MG	$18.22
Q0129	METHOTREXATE; ORAL, 2.5 MG	$0.00
Q0130	MELPHALAN; ORAL, 2 MG	$0.00
Q0133	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	$0.00
Q0135	ADDITIONAL HIGH DOSE INJECTION OF CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE	$0.00
Q0140	INJECTION, POTASSIUM CHLORIDE, 2 MEQ	$0.00
Q0141	INJECTION, MAGNESIUM SULFATE, 500 MG	$0.00
Q0142	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201	$0.00
Q0143	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC SESTAMIBI,	$0.00
Q0159	ADENOSINE INJECTION 90 MG	$0.00
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	$0.00
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR	$0.00
Q0188	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	$0.00
Q0477	POWER MODULE PATIENT CABLE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC	$81.40
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$0.00
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION	$0.00
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR	$0.00
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC	$0.00
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR	$0.00
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC	$0.00
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC	$0.00
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE	$0.00
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	$0.00
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$0.00
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	$0.00
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY,	$0.00
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR	$0.00
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	$0.00
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	$0.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH	$0.00
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	$0.00
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	$20.00
Q3030	SODIUM HYALURONATE PER 20 TO 25 MG DOSE, FOR INTRA-ARTICULAR INJECTION	$0.00
Q3031	COLLAGEN SKIN TEST	$0.00
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	$6.50
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	$20.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$10.36
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	$6.14
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	$14.20
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$6.92
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	$18.88
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	$9.44
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	$6.47
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	$10.32
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$5.16
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	$4.79
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	$8.64
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$3.11
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	$24.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	$38.92
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	$10.27
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	$11.69
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	$20.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$14.20
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	$5.94
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	$13.27
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$4.12
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4049	FINGER SPLINT, STATIC	$1.50
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	$0.00
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	$0.00
Q4101	APLIGRAF, PER SQUARE CENTIMETER	$0.00
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	$0.00
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	$0.00
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL	$13.14
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	$0.00
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	$0.00
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	$0.00
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	$0.00
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q4112	CYMETRA, INJECTABLE, 1 CC	$0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1 CC	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC	$0.00
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	$0.00
Q4116	ALLODERM, PER SQUARE CENTIMETER	$0.00
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	$0.00
Q4121	THERASKIN, PER SQUARE CENTIMETER	$23.18
Q4122	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER	$75.40
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	$0.00
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	$0.00
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	$0.00
Q4127	TALYMED, PER SQUARE CENTIMETER	$13.78
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	$0.00
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	$0.00
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	$121.49
Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER	$129.76
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	$0.00
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	$0.00
Q4152	DERMAPURE, PER SQUARE CENTIMETER	$0.00
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	$0.00
