Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0001A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$18.59
0001U	RED BLOOD CELL TYPING	$0.00
0002A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$30.68
0002U	MEASUREMENT OF SUBSTANCES IN URINE TO PREDICT LIKELIHOOD OF POLYPS IN LARGE INTE	$0.00
0003A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0003U	MEASUREMENT OF PROTEINS ASSOCIATED WITH OVARIAN CANCER IN SERUM	$570.00
0004A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$43.68
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI	$0.00
0005U	TEST FOR DETECTING GENES ASSOCIATED WITH PROSTATE CANCER IN URINE	$456.00
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOC	$0.00
0006U	PRESCRIPTION DRUG MONITORING IN URINE	$0.00
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANAL	$0.00
0007U	TESTING FOR PRESENCE OF DRUG IN URINE	$0.00
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON FORMALIN-F	$0.00
0008U	TEST FOR DETECTING HELICOBACTER PYLORI GENES ASSOCIATED WITH ANTIBIOTIC RESISTAN	$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 RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS	$22.80
00104	ANESTHESIA FOR ELECTROSHOCK THERAPY	$22.80
0010U	TYPING OF BACTERIAL STRAIN	$0.00
0011A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$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 PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	$22.80
0012A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$30.68
0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE	$456.00
0012U	GENE ANALYSIS FOR GERMLINE DISORDER	$0.00
0013A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$30.68
0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE	$456.00
0013U	GENE ANALYSIS OF SOLID ORGAN TUMOR TISSUE	$570.00
00140	ANESTHESIA FOR OTHER PROCEDURE ON EYE	$22.80
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	$22.80
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	$22.80
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	$22.80
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	$22.80
00148	ANESTHESIA FOR EXAM OF INNER EYE USING AN ENDOSCOPE	$22.80
0014U	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	$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	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	$0.00
00170	ANESTHESIA FOR OTHER PROCEDURE ON MOUTH	$22.80
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	$22.80
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF	$22.80
00176	ANESTHESIA FOR EXTENSIVE SURGERY ON MOUTH	$22.80
0017U	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	$0.00
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILI	$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	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED	$0.00

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRAPHY	$22.80
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED	$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	ONCOLOGY (PROSTATE), DETECTION OF 8 AUTOANTIBODIES (ARF 6, NKX3-1, 5'-UTR-BMI1,	$0.00
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	$22.80
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	$22.80
0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND	$0.00
0023U	ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF INTERNAL TANDEM DUPLIC	$0.00
00300	ANESTHESIA FOR OTHER PROCEDURE ON SKIN, MUSCLES, OR NERVES OF HEAD, NECK, AND UP	$22.80
0031A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPPIRAT	$30.68
00320	ANESTHESIA FOR OTHER PROCEDURE ON NECK AREA (1 YEAR OR OLDER)	$22.80
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	$22.80
00326	ANESTHESIA FOR OTHER PROCEDURE ON NECK AREA (YOUNGER THAN 1 YEAR)	$22.80
0034A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$43.68
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 PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	$22.80
0040U	GENE ANALYSIS (T(9;22)) FOR TRANSLOCATION ANALYSIS	$0.00
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	$22.80
0041A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0041U	IGM ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	$0.00
0042A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0042T	COMPUTED TOMOGRAPHY (CT) OF BRAIN BLOOD FLOW, VOLUME, AND TIMING OF FLOW ANALYSI	$0.00
0042U	IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	$0.00
0043U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	$0.00
0044A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$43.32
0044U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	$0.00
00450	ANESTHESIA FOR OTHER PROCEDURE ON COLLAR BONE AND SHOULDER BLADE	$22.80
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	$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 VA	$99.31
00470	ANESTHESIA FOR OTHER PARTIAL REMOVAL OF RIB	$22.80
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	$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 ALL PROCEDURES ON ESOPHAGUS	$22.80
0050U	DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS LEUKE	$0.00
0051A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0051U	TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE	$123.38
00520	ANESTHESIA FOR OTHER CLOSED PROCEDURE ON CHEST	$22.80
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	$22.80
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	$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
0052A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0052U	MEASUREMENT OF ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES IN BLOOD	$20.32
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	$22.80
00532	ANESTHESIA FOR ACCESS TO CENTRAL VEIN	$22.80
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	$22.80
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY	$22.80
00539	ANESTHESIA FOR RECONSTRUCTION OF AIRWAY	$22.80
0053A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
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
0054A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0054T	COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL NAVIGATION	$0.00
0054T	COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL NAVIGATION	$0.00
0054U	MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD	$99.31
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	$22.80
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	$0.00
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	$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 MACHI	$22.80
00562	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS USING HEART-LUNG MACHI	$22.80
00563	ANESTHESIA FOR PROCEDURE ON HEART AND LARGE BLOOD VESSELS USING HEART-LUNG MACHI	$22.80
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR	$22.80
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	$0.00
0056U	WHOLE GENOME SEQUENCING IN BLOOD OR BONE MARROW FOR ACUTE MYELOGENOUS LEUKEMIA	$0.00
0057U	MRNA GENE ANALYSIS OF 51 GENES IN SOLID ORGAN TUMOR TISSUE	$0.00
00580	ANESTHESIA FOR HEART TRANSPLANT 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 SERU	$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	AUTOIMMUNE (SYSTEMIC LUPUS ERYTHEMATOSUS), IGG AND IGM ANALYSIS OF 80 BIOMARKERS	$0.00
00630	ANESTHESIA FOR OTHER PROCEDURE ON LOWER SPINE	$22.80
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	$22.80
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	$22.80
0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALGORITHM REPORTED AS M	$0.00
00640	ANESTHESIA FOR MANIPULATION OR CLOSED PROCEDURE OF SPINE	$22.80

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0064A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$43.68
0064U	ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN (RPR), IMMUNOASSAY,	$0.00
0065U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITATIVE (RPR)	$0.00
0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSER	$0.00
00670	ANESTHESIA FOR EXTENSIVE SURGERY ON SPINE	$22.80
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMA	$0.00
0068U	CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSILOSIS, C. KRUSEII, C	$0.00
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMA	$0.00
00700	ANESTHESIA FOR OTHER PROCEDURE ON UPPER FRONT ABDOMEN	$22.80
00702	ANESTHESIA FOR BIOPSY OF LIVER	$22.80
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
0071A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	$0.00
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
0072A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	$0.00
0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
00730	ANESTHESIA FOR PROCEDURE ON UPPER REAR ABDOMEN	$22.80
00731	ANESTHESIA FOR OTHER PROCEDURE ON ESOPHAGUS, STOMACH, OR UPPER SMALL BOWEL USING	$22.80
00732	ANESTHESIA FOR PROCEDURE ON GALLBLADDER, PANCREAS, OR LIVER USING AN ENDOSCOPE	$22.80
0073A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
0074A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
00750	ANESTHESIA FOR OTHER REPAIR OF UPPER ABDOMEN HERNIA	$22.80
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	$22.80
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	$22.80
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	$22.80
0075T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED THROUGH	$0.00
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
0076T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED THROUGH	$0.00
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	$0.00
00770	ANESTHESIA FOR PROCEDURE ON LARGE BLOOD VESSELS IN ABDOMEN	$22.80
0077U	IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOPRECIPITATION AND MAS	$0.00
0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE,	$0.00
00790	ANESTHESIA FOR OTHER PROCEDURE ON UPPER ABDOMEN	$22.80
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	$22.80
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	$22.80
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	$22.80
00797	ANESTHESIA FOR PROCEDURE ON STOMACH FOR WEIGHT LOSS	$22.80
0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS	$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
0081A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
00820	ANESTHESIA FOR PROCEDURE ON LOWER REAR ABDOMEN	$22.80
0082A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
00836	ANESTHESIA FOR REPAIR OF LOWER ABDOMEN HERNIA (INFANT YOUNGER THAN 37 WEEKS AT B	$22.80
0083A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
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 INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	$22.80
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	$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 INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	$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 TRANSPL	$22.80
00864	ANESTHESIA FOR TOTAL REMOVAL OF BLADDER	$22.80
00865	ANESTHESIA FOR EXTENSIVE REMOVAL OF PROSTATE	$22.80
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	$22.80
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	$22.80
0086U	FISH IDENTIFICATION OF ORGANISMS IN BLOOD CULTURE	$0.00
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	$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 EVA	$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 ADHESIV	$465.00
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	$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 TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	$22.80
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	$22.80
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	$22.80
00918	ANESTHESIA FOR FRAGMENTING, MANIPULATION AND/OR REMOVAL OF KIDNEY STONE INCLUDIN	$22.80
0091A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
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 PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	$22.80
00922	ANESTHESIA FOR PROCEDURE ON MALE GENITAL GLANDS	$22.80
00924	ANESTHESIA FOR PROCEDURE ON UNDESCENDED TESTICLE	$22.80
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	$22.80
00928	ANESTHESIA FOR REMOVAL OF TESTICLE THROUGH INCISION IN ABDOMEN	$22.80
0092A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
0092U	MEASUREMENT OF 3 PROTEIN BIOMARKERS FOR LUNG CANCER IN PLASMA	$0.00
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	$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 G	$22.80

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0093A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
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 VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	$22.80
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	$22.80
00946	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	$22.80
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	$22.80
0094A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
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 TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH AD	$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 INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	$0.00
0098U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	$0.00
0099U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	$0.00
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR,	$0.00
0100U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	$0.00
0101U	GENE SEQUENCE ANALYSIS PANEL OF 15 GENES ASSOCIATED WITH HEREDITARY COLON CANCER	$701.88
0102U	GENE SEQUENCE ANALYSIS PANEL OF 17 GENES ASSOCIATED WITH HEREDITARY BREAST CANCE	$670.79
0103U	GENE SEQUENCE ANALYSIS PANEL OF 24 GENES ASSOCIATED WITH HEREDITARY OVARIAN CANC	$670.79
0105U	MEASUREMENT OF TUMOR NECROSIS FACTOR RECEPTOR 1A, RECEPTOR SUPERFAMILY 2 (TNFR1,	$570.00
0106U	EVALUATION OF GASTRIC EMPTYING BY MEASUREMENT OF RADIOLABELED CARBON MONOXIDE IN	$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, ANTERIOR OR POSTERIOR ILIAC	$22.80
0111A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0111U	GENE ANALYSIS (KRAS AND NRAS) IN PROSTATE TUMOR TISSUE	$409.37
01120	ANESTHESIA FOR PROCEDURE ON HIP BONE	$22.80
0112A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0112U	GENE ANALYSIS FOR DETECTION OF INFECTIOUS AGENT AND DRUG RESISTANCE GENE	$0.00
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	$22.80
0113A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
0113U	MEASUREMENT OF PCA3 GENE IN URINE AND PROSTATE-SPECIFIC ANTIGEN (PSA) IN SERUM T	$456.00
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	$22.80
0114U	GENE ANALYSIS (VIM AND CCNA1 METHYLATION) IN ESOPHAGEAL CELLS TO EVALUATE LIKELI	$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 T	$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 DRU	$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 ATYPICA	$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 ALL CLOSED PROCEDURES INVOLVING HIP JOINT	$22.80
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	$22.80

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0120U	MRNA, GENE EXPRESSION PROFILING OF 58 GENES IN TISSUE SAMPLE FOR B-CELL LYMPHOMA	$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
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
0124A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$43.32
0124U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF ABNORMAL CHROMOSOME	$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 CHROMOSOME	$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 FETAL	$33.32
0129U	GENE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY BREAST CANCER AND RELATED DISO	$670.79
0130U	TARGETED MRNA SEQUENCE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY COLON CANCER	$350.94
0131U	TARGETED MRNA SEQUENCE ANALYSIS OF 13 GENES ASSOCIATED WITH HEREDITARY BREAST CA	$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 C	$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
0134A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$43.32
0134U	TARGETED MRNA SEQUENCE ANALYSIS OF 18 GENES ASSOCIATED WITH HEREDITARY PAN CANCE	$0.00
0135U	TARGETED MRNA SEQUENCE ANALYSIS OF 12 GENES ASSOCIATED WITH HEREDITARY GYNECOLOG	$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 ALL CLOSED PROCEDURES 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 ASSOCIATE	$0.00
01390	ANESTHESIA FOR CLOSED PROCEDURE ON KNEECAP AND/OR UPPER PART OF LOWER LEG BONES	$22.80
01392	ANESTHESIA FOR PROCEDURE ON KNEECAP AND/OR UPPER PART OF LOWER LEG BONES	$22.80
0139U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 6 CENTR	$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	INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION, DNA (15 FUNGAL TARGE	$0.00
0141U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGANISM IDENTIFICATION A	$0.00
01420	ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR OF CAST TO KNEE	$22.80
0142U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTERIAL IDENTIFICATION	$0.00
01430	ANESTHESIA FOR OTHER PROCEDURE ON VEIN OF KNEE	$22.80
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS	$22.80
0143U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LI	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	$22.80
0144A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$43.32
0144U	DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LI	$0.00
0145U	DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQ	$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	DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URINE, BY QUANTITATIVE	$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	DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQ	$0.00
01480	ANESTHESIA FOR OTHER PROCEDURE ON LOWER LEG, ANKLE, AND FOOT BONES	$22.80
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL	$22.80
01484	ANESTHESIA FOR OPEN RECONSTRUCTION OF LOWER LEG, ANKLE, AND/OR FOOT BONE	$22.80
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL	$22.80
0148U	DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LI	$0.00
01490	ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR OF CAST TO LOWER LEG	$22.80
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQ	$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	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LI	$0.00
0151U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SP	$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	INFECTIOUS DISEASE (BACTERIA, FUNGI, PARASITES, AND DNA VIRUSES), DNA, PCR AND N	$0.00
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING	$0.00
0154A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$43.32
0154U	FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) GENE ANALYSIS (IE, P.R248C [C.742C>T	$0.00
0155U	PIK3CA (PHOSPHATIDYLINOSITOL-4,5BISPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA)	$0.00
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	$0.00
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSI	$0.00
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYN	$0.00
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC	$0.00
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC	$0.00
01610	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF SHOU	$22.80
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NONPOLYP	$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	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL	$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 SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	$22.80
0164A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH A	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	$0.00
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	$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 UPPER	$22.80
01712	ANESTHESIA FOR PROCEDURE ON TENDON OF ELBOW TO SHOULDER	$22.80
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	$22.80
01716	ANESTHESIA FOR PROCEDURE ON TENDON OF UPPER ARM MUSCLE	$22.80
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	$22.80
01732	ANESTHESIA FOR EXAM OF ELBOW JOINT USING AN ENDOSCOPE	$22.80
0173A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
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
0174A	INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV	$0.00
0174T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	$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	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	$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 PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	$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, WRI	$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
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 VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	$22.80
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	$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 NON-INVASIVE IMAGING 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
01933	ANESTHESIA FOR X-RAY ON VEIN OF BRAIN	$22.80
01937	ANESTHESIA FOR INJECTION, DRAINAGE OR ASPIRATION PROCEDURES ON SPINE OR SPINAL C	$22.80
01938	ANESTHESIA FOR INJECTION, DRAINAGE OR ASPIRATION PROCEDURES ON SPINE OR SPINAL C	$22.80
01939	ANESTHESIA FOR NERVE DESTRUCTION PROCEDURES ON SPINE OR SPINAL CORD OF NECK OR U	$0.00
01940	ANESTHESIA FOR NERVE DESTRUCTION PROCEDURES ON SPINE OR SPINAL CORD OF LOWER BAC	$22.80
01941	ANESTHESIA FOR NERVE MODULATION PROCEDURE SPINAL CORD OR REPAIR OF BONE OF SPINE	$22.80
01942	ANESTHESIA FOR NERVE MODULATION PROCEDURE SPINAL CORD OR REPAIR OF BONE OF SPINE	$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 SUR	$22.80
01953	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD DEGREE BURN, EACH ADDITIONAL 9% OF	$22.80
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	$0.00
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	$22.80
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	$22.80
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	$22.80
01963	ANESTHESIA FOR CESAREAN AND REMOVAL OF UTERUS	$22.80
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	$22.80
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	$22.80
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS	$0.00
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	$22.80
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR	$22.80
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WI	$0.00
01990	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT	$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 EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG	$27.32
01999	OTHER ANESTHESIA PROCEDURE	$22.80
0200T	INJECTIONS OF ONE SIDE OF SACRUM FOR ENLARGEMENT, 1 OR MORE NEEDLES, ACCESSED TH	$0.00
0201T	INJECTIONS OF BOTH SIDES OF SACRUM FOR ENLARGEMENT, 2 OR MORE NEEDLES, ACCESSED	$0.00
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT[S] REPLACEMENT), INCL	$0.00
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND	$0.00
0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	$0.00
0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	$0.00
0210A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;	$0.00
0211A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION	$0.00
0212A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 021	$0.00
0213A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0213T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S	$0.00
0214A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0214T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S	$0.00
0215A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	$0.00
0216A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0216T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S	$0.00
0217A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0217T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S	$0.00
0218A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	$0.00
0219A	ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED	$0.00
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0220A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	$0.00
0221A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	$0.00
0222A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0222T	INSERTION OF SPINAL FACET JOINT IMPLANTS	$0.00
0223A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0224A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0225A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0226A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0227A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0228A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0229A	ADMINISTRATION OF CORONAVIRUS VACCINE 23, RESERVED	$0.00
0230A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0231A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0232A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTI	$0.00
0233A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0234A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0234T	CATHETER REMOVAL OF PLAQUE FROM KIDNEY ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	$0.00
0235A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0235T	CATHETER REMOVAL OF PLAQUE FROM ORGAN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	$0.00
0236A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	$0.00
0237A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0237T	CATHETER REMOVAL OF PLAQUE FROM UPPER ARM ARTERY, ACCESSED THROUGH THE SKIN OR O	$0.00
0238A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0238T	CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	$0.00
0239A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0240A	ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED	$0.00
0241A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0242A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCUL	$0.00
0243A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0243U	OBSTETRICS (PREECLAMPSIA), BIOCHEMICAL ASSAY OF PLACENTAL-GROWTH FACTOR, TIME-RE	$0.00
0244A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0244U	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERRO	$0.00
0245A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESS	$0.00
0246A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0246U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF AT LEAST 16 BLOOD GROUPS WITH	$0.00
0247A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0247U	OBSTETRICS (PRETERM BIRTH), INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 4 (IBP4),	$0.00
0248A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0248U	ONCOLOGY (BRAIN), SPHEROID CELL CULTURE IN A 3D MICROENVIRONMENT, 12 DRUG PANEL,	$0.00
0249A	ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED	$0.00
0249U	ONCOLOGY (BREAST), SEMIQUANTITATIVE ANALYSIS OF 32 PHOSPHOPROTEINS AND PROTEIN A	$0.00
0250A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0250U	ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 G	$0.00
0251A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0251U	HEPCIDIN-25, ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA), SERUM OR PLASMA	$0.00
0252A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0252U	FETAL ANEUPLOIDY SHORT TANDEM?REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUC	$0.00
0253A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0253T	INSERTION OF EYE FLUID DRAINAGE DEVICE, INTERNAL APPROACH	$0.00
0254A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0254U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROM	$0.00
0255A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0255U	ANDROLOGY (INFERTILITY), SPERM-CAPACITATION ASSESSMENT OF GANGLIOSIDE GM1 DISTRI	$0.00
0256A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0256U	TRIMETHYLAMINE/TRIMETHYLAMINE N-OXIDE (TMA/TMAO) PROFILE, TANDEM MASS SPECTROMET	$0.00
0257A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0257U	VERY LONG CHAIN ACYL-COENZYME A (COA) DEHYDROGENASE (VLCAD), LEUKOCYTE ENZYME AC	$0.00
0258A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0258U	AUTOIMMUNE (PSORIASIS), MRNA, NEXTGENERATION SEQUENCING, GENE EXPRESSION PROFILI	$0.00
0259A	ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED	$0.00
0259U	NEPHROLOGY (CHRONIC KIDNEY DISEASE), NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY MEA	$0.00
0260U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBE	$0.00
0261U	ONCOLOGY (COLORECTAL CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESS	$0.00
0262U	ONCOLOGY (SOLID TUMOR), GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 7 GENE	$0.00
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	$0.00
0263U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 16 CE	$0.00
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	$0.00
0264U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBE	$0.00
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	$0.00
0265U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, WHOLE GENOME AND MITOCHONDRIA	$0.00
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL	$0.00
0266U	UNEXPLAINED CONSTITUTIONAL OR OTHER HERITABLE DISORDERS OR SYNDROMES, TISSUESPEC	$0.00
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD	$0.00
0267U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, IDENTIFICATION OF COPY NUMBER	$0.00
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE	$0.00
0268U	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSI	$0.00
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM	$0.00
0269U	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE A	$0.00
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UN	$0.00
0270U	HEMATOLOGY (CONGENITAL COAGULATION DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 20 G	$0.00
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERAT	$0.00
0271U	HEMATOLOGY (CONGENITAL NEUTROPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOO	$0.00
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION	$0.00
0272U	HEMATOLOGY (GENETIC BLEEDING DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 51 GENES,	$0.00
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON) CAROTID SINUS BAROREFLEX ACTIVATION	$0.00
0273U	HEMATOLOGY (GENETIC HYPERFIBRINOLYSIS, DELAYED BLEEDING), GENOMIC SEQUENCE ANALY	$0.00
0274T	REMOVAL OF BONE FROM UPPER OR MIDDLE SPINE FOR DECOMPRESSION OF NERVE TISSUE USI	$0.00
0274U	HEMATOLOGY (GENETIC PLATELET DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 43 GENES,	$0.00
0275T	REMOVAL OF BONE FROM LOWER SPINE FOR DECOMPRESSION OF NERVE TISSUE USING IMAGING	$0.00
0275U	HEMATOLOGY (HEPARIN-INDUCED THROMBOCYTOPENIA), PLATELET ANTIBODY REACTIVITY BY F	$0.00
0276U	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES,	$0.00
0277U	HEMATOLOGY (GENETIC PLATELET FUNCTION DISORDER), GENOMIC SEQUENCE ANALYSIS OF 31	$0.00
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY),	$0.00
0278U	HEMATOLOGY (GENETIC THROMBOSIS), GENOMIC SEQUENCE ANALYSIS OF 12 GENES, BLOOD, B	$0.00
0279U	HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND FACTOR (VWF) AND COLLA	$0.00
0280U	HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND FACTOR (VWF) AND COLLA	$0.00
0281U	HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND PROPEPTIDE, ENZYME-LIN	$0.00
0282U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 12 BLOOD GROUP SYSTEM GENES TO	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0283U	VON WILLEBRAND FACTOR (VWF), TYPE 2B, PLATELET-BINDING EVALUATION, RADIOIMMUNOAS	$0.00
0284U	VON WILLEBRAND FACTOR (VWF), TYPE 2N, FACTOR VIII AND VWF BINDING EVALUATION, EN	$0.00
0285U	ONCOLOGY, RESPONSE TO RADIATION, CELL-FREE DNA, QUANTITATIVE BRANCHED CHAIN DNA	$0.00
0286U	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOP	$0.00
0287U	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GEN	$0.00
0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6,	$0.00
0289U	NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING	$0.00
0290U	PAIN MANAGEMENT, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 36 GENES,	$0.00
0291U	PSYCHIATRY (MOOD DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING 1	$0.00
0292U	PSYCHIATRY (STRESS DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING	$0.00
0293U	PSYCHIATRY (SUICIDAL IDEATION), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCIN	$0.00
0294U	LONGEVITY AND MORTALITY RISK, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING	$0.00
0295U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), PROTEIN EXPRESSION PROFILING BY IMMU	$0.00
0296U	ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION PROFILING BY RNA SE	$0.00
0297U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DNA	$0.00
0298U	ONCOLOGY (PAN TUMOR), WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NOR	$0.00
0299U	ONCOLOGY (PAN TUMOR), WHOLE GENOME OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AN	$0.00
0300U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIR	$0.00
0301U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND	$0.00
0302U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND	$0.00
0303U	HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION	$0.00
0304U	HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION	$0.00
0305U	HEMATOLOGY, RED BLOOD CELL (RBC) FUNCTIONALITY AND DEFORMITY AS A FUNCTION OF SH	$0.00
0306U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING A	$0.00
0307U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING A	$0.00
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS	$0.00
0308U	CARDIOLOGY (CORONARY ARTERY DISEASE [CAD]), ANALYSIS OF 3 PROTEINS (HIGH SENSITI	$0.00
0309U	CARDIOLOGY (CARDIOVASCULAR DISEASE), ANALYSIS OF 4 PROTEINS (NT-PROBNP, OSTEOPON	$0.00
0310U	PEDIATRICS (VASCULITIS, KAWASAKI DISEASE [KD]), ANALYSIS OF 3 BIOMARKERS (NT-PRO	$0.00
0311U	INFECTIOUS DISEASE (BACTERIAL), QUANTITATIVE ANTIMICROBIAL SUSCEPTIBILITY REPORT	$0.00
0312U	AUTOIMMUNE DISEASES (EG, SYSTEMIC LUPUS ERYTHEMATOSUS [SLE]), ANALYSIS OF 8 IGG	$0.00
0313U	ONCOLOGY (PANCREAS), DNA AND MRNA NEXT-GENERATION SEQUENCING ANALYSIS OF 74 GENE	$0.00
0314U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 35 GE	$0.00
0315U	ONCOLOGY (CUTANEOUS SQUAMOUS CELL CARCINOMA), MRNA GENE EXPRESSION PROFILING BY	$0.00
0316U	BORRELIA BURGDORFERI (LYME DISEASE), OSPA PROTEIN EVALUATION, URINE	$0.00
0317U	ONCOLOGY (LUNG CANCER), FOUR-PROBE FISH (3Q29, 3P22.1, 10Q22.3, 10CEN) ASSAY, WH	$0.00
0318U	PEDIATRICS (CONGENITAL EPIGENETIC DISORDERS), WHOLE GENOME METHYLATION ANALYSIS	$0.00
0319U	NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING	$0.00
0320U	NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING	$0.00
0321U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GENITOURINARY PATHOGENS	$0.00
0322U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 14 ACYL	$0.00
0323U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), CENTRAL NERVOUS SYSTEM	$0.00
0324U	ONCOLOGY (OVARIAN), SPHEROID CELL CULTURE, 4-DRUG PANEL (CARBOPLATIN, DOXORUBICI	$0.00
0325U	ONCOLOGY (OVARIAN), SPHEROID CELL CULTURE, POLY (ADP-RIBOSE) POLYMERASE (PARP) I	$0.00
0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCUL	$0.00
0327U	FETAL ANEUPLOIDY (TRISOMY 13, 18, AND 21), DNA SEQUENCE ANALYSIS OF SELECTED REG	$0.00
0328U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS AND METABOLITES, URINE, QUANTITATIVE L	$0.00
0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER	$0.00
0329U	ONCOLOGY (NEOPLASIA), EXOME AND TRANSCRIPTOME SEQUENCE ANALYSIS FOR SEQUENCE VAR	$0.00
0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES	$0.00
0330U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), VAGINAL PATHOGEN PANEL,	$0.00
0331T	IMAGING OF HEART MUSCLE	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0331U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), OPTICAL GENOME MAPPING FOR COPY NUMBER ALTE	$0.00
0332T	IMAGING OF HEART MUSCLE WITH SPECT	$0.00
0332U	ONCOLOGY (PAN-TUMOR), GENETIC PROFILING OF 8 DNA-REGULATORY (EPIGENETIC) MARKERS	$0.00
0333U	ONCOLOGY (LIVER), SURVEILLANCE FOR HEPATOCELLULAR CARCINOMA (HCC) IN HIGHRISK PA	$0.00
0334U	ONCOLOGY (SOLID ORGAN), TARGETED GENOMIC SEQUENCE ANALYSIS, FORMALIN-FIXED PARAF	$0.00
0335T	INSERTION OF IMPLANT INTO SUBTALAR (BELOW ANKLE) FOOT JOINT	$0.00
0335U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYS	$0.00
0336U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYS	$0.00
0337U	ONCOLOGY (PLASMA CELL DISORDERS AND MYELOMA), CIRCULATING PLASMA CELL IMMUNOLOGI	$0.00
0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH	$0.00
0338U	ONCOLOGY (SOLID TUMOR), CIRCULATING TUMOR CELL SELECTION, IDENTIFICATION, MORPHO	$0.00
0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH F	$0.00
0339U	ONCOLOGY (PROSTATE), MRNA EXPRESSION PROFILING OF HOXC6 AND DLX1, REVERSE TRANSC	$0.00
0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, W	$0.00
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF	$0.00
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	$0.00
0342U	ONCOLOGY (PANCREATIC CANCER), MULTIPLEX IMMUNOASSAY OF C5, C4, CYSTATIN C, FACTO	$0.00
0343U	ONCOLOGY (PROSTATE), EXOSOME-BASED ANALYSIS OF 442 SMALL NONCODING RNAS (SNCRNAS	$0.00
0344U	HEPATOLOGY (NONALCOHOLIC FATTY LIVER DISEASE [NAFLD]), SEMIQUANTITATIVE EVALUATI	$0.00
0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	$0.00
0345U	PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [A	$0.00
0346U	BETA AMYLOID, A 40 AND A 42 BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMET	$0.00
0347T	INSERTION OF DEVICES IN BONE FOR VISUALIZATION AND MEASUREMENT USING RADIOSTEREO	$0.00
0347U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI	$0.00
0348T	X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0348U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI	$0.00
0349T	X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0349U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI	$0.00
0350T	X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	$0.00
0350U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI	$0.00
0351T	INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	$0.00
0351U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL), BIOCHEMICAL ASSAYS, TUMOR NECROSIS FACT	$0.00
0352T	INTERPRETATION AND REPORT OF TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	$0.00
0352U	INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS), MULTIPLEX AMPLIFIED PROB	$0.00
0353T	INTRAOPERATIVE TOMOGRAPHY OF BREAST	$0.00
0353U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA), CHLAMYDIA TRACHOMATIS AND NEIS	$0.00
0354T	INTERPRETATION AND REPORT OF INTRAOPERATIVE TOMOGRAPHY OF BREAST	$0.00
0354U	HUMAN PAPILLOMA VIRUS (HPV), HIGH-RISK TYPES (IE, 16, 18, 31, 33, 45, 52 AND 58)	$0.00
0355U	APOL1 (APOLIPOPROTEIN L1) (EG, CHRONIC KIDNEY DISEASE), RISK VARIANTS (G1, G2)	$0.00
0356U	ONCOLOGY (OROPHARYNGEAL), EVALUATION OF 17 DNA BIOMARKERS USING DROPLET DIGITAL	$0.00
0357U	ONCOLOGY (MELANOMA), ARTIFICIAL INTELLIGENCE (AI)-ENABLED QUANTITATIVE MASS SPEC	$0.00
0358T	WHOLE BODY COMPOSITION TISSUE AND FLUID MEASUREMENTS WITH INTERPRETATION AND REP	$0.00
0358U	NEUROLOGY (MILD COGNITIVE IMPAIRMENT), ANALYSIS OF B-AMYLOID 1-42 AND 1-40, CHEM	$0.00
0359U	ONCOLOGY (PROSTATE CANCER), ANALYSIS OF ALL PROSTATE-SPECIFIC ANTIGEN (PSA) STRU	$0.00
0360U	ONCOLOGY (LUNG), ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) OF 7 AUTOANTIBODIES (	$0.00
0361U	NEUROFILAMENT LIGHT CHAIN, DIGITAL IMMUNOASSAY, PLASMA, QUANTITATIVE	$0.00
0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT FOR PATIENT EXHIBITING DESTRUCTIVE	$31.25
0362U	ONCOLOGY (PAPILLARY THYROID CANCER), GENE-EXPRESSION PROFILING VIA TARGETED HYBR	$0.00
0363U	ONCOLOGY (UROTHELIAL), MRNA, GENEEXPRESSION PROFILING BY REAL-TIME QUANTITATIVE	$0.00
0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (P	$0.00
0365U	ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8	$0.00
0366U	ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0367U	ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8	$0.00
0368U	ONCOLOGY (COLORECTAL CANCER), EVALUATION FOR MUTATIONS OF APC, BRAF, CTNNB1, KRA	$0.00
0369U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), GASTROINTESTINAL PATHO	$0.00
0370U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), SURGICAL WOUND PATHOGE	$0.00
0371U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GENITOURINARY PATHOGEN,	$0.00
0372U	INFECTIOUS DISEASE (GENITOURINARY PATHOGENS), ANTIBIOTIC-RESISTANCE GENE DETECTI	$0.00
0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FOR PATIENT EXHIBITING DE	$0.00
0373U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), RESPIRATORY TRACT INFE	$0.00
0374U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GENITOURINARY PATHOGENS	$0.00
0375U	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF 7 PROTEINS (FOLLICLE STIMULATING HORMO	$0.00
0376U	ONCOLOGY (PROSTATE CANCER), IMAGE ANALYSIS OF AT LEAST 128 HISTOLOGIC FEATURES A	$0.00
0377U	CARDIOVASCULAR DISEASE, QUANTIFICATION OF ADVANCED SERUM OR PLASMA LIPOPROTEIN P	$0.00
0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WIT	$0.00
0378U	RFC1 (REPLICATION FACTOR C SUBUNIT 1), REPEAT EXPANSION VARIANT ANALYSIS BY TRAD	$0.00
0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALY	$0.00
0379U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA (523 GENES)	$0.00
0380U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE AN	$0.00
0381U	MAPLE SYRUP URINE DISEASE MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUA	$0.00
0382U	HYPERPHENYLALANINEMIA MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUANTIT	$0.00
0383U	TYROSINEMIA TYPE I MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUANTITATI	$0.00
0384U	NEPHROLOGY (CHRONIC KIDNEY DISEASE), CARBOXYMETHYLLYSINE, METHYLGLYOXAL HYDROIMI	$0.00
0385U	NEPHROLOGY (CHRONIC KIDNEY DISEASE), APOLIPOPROTEIN A4 (APOA4), CD5 ANTIGEN-LIKE	$0.00
0386U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), P16, RUNX3, HPP1, AND FBN1 METHYLATION A	$0.00
0387U	TISSUE EVALUATION FOR PROTEINS TO REPORT RISK OF SKIN CANCER PROGRESSION	$0.00
0388U	NEXT-GENERATION SEQUENCING IN PLASMA OF 37 CANCER-RELATED GENES, WITH REPORT FOR	$0.00
0389U	REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR) TESTING OF BLOOD FOR P	$0.00
0390U	IMMUNOASSAY OF SERUM FOR PROTEINS, REPORTED AS A RISK SCORE FOR PREECLAMPSIA	$0.00
0391U	DNA AND RNA NEXT-GENERATION SEQUENCING OF TISSUE FOR 437 GENES WITH ALGORITHM QU	$0.00
0392U	EVALUATION OF GENE-DRUG INTERACTIONS FOR 16 GENES REPORTED AS IMPACT OF GENE-DRU	$0.00
0393U	DETECTION OF PROTEIN BY SEED AMPLIFICATION ASSAY FOR NEUROLOGICAL DISORDERS	$0.00
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, EXTERNAL	$0.00
0394U	TESTING OF PLASMA OR SERUM FOR 16 PERFLUOROALKYL SUBSTANCES (PFAS) COMPOUNDS	$0.00
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERNAL	$0.00
0395U	MULTI-OMICS TESTING OF PLASMA REPORTED AS RISK OF MALIGNANCY FOR LUNG NODULES IN	$0.00
0396U	MICROARRAY TESTING OF EMBRYONIC TISSUE FOR 300000 DNA SINGLE-NUCLEOTIDE POLYMORP	$0.00
0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	$0.00
0397U	CELL-FREE DNA TESTING IN PLASMA EVALUATING OF AT LEAST 109 GENES IN NON-SMALL CE	$0.00
0398T	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STER	$0.00
0398U	DNA METHYLATION ANALYSIS USING POLYMERASE CHAIN REACTION TESTING OF TISSUE FOR G	$0.00
0399U	ENZYME-LINKED ASSAY DETECTION IN SERUM OF IGG-BINDING ANTIBODY AND BLOCKING AUTO	$0.00
0400U	NEXT-GENERATION SEQUENCING OF DNA FOR 145 GENES REPORTED AS CARRIER POSITIVE OR	$0.00
0401U	TARGETED VARIANT GENOTYPING USING BLOOD, SALIVA, OR BUCCAL SWAB OF 9 GENES FOR C	$0.00
0402T	COLLAGEN CROSS-LINKING TREATMENT OF DISEASE OF CORNEA	$0.00
0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES,	$0.00
0404T	TRANSCERVICAL UTERINE FIBROID(S) ABLATION WITH ULTRASOUND GUIDANCE, RADIOFREQUEN	$0.00
0408T	INSERTION OR REPLACEMENT OF PULSE GENERATOR AND ELECTRODES OF HEART CONTRACTILIT	$0.00
0409T	INSERTION OR REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYS	$0.00
0410T	INSERTION OR REPLACEMENT OF ELECTRODES IN UPPER CHAMBER OF HEART FOR HEART CONTR	$0.00
0411T	INSERTION OR REPLACEMENT OF ELECTRODES IN LOWER CHAMBER OF HEART FOR HEART CONTR	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0415T	REPOSITIONING OF ELECTRODE OF HEART CONTRACTILITY MODULATOR SYSTEM	$0.00
0416T	RELOCATION OF SKIN POCKET FOR PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR S	$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 CEN	$0.00
0425T	INSERTION OR REPLACEMENT OF COMPLETE NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CEN	$0.00
0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	$0.00
0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	$0.00
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	$0.00
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	$0.00
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	$0.00
0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP	$0.00
0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; ST	$0.00
0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SE	$0.00
0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	$0.00
0435T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR C	$0.00
0436T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR C	$0.00
0437T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE	$0.00
0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING R	$0.00
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING G	$0.00
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING G	$0.00
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING G	$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	$57.69
0447T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA	$67.80
0448T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS	$96.74
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
0472T	EVALUATION AND INITIAL PROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING,	$0.00
0473T	EVALUATION AND REPROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING, REVIEW	$0.00
0474T	INSERTION OF DRAINAGE DEVICE AND CREATION OF FLUID RESERVOIR IN FRONT CHAMBER OF	$0.00
0479T	LASER DESTRUCTION OF SCAR TISSUE, FIRST 100 CM2, OR 1% OF BODY SURFACE AREA OF I	$0.00
0480T	LASER DESTRUCTION OF SCAR TISSUE, EACH ADDITIONAL 100 CM2, OR 1% OF BODY SURFACE	$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
0488T	ONLINE/ELECTRONIC PROGRAM FOR PREVENTION OF DIABETES USING STANDARDIZED DIABETES	$0.00
0489T	HARVESTING AND PREPARATION OF PATIENT'S OWN FAT CELLS FOR CELL THERAPY FOR SCLER	$0.00
0490T	CELL THERAPY FOR SCLERODERMA OF HANDS USING PATIENT'S OWN FAT CELLS	$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
0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0501T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	$0.00
0502T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	$0.00
0503T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	$619.23
0504T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	$0.00
0505T	ENDOVENOUS FEMORAL-POPLITEAL ARTERIAL REVASCULARIZATION, WITH TRANSCATHETER PLAC	$0.00
0506T	MACULAR PIGMENT OPTICAL DENSITY MEASUREMENT BY HETEROCHROMATIC FLICKER PHOTOMETR	$0.00
0507T	NEAR-INFRARED DUAL IMAGING (IE, SIMULTANEOUS REFLECTIVE AND TRANS-ILLUMINATED LI	$0.00
0508T	PULSE-ECHO ULTRASOUND BONE DENSITY MEASUREMENT RESULTING IN INDICATOR OF AXIAL B	$0.00
0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	$85.08
0510T	REMOVAL OF SINUS TARSI IMPLANT	$0.00
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	$0.00
0512T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDIN	$0.00
0515T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	$0.00
0516T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	$0.00
0517T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	$0.00
0518T	REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIR	$0.00
0519T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACI	$0.00
0520T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACI	$0.00
0521T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, IN	$0.00
0522T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	$0.00
0523T	INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D FUNCTIONAL MAPPIN	$0.00
0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPE	$0.00
0525T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	$0.00
0526T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	$0.00
0527T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	$0.00
0528T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SY	$0.00
0529T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING	$0.00
0530T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	$0.00
0531T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	$0.00
0532T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	$0.00
0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	$0.00
0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	$0.00
0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	$0.00
0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	$0.00
0540T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION, AUT	$0.00
0541T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI	$0.00
0542T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI	$0.00
0543T	REPAIR OF VALVE BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART (MITRAL VALV	$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 HEART	$0.00
0546T	RADIOFREQUENCY SPECTROSCOPY EVALUATION OF SURGICAL MARGINS DURING PARTIAL MASTEC	$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 S	$0.00
0554T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT SCA	$0.00
0555T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT SCA	$0.00
0556T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: ASSESSMENT OF BONE STRENGTH AND FRAC	$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 OST	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0566T	INJECTION OF FATTY TISSUE CELLULAR IMPLANT FOR TREATMENT OF OSTEOARTHRITIS IN KN	$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 (TRICUSPID	$0.00
0570T	REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART (TRICUSPID	$0.00
0571T	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH E	$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 CARDIOVERTER-DEFIBRILLATO	$0.00
0576T	IN-PERSON INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLA	$0.00
0577T	ELECTROPHYSIOLOGICAL EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	$0.00
0578T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	$0.00
0579T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	$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, INCLUDING	$0.00
0583T	INSERTION OF VENTILATING TUBE IN EARDRUM USING AN AUTOMATED TUBE DELIVERY SYSTEM	$0.00
0587T	IMPLANTATION OF NERVE-STIMULATING DEVICE IN POSTERIOR TIBIAL NERVE, ACCESSED THR	$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 POSTE	$0.00
0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF NERVE-STIMULATING DEVICE IN POST	$0.00
0643T	IMPLANTATION OF RESTORATION DEVICE INTO LEFT LOWER CHAMBER OF HEART THROUGH CATH	$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 HEART	$0.00
0647T	INSERTION OF TUBE INTO STOMACH THROUGH SKIN USING ULTRASOUND GUIDANCE	$0.00
0648T	QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITHOUT DIAGNOSTI	$0.00
0649T	QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITH DIAGNOSTIC M	$0.00
0650T	REMOTE PROGRAMMING DEVICE EVALUATION OF SUBCUTANEOUS (UNDER SKIN) HEART RHYTHM M	$0.00
0651T	EXAMINATION OF ESOPHAGUS AND STOMACH USING A MAGNETICALLY CONTROLLED CAPSULE END	$0.00
0652T	DIAGNOSTIC INSPECTION OF ESOPHAGUS, STOMACH, AND UPPER SMALL INTESTINE USING A F	$0.00
0653T	INSPECTION OF ESOPHAGUS, STOMACH, AND UPPER SMALL INTESTINE WITH BIOPSY USING A	$0.00
0671T	INSERTION OF DRAINAGE DEVICE INTO DRAINAGE TISSUE WITHIN EYE (TRABECULAR MESHWOR	$0.00
0672T	RADIOFREQUENCY REMODELING OF TISSUES SURROUNDING FEMALE BLADDER NECK AND PROXIMA	$0.00
0673T	LASER DESTRUCTION OF BENIGN GROWTH OF THYROID USING IMAGING GUIDANCE	$0.00
0674T	INSERTION OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM	$0.00
0675T	INSERTION OF FIRST LEAD OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIM	$0.00
0676T	INSERTION OF ADDITIONAL LEAD OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC	$0.00
0677T	REPOSITIONING OF FIRST LEAD OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC	$0.00
0678T	REPOSITIONING OF ADDITIONAL LEAD OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGM	$0.00
0679T	REMOVAL OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM F	$0.00
0680T	INSERTION OR REPLACEMENT OF PULSE GENERATOR ONLY OF PERMANENT IMPLANTABLE SYNCHR	$0.00
0681T	RELOCATATION OF PULSE GENERATOR ONLY OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPH	$0.00
0682T	REMOVAL OF PULSE GENERATOR ONLY OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMA	$0.00
0683T	IN-PERSON PROGRAMMING DEVICE EVALUATION OF PERMANENT IMPLANTABLE SYNCHRONIZED DI	$0.00
0684T	IN-PERSON PROGRAMMING DEVICE EVALUATION AND PROGRAMMING OF PERMANENT IMPLANTABLE	$0.00
0685T	IN-PERSON INTERROGATION DEVICE EVALUATION OF PERMANENT IMPLANTABLE SYNCHRONIZED	$0.00
0686T	ACOUSTIC ENERGY DESTRUCTION OF MALIGNANT LIVER TISSUE USING IMAGING GUIDANCE	$0.00
0687T	DEVICE SUPPLY, EDUCATIONAL SET-UP, AND INITIAL SESSION FOR ONLINE DIGITAL TREATM	$0.00
0688T	ASSESSMENT OF PATIENT PERFORMANCE AND PROGRAM DATA FOR ONLINE DIGITAL TREATMENT	$0.00
0689T	QUANTITATIVE ULTRASOUND TISSUE CHARACTERIZATION WITH INTERPRETATION AND REPORT	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0690T	QUANTITATIVE ULTRASOUND TISSUE CHARACTERIZATION WITH INTERPRETATION AND REPORT,	$0.00
0691T	AUTOMATED ANALYSIS OF EXISTING CT STUDY FOR FRACTUE OF SPINE, WITH DATA PREPARAT	$0.00
0692T	THERAPEUTIC ULTRAFILTRATION	$0.00
0693T	COMPREHENSIVE FULL BODY COMPUTER-BASED MARKERLESS 3D MOTION ANALYSIS AND REPORT	$0.00
0694T	REAL-TIME 3-DIMENSIONAL VOLUMETRIC IMAGING AND RECONSTRUCTION OF BREAST OR AXILL	$0.00
0695T	BODY SURFACE-ACTIVATION MAPPING OF CARDIAC RESYNCHRONIZATION THERAPY DEVICE, WIT	$0.00
0696T	BODY SURFACE-ACTIVATION MAPPING OF CARDIAC RESYNCHRONIZATION THERAPY DEVICE, WIT	$0.00
0699T	INJECTION OF MEDICATION INTO POSTERIOR CHAMBER OF EYE	$0.00
0700T	MOLECULAR FLUORESCENT IMAGING OF FIRST SUSPICIOUS MOLE	$0.00
0701T	MOLECULAR FLUORESCENT IMAGING OF ADDITIONAL SUSPICIOUS MOLE	$0.00
0704T	DEVICE SUPPLY, INITIAL SET-UP, AND PATIENT EDUCATION FOR REMOTE TREATMENT OF AMB	$0.00
0705T	SURVEILLANCE CENTER TECHNICAL SUPPORT FOR REMOTE TREATMENT OF AMBLYOPIA USING EY	$0.00
0706T	HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT OF REMOTE TREATMENT OF AMBLYO	$0.00
0707T	INJECTION OF BONE-SUBSTITUTE MATERIAL INTO DEFECT OF BONE USING IMAGING GUIDANCE	$0.00
0708T	PREPARATION AND INITIAL INJECTION OF CANCER IMMUNOTHERAPY INTO SKIN	$0.00
0709T	ADDITIONAL INJECTION OF CANCER IMMUNOTHERAPY INTO SKIN	$0.00
0710T	NONINVASIVE ANALYSIS OF PLAQUE IN ARTERY USING SOFTWARE PROCESSING OF CT DATA, W	$0.00
0711T	PREPARATION AND TRANSMISSION OF DATA FOR NONINVASIVE ANALYSIS OF PLAQUE IN ARTER	$0.00
0712T	EVALUATION OF ARTERY WALL AND PLAQUE TO ASSESS STABILITY OF PLAQUE NONINVASIVE A	$0.00
0713T	DATA REVIEW, INTERPRETATION AND REPORT FOR NONINVASIVE ANALYSIS OF PLAQUE IN ART	$0.00
0714T	TRANSPERINEAL LASER DESTRUCTION OF BENIGN PROSTATIC ENLARGEMENT USING IMAGING GU	$0.00
0715T	SHOCKWAVE DESTRUCTION OF CALCIFIED PLAQUE IN CORONARY ARTERY ACCESSED THROUGH SK	$0.00
0716T	ACOUSTIC WAVEFORM RECORDING OF HEART WITH AUTOMATED ANALYSIS AND GENERATION OF C	$0.00
0717T	HARVESTING OF PATIENT'S OWN FATTY TISSUE AND PREPARATION OF CELLS FOR AUTOLOGOUS	$0.00
0718T	INJECTION OF AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL (ADRC) THERAPY INTO SU	$0.00
0719T	REPLACEMENT OF POSTERIOR JOINT IN SINGLE SEGMENT OF SPINE IN LOWER BACK (LUMBAR)	$0.00
0720T	ELECTRICAL NERVE FIELD STIMULATION OF CRANIAL NERVES THROUGH SKIN	$0.00
0721T	QUANTITATIVE COMPUTED TOMOGRAPHY (CT SCAN) TISSUE CHARACTERIZATION WITH INTERPRE	$0.00
0722T	QUANTITATIVE COMPUTED TOMOGRAPHY (CT SCAN) TISSUE CHARACTERIZATION WITH INTERPRE	$0.00
0723T	QUANTITATIVE MAGNETIC RESONANCE (MR SCAN) IMAGING OF GALLBLADDER, BILE DUCTS, PA	$0.00
0724T	QUANTITATIVE MAGNETIC RESONANCE (MR SCAN) IMAGING OF GALLBLADDER, BILE DUCTS, PA	$0.00
0725T	IMPLANTATION OF VESTIBULAR NERVE STIMULATION DEVICE IN ONE EAR	$0.00
0726T	REMOVAL OF VESTIBULAR NERVE STIMULATION DEVICE FROM ONE EAR	$0.00
0727T	REMOVAL AND REPLACEMENT OF VESTIBULAR NERVE STIMULATION DEVICE FROM ONE EAR	$0.00
0728T	DIAGNOSTIC ANALYSIS AND INITIAL PROGRAMMING OF VESTIBULAR NERVE STIMULATION DEVI	$0.00
0729T	DIAGNOSTIC ANALYSIS AND SUBSEQUENT PROGRAMMING OF VESTIBULAR NERVE STIMULATION D	$0.00
0735T	PREPARATION OF TUMOR CAVITY AND PLACEMENT OF RADIATION THERAPY APPLICATOR FOR IN	$0.00
0737T	IMPLANTATION OF NONHUMAN TISSUE GRAFT INTO SURFACE OF JOINT	$0.00
0738T	TREATMENT PLANNING FOR DESTRUCTION OF PROSTATE CANCER BY MAGNETIC FIELD INDUCTIO	$0.00
0739T	DESTRUCTION OF PROSTATE CANCER BY MAGNETIC FIELD INDUCTION	$0.00
0740T	SET-UP AND PATIENT EDUCATION FOR REMOTE AUTONOMOUS ALGORITHM-BASED RECOMMENDATIC	$0.00
0741T	PROVISION OF SOFTWARE, DATA COLLECTION, TRANSMISSION, AND STORAGE FOR REMOTE AUT	$0.00
0742T	SPECT MEASUREMENT OF BLOOD FLOW TO HEART MUSCLE	$0.00
0744T	INSERTION OF BIOPROSTHETIC VALVE IN VEIN OF THIGH (FEMORAL VEIN)	$0.00
0745T	NONINVASIVE LOCALIZATION AND MAPPING OF HEART TISSUE CAUSING ABNORMAL HEART RHYT	$0.00
0746T	CONVERSION OF LOCALIZATION AND MAPPING OF HEART TISSUE CAUSING ABNORMAL HEART RH	$0.00
0747T	RADIATION TREATMENT FOR FOCAL DESTRUCTION OF ARRHYTHMIA SITE CAUSING ABNORMAL HE	$0.00
0748T	INJECTIONS OF STEM CELL PRODUCT INTO SOFT TISSUE AROUND ABNORMAL DRAINAGE TRACT	$0.00
0751T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR LEVEL II SURGICAL PATHOLOGY	$0.00
0752T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR LEVEL III SURGICAL PATHOLOGY	$0.00
0753T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR LEVEL IV SURGICAL PATHOLOGY	$0.00
0754T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR LEVEL V SURGICAL PATHOLOGY	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0755T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR LEVEL VI SURGICAL PATHOLOGY	$0.00
0756T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR GROUP I SPECIAL STAIN FOR MICROORGAN	$0.00
0757T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR GROUP II SPECIAL STAIN	$0.00
0758T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR HISTOCHEMICAL SPECIAL STAIN ON FROZE	$0.00
0759T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR GROUP III SPECIAL STAIN	$0.00
0760T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	$0.00
0761T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	$0.00
0762T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	$0.00
0763T	DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR MORPHOMETRIC ANALYSIS, TUMOR IMMUNOH	$0.00
0764T	ASSISTIVE ALGORITHMIC EKG RISK-BASED ASSESSMENT FOR HEART DYSFUNCTION BASED ON E	$0.00
0765T	ASSISTIVE ALGORITHMIC EKG RISK-BASED ASSESSMENT FOR HEART DYSFUNCTION BASED ON P	$0.00
0766T	TRANSCUTANEOUS MAGNETIC STIMULATION OF PERIPHERAL NERVE BY FOCUSED LOW-FREQUENCY	$0.00
0767T	TRANSCUTANEOUS MAGNETIC STIMULATION OF PERIPHERAL NERVE BY FOCUSED LOW-FREQUENCY	$0.00
0768T	TRANSCUTANEOUS MAGNETIC STIMULATION OF PERIPHERAL NERVE BY FOCUSED LOW-FREQUENCY	$0.00
0769T	TRANSCUTANEOUS MAGNETIC STIMULATION OF PERIPHERAL NERVE BY FOCUSED LOW-FREQUENCY	$0.00
0775T	FUSION OF SACROILIAC JOINT BETWEEN SPINE AND PELVIS WITH BONE GRAFT, ACCESSED TH	$0.00
0776T	THERAPEUTIC INDUCTION OF LOW TEMPERATURE IN BRAIN, 30 MINUTES OF TREATMENT	$0.00
0777T	REAL-TIME PRESSURE-SENSING EPIDURAL GUIDANCE SYSTEM	$0.00
0778T	SURFACE MECHANOMYOGRAPHY (SMMG) WITH APPLICATION OF INERTIAL MEASUREMENT UNIT (I	$0.00
0779T	STUDY OF GASTROINTESTINAL MUSCLE ELECTRIC ACTIVITY OF STOMACH THROUGH LARGE INTE	$0.00
0781T	INSERTION OF PROTECTION DEVICE IN ESOPHAGUS AND RADIOFREQUENCY DESTRUCTION OF NE	$0.00
0782T	INSERTION OF PROTECTION DEVICE IN ESOPHAGUS AND RADIOFREQUENCY DESTRUCTION OF NE	$0.00
0783T	SET-UP, CALIBRATION, AND PATIENT EDUCATION ON USE OF EQUIPMENT OR STIMULATION OF	$0.00
0793T	PERCUTANEOUS TRANSCATHETER THERMAL ABLATION OF PULMONARY ARTERY NERVES, INCLUDIN	$0.00
0794T	PATIENT-SPECIFIC, ASSISTIVE, RULES-BASED ALGORITHM FOR RANKING CANCER DRUG TREAT	$0.00
0795T	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER USING FLUOR	$0.00
0796T	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER PACEMAKER USING FLUOROSCOPY AN	$0.00
0797T	TRANSCATHETER INSERTION OF A PERMANENT DUAL CHAMBER LEADLESS PACEMAKER USING FLU	$0.00
0798T	TRANSCATHETER REMOVAL OF THE RIGHT ATRIAL AND RIGHT VENTRICULAR COMPONENTS OF A	$0.00
0799T	TRANSCATHETER REMOVAL OF THE RIGHT ATRIAL COMPONENT OF A PERMANENT DUAL-CHAMBER	$0.00
0800T	TRANSCATHETER REMOVAL OF THE RIGHT VENTRICULAR COMPONENT OF A PERMANENT DUAL-CHA	$0.00
0801T	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAK	$0.00
0802T	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAK	$0.00
0803T	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAK	$0.00
0804T	IN-PERSON PROGRAMMING DEVICE EVALUATION OF DUAL-CHAMBER LEADLESS PACEMAKER WITH	$0.00
0805T	IMPLANTATION OF A SUPERIOR AND INFERIOR VENA CAVA ARTIFICIAL VALVE USING THE FEM	$0.00
0806T	OPEN IMPLANTATION OF A SUPERIOR AND INFERIOR VENA CAVA ARTIFICIAL VALVE USING TH	$0.00
0807T	ANALYSIS OF LUNG TISSUE VENTILATION USING SOFTWARE-BASED PROCESSING OF CINEFLUOR	$0.00
0808T	ANALYSIS OF LUNG TISSUE VENTILATION USING SOFTWARE-BASED PROCESSING OF CINEFLUOR	$0.00
0809T	SACROILIAC JOINT FUSION, WITH IMAGE GUIDANCE, PLACEMENT OF TRANSFIXING DEVICE(S)	$0.00
0810T	SUBRETINAL INJECTION OF A DRUG, INCLUDING VITRECTOMY AND RETINOTOMY	$0.00
10004	FINE NEEDLE ASPIRATION BIOPSY, EACH ADDITIONAL GROWTH	$43.09
10005	FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, FIRST GROWTH	$74.54
10006	FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, EACH ADDITIONAL GROWTH	$50.84
10007	FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, FIRST GROWTH	$89.58
10008	FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL GROWT	$51.43
10009	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, FIRST GROWTH	$110.16
10010	FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, EACH ADDITIONAL GROWT	$70.93
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 GROW	$0.00
10021	FINE NEEDLE ASPIRATION BIOPSY, FIRST GROWTH	$55.80
10030	DRAINAGE OF FLUID COLLECTION IN SOFT TISSUE USING IMAGING GUIDANCE	$136.05