Q4154	BIOVANCE, PER SQUARE CENTIMETER	$0.00
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	$0.00
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	$0.00
Q4157	REVITALON, PER SQUARE CENTIMETER	$0.00
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	$0.00
Q4159	AFFINITY, PER SQUARE CENTIMETER	$0.00
Q4160	NUSHIELD, PER SQUARE CENTIMETER	$0.00
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	$0.00
Q4164	HELICOLL, PER SQUARE CENTIMETER	$0.00
Q4165	KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER	$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	$0.00
Q4167	TRUSKIN, PER SQUARE CENTIMETER	$0.00
Q4168	AMNIOBAND, 1 MG	$0.00
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER	$0.00
Q4170	CYGNUS, PER SQUARE CENTIMETER	$0.00
Q4171	INTERFYL, 1 MG	$0.00
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER	$0.00
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC	$0.00
Q4175	MIRODERM, PER SQUARE CENTIMETER	$0.00
Q4176	NEOPATCH OR THERION, PER SQUARE CENTIMETER	$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	$0.00
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER	$0.00
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	$0.00
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	$0.00
Q4182	TRANSCYTE, PER SQUARE CENTIMETER	$0.00
Q4183	SURGIGRAFT, PER SQUARE CENTIMETER	$0.00
Q4184	CELLESTA OR CELLESTA DUO, PER SQUARE CENTIMETER	$0.00
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC	$0.00
Q4186	EPIFIX, PER SQUARE CENTIMETER	$0.00
Q4187	EPICORD, PER SQUARE CENTIMETER	$0.00
Q4188	AMNIOARMOR, PER SQUARE CENTIMETER	$0.00
Q4189	ARTACENT AC, 1 MG	$0.00
Q4190	ARTACENT AC, PER SQUARE CENTIMETER	$0.00
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	$0.00
Q4192	RESTORIGIN, 1 CC	$0.00
Q4193	COLL-E-DERM, PER SQUARE CENTIMETER	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q4194	NOVACHOR, PER SQUARE CENTIMETER	$0.00
Q4195	PURAPLY, PER SQUARE CENTIMETER	$0.00
Q4196	PURAPLY AM, PER SQUARE CENTIMETER	$0.00
Q4197	PURAPLY XT, PER SQUARE CENTIMETER	$0.00
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4200	SKIN TE, PER SQUARE CENTIMETER	$0.00
Q4201	MATRION, PER SQUARE CENTIMETER	$0.00
Q4202	KEROXX (2.5G/CC), 1CC	$0.00
Q4203	DERMA-GIDE, PER SQUARE CENTIMETER	$0.00
Q4204	XWRAP, PER SQUARE CENTIMETER	$0.00
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQUARE CENTIMETER	$0.00
Q4206	FLUID FLOW OR FLUID GF, 1 CC	$0.00
Q4208	NOVAFIX, PER SQUARE CENITMETER	$0.00
Q4209	SURGRAFT, PER SQUARE CENTIMETER	$0.00
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER	$0.00
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4212	ALLOGEN, PER CC	$0.00
Q4213	ASCENT, 0.5 MG	$0.00
Q4214	CELLESTA CORD, PER SQUARE CENTIMETER	$0.00
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG	$0.00
Q4216	ARTACENT CORD, PER SQUARE CENTIMETER	$0.00
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND	$0.00
Q4218	SURGICORD, PER SQUARE CENTIMETER	$0.00
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIMETER	$0.00
Q4220	BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER	$0.00
Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER	$0.00
Q4222	PROGENAMATRIX, PER SQUARE CENTIMETER	$0.00
Q4226	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE	$0.00
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	$0.00
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY	$0.00
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED	$0.00
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	$0.00
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	$0.00
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	$0.00
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	$0.00
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	$0.00
Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	$0.00
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	$0.00
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	$0.00
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	$0.00
Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9964	HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER	$0.00
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	$1.81
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	$1.14
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	$0.30
Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER	$10.00
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	$0.00
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	$0.00
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	$0.00
R0009	NOT OTHERWISE CLASSIFIED, HEAD AND NECK	$0.00
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	$67.71
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	$28.68

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
R0109	NOT OTHERWISE CLASSIFIED, SPINE AND PELVIS	$0.00
R0129	NOT OTHERWISE CLASSIFIED, UPPER EXTREMITY	$0.00
R0159	NOT OTHERWISE CLASSIFIED, LOWER EXTREMITY	$0.00
R0209	NOT OTHERWISE CLASSIFIED, GASTROINTESTINAL TRACT	$0.00
R0259	NOT OTHERWISE CLASSIFIED, URINARY TRACT	$0.00
R0309	NOT OTHERWISE CLASSIFIED, GYNECOLOGICAL AND OBSTETRICAL	$0.00
R0359	NOT OTHERWISE CLASSIFIED, VEINS AND LYMPHATICS	$0.00
R0599	NOT OTHERWISE CLASSIFIED, TRANSCATHETER THERAPY AND BIOPSY	$0.00
S0190	MIFEPRISTONE, ORAL, 200 MG	$81.05