Procedure Code	Procedure Code Description	Maximum Allowable Charge
10035	PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, FIRST GROWTH	$85.63
10036	PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, EACH ADDITIONAL GROWTH	$43.02
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDO	$53.61
10060	SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS	$113.88
10061	COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS	$195.19
10080	SIMPLE DRAINAGE OF CYST OF TAILBONE	$111.85
10081	COMPLICATED DRAINAGE OF CYST OF TAILBONE	$178.07
10120	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, SIMPLE	$112.99
10121	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, COMPLEX	$192.35
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	$125.07
10160	ASPIRATION OF ABSCESS, BLOOD, OR CYST	$102.74
10180	COMPLEX DRAINAGE OF WOUND INFECTION AFTER SURGERY	$187.11
11000	REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE	$27.44
11001	REMOVAL OF INFLAMED OR INFECTED SKIN, EACH ADDITIONAL 10% OF BODY SURFACE OR LES	$14.92
11004	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS	$563.59
11005	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF ABDOMEN	$760.70
11006	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS, PERINEUM, OR ABDOMEN	$691.76
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CH	$268.08
11010	REMOVAL OF FOREIGN MATERIAL FROM SKIN AND TISSUE AT OPEN BROKEN AND/OR DISLOCATE	$286.07
11011	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN BROKEN AND/OR	$300.42
11012	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN BROKEN A	$422.88
11042	REMOVAL OF SKIN AND TISSUE, 20.0 SQ CM OR LESS	$61.70
11043	REMOVAL OF MUSCLE AND/OR TISSUE, 20.0 SQ CM OR LESS	$156.46
11044	REMOVAL OF BONE, 20.0 SQ CM OR LESS	$227.53
11045	REMOVAL OF SKIN AND TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$25.27
11046	REMOVAL OF MUSCLE AND/OR TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$54.52
11047	REMOVAL OF BONE, EACH ADDITIONAL 20.0 SQ CM OR LESS	$96.47
11055	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 1 GROWTH	$15.84
11056	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 2-4 GROWTHS	$22.10
11057	REMOVAL OF NONCANCER THICKENED SKIN GROWTH, MORE THAN 4 GROWTHS	$28.76
11102	BIOPSY OF RELATED SKIN GROWTH, FIRST GROWTH	$39.04
11103	BIOPSY OF RELATED SKIN GROWTH, EACH ADDITIONAL GROWTH	$22.30
11104	PUNCH BIOPSY, FIRST SKIN GROWTH	$48.17
11105	PUNCH BIOPSY, EACH ADDITIONAL SKIN GROWTH	$26.26
11106	INCISION BIOPSY, FIRST SKIN GROWTH	$57.81
11107	INCISION BIOPSY, EACH ADDITIONAL SKIN GROWTH	$31.47
11200	REMOVAL OF SKIN TAG, 1-15 SKIN TAGS	$82.78
11201	REMOVAL OF SKIN TAG, EACH ADDITIONAL 10 SKIN TAGS	$16.91
11300	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$35.06
11301	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$52.88
11302	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$61.68
11303	SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 2.0 CM	$72.99
11305	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS	$37.98
11306	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM	$50.26
11307	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0 CM	$64.27
11308	SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE THAN 2.0 C	$71.17
11310	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR L	$47.15
11311	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM	$64.76
11312	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM	$77.26
11313	SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE THAN 2	$98.36
11400	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$90.97
11401	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$113.68

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11402	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$123.55
11403	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM	$159.07
11404	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM	$174.19
11406	REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM	$258.30
11420	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 C	$88.19
11421	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1	$116.65
11422	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2	$145.20
11423	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-3	$166.16
11424	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-4	$188.32
11426	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE	$280.78
11440	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0	$116.05
11441	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0	$143.36
11442	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1	$157.40
11443	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2	$190.10
11444	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 3	$237.64
11446	REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, M	$330.54
11450	REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH SIMPLE OR	$276.01
11451	REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH COMPLEX R	$348.12
11462	REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH SIMPLE OR INT	$262.76
11463	REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH COMPLICATED R	$350.81
11470	REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH SIMPL	$303.21
11471	REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH COMPL	$367.01
11600	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS	$129.52
11601	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM	$156.76
11602	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM	$170.55
11603	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM	$202.98
11604	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM	$222.56
11606	REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM	$325.48
11620	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM O	$130.25
11621	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0	$157.69
11622	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0	$178.44
11623	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-3.0	$219.32
11624	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-4.0	$247.51
11626	REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE THA	$300.55
11640	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5	$134.35
11641	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-	$164.07
11642	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-	$191.08
11643	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.1-	$237.30
11644	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 3.1-	$292.89
11646	REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE	$401.81
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 NONDYSTROPHIC NAILS, ANY NUMBER	$7.54
11720	REMOVAL OF FINGERNAILS OR TOENAILS, 1-5 NAILS	$14.43
11721	REMOVAL OF FINGERNAILS OR TOENAILS, 6 OR MORE NAILS	$23.85
11730	SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, FIRST NAIL	$54.87
11732	SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, EACH ADDITIONAL NAIL	$17.25
11740	REMOVAL OF BLOOD ACCUMULATION UNDER FINGERNAIL OR TOENAIL	$34.38
11750	PERMANENT REMOVAL FINGERNAIL OR TOENAIL	$106.31
11755	BIOPSY OF FINGERNAIL OR TOENAIL	$61.67

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11760	REPAIR OF FINGERNAIL OR TOENAIL BED	$116.47
11762	REPAIR OF FINGERNAIL OR TOENAIL BED WITH GRAFT	$195.74
11765	REMOVAL OF SKIN OF FINGERNAIL OR TOENAIL	$98.71
11770	SIMPLE REMOVAL OF CYST OF TAILBONE	$192.09
11771	EXTENSIVE REMOVAL OF CYST OF TAILBONE	$469.29
11772	COMPLICATED REMOVAL OF CYST OF TAILBONE	$610.52
11900	INJECTION INTO SKIN GROWTH, 1-7 GROWTHS	$30.97
11901	INJECTION INTO SKIN GROWTH, MORE THAN 7 GROWTHS	$47.12
11920	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.0 SQ CM OR LESS	$113.37
11921	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.1-20.0 SQ CM	$135.84
11922	TATTOOING OF SKIN TO CORRECT COLOR ISSUE, EACH ADDITIONAL 20.0 SQ CM	$29.62
11950	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.0 CC OR LESS	$53.47
11951	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.1-5.0 CC	$74.57
11952	INJECTION OF FILLING MATERIAL UNDER SKIN, 5.1-10.0 CC	$104.50
11954	INJECTION OF FILLING MATERIAL UNDER SKIN, MORE THAN 10.0 CC	$114.27
11960	INSERTION OF TISSUE EXPANDER	$1,088.48
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	$593.32
11971	REMOVAL OF TISSUE EXPANDER	$585.38
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	$93.37
11980	PLACEMENT OF HORMONE PELLET UNDER SKIN	$56.09
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$63.13
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$74.47
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$104.27
12001	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$44.93
12002	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$58.50
12004	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$72.46
12005	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$92.96
12006	SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$114.56
12007	SIMPLE REPAIR OF SURFACE WOUND TO SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS,	$142.92
12011	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5	$54.93
12013	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.6	$57.19
12014	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 5.1	$73.24
12015	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 7.6	$92.34
12016	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 12.	$125.46
12017	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 20.	$150.26
12018	SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MOR	$169.47
12020	SIMPLE CLOSURE OF SURFACE WOUND REOPENING	$197.62
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	$148.97
12031	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.5 CM O	$160.98
12032	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.6-7.5	$201.63
12034	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 7.6-12.5	$215.34
12035	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 12.6-20.	$250.42
12036	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 20.1-30.	$289.91
12037	INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, MORE THA	$335.95
12041	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.5 CM OR LESS	$152.55
12042	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.6-7.5 CM	$206.17
12044	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 7.6-12.5 CM	$223.27
12045	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 12.6-20.0 CM	$287.90
12046	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 20.1-30.0 CM	$328.38
12047	INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, MORE THAN 30.0 C	$363.35
12051	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5 C	$179.07
12052	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.6-5	$210.12

Procedure Code	Procedure Code Description	Maximum Allowable Charge
12053	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 5.1-7	$225.84
12054	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 7.6-1	$227.36
12055	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 12.6-	$310.70
12056	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 20.1-	$402.75
12057	INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE	$437.04
13100	COMPLICATED REPAIR OF WOUND OF TRUNK, 1.1-2.5 CM	$209.91
13101	COMPLICATED REPAIR OF WOUND OF TRUNK, 2.6-7.5 CM	$260.75
13102	COMPLICATED REPAIR OF WOUND OF TRUNK, EACH ADDITIONAL 5.0 CM OR LESS	$72.92
13120	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 1.1-2.5 CM	$244.76
13121	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 2.6-7.5 CM	$268.66
13122	COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, EACH ADDITIONAL 5.0 CM OR L	$84.23
13131	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G	$252.11
13132	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G	$315.34
13133	COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G	$127.86
13151	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 1.1-2.5 CM	$289.69
13152	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 2.6-7.5 CM	$348.51
13153	COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, EACH ADDITIONAL 5.0	$139.31
13160	EXTENSIVE OR COMPLICATED REPAIR OF SURFACE WOUND REOPENING	$827.30
14000	REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS	$532.75
14001	REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.1-30.0 SQ CM	$684.94
14020	REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS	$601.13
14021	REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.1-30.0 SQ CM	$747.53
14040	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN	$658.64
14041	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN	$802.91
14060	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.0 SQ CM	$703.00
14061	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.1-30.0	$862.97
14301	REPAIR OF WOUND BY TRANSFERRING SKIN, 30.1-60.0 SQ CM	$907.33
14302	REPAIR OF WOUND BY TRANSFERRING SKIN, EACH ADDITIONAL 30.0 SQ CM	$218.66
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	$707.17
15002	PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY A	$223.11
15003	PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ	$44.94
15004	PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUN	$265.77
15005	PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUN	$89.61
15040	RELOCATION OF SKIN FOR SELF SKIN GRAFT, 100.0 SQ CM OR LESS	$126.60
15050	SKIN GRAFT TO TIP OF FINGER OR TOE, 2.0 CM OR LESS	$492.17
15100	PARTIAL THICKNESS SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BOD	$748.32
15101	PARTIAL THICKNESS SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0	$112.99
15110	OUTER LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY AREA	$737.49
15111	OUTER LAYER SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM	$101.37
15115	OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E	$712.77
15116	OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E	$138.82
15120	PARTIAL THICKNESS SELF SKIN GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AR	$720.09
15121	PARTIAL THICKNESS SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AR	$137.33
15130	DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY AREA	$632.35
15131	DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM	$91.20
15135	DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EY	$796.84
15136	DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EY	$91.20
15150	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, 25.0 SQ CM OR LESS	$655.18
15151	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 1.0-75.0 SQ	$107.40
15152	TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM	$141.48
15155	TISSUE SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EYES,	$764.54
15156	TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E	$147.14