S0191	MISOPROSTOL, ORAL, 200 MCG	$2.36
S0209	WHEELCHAIR VAN, MILEAGE, PER MILE	$0.00
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	$1.95
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER	$0.00
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES	$0.00
S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	$0.00
S5102	DAY CARE SERVICES, ADULT; PER DIEM	$0.00
S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	$0.00
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	$0.00
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$0.00
S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	$0.00
S5111	HOME CARE TRAINING, FAMILY; PER SESSION	$0.00
S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	$0.00
S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	$0.00
S5120	CHORE SERVICES; PER 15 MINUTES	$0.00
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	$0.00
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$0.00
S5135	COMPANION CARE, ADULT (E.G., IADL/ADL); PER 15 MINUTES	$0.00
S5140	FOSTER CARE, ADULT; PER DIEM	$0.00
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	$0.00
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	$0.00
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	$65.00
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND	$43.00
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	$65.00
S5165	HOME MODIFICATIONS; PER SERVICE	$0.00
S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	$0.00
S5185	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	$0.00
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER	$0.00
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL	$0.00
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	$0.00
S9125	RESPITE CARE, IN THE HOME, PER DIEM	$0.00
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	$0.00
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	$0.00
S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	$0.00
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER,	$0.00
S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	$0.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	$0.00
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	$0.00
T1000	PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	$0.00
T1001	NURSING ASSESSMENT / EVALUATION	$0.00
T1002	RN SERVICES, UP TO 15 MINUTES	$0.00
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	$0.00
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	$0.00
T1005	RESPITE CARE SERVICES, UP TO 15 MINUTES	$0.00
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	$0.00
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR	$0.00
T1009	CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR	$0.00
T1010	MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN	$0.00
T1012	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT	$0.00
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES	$9.36

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	$0.00
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	$0.00
T1016	CASE MANAGEMENT, EACH 15 MINUTES	$336.00
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	$0.00
T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	$0.00
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	$0.00
T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	$0.00
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	$20.00
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL	$0.00
T1024	EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE	$0.00
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	$0.00
T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM	$0.00
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS ANI	$0.00
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE	$31.47
T2001	NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT	$0.00
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$0.00
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	$4.92
T2015	HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR	$0.00
T2016	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	$0.00
T2019	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	$0.00
T2021	DAY HABILITATION, WAIVER; PER 15 MINUTES	$0.00
T2022	CASE MANAGEMENT, PER MONTH	$0.00
T2023	TARGETED CASE MANAGEMENT; PER MONTH	$0.00
T2024	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	$0.00
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	$0.00
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	$0.56
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	$0.66
T2031	ASSISTED LIVING; WAIVER, PER DIEM	$0.00
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	$0.00
T2034	CRISIS INTERVENTION, WAIVER; PER DIEM	$0.00
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	$0.00
T2039	VEHICLE MODIFICATIONS, WAIVER; PER SERVICE	$0.00
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	$0.62
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	$0.66
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	$0.66
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	$0.69
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	$0.75
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	$0.75
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	$0.94
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	$0.85