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15157	TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E	$160.78
15200	FULL THICKNESS SKIN GRAFT TO TRUNK, 20.0 SQ CM OR LESS	$705.10
15201	FULL THICKNESS SKIN GRAFT TO TRUNK, EACH ADDITIONAL 20.0 SQ CM	$77.29
15220	FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, 20.0 SQ CM OR LESS	$645.04
15221	FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, EACH ADDITIONAL 20.0 SQ CM	$69.88
15240	FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GEN	$843.30
15241	FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GEN	$106.96
15260	FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, 20.0 SQ CM OR LESS	$894.76
15261	FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, EACH ADDITIONAL 20.0	$139.76
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, 25.0 SQ C	$84.72
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, EACH ADDI	$16.71
15273	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS, 100.	$196.65
15274	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS, EACH	$44.55
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH, NE	$94.53
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH, NE	$25.06
15277	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS, MOUT	$225.98
15278	SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS, MOUT	$55.83
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	$763.22
15572	CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS	$773.80
15574	CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITA	$770.78
15576	CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH	$684.06
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	$230.03
15610	TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS	$264.36
15620	TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS, HAND	$350.87
15630	TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS	$368.83
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	$430.41
15730	CREATION OF FLAP GRAFT TO MIDFACE	$963.87
15731	CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP	$1,048.32
15733	CREATION OF FLAP GRAFT TO HEAD AND/OR NECK	$1,073.42
15734	CREATION OF MUSCLE GRAFT TO TRUNK	$1,540.79
15736	CREATION OF MUSCLE GRAFT TO ARM	$1,269.54
15738	CREATION OF MUSCLE GRAFT TO LEG	$1,314.35
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	$885.09
15750	FLAP; NEUROVASCULAR PEDICLE	$967.26
15756	MUSCLE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$2,361.72
15757	SKIN GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$2,348.54
15758	TISSUE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL	$2,342.01
15760	GRAFT WITH CLOSURE OF WOUND	$738.72
15769	SELF SOFT TISSUE GRAFT	$503.92
15770	CREATION OF SKIN, FAT AND MUSCLE GRAFT	$712.83
15771	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREAST	$535.13
15772	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREAST	$150.89
15773	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS	$528.25
15774	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS	$146.66
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	$217.34
15778	IMPLANTATION OF ARTIFICIAL MATERIAL FOR DELAYED CLOSURE OF DEFECTS DUE TO SOFT T	$382.19
15780	DERMABRASION OF SKIN OF TOTAL FACE	$707.02
15781	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS	$459.40
15782	DERMABRASION OF SKIN OTHER THAN FACE	$397.02
15783	DERMABRASION OF SUPERFICIAL SCARS OR TATTOOS FROM SKIN	$380.08
15785	ABRSN SKN RMVL SCRS TATTS ACTNC CHNGS PRMRY OR SEC	$0.00
15786	SCRAPING OF SKIN GROWTH, FIRST GROWTH	$141.32

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15787	SCRAPING OF SKIN GROWTH, EACH ADDITIONAL 1-4 GROWTHS	$17.07
15788	CHEMICAL PEEL OF OUTER LAYER OF SKIN OF FACE	$235.11
15789	CHEMICAL PEEL OF DEEP LAYER OF SKIN OF FACE	$439.22
15792	CHEMICAL PEEL OF OUTER LAYER OF NONFACIAL SKIN	$229.38
15793	CHEMICAL PEEL OF DEEP LAYER OF NONFACIAL SKIN	$382.53
15819	REMOVAL OF EXTRA SKIN OF NECK	$843.56
15820	REPAIR OF LOWER EYELID DEFECT	$554.99
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	$589.60
15822	BLEPHAROPLASTY, UPPER EYELID;	$430.23
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	$591.96
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	$1,218.24
15832	REMOVAL OF EXTRA SKIN AND TISSUE OF THIGH	$966.27
15833	REMOVAL OF EXTRA SKIN AND TISSUE OF LEG	$923.84
15834	REMOVAL OF EXTRA SKIN AND TISSUE OF HIP	$939.89
15835	REMOVAL OF EXTRA SKIN AND TISSUE OF BUTTOCK	$976.94
15836	REMOVAL OF EXTRA SKIN AND TISSUE OF ARM	$841.22
15837	REMOVAL OF EXTRA SKIN AND TISSUE OF FOREARM OR HAND	$756.34
15838	REMOVAL OF EXTRA SKIN AND TISSUE OF CHIN	$689.30
15839	REMOVAL OF EXTRA SKIN AND TISSUE OF OTHER AREA	$774.95
15840	TISSUE GRAFT TO TREAT FACIAL PARALYSIS	$1,062.30
15841	MUSCLE GRAFT TO TREAT FACIAL PARALYSIS	$1,853.40
15842	MICROSURGICAL MUSCLE GRAFT TO TREAT FACIAL PARALYSIS	$2,792.91
15845	MUSCLE TRANSFER TO TREAT FACIAL PARALYSIS	$1,117.42
15847	EXTENSIVE REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN	$0.00
15851	REMOVAL OF SUTURES OR STAPLES UNDER ANESTHESIA	$67.47
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	$45.99
15853	REMOVAL OF SUTURES OR STAPLES	$13.02
15854	REMOVAL OF SUTURES AND STAPLES	$18.28
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	$106.83
15875	SUCTION ASSISTED LIPECTOMY, ANY SITE(S)	$0.00
15920	REMOVAL OF PRESSURE SORE TISSUE AND TAILBONE WITH CLOSURE	$674.62
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	$844.99
15931	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH CLOSURE	$730.90
15933	REMOVAL OF PRESSURE SORE TISSUE AND SACRUM BONE WITH CLOSURE	$910.84
15934	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH SKIN GRAFT	$986.76
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	$1,216.79
15936	REMOVAL OF PRESSURE SORE TISSUE OF SACRUM IN PREPARATION OF MUSCLE FLAP OR SKIN	$935.95
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	$1,087.65
15940	REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH CLOSURE	$737.55
15941	REMOVAL OF PRESSURE SORE TISSUE AND LOWER PELVIC BONE WITH CLOSURE	$986.54
15944	REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH SKIN GRAFT	$987.61
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	$1,075.79
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	$1,677.61
15950	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH CLOSURE	$677.28
15951	REMOVAL OF PRESSURE SORE TISSUE AND HEAD OF THIGH BONE WITH CLOSURE	$953.65
15952	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH SKIN GRAFT	$967.24
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	$1,065.16

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15956	REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE IN PREPARATION OF MUSCLE F	$1,213.10
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	$1,233.58
15999	OTHER REMOVAL OF PRESSURE ULCER	$0.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	$46.00
16020	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, LESS THAN 5% OF TOTAL BODY SURFACE	$58.49
16025	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, 5-10% OF TOTAL BODY SURFACE	$114.12
16030	DRESSING CHANGE OR REMOVAL OF BURN TISSUE, MORE THAN 10% OF TOTAL BODY SURFACE	$134.61
16035	INITIAL INCISION OF DEAD BURN TISSUE	$195.90
16036	ADDITIONAL INCISION OF BURN TISSUE	$82.33
17000	DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH	$59.27
17001	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	$0.00
17002	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	$0.00
17003	DESTRUCTION OF PRECANCER SKIN GROWTH, 2-14 GROWTHS	$2.14
17004	DESTRUCTION OF PRECANCER SKIN GROWTH, 15 OR MORE GROWTHS	$104.88
17010	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	$0.00
17100	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CU	$0.00
17101	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CU	$0.00
17102	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CU	$0.00
17104	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CU	$0.00
17105	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CU	$0.00
17106	DESTRUCTION OF BIRTHMARK, LESS THAN 10.0 SQ CM	$293.44
17107	DESTRUCTION OF BIRTHMARK, 10.0-50.0 SQ CM	$380.72
17108	DESTRUCTION OF BIRTHMARK, MORE THAN 50.0 SQ CM	$553.16
17110	DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS	$73.02
17111	DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS	$88.66
17250	APPLICATION OF CHEMICAL TO STOP TISSUE REGROWTH IN WOUND	$39.25
17260	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.5 CM OR LESS	$75.11
17261	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.6-1.0 CM	$91.75
17262	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 1.1-2.0 CM	$116.26
17263	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 2.1-3.0 CM	$128.27
17264	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 3.1-4.0 CM	$136.68
17266	DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, MORE THAN 4.0 CM	$160.64
17270	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5	$100.61
17271	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-	$111.05
17272	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-	$127.20
17273	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-	$143.56
17274	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-	$175.38
17276	DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE	$210.61
17280	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$91.36
17281	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$124.33
17282	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$143.22
17283	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$177.86
17284	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$207.15
17286	DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH,	$278.80
17311	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS,	$366.48
17312	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS,	$195.22
17313	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, 1-5 TISSUE BLOCK	$328.50
17314	REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL	$180.58
17315	REMOVAL AND MICROSCOPIC EXAM OF GROWTH, EACH ADDITIONAL BLOCK AFTER 5 TISSUE BLO	$51.86
17340	COLD TREATMENT OF ACNE	$51.57
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	$97.46
17380	HAIR REMOVAL BY ELECTROLYSIS, EACH 30 MINUTES	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
17999	OTHER PROCEDURE ON SKIN, MUCOUS MEMBRANE, AND TISSUE	$329.32
19000	ASPIRATION OF CYST OF BREAST, FIRST CYST	$42.89
19001	ASPIRATION OF CYST OF BREAST, EACH ADDITIONAL CYST	$20.94
19020	DRAINAGE OF ABSCESS OF BREAST	$331.34
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	$77.31
19081	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE, FIRST	$165.16
19082	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE, EACH	$83.15
19083	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, FIRST GROWTH	$155.35
19084	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, EACH ADDITIO	$78.38
19085	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, FIRST GROWTH	$181.47
19086	BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, EACH ADDITIONAL GRO	$91.05
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	$68.09
19101	BIOPSY OF BREAST THROUGH INCISION	$231.15
19105	REMOVAL OF GROWTH OF BREAST USING ULTRASOUND, EACH GROWTH	$207.78
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	$370.06
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	$340.85
19120	REMOVAL OF GROWTH AND TISSUE OF BREAST, DUCT, OR NIPPLE	$432.53
19125	REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, FIRST GROWTH	$476.52
19126	REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, EACH ADDITIONAL GROWTH	$157.38
19281	PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, FIRST GROWTH	$100.10
19282	PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, EACH ADDITIONAL G	$50.45
19283	PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, FIRST G	$100.52
19284	PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, EACH AD	$50.27
19285	PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, FIRST GROWTH	$85.63
19286	PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, EACH ADDITIONA	$43.02
19287	PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, FIRST GROWTH	$127.40
19288	PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, EACH ADDITIONAL GROWT	$64.06
19294	PLACEMENT OF RADIATION THERAPY DEVICE IN BREAST FOR RADIATION THERAPY DURING SUR	$161.35
19296	INSERTION OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING GUI	$209.38
19297	PLACEMENT OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING GUI	$92.89
19298	PLACEMENT OF TUBES IN BREAST FOR RADIATION TREATMENT USING IMAGING GUIDANCE DURI	$330.09
19300	REMOVAL OF EXTRA BREAST TISSUE IN MALE	$458.49
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	$675.08
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	$925.80
19303	SIMPLE COMPLETE REMOVAL OF BREAST	$975.43
19305	EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, AND UNDERARM LYMPH NODES	$1,178.25
19306	EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, UNDERARM LYMPH NODES, AND BREAST LYMP	$1,251.49
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	$1,206.37
19316	REPAIR FOR SAGGING OF THE BREAST	$829.52
19318	BREAST REDUCTION	$1,139.61
19325	INSERTION OF BREAST IMPLANT	$650.28
19328	REMOVAL OF INTACT MAMMARY IMPLANT	$584.69
19330	REMOVAL OF RUPTURED BREAST IMPLANT AND IMPLANT MATERIAL	$679.51
19331	REMOVAL MANNARY IMPLNT MAT;BILAT	$0.00
19340	PLACEMENT OF IMPLANT ON SAME DAY OF BREAST RECONSTRUCTION	$797.31
19342	PLACEMENT OF IMPLANT ON SEPARATE DAY OF BREAST RECONSTRUCTION	$800.86
19350	NIPPLE/AREOLA RECONSTRUCTION	$709.84
19351	RECONST. NIPPLE &/OR AREOLA,INCL GRFT.; BILAT	$0.00
19355	CORRECTION OF INVERTED NIPPLE	$649.60
19357	RECONSTRUCTION OF BREAST USING TISSUE EXPANDER	$1,227.05
19360	BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP	$0.00
19361	RECONSTRUCTION OF BREAST WITH SHOULDER MUSCLE TISSUE GRAFT	$1,618.13

Procedure Code	Procedure Code Description	Maximum Allowable Charge
19364	RECONSTRUCTION OF BREAST WITH TISSUE GRAFT	$2,805.90
19367	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE FLAP	$1,836.69
19368	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND SKIN FLAP GRAFT	$2,240.74
19369	RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND 2 SKIN FLAP GRAFTS	$2,083.66
19370	REVISION OF CAPSULE AROUND BREAST IMPLANT	$707.04
19371	REMOVAL OF CAPSULE AROUND BREAST IMPLANT	$748.23
19380	SURGICAL CHANGE TO RECONSTRUCTED BREAST	$848.96
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	$147.34
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	$605.71
20101	EXPLORATION OF WOUND OF CHEST	$213.53
20102	EXPLORATION OF WOUND OF ABDOMEN, BACK, OR FLANK	$258.98
20103	EXPLORATION OF WOUND OF ARM OR LEG	$356.59
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	$1,042.55
20200	BIOPSY, MUSCLE; SUPERFICIAL	$96.21
20205	BIOPSY, MUSCLE; DEEP	$156.01
20206	NEEDLE BIOPSY OF MUSCLE	$59.04
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	$89.54
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	$131.61
20240	BIOPSY OF SURFACE BONE	$142.94
20245	BIOPSY OF DEEP BONE	$349.77
20250	BIOPSY OF MIDDLE SPINE BONE	$403.69
20251	BIOPSY OF UPPER OR LOWER SPINE BONE	$436.20
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	$94.06
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	$37.01
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	$156.83
20525	COMPLICATED REMOVAL OF FOREIGN BODY IN DEEP MUSCLE OR TENDON	$258.20
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	$58.24
20527	INJECTION OF MEDICATION INTO PALM	$67.87
20550	INJECTION INTO TENDON OR LIGAMENT	$39.62
20551	INJECTION INTO TENDON AT ATTACHMENT TO BONE OR MUSCLE	$39.62
20552	INJECTION OF TRIGGER POINTS, 1-2 MUSCLES	$38.09
20553	INJECTION OF TRIGGER POINTS, 3 OR MORE MUSCLES	$43.51
20555	INSERTION OF NEEDLES OR TUBES INTO MUSCLE OR TISSUE FOR RADIATION TREATMENT	$349.10
20600	ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT	$36.15
20604	ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT USING ULTRASOUND GUIDANCE	$46.71
20605	ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT	$37.63
20606	ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT USING ULTRASOUND GUIDANCE	$52.81
20610	ASPIRATION AND/OR INJECTION OF FLUID FROM LARGE JOINT	$46.06
20611	ASPIRATION AND/OR INJECTION OF FLUID LARGE JOINT USING ULTRASOUND GUIDANCE	$60.75
20612	ASPIRATION AND/OR INJECTION OF CYST OF TENDON	$42.20
20615	ASPIRATION AND INJECTION OF CYST OF BONE	$170.52
20650	INSERTION OF WIRE OR PIN TO BONE FOR TRACTION	$172.98
20660	PLACEMENT OF DEVICE TO SKULL	$237.92
20661	PLACEMENT OF STABILIZING DEVICE TO SKULL	$549.68
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	$556.66
20663	PLACEMENT OF STABILIZING DEVICE TO THIGH	$514.32
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	$920.75
20665	REMOVAL OF STABILIZING DEVICE FROM HEAD ORIGINALLY APPLIED BY OTHER PROVIDER	$104.45
20670	REMOVAL OF SURFACE IMPLANT FROM BONE	$154.65