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	$0.30
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	$0.00
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	$0.56
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL	$35.91
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	$51.31
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE	$100.00
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	$100.00
U0005	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE	$0.00
V2020	FRAMES, PURCHASES	$20.12
V2025	DELUXE FRAME	$55.00
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	$25.27
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$28.63
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	$36.18
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	$25.15
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	$24.82
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	$25.15
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	$29.15
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	$30.54
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	$28.79

Disclaimer:
The Medicaid Fee Schedule may change without notice.

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	$33.20
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	$28.18
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	$33.21
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	$35.14
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	$27.74
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	$32.17
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	$83.47
V2118	ANISEIKONIC LENS, SINGLE VISION	$90.89
V2121	LENTICULAR LENS, PER LENS, SINGLE	$69.31
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	$52.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	$41.45
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$44.26
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	$39.81
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	$38.50
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	$40.16
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	$39.67
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	$42.13
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12	$40.04
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	$41.12
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	$41.62
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	$40.92
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	$51.73
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	$48.08
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	$46.31
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	$51.22
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	$129.14
V2218	ANISEIKONIC, PER LENS, BIFOCAL	$102.85
V2219	BIFOCAL SEG WIDTH OVER 28 MM	$17.78
V2220	BIFOCAL ADD OVER 3.25D	$21.58
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	$88.64
V2299	SPECIALTY BIFOCAL (BY REPORT)	$0.00
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	$50.16
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$50.16
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	$50.16
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	$54.15
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	$58.46
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	$58.46
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	$58.46
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	$58.46
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	$58.46
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	$58.46
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	$58.46
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	$60.03
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	$76.48
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	$83.87
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	$69.16
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	$87.56
V2318	ANISEIKONIC LENS, TRIFOCAL	$174.82
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	$20.10
V2320	TRIFOCAL ADD OVER 3.25D	$9.11
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	$138.47
V2399	SPECIALTY TRIFOCAL (BY REPORT)	$0.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	$74.27
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	$99.02
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	$0.00
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	$76.22
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	$110.05
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	$116.75
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	$97.91

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	$123.49
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	$129.99
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	$83.88
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	$118.74
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	$121.60
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	$104.88
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	$426.92
V2599	CONTACT LENS, OTHER TYPE	$59.80
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	$0.00
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	$0.00
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	$542.88