Procedure Code	Procedure Code Description	Maximum Allowable Charge
20680	REMOVAL OF DEEP IMPLANT FROM BONE	$440.63
20690	PLACEMENT OF SINGLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$622.33
20692	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG	$1,176.71
20693	REVISION OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA	$469.96
20694	REMOVAL OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA	$364.32
20696	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG U	$1,221.82
20697	PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG U	$2,131.31
20700	INSERTION OF DRUG-DELIVERY DEVICE IN DEEP TISSUE	$85.38
20701	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN AD	$65.15
20702	INSERTION OF DRUG-DELIVERY DEVICE IN BONE	$143.39
20703	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION	$103.46
20704	INSERTION OF DRUG-DELIVERY DEVICE IN JOINT	$147.95
20705	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION	$125.58
20802	REATTACHMENT OF CUTOFF ARM	$2,814.09
20805	REATTACHMENT OF CUTOFF FOREARM	$3,335.16
20808	REATTACHMENT OF CUTOFF HAND	$4,013.21
20816	REATTACHMENT OF CUTOFF FINGER	$2,107.02
20822	REATTACHMENT OF PART OF CUTOFF FINGER	$1,829.05
20824	REATTACHMENT OF CUTOFF THUMB	$2,111.29
20827	REATTACHMENT OF PART OF CUTOFF THUMB	$1,877.21
20838	REATTACHMENT OF CUTOFF FOOT	$2,860.48
20900	HARVEST OF GRAFT FROM SMALL BONE	$186.04
20902	HARVEST OF GRAFT FROM LARGE BONE	$281.40
20910	CARTILAGE GRAFT; COSTOCHONDRAL	$510.44
20912	GRAFT OF NOSE CARTILAGE	$513.10
20920	REMOVAL OF DEEP THIGH TISSUE FOR GRAFT	$426.35
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	$514.12
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	$535.49
20930	PLACEMENT OF FRAGMENTED BONE GRAFT OR MATERIAL TO SPINE TO PROMOTE BONE GROWTH	$138.47
20931	GRAFT OF DONOR BONE TO SPINE	$108.62
20932	GRAFT OF DONOR BONE AND JOINT TISSUE	$759.02
20933	GRAFT OF DONOR BONE TO PART OF LONG BONE BETWEEN JOINTS	$697.07
20934	GRAFT OF DONOR BONE TO LONG BONE BETWEEN JOINTS	$758.68
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	$138.47
20937	HARVEST OF BONE FRAGMENT FOR SPINE BONE GRAFT	$165.53
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	$180.17
20939	ASPIRATION OF BONE MARROW FOR SPINE BONE GRAFT	$69.46
20950	PLACEMENT OF DEVICE IN MUSCLE TO MONITOR FLUID PRESSURE	$91.32
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	$2,544.35
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	$2,705.69
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	$2,820.36
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR	$2,757.17
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC	$2,804.12
20970	PLACEMENT OF BONE AND SKIN FLAP FROM HIP BONE WITH CONNECTION OF SMALL BLOOD VES	$2,915.88
20972	PLACEMENT OF BONE AND SKIN FLAP FROM FOOT BONE WITH CONNECTION OF SMALL BLOOD VE	$2,907.08
20973	PLACEMENT OF BONE AND SKIN FLAP FROM BIG TOE WITH CONNECTION OF SMALL BLOOD VESS	$3,068.15
20974	PLACEMENT OF ELECTRICAL STIMULATION DEVICE FOR BONE HEALING	$52.98
20975	PLACEMENT OF ELECTRICAL STIMULATION DEVICE AT BROKEN BONE FOR HEALING	$178.49
20976	ELECTRICAL STIMULATION TO AID BONE HEALING PERCUTANEOUS INSERTION OF ELECTRODES	$0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT	$32.49
20982	DESTRUCTION OF GROWTHS AND ADJACENT SOFT TISSUE	$367.60
20983	FREEZING OF GROWTH OF BONE AND ADJACENT SOFT TISSUE	$343.53

Procedure Code	Procedure Code Description	Maximum Allowable Charge
20985	COMPUTER-ASSISTED SURGERY FOR MUSCLE AND BONE PROCEDURE	$145.75
20999	OTHER PROCEDURE ON MUSCLE OR BONE	$0.00
21010	INCISION OF JAW JOINT	$788.20
21011	REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, LESS THAN 2.0 CM	$279.68
21012	REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, 2.0 CM OR MORE	$358.45
21013	REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, LESS THAN 2.0 CM	$426.07
21014	REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, 2.0 CM OR MORE	$551.15
21015	EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, LESS THAN 2.0 CM	$735.39
21016	EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, 2.0 CM OR MORE	$1,047.45
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	$697.62
21026	REMOVAL OF FACE BONE	$457.53
21029	REMOVAL OF GROWTH OF FACE BONE	$660.65
21030	REMOVAL OF GROWTH OR CYST OF JAW OR UPPER CHEEK	$386.05
21031	EXCISION OF TORUS MANDIBULARIS	$293.65
21032	EXCISION OF MAXILLARY TORUS PALATINUS	$279.09
21034	REMOVAL OF GROWTH OF UPPER JAW OR UPPER CHEEK BONE	$1,180.79
21040	REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE	$389.18
21044	REMOVAL OF GROWTH OF LOWER JAW BONE	$909.16
21045	EXTENSIVE REMOVAL OF GROWTH OF LOWER JAW BONE	$1,260.03
21046	REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE THROUGH MOUTH	$1,052.49
21047	REMOVAL OF GROWTH OR CYST OF PART OF LOWER JAW BONE	$1,269.89
21048	REMOVAL OF GROWTH OR CYST OF UPPER JAW BONE THROUGH MOUTH	$1,056.40
21049	REMOVAL OF GROWTH OR CYST OF PART OF UPPER JAW BONE	$1,199.17
21050	REMOVAL OF ROUNDED ENDS OF LOWER JAW JOINT BONE	$925.78
21060	REMOVAL OF LOWER JAW JOINT BONE TISSUE	$836.99
21070	PARTIAL REMOVAL OF LOWER JAW BONE	$649.20
21071	CORONOIDECTOMY (SEPARATE PROCEDURE)	$0.00
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	$257.05
21076	PREPARATION OF TEMPORARY PROSTHESIS TO CLOSE AN OPENING IN MOUTH	$726.56
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	$1,784.45
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	$1,200.89
21080	PREPARATION OF PERMANENT PROSTHESIS TO CLOSE MOUTH OPENING	$1,365.32
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	$1,250.62
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	$1,144.15
21083	PREPARATION OF PROSTHESIS TO LIFT ROOF OF MOUTH	$1,062.37
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	$1,227.85
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	$498.36
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	$1,315.83
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	$1,315.83
21088	IMPRESSION AND CUSTOM PREPARATION; 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	$380.08
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	$796.71
21116	INJECTION FOR X-RAY OF HINGED JOINT OF UPPER AND LOWER JAW BONES	$46.29
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	$552.01
21121	ENLARGEMENT OF CHIN BY MOVEMENT OF BONE	$563.28
21122	ENLARGEMENT OF CHIN BY MOVEMENT OF MULTIPLE BONES	$802.89
21123	INSERTION OF SLIDING BONE GRAFT TO ENLARGE CHIN BONE, ADDITIONAL BONE GRAFT	$909.68
21125	ENLARGEMENT OF LOWER JAW WITH IMPLANT	$700.85
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	$803.44
21137	REDUCTION FOREHEAD; CONTOURING ONLY	$791.66
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	$959.81

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	$1,147.07
21141	RECONSTRUCTION OF UPPER JAW AND MIDFACE BONES	$1,414.76
21142	REPAIR OF MIDFACE BONES, 2 BONES	$1,450.64
21143	REPAIR OF MIDFACE BONES, 3 OR MORE BONES	$1,493.42
21145	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT, SINGLE PIECE (LEFORT I)	$1,636.20
21146	REPAIR OF MIDFACE BONES WITH BONE GRAFT, 2 BONES	$1,709.27
21147	REPAIR OF MIDFACE BONES WITH BONE GRAFT, 3 OR MORE BONES	$1,797.54
21150	RECONSTRUCTION OF MIDFACE BONES (LEFORT II)	$1,718.46
21151	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT (LEFORT II)	$1,887.60
21154	RECONSTRUCTION OF NOSE, CHEEK, AND MOUTH BONES WITH BONE GRAFTS	$2,030.67
21155	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT WITH LEFORT I (LEFORT III)	$2,247.81
21159	RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS	$2,685.31
21160	RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS AND RE	$2,909.11
21172	RECONSTRUCTION OF OUTER SIDE OF EYE AND LOWER FOREHEAD BONES	$2,141.12
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD,	$2,292.22
21179	RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT OR IMPLANT	$1,581.29
21180	RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT	$1,763.43
21181	RECONSTRUCTION OF SKULL BONES WITH REMOVAL OF BONE GROWTH	$780.20
21182	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE	$2,187.95
21183	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE	$2,377.78
21184	RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE	$2,554.89
21188	RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT	$1,678.74
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	$1,301.03
21194	RECONSTRUCTION OF LOWER JAW BONE WITH BONE GRAFT	$1,505.17
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL	$1,427.95
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL	$1,522.81
21198	INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE	$1,076.13
21199	INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE AND MOVEMENT OF TONGUE MUSCLE	$1,066.13
21200	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	$0.00
21202	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	$0.00
21203	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	$0.00
21204	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	$0.00
21206	INCISION OR PARTIAL REMOVAL OF UPPER JAW BONE	$1,021.73
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	$775.85
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	$668.30
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	$799.04
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	$828.53
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	$785.59
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	$607.93
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	$1,112.22
21241	ARTHRPLSTY TMJ JOINT;BILATERAL	$0.00
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	$1,076.40
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	$1,779.24
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	$1,074.90
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	$1,013.17
21246	COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT (SUBPER	$898.77
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS	$1,667.96
21248	RECONSTRUCTION OF PART OF LOWER OR UPPER JAW BONE WITH IMPLANT	$831.17
21249	COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT (ENDOST	$1,156.23
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 ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	$1,428.71

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21256	RECONSTRUCTION OF EYE SOCKET BONE WITH BONE GRAFT	$1,297.13
21260	REPOSITIONING OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT	$1,447.87
21261	REPOSITIONING OF EYE SOCKET BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT	$2,542.11
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH	$2,356.09
21267	RECONSTRUCTION OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT	$1,695.51
21268	REPOSITIONING OF EYE BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT	$2,116.43
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	$784.24
21275	SECONDARY REVISION OF RECONSTRUCTION OF EYE, SKULL, AND FACE BONES	$887.18
21280	TIGHTENING OF TENDON OF INNER PORT OF LOWER EYELID	$631.43
21282	TIGHTENING OF TENDON OF OUTER EDGE OF LOWER EYELID	$432.35
21295	REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM OUTSIDE MOUTH	$215.86
21296	REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM INSIDE MOUTH	$441.74
21299	OTHER PROCEDURE ON SKULL, FACE, AND UPPER JAW BONES	$0.00
21315	CLOSED TREATMENT OF BROKEN NOSE BONE WITH MANIPULATION	$62.21
21320	CLOSED TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE	$98.08
21325	TREATMENT OF BROKEN NOSE BONE	$490.74
21330	TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE	$583.67
21335	TREATMENT OF BROKEN NOSE BONE AND TISSUE SEPARATING NOSE AIRWAYS	$768.57
21336	TREATMENT OF BROKEN BONE AND TISSUE SEPARATING NOSE AIRWAYS	$694.09
21337	CLOSED TREATMENT OF BROKEN BONE SEPARATING NOSE AIRWAYS	$325.90
21338	TREATMENT OF BROKEN NOSE AND EYE BONES	$735.76
21339	TREATMENT OF BROKEN NOSE AND EYE BONES WITH PLACEMENT OF OUTSIDE STABILIZING DEV	$825.88
21340	TREATMENT OF BROKEN NOSE BONES WITH PLACEMENT OF STABILIZING DEVICE	$793.21
21343	TREATMENT OF DEPRESSED BROKEN FRONT SINUS BONE	$1,164.57
21344	TREATMENT OF COMPLICATED BROKEN FRONT SINUS BONE	$1,465.57
21345	CLOSED TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF STABILIZIN	$679.99
21346	TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF STABILIZING DEVIC	$1,114.36
21347	TREATMENT OF COMPLEX BROKEN NOSE AND UPPER JAW BONES THROUGH MULTIPLE OPENINGS	$1,114.27
21348	TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH BONE GRAFT	$1,144.51
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	$351.66
21356	TREATMENT OF DEPRESSED BROKEN UPPER PORTION OF CHEEK BONE	$431.88
21360	TREATMENT OF DEPRESSED BROKEN CHEEK BONE	$559.72
21365	TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH PLACEMENT OF INTERNAL STABILIZIN	$1,133.29
21366	TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH BONE GRAFT	$1,332.25
21380	ORB FLOOR "BLOWOUT" FX W/O MANIP.	$0.00
21385	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK	$777.21
21386	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA	$728.28
21387	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK AND EYE AREA	$810.27
21390	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH IMPLANT	$851.76
21395	TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH BONE GRAFT	$1,053.77
21400	CLOSED TREATMENT OF BROKEN EYE BONE	$184.19
21401	CLOSED TREATMENT OF BROKEN EYE BONE WITH MANIPULATION	$354.43
21406	TREATMENT OF BROKEN EYE BONE	$620.81
21407	TREATMENT OF BROKEN EYE BONE WITH IMPLANT	$687.14
21408	TREATMENT OF BROKEN EYE BONE WITH BONE GRAFT	$947.40
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 STA	$594.20
21422	TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE	$668.80
21423	COMPLICATED TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE	$841.67
21431	CLOSED TREATMENT OF BROKEN BONES OF CHEEK, NOSE, AND FACE WITH PLACEMENT OF STAB	$755.85
21432	TREATMENT OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING DEVICE	$763.76

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21433	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES	$1,798.65
21435	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING	$1,470.68
21436	COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING	$2,117.41
21440	CLOSED TREATMENT OF BROKEN UPPER OR LOWER JAW BONE	$622.53
21445	TREATMENT OF BROKEN UPPER OR LOWER JAW BONE	$700.17
21450	CLOSED TREATMENT OF BROKEN LOWER JAW BONE	$537.31
21451	CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH MANIPULATION	$712.47
21452	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE	$526.42
21453	CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE T	$1,040.83
21454	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF EXTERNAL STABILIZING DEVICE	$517.03
21455	CLOSED MANIPULATIVE TREATMENT BY INTERDENTAL FIXATION OF CLOSED OR OPEN MANDIBUL	$0.00
21461	TREATMENT OF BROKEN LOWER JAW BONE	$1,168.18
21462	TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE TO TEETH	$1,285.44
21465	TREATMENT OF BROKEN HINGED END OF LOWER JAW BONE	$835.78
21470	COMPLICATED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEV	$1,219.06
21480	CLOSED TREATMENT OF DISLOCATED JAW JOINT	$31.01
21485	COMPLICATED REPAIR OF DISLOCATED JAW JOINT WITH PLACEMENT OF STABILIZING DEVICE	$895.07
21490	TREATMENT OF DISLOCATED JAW JOINT	$823.16
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	$657.79
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	$358.42
21502	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION IN SOFT TISSUE OF NECK OR CHEST W	$521.32
21510	DEEP INCISION OF CHEST BONE	$469.72
21511	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	$165.77
21552	REMOVAL OF GROWTH OF SOFT TISSUE UNDER SKIN OF NECK OR FRONT OF CHEST, 3.0 CM OR	$464.01
21554	REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE	$756.05
21555	REMOVAL OF GROWTH UNDER SKIN OF NECK OR FRONT OF CHEST, LESS THAN 3.0 CM	$325.51
21556	REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM	$556.59
21557	EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM	$983.67
21558	EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE	$1,372.90
21600	PARTIAL REMOVAL OF RIB	$595.43
21601	REMOVAL OF GROWTH OF CHEST WALL AND RIB	$1,160.00
21602	REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION	$1,581.11
21603	REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION AND REMOVAL OF LYMPH	$1,713.67
21610	PARTIAL REMOVAL OF RIB AND SPINE BONE AT JOINT	$1,156.57
21615	EXCISION FIRST AND/OR CERVICAL RIB;	$623.82
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY	$704.18
21620	OSTECTOMY OF STERNUM, PARTIAL	$521.25
21627	REMOVAL OF CHEST BONE TISSUE	$570.02
21630	EXTENSIVE REMOVAL OF CHEST BONE	$1,371.35
21632	EXTENSIVE REMOVAL OF CHEST BONE AND LYMPH NODES	$1,219.04
21685	REPOSITIONING OF BONE AND MUSCLES IN NECK	$1,032.25
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	$351.96
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	$520.84
21720	RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE	$556.25
21725	RELEASE OF NECK MUSCLE AND PLACEMENT OF A CAST TO TREAT TILTING HEAD	$574.94
21740	REPAIR OF ABNORMAL POSITION OF CHEST BONE	$1,019.54
21741	XIPHOID RESECTION PECTUS EXCAVATUM	$0.00
21742	MINIMALLY INVASIVE REPAIR OF ABNORMAL POSITION OF CHEST BONE	$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	$0.00
21750	TREATMENT OF BROKEN CHEST BONE FOLLOWING SURGERY	$677.53

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21811	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 1-3 RIBS	$585.16
21812	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 4-6 RIBS	$710.18
21813	TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 7 OR MORE	$967.01
21820	CLOSED TREATMENT OF STERNUM FRACTURE	$164.11
21825	TREATMENT OF BROKEN CHEST BONE	$570.16
21899	OTHER PROCEDURE ON NECK OR CHEST	$307.00
21920	BIOPSY OF SURFACE SOFT TISSUE TO BACK OR LOWER SIDES	$164.21
21925	DEEP BIOPSY OF SOFT TISSUE OF BACK OR LOWER SIDES	$401.19
21930	REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, LESS THAN 3.0 CM	$382.72
21931	REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, 3.0 CM OR MORE	$485.99
21932	REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, LESS THAN 5.0 CM	$688.43
21933	REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, 5.0 CM OR MORE	$760.63
21935	EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, LESS THAN 5.0 CM	$1,045.18
21936	EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, 5.0 CM OR MORE	$1,437.35
22010	DRAINAGE OF ABSCESS OF DEEP TISSUE OF UPPER OR MIDDLE SPINE	$1,001.33
22015	DRAINAGE OF ABSCESS OF DEEP TISSUE OF LOWER SPINE OR SACRUM	$987.10
22100	REMOVAL OF REAR PIECE OF UPPER SPINE BONE	$899.11
22101	REMOVAL OF REAR PIECE OF MIDDLE SPINE BONE	$906.10
22102	REMOVAL OF REAR PIECE OF LOWER SPINE BONE	$813.05
22103	PARTIAL REMOVAL OF BONE AT BACK OF SPINE, EACH ADDITIONAL SEGMENT	$134.22
22110	PARTIAL REMOVAL OF UPPER SPINE BONE	$1,092.74
22111	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22112	PARTIAL REMOVAL OF MIDDLE SPINE BONE	$1,164.76
22113	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22114	PARTIAL REMOVAL OF LOWER SPINE BONE	$1,164.76
22115	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	$0.00
22116	PARTIAL REMOVAL OF SPINE BONE, EACH ADDITIONAL SEGMENT	$138.44
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	$2,466.56
22207	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT TO CORRECT DEFORMITY	$2,423.88
22208	INCISION OR REMOVAL OF SPINE BONE SEGMENT TO CORRECT DEFORMITY, EACH ADDITIONAL	$577.84
22210	INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT	$1,823.02
22212	INCISION OR REMOVAL OF MIDDLE SPINE BONE SEGMENT	$1,555.67
22214	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT	$1,555.56
22216	INCISION OR REMOVAL OF SPINE BONE SEGMENT, EACH ADDITIONAL SEGMENT	$358.46
22220	INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT AND REMOVAL OF DISC	$1,659.52
22222	INCISION OR REMOVAL OF MIDDLE SPINE BONE AND REMOVAL OF DISC	$1,786.43
22224	INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT AND REMOVAL OF DISC	$1,631.72
22226	INCISION OR REMOVAL OF SPINE BONE SEGMENT AND REMOVAL OF DISC, EACH ADDITIONAL S	$355.59
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	$318.99
22315	CLOSED TREATMENT OF BROKEN OR DISLOCATED SPINE BONE WITH CAST OR BRACE AND TRACT	$812.08
22318	TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF STABILI	$1,668.36
22319	TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF STABILI	$1,842.97

Procedure Code	Procedure Code Description	Maximum Allowable Charge
22325	TREATMENT OF BROKEN OR DISLOCATED LOWER SPINE BONE	$1,511.50
22326	TREATMENT OF BROKEN OR DISLOCATED UPPER SPINE BONE	$1,538.81
22327	TREATMENT OF BROKEN OR DISLOCATED MIDDLE SPINE BONE	$1,572.24
22328	TREATMENT OF BROKEN OR DISLOCATED SPINE BONE, EACH ADDITIONAL SEGMENT	$277.35
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 REQUIRING ANESTHESIA, ANY REGION	$135.39
22510	STABILIZATION OF UPPER SPINE BONE	$439.72
22511	STABILIZATION OF LOWER SPINE BONE	$413.41
22512	STABILIZATION OF SPINE BONE, EACH ADDITIONAL BONE	$205.91
22513	TREATMENT OF BROKEN MIDDLE SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE USING	$517.80
22514	TREATMENT OF BROKEN LOWER SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE	$483.54
22515	TREATMENT OF BROKEN SPINE BONE WITH STABILIZING DEVICE, EACH ADDITIONAL SEGMENT	$217.35
22526	TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, SINGLE LEVEL	$338.36
22527	TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL BONE LEVEL	$154.32
22532	FUSION OF MIDDLE SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE	$1,823.16
22533	FUSION OF LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE	$1,695.44
22534	FUSION OF MIDDLE OR LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC,	$355.76
22548	FUSION OF SPINE BONES AT BASE OF NECK, ORAL APPROACH	$1,976.80
22550	ARTHRODESIS WITH DISKECTOMY, CERVICAL,	$0.00
22551	FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR NE	$1,719.01
22552	FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR NE	$389.54
22554	FUSION OF UPPER SPINE BONES THROUGH FRONT OF NECK WITH PARTIAL REMOVAL OF DISC	$1,287.59
22555	ARTHRODESIS WITH DISKECTOMY, CERVICAL, ANTERIOR	$0.00
22556	FUSION OF MIDDLE SPINE BONE THROUGH SIDE OF CHEST WITH PARTIAL REMOVAL OF DISC	$1,698.27
22558	FUSION OF LOWER SPINE BONE THROUGH ABDOMEN WITH PARTIAL REMOVAL OF DISC	$1,549.62
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 A	$320.72
22586	FUSION OF LOWER SPINE OR SACRAL BONE WITH REMOVAL OF DISC USING IMAGE GUIDANCE	$2,042.81
22590	FUSION OF SKULL AND FIRST 2 UPPER SPINE BONES THROUGH BACK	$1,615.12
22595	FUSION OF FIRST 2 SPINE BONES THROUGH BACK OF NECK	$1,543.49
22600	FUSION OF SPINE IN NECK BY POSTERIOR APPROACH	$1,334.08
22610	FUSION OF SPINE IN UPPER BACK	$1,314.52
22612	FUSION OF SPINE IN LOWER BACK	$1,613.49
22614	FUSION OF ADDITIONAL SEGMENT OF SPINE	$384.91
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 BAC	$1,578.02
22632	FUSION OF LOWER BACK SPINE BONE AND PARTIAL REMOVAL OF SPINE BONE OR DISC THROUG	$314.29
22633	FUSION OF SPINE IN LOWER BACK WITH PARTIAL REMOVAL OF SPINE BONE AND DISC	$1,830.79
22634	FUSION OF ADDITIONAL SEGMENT OF SPINE WITH PARTIAL REMOVAL OF SPINE BONE AND DIS	$476.69

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$1,402.82
22802	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, 7 TO 12 V	$2,149.76
22804	FUSION TO REPAIR SPINE DEFORMITY THROUGH BACK, 13 OR MORE BONES	$2,465.90
22808	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 2 TO 3 VER	$1,849.09
22810	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 4 TO 7 VER	$2,059.91
22812	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 8 OR MORE	$2,259.65
22818	REMOVAL OF 1-2 SPINE BONES TO CORRECT OUTWARD CURVING SPINE DEFORMITY	$2,198.12
22819	REMOVAL OF PARTS OF 3 OR MORE SPINE BONES TO CORRECT OUTWARD CURVING SPINE DEFOR	$2,532.51
22830	EXPLORATION OF SPINE FUSION	$848.67
22840	PLACEMENT OF STABILIZING DEVICE TO BACK OF 1 SPINE BONE IN NECK	$747.42
22841	INSERTION OF WIRE TO STABILIZE SPINE BONES	$88.50
22842	PLACEMENT OF STABILIZING DEVICE TO BACK, 3-6 SPINE BONE SEGMENTS	$751.68
22843	PLACEMENT OF STABILIZING DEVICE TO BACK, 7-12 SPINE BONE SEGMENTS	$804.54
22844	PLACEMENT OF STABILIZING DEVICE TO BACK, 13 OR MORE SPINE BONE SEGMENTS	$976.16
22845	PLACEMENT OF STABILIZING DEVICE TO FRONT, 2-3 SPINE BONE SEGMENTS	$714.89
22846	PLACEMENT OF STABILIZING DEVICE TO FRONT, 4-7 SPINE BONE SEGMENTS	$743.62
22847	PLACEMENT OF STABILIZING DEVICE TO FRONT, 8 OR MORE SPINE BONE SEGMENTS	$804.04
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU	$355.88
22849	REINSERTION OF SPINAL FIXATION DEVICE	$1,330.21
22850	REMOVAL OF STABILIZING DEVICE FROM BACK OF SPINE	$761.28
22852	REMOVAL OF SEGMENTAL STABILIZING DEVICE FROM BACK OF SPINE	$733.91
22853	INSERTION OF CAGE OR MESH DEVICE TO SPINE BONE AND DISC SPACE DURING SPINE FUSIO	$254.22
22854	INSERTION OF CAGE OR MESH DEVICE IN DISC SPACE DURING SPINE FUSION	$329.64
22855	REMOVAL OF STABILIZING DEVICE FROM FRONT OF SPINE	$1,132.43
22856	INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH	$1,646.10
22857	INSERTION OF ARTIFICIAL DISC BETWEEN BONES OF LOWER SPINE, SINGLE SPACE	$1,818.59
22858	INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH	$500.13
22859	PLACEMENT OF MESH OR CAGE DEVICE INTO SPINE DISC SPACE	$328.32
22860	INSERTION OF ARTIFICIAL DISC BETWEEN BONES OF LOWER SPINE, ADDITIONAL SPACE	$0.00
22861	REVISION OF TOTAL DISC REPLACEMENT IN UPPER BACK	$2,310.56
22862	REVISION OF TOTAL DISC REPLACEMENT IN LOWER BACK	$2,319.29
22864	REVISION OF ARTIFICIAL UPPER SPINE DISC, CERVICAL	$2,068.08
22865	REVISION OF ARTIFICIAL LOWER SPINE DISC, LUMBAR	$2,265.14
22867	PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN 1 DISC SPA	$1,099.97
22868	PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN SECOND DIS	$239.65
22869	PLACEMENT OF STABILIZING DEVICE TO LOWER SPINE LEVEL	$452.97
22870	PLACEMENT OF STABILIZING DEVICE TO SECOND LOWER SPINE LEVEL	$120.26
22899	OTHER PROCEDURE ON SPINE	$555.11
22900	REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, LESS THAN 5.0 CM	$585.31
22901	REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, 5.0 CM OR MORE	$684.34
22902	REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 3.0 CM	$349.84
22903	REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 3.0 CM OR MORE	$455.83
22904	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 5.0 CM	$1,070.51

Procedure Code	Procedure Code Description	Maximum Allowable Charge
22905	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 5.0 CM OR MORE	$1,347.64
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	$381.96
23020	RELEASE OF TENDON OF SHOULDER JOINT	$730.47
23030	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF SHOULDER	$267.92
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	$236.26
23035	INCISION OF SHOULDER BONE FOR REMOVAL OF INFECTED TISSUE	$721.91
23036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	$0.00
23040	INCISION OF SHOULDER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIG	$759.17
23042	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION,	$0.00
23044	INCISION OF COLLAR BONE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOR	$602.31
23065	BIOPSY OF SURFACE TISSUE OF SHOULDER	$168.01
23066	BIOPSY OF DEEP TISSUE OF SHOULDER	$392.51
23071	REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, 3.0 CM OR MORE	$438.05
23073	REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, 5.0 CM OR MORE	$724.03
23075	REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, LESS THAN 3.0 CM	$347.93
23076	REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, LESS THAN 5.0 CM	$571.19
23077	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, LESS THAN 5.0 CM	$1,151.62
23078	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, 5.0 CM OR MORE	$1,465.45
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	$544.09
23101	INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES	$490.13
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	$678.93
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	$539.95
23107	INCISION OF SHOULDER JOINT FOR EXAM	$701.80
23110	EXCISION, SUBACROMIAL (SUBDELTOID) BURSA	$0.00
23120	CLAVICULECTOMY; PARTIAL	$628.19
23125	CLAVICULECTOMY; TOTAL	$750.80
23130	PARTIAL REMOVAL OR REPAIR OF SHOULDER BONE NEAR COLLAR BONE	$661.03
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	$592.93
23145	REMOVAL OF CYST OR GROWTH OF COLLAR BONE OR SHOULDER BLADE WITH SELF BONE GRAFT	$736.76
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	$664.28
23150	REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE	$707.88
23155	REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE WITH SELF BONE GRAFT	$842.55
23156	REMOVAL OF CYST OR GROWTH OF TOP OF UPPER ARM BONE WITH DONOR BONE GRAFT	$719.82
23170	REMOVAL OF DEAD BONE FRAGMENT FROM COLLAR BONE	$602.80
23171	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23172	REMOVAL OF DEAD BONE FRAGMENT FROM SHOULDER BLADE	$609.16
23173	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23174	REMOVAL OF DEAD BONE FRAGMENT FROM TOP OF UPPER ARM BONE	$810.69
23175	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
23180	PARTIAL REMOVAL OF INFECTED COLLAR BONE	$696.00
23181	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23182	PARTIAL REMOVAL OF INFECTED SHOULDER BLADE	$716.06
23183	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23184	PARTIAL REMOVAL OF INFECTED TOP OF UPPER ARM BONE	$784.73
23185	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	$0.00
23190	PARTIAL REMOVAL OF SHOULDER BLADE	$613.28
23195	RESECTION, HUMERAL HEAD	$784.06
23200	EXTENSIVE REMOVAL OF GROWTH OF COLLAR BONE	$1,554.58
23210	EXTENSIVE REMOVAL OF GROWTH OF SHOULDER BLADE	$1,817.28
23220	EXTENSIVE REMOVAL OF GROWTH OF UPPER END OF UPPER ARM	$1,988.24

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23330	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN	$179.51
23333	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE	$505.18
23334	REMOVAL OF BALL OR SOCKET PROSTHESIS FROM SHOULDER	$1,102.93
23335	REMOVAL OF BALL AND SOCKET PROSTHESIS FROM SHOULDER	$1,314.10
23350	INJECTION OF CONTRAST FOR IMAGING OF SHOULDER JOINT	$50.84
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	$1,336.58
23397	RELOCATION OF MULTIPLE MUSCLES OF SHOULDER OR UPPER ARM	$1,185.02
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	$1,018.22
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	$653.00
23406	INCISION OF SHOULDER MULTIPLE TENDONS THROUGH SAME INCISION	$786.85
23410	REPAIR OF ACUTE TORN SHOULDER ROTATOR CUFF	$863.38
23412	REPAIR OF CHRONIC TORN SHOULDER ROTATOR CUFF	$895.69
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	$740.81
23420	REPAIR OF COMPLETE TEAR OF SHOULDER ROTATOR CUFF WITH RELEASE OF PRESSURE ON COL	$1,023.37
23430	TENODESIS OF LONG TENDON OF BICEPS	$786.71
23440	REMOVAL OR RELOCATION OF BICEPS TENDON	$795.13
23450	REATTACHMENT OF SHOULDER JOINT CAPSULE WITHOUT BONE TRANSFER	$987.52
23455	REATTACHMENT OF SHOULDER JOINT CAPSULE AND CARTILAGE WITHOUT BONE TRANSFER WITH	$1,030.83
23460	REPAIR OF SHOULDER JOINT CAPSULE AND SHOULDER BLADE WITH BONE BLOCK	$1,136.72
23462	REATTACHMENT OF SHOULDER JOINT CAPSULE WITH BONE TRANSFER (CORACOID BONE)	$1,110.41
23465	REPAIR OF SHOULDER JOINT CAPSULE IN THE BACK OF THE JOINT	$1,164.84
23466	REPAIR AND TIGHTENING OF SHOULDER JOINT CAPSULE	$1,174.58
23470	PARTIAL REPLACEMENT OF SHOULDER JOINT	$1,243.98
23472	PROSTHETIC REPAIR OF SHOULDER JOINT, TOTAL SHOULDER	$1,493.45
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	$1,659.40
23474	REVISION OF TOTAL SHOULDER REPAIR, TOTAL SHOULDER	$1,788.98
23480	INCISION OR PARTIAL REMOVAL OF COLLAR BONE	$861.61
23485	INCISION OR PARTIAL REMOVAL OF COLLAR BONE WITH BONE GRAFT	$995.80
23490	STABILIZATION OF COLLAR BONE WITH DEVICE	$903.06
23491	STABILIZATION OF TOP OF UPPER ARM BONE WITH DEVICE	$1,061.75
23500	CLOSED TREATMENT OF BROKEN COLLAR BONE	$255.20
23505	CLOSED TREATMENT OF BROKEN COLLAR BONE WITH MANIPULATION	$365.30
23510	TREATMENT OF OPEN CLAVICULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23515	TREATMENT OF BROKEN COLLAR BONE	$763.52
23520	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE	$266.08
23525	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE WITH MANIPULA	$400.83
23530	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES	$614.22
23532	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES WITH TISSUE GRAFT	$666.87
23540	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER	$263.83
23545	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH MANIP	$356.12
23550	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER	$609.89
23552	TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH TISSUE GRAFT	$687.37
23570	CLOSED TREATMENT OF BROKEN SHOULDER BLADE	$270.40
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	$415.73
23580	TREATMENT OF OPEN SCAPULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23585	TREATMENT OF BROKEN SHOULDER BLADE	$1,020.29
23600	CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE	$352.95
23605	CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE WITH MANIPULATION	$464.98

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23610	TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLIC	$0.00
23615	TREATMENT OF BROKEN TOP OF UPPER ARM BONE	$928.93
23616	TREATMENT OF BROKEN UPPER ARM BONE WITH REPLACEMENT	$1,283.34
23620	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT	$290.15
23625	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT WITH MANIPULATION	$389.15
23630	TREATMENT OF UPPER ARM BONE, BROKEN AT SHOULDER JOINT	$825.52
23650	CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION	$327.68
23655	CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION UNDER ANESTHESIA	$443.19
23658	TREATMENT OF OPEN SHOULDER DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
23660	TREATMENT OF DISLOCATED SHOULDER	$625.57
23665	CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN UPPER ARM BONE AT SHOULDER JO	$435.70
23670	TREATMENT OF DISLOCATED SHOULDER AND UPPER ARM BONE, BROKEN AT SHOULDER JOINT	$914.99
23675	CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE WITH M	$539.42
23680	TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE	$974.65
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	$208.11
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	$1,072.93
23802	FUSION OF SHOULDER JOINT BONE WITH SELF BONE GRAFT	$1,337.37
23810	FOLLOW UP FAMILY PLANNING VISIT	$0.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	$1,433.73
23920	REMOVAL OF ARM AND SHOULDER BLADE AT SHOULDER JOINT	$1,170.02
23921	REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF ARM AND SHOULDER BLADE AT	$506.06
23929	OTHER PROCEDURE ON SHOULDER	$313.82
23930	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF UPPER ARM OR ELBOW	$225.71
23931	DRAINAGE OF FLUID FILLED SAC IN ELBOW JOINT	$173.56
23935	INCISION OF UPPER ARM OR ELBOW BONE	$551.31
23936	INCISION, DEEP, WITH OPENING OF (EG, CORTEX FOR	$0.00
24000	INCISION OF ELBOW JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN B	$512.35
24001	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
24006	INCISION OF ELBOW WITH RELEASE OF JOINT CAPSULE	$753.90
24065	BIOPSY OF SURFACE TISSUE OF UPPER ARM OR ELBOW	$173.05
24066	BIOPSY OF DEEP TISSUE OF UPPER ARM OR ELBOW	$447.62
24071	REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, 3.0 CM OR MORE	$423.26
24073	REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, 5.0 CM OR MORE	$720.27
24075	REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, LESS THAN 3.0 CM	$350.32
24076	REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM	$577.70
24077	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM	$1,064.21
24079	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, 5.0 CM OR MORE	$1,355.89
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	$452.32
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	$541.99
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	$655.16
24105	EXCISION, OLECRANON BURSA	$394.07
24110	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE	$630.47
24115	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND SELF BONE GRAFT	$778.71
24116	REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND DONOR BONE GRAFT	$901.76
24120	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE	$570.48
24125	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE AND SELF BONE GRAFT	$663.04
24126	REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE WITH BONE GRAFT	$691.15
24130	EXCISION, RADIAL HEAD	$550.97
24134	REMOVAL OF DEAD UPPER ARM BONE FOR BONE INFECTION IN THE MAIN PORTION AND LOWER	$789.52
24135	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	$671.96
24137	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	$736.36
24139	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	$0.00
24140	PARTIAL REMOVAL OF INFECTED UPPER ARM BONE	$744.96
24144	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24145	PARTIAL REMOVAL OF INFECTED FOREARM BONE AT ELBOW	$632.70
24146	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24147	PARTIAL REMOVAL OF INFECTED ELBOW BONE	$674.23
24148	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
24149	EXTENSIVE REMOVAL OF BONY GROWTH AND TISSUE FROM ELBOW TO INCREASE ELBOW MOTION	$1,243.01
24150	EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM BONE	$1,593.10
24152	EXTENSIVE REMOVAL OF GROWTH OF INNER FOREARM BONE	$1,390.81
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	$893.48
24160	REMOVAL OF ELBOW JOINT PROSTHESIS	$1,305.85
24164	REMOVAL OF FOREARM BONE PROSTHESIS AT ELBOW JOINT	$764.12
24200	REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN	$148.40
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	$390.55
24220	INJECTION OF CONTRAST FOR IMAGING OF ELBOW JOINT	$67.65
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	$482.91
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	$794.21
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	$618.41
24310	INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE	$509.41
24320	RELOCATION OF TENDON FROM ELBOW TO SHOULDER WITH MUSCLE TRANSFER	$821.58
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	$759.25
24331	RELOCATION OF FOREARM TENDONS WITH ADVANCEMENT OF THE EXTENSOR TENDONS	$826.40
24332	RELEASE OF UPPER ARM TENDON	$656.53
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	$639.36
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	$798.13
24342	REINSERTION OF TORN UPPER ARM TENDON	$816.17
24343	REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW	$762.74
24344	REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW WITH TENDON GRAFT	$1,149.44
24345	REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW	$757.90
24346	REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW WITH TENDON GRAFT	$1,160.47
24357	INCISION OF ELBOW TENDON	$452.13
24358	INCISION OF ELBOW TENDON WITH REMOVAL OF TISSUE	$567.70
24359	INCISION AND REPAIR OF ELBOW TENDON WITH REMOVAL OF TISSUE OR BONE	$703.75
24360	REPAIR OF ELBOW JOINT WITH TISSUE GRAFT	$947.73
24361	REPAIR OF ELBOW JOINT WITH REPLACEMENT OF LOWER PORTION OF UPPER ARM BONE	$1,053.60
24362	REPAIR OF ELBOW JOINT WITH IMPLANT WITH AND REPAIR OF LIGAMENT	$1,107.18
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	$1,499.28
24365	JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE ELBOW	$679.50
24366	JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE ELBOW	$720.25
24370	REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM OR FOREARM COMPONENTS	$1,590.81
24371	REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM AND FOREARM COMPONENTS	$1,821.22
24400	INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE	$873.02
24410	INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE WITH INSERTION OF ROD	$1,105.78
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	$1,129.90
24430	REPAIR OF NONHEALED BROKEN UPPER ARM BONE	$1,102.89
24435	REPAIR OF NONHEALED BROKEN UPPER ARM BONE WITH SELF BONE GRAFT	$1,133.39
24470	REPAIR OF GROWTH PLATE OF UPPER ARM BONE	$713.43
24495	INCISION OF TISSUE OF FOREARM MUSCLE WITH EXPLORATION OF ARTERY	$1,017.16
24498	STABILIZATION OF UPPER ARM BONE WITH DEVICE	$909.11
24500	CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE	$370.89

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24505	CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH MANIPULATION	$492.00
24506	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; PERCUTANEOUS INSERTION OF PIN OR ROD	$0.00
24510	TREATMENT OF OPEN HUMERAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
24515	TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH PLACEMENT OF STABILIZING	$928.22
24516	TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH PLACEMENT OF STABILIZING	$901.51
24530	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW	$389.04
24531	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MAN	$0.00
24535	CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW WITH MANIPULATION	$615.23
24536	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPU	$0.00
24538	PLACEMENT OF STABILIZING DEVICE TO UPPER ARM BROKEN AT ELBOW	$845.17
24540	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	$0.00
24542	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	$0.00
24545	TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW	$972.41
24546	TREATMENT OF BROKEN UPPER ARM BONE AT ELBOW WITH EXTENSION	$1,084.04
24560	CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW	$328.58
24565	CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW WITH MANIPULATI	$538.24
24566	PLACEMENT OF STABILIZING DEVICE FOR BROKEN OUTER PART OF UPPER ARM AT ELBOW	$769.92
24575	TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW	$777.56
24576	CLOSED TREATMENT OF BROKEN ELBOW	$349.37
24577	CLOSED TREATMENT OF BROKEN ELBOW WITH MANIPULATION	$551.34
24578	TREATMENT OF OPEN HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLICAT	$0.00
24579	TREATMENT OF BROKEN ELBOW	$881.36
24580	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PR	$0.00
24581	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PR	$0.00
24582	PLACEMENT OF STABILIZING DEVICE FOR BROKEN ELBOW WITH MANIPULATION	$872.42
24583	TREATMENT OF OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROX	$0.00
24585	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME	$0.00
24586	TREATMENT OF BROKEN OR DISLOCATED UPPER OR FOREARM BONES AT ELBOW	$1,134.26
24587	TREATMENT OF BROKEN OR DISLOCATED UPPER OR FOREARM BONES AT ELBOW WITH IMPLANT	$1,134.93
24588	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME	$0.00
24600	REPAIR OF DISLOCATED ELBOW	$371.05
24605	REPAIR OF DISLOCATED ELBOW UNDER ANESTHESIA	$518.06
24610	TREATMENT OF OPEN ELBOW DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
24615	TREATMENT OF DISLOCATED ELBOW	$754.90
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	$632.27
24625	TREATMENT OF OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	$0.00
24635	TREATMENT OF BROKEN AND DISLOCATED FOREARM BONES AT ELBOW	$720.36
24640	CLOSED TREATMENT OF DISLOCATED FOREARM BONE ON THUMB SIDE AT ELBOW WITH MANIPULA	$84.97
24650	CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW	$275.30
24655	CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH MANIPULATION	$442.49
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	$702.51
24666	TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH PROSTHESIS	$776.50
24670	CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW	$298.26
24675	CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW WITH MANIP	$455.70
24680	TREATMENT OF OPEN ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS), WITH UNCOMPL	$0.00
24685	TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW	$697.65
24700	MANIPULATION UNDER GENERAL ANESTHESIA (INCLUDES	$0.00
24800	FUSION OF ELBOW JOINT WITHOUT BONE GRAFT FROM THE PATIENT	$878.88
24802	FUSION OF ELBOW JOINT WITH BONE GRAFT FROM THE PATIENT	$1,048.57
24900	AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH CLOSURE	$776.12
24920	AMPUTATION OF ARM THROUGH UPPER ARM BONE LEAVING WOUND	$773.05

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24925	SECONDARY CLOSURE OR REVISION OF SCAR OF PREVIOUS UPPER ARM BONE AMPUTATION	$608.04
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	$813.33
24931	AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH IMPLANT	$972.20
24935	LENGTHENING OF REMAINING AMPUTATED ARM BONE	$1,288.63
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	$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	$379.92
25001	INCISION OR THE TENDON COVERING ON THE PALM SIDE OF THE WRIST	$378.61
25020	INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON ONE SIDE OF THE	$825.36
25023	INCISION TO RELIEVE PRESSURE IN TOP OR PALM SIDE OF WRIST COMPARTMENT WITH REMOV	$1,415.84
25024	INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON BOTH SIDES OF T	$815.76
25025	INCISION TO RELIEVE PRESSURE IN TOP AND PALM SIDE OF WRIST COMPARTMENT WITH REMO	$1,276.61
25028	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF FOREARM OR WRIST	$770.44
25031	DRAINAGE OF FLUID FILLED SAC IN WRIST JOINT	$399.10
25035	INCISION OF FOREARM OR WRIST BONE	$625.91
25036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	$0.00
25040	INCISION OF WRIST JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN B	$595.48
25041	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION,	$0.00
25065	BIOPSY OF SURFACE TISSUE OF FOREARM OR WRIST	$168.61
25066	BIOPSY OF DEEP TISSUE OF FOREARM AND/OR WRIST	$397.64
25071	REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, 3.0 CM OR MORE	$444.74
25073	REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, 3.0 CM OR MORE	$568.63
25075	REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, LESS THAN 3.0 CM	$337.55
25076	REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, LESS THAN 3.0 CM	$554.14
25077	EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, LESS THAN 3.0 CM	$922.78
25078	EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, 3.0 CM OR MORE	$1,201.53
25085	INCISION TO REPAIR OR RELEASE CAPSULE OF WRIST JOINT	$482.39
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	$379.80
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	$437.98
25105	INCISION INTO WRIST JOINT WITH REMOVAL OF JOINT LINING TISSUE	$525.75
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	$663.46
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	$574.53
25110	REMOVAL OF GROWTH OF TENDON COVERING OF FOREARM OR WRIST	$377.10
25111	REMOVAL OF FIRST CYST OF WRIST	$355.16
25112	REMOVAL OF RECURRENT CYST OF WRIST	$422.59
25115	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN PALM SIDE OF WRIST	$804.81
25116	EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN TOP SIDE OF WRIST	$648.57
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	$415.51
25119	REMOVAL OF TENDON LINING ON TOP SIDE OF WRIST AND END OF FOREARM BONE AT WRIST	$539.77
25120	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE	$539.96
25125	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH SELF BONE GRAFT	$635.68
25126	REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH BONE GRAFT	$639.82
25130	REMOVAL OF CYST OR GROWTH OF WRIST BONE	$488.58
25135	REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH SELF BONE GRAFT	$600.06
25136	REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH BONE GRAFT	$535.24
25145	REMOVAL OF FRAGMENT OF DEAD FOREARM OR WRIST BONE ON SMALL FINGER SIDE	$558.85
25146	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS);	$0.00
25150	REMOVAL OF DISEASED PART OF FOREARM BONE ON SMALL FINGER SIDE	$606.55
25151	REMOVAL OF DISEASED PART OF FOREARM BONE ON THUMB SIDE	$624.39
25153	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	$0.00
25170	EXTENSIVE REMOVAL OF GROWTH OF FOREARM BONE (RADIUS OR ULNA)	$1,515.69
25210	REMOVAL OF WRIST BONE	$531.48

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	$661.69
25230	PARTIAL REMOVAL OF WRIST BONE NEAR THUMB	$467.12
25240	REMOVAL OR PARTIAL REMOVAL OF LOWER END OF FOREARM BONE ON SMALL FINGER SIDE AT	$463.92
25246	INJECTION OF CONTRAST FOR IMAGING OF WRIST	$73.96
25248	REMOVAL OF DEEP FOREIGN BODY IN FOREARM OR WRIST	$444.62
25250	REMOVAL OF WRIST PROSTHESIS	$571.18
25251	REMOVAL OF WRIST PROSTHESIS, COMPLICATED	$760.66
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	$478.07
25260	PRIMARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST	$680.84
25263	SECONDARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST	$677.86
25265	REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE UNDERSIDE OF THE WRIST (F	$796.82
25270	PRIMARY REPAIR OF TENDON OR MUSCLE OF TOP SIDE OF FOREARM OR WRIST	$532.22
25272	REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE TOP OF THE WRIST (EXTENSO	$598.14
25274	REPAIR OF TENDON OR MUSCLE ON TOP SIDE OF FOREARM OR WRIST WITH GRAFT	$709.40
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	$715.82
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	$605.45
25290	INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE	$469.94
25295	REMOVAL OF SCAR TISSUE TO RELEASE TENDON OF FOREARM OR WRIST	$566.04
25300	ANCHORING OF FLEXING TENDON OF FINGERS TO WRIST BONE	$734.77
25301	ANCHORING OF EXTENDING TENDON OF FINGERS TO WRIST BONE	$685.47
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	$664.49
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	$760.86
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	$811.13
25316	RELEASE AND RELOCATION OF TENDONS OF FOREARM OR WRIST	$961.46
25320	RECONSTRUCTION OF WRIST JOINT	$1,052.10
25332	REPAIR OF WRIST JOINT	$892.66
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	$989.92
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	$943.91
25350	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR HAND	$717.94
25355	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR ELBOW OR IN MIDDL	$806.93
25360	INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON SMALL FINGER SIDE	$698.04
25365	INCISION OR PARTIAL REMOVAL OF BOTH FOREARM BONES	$962.58
25370	MULTIPLE INCISIONS OR REMOVAL OF PARTS OF FOREARM BONE	$1,063.38
25375	MULTIPLE INCISIONS OR REMOVAL OF PARTS OF BOTH FOREARM BONES WITH INSERTION OF R	$999.27
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	$813.12
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	$1,041.77
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	$1,059.44
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	$1,175.11
25394	SHORTENING OF WRIST BONE	$826.44
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	$846.67
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	$1,085.16
25415	TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES	$1,013.66
25420	TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES WITH SELF BONE GRAFT	$1,213.30
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	$1,009.17
25426	REPAIR OF DEFECT OF BOTH FOREARM BONES WITH SELF BONES GRAFT	$1,168.63
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	$776.12
25431	REPAIR OF NON-HEALED WRIST BONE OTHER THAN (SCAPHOID OR NAVICULAR)	$830.37
25440	REPAIR OF NON-HEALED WRIST BONE, SCAPHOID OR NAVICULAR AT THE