V2620	PROSTHETIC, EYE, GLASS, STOCK	$0.00
V2621	PROSTHETIC, EYE PLASTIC, STOCK	$0.00
V2622	PROSTHETIC, EYE, GLASS, CUSTOM	$0.00
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	$1,216.99
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	$28.01
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	$331.46
V2626	REDUCTION OF OCULAR PROSTHESIS	$210.88
V2627	SCLERAL COVER SHELL	$999.32
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	$221.68
V2629	PROSTHETIC EYE, OTHER TYPE	$364.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	$197.46
V2631	IRIS SUPPORTED INTRAOCULAR LENS	$0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	$311.40
V2700	BALANCE LENS, PER LENS	$39.13
V2715	PRISM, PER LENS	$15.66
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	$22.69
V2744	TINT, PHOTOCHROMATIC, PER LENS	$8.54
V2745	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES	$5.38
V2750	ANTI-REFLECTIVE COATING, PER LENS	$20.63
V2755	U-V LENS, PER LENS	$9.15
V2756	EYE GLASS CASE	$1.56
V2760	SCRATCH RESISTANT COATING, PER LENS	$14.38
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	$0.00
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	$28.15
V2770	OCCLUDER LENS, PER LENS	$20.54
V2780	OVERSIZE LENS, PER LENS	$10.98
V2781	PROGRESSIVE LENS, PER LENS	$0.00
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	$30.41
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	$34.28
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	$30.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	$0.00
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	$0.00
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	$0.00
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	$0.00
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	$1.56
V5000	BASIC AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING THE MEASURING OF HEAR	$0.00
V5001	COMPREHENSIVE AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING A BASIC AUDIO	$0.00
V5002	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED ELECTROPHYSIO	$0.00
V5003	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED BEHAVIORAL TE	$0.00
V5008	HEARING SCREENING	$0.00
V5010	ASSESSMENT FOR HEARING AID	$52.00
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	$80.00
V5012	COMPLETE COCHLEAR IMPLANT REHABILITATION INCLUDING ADJUSTING AND TESTING OF EQUI	$0.00
V5014	REPAIR/MODIFICATION OF A HEARING AID	$142.05
V5016	UNLISTED AUDIOLOGIC PROCEDURE (SPECIFY)	$0.00
V5020	CONFORMITY EVALUATION	$0.00
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	$442.00
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V5050	HEARING AID, MONAURAL, IN THE EAR	$0.00
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	$312.00
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	$0.00
V5100	HEARING AID, BILATERAL, BODY WORN	$0.00
V5120	BINAURAL, BODY	$0.00
V5130	BINAURAL, IN THE EAR	$0.00
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	$0.00
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	$0.00
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	$0.00
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	$312.00
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	$0.00
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	$0.00
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	$0.00
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	$0.00
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	$0.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	$30.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	$0.00
V5266	BATTERY FOR USE IN HEARING DEVICE	$1.25
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	$0.00
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	$0.00
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	$0.00
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	$0.00
V5272	ASSISTIVE LISTENING DEVICE, TDD	$0.00
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	$0.00
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	$0.00
V5275	EAR IMPRESSION, EACH	$20.00
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	$0.00
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	$0.00
V5301	BASIC ASSESSMENT OF SPECIFIC SINGLE SPEECH, VOICE, LANGUAGE COGNITIVE/ COMMUNICA	$0.00
V5310	COMPREHENSIVE ASSESSMENT OF SPEECH, VOICE, LANGUAGE SYSTEMS, ORAL/ PHARYNGEAL S	$0.00
V5321	ASSESSMENT FOR ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX (EXCLUDES V5010	$0.00
V5322	ASSESSMENT FOR AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES V5010 HEAR	$0.00
V5330	TREATMENT FOR SPEECH, LANGUAGE, ORAL/PHARYNGEAL AND/OR COMMUNICATION DISORDER,	$0.00
V5335	REPAIR/MODIFICATION OF ORAL OR LARYNGEAL PROTHESIS OR ARTIFICIAL LARYNX	$0.00
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	$0.00
V5360	UNLISTED SPEECH-LANGUAGE SERVICE (SPECIFY)	$0.00
V5362	SPEECH SCREENING	$0.00
V5363	LANGUAGE SCREENING	$0.00
V5364	DYSPHAGIA SCREENING	$0.00
W0554	SKILLED NURSING SERVICES BY RN FOR EPSDT SERVICES IN THE HOME;MULTIPLE PATIENTS	$70.00
W4082	EXTENSION SET FOR BUTTON TYPE TUBE/DECOMPRESSION TUBE	$0.00
W4084	GLOBAL IMPLANTED SINGLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	$0.00
W4085	GLOBAL IMPLANTED DOUBLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	$0.00
W4086	SKIN LEVEL GASTROSTOMY TUBE	$0.00
W4087	GLOBAL SINGLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICE & SUPPLIES	$0.00
W4088	GLOBAL DOUBLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICES AND SUPPL	$0.00
W4089	GLOBAL PICC SERVICES AND SUPPLIES	$0.00
W4090	MIDLINE AND PICC LINE INSERTION SUPPLIES	$0.00
W4091	MIDLINE & PICC LINE FULL SERVICES	$0.00
W4601	ATTENDANT CARE DAILY	$0.00
W4603	HOME CARE TRAINING,NON-FAMILY,PER 15 MINUTES,SPECIALIZED SERVICES (DD/MR)	$0.00
W4604	HOME CARE TRAINING,NON-FAMILY,PER SESSION,COUNSELING & TRAINING	$0.00
W4605	COMPANION CARE,ADULT,PER DAY	$0.00
W4606	HABILITATION:PRE-VOCATIONAL,EACH,15 MINUTES	$0.00
W4614	DAY HABILITAION;PER 15 MINUTES	$0.00
W4615	OTHER HABILITATION;NOS;PER DAY	$0.00
W4616	INTERPRETOR,PER SERVICE	$0.00
W4621	OTHER HABILITATION,NOS,PER 15 MINUTES	$0.00
W4622	WAIVER CASE MANAGEMENT,COMPREHENSIVE,ALL-INCLUSIVE,PER 15 MINUTES	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
W4624	WAIVER SCREENING SERVICES/PREASSESSMENT/LOC DETERMINATION	$0.00
W4625	WAIVER SERVICE COORDINATION	$0.00
W4626	ONGOING MONITORING FOR INDIVIDUALS COVERED UNDER THE WAIVER	$0.00
W4628	UTILITY COVERAGE,PER UTILITY	$0.00
W4634	HABILITATION,RESIDENTIAL HAB/INDEP LIVING SKILLS DEVELOPMENT;PER DAY	$0.00
W4638	HOMEMAKER,SEPARATE SERVICE,NOS,EACH 15 MINUTES	$0.00
W4657	MEDICALLY FRAGILE DAY CARE, SPECIALIZED CHILD CARE, CENTER BASED, PER DAY	$0.00
W4669	FOSTER CARE,CHILD,THERAPEUTIC;PER DAY	$0.00
W4670	CHORE SERVICES,PER 15 MINUTES	$0.00
W4671	CRIMINAL CHECK,PER EVENT	$0.00
W4672	SPECIALIZED CHILD CARE,CENTER BASED,PER DAY	$0.00
W4673	WAIVER CASE MANAGEMENT SERVICES,NOS	$0.00
W4674	WAIVER ADMINISTRATION SERVICES,NOS	$0.00
W4675	WAIVER RATE CELL/MONTHLY CAP PAYMENT	$0.00
W4709	COMPANION CARE,ADULT,PER 15 MINUTES	$0.00
W5120	SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME	$0.00
W5640	OTC MEDICATION FOR CONSTIPATION IN SNF; PER RECIPIENT/MONTH	$0.00
W5940	VAGINAL DELIVERY (COMPREHENSIVE PRENATAL & POSTPARTUM CARE)	$0.00
W5942	PRENATAL AND POSTPARTUM CARE ONLY (COMPREHENSIVE CARE)	$416.00
W5951	CESAREAN SECTION DELIVERY ONLY (INCL. IN-HOSPITAL POST-PARTUM VISITS)	$1,000.00
W7890	DIAG RADIOPHARMACEUTICAL FLUORODEOXYGLUCOSE (FDG) FOR PET (POSITRON EMM TOMOGI	$600.00
W8390	HIV-1 DRUG RESISTANCE TESTING; GENOTYPING	$420.00
W9006	ADDITIONAL PUMP REPAIRS/SERVICING; INCL. RENTAL DURING REPAIR	$0.00
W9073	GLOBAL INTRATHECAL PAIN MANAGEMENT (VIA IMPLANTABLE INFUSIONPUMP) SERVICE AND S	$0.00
W9074	PREPROGRAMMING OF IMPLANTABLE INFUSION PUMP	$0.00
W9075	GLOBAL MISCELLANEOUS IV THERAPY SERVICES AND SUPPLIES	$0.00
W9076	GLOBAL IV OR SUBQ (W/ PCA) OR EPIDURAL CHRONIC PAIN MANAGEMENT; PER DAY	$0.00
W9078	GLOBAL IV HYDRATION SERVICES AND SUPPLIES; PER DAY	$0.00
W9079	GLOBAL IV ANTI-INFECTIVE_SERVICES AND SUPPLIES; PER DAY	$0.00
W9080	DHS FORM 1156 - NEW PATIENT	$0.00
W9081	DHS FORM 1156 ESTABLISHED PATIENT	$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	$0.00
W9083	BHMC PLAN CRISIS INTERVENTION, CONTACT BY TELEPHONE	$0.00
W9084	BHMC PLAN CRISIS INTERVENTION, TELEPHONE CONTACT, W/ PERSONAL CONTACT	$0.00
W9100	VISION SCREENING	$12.48
W9207	DHS 1271 REEVALUATION	$0.00
W9213	TANF MENTAL/MEDICAL DISABILITY DETERINATION PERFORMED BY QUEST	$77.00
W9778	INITIAL PEDIATRIC REHABILITATIVE EVALUATION FOR CHILD < 21 IN SUBACUTE LOC	$104.00
W9779	PEDIATRIC REHABILITATIVE INTERVENTION FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	$72.80
W9780	1270 GENERAL ASSISTANCE/AID TO THE DISABLED REVIEW COMMITTEEDISABILITY EVALUATIO	$94.86
W9781	1270 GENERAL ASSISTANCE/AID TO DISABLES REVIEW COMMITTEE EVALUATION; COMPLEX	$156.00
W9801	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 1HOUR	$104.00
W9802	QUEST PSYCHIATRIC EVALUATION FOR DETERMINATION OF SMI, 2 HOURS	$208.00
W9803	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 3HOURS	$312.00
W9805	QUEST CHILD BEHAVIORAL HEALTH EVAL OF ELIG IN FELIX WAIHEE CLASS, 2HRS	$0.00
W9880	CASE MGMT, INPATIENT HOSPITAL FOR VENT DEPENDENT/TRACH CHILDPRIOR TO INITIAL	$1,260.00
W9881	CASE MGMT FOR VENT DEPENDENT/TRACH CHILD LIVING AT HOME	$840.00
W9882	CASE MGMT FOR NON-VENT DEPENDENT/NON-TRACH CHILD WITH SIGNIFICANT MEDICAL	$336.00
W9883	CASE MANAGEMENT FOR CHILD WITH SIGNIFICANT MEDICAL NEEDS	$84.00
W9884	ADDITIONAL OR UNUSUAL CASE MGMT SERVICES TO ADDRESS CHANGINGMEDICAL NEEDS, UNIT	$28.00
W9970	SPECIALTY MOLDED UPPER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	$148.00
W9971	SPECIALTY MOLDED LOWER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	$168.00
W9984	CHIROPRACTIC MANIPULATION, EXTENEDED	$0.00
Z9001	PROVIDER ADJUSTMENT	$0.00
Z9002	MEDICARE CO-INSURANCE	$0.00

Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers
as of 09/11/2021

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Z9004	MEDICARE PAID	$0.00
Z9005	HMO CO-PAYMENT	$0.00
Z9007	ADDITIONAL PAYMENT	$0.00
Z9008	MEDICARE DEDUCTIBLE	$0.00
Z9011	TOTAL CHARGE	$0.00
Z9014	THIRD PARTY LIABILITY	$0.00
Z9017	GROSS ADJUSTMENT	$0.00
Z9022	PATIENTS SHARE	$0.00
Z9060	QUEST ENABLING SERVICE, LANGUAGE TRANSLATION, PER 15 MINUTES	$9.36
Z9070	INTEREST	$0.00
Z9440	MANAGED CARE EPSDT SCREENING RISK LEAD ASSESSMENT SRLA	$0.00
Z9998	CONV. NO PROCEDURE	$0.00
Z9999	CONV. NO DETAIL	$0.00

Disclaimer:
The Medicaid Fee Schedule may change without notice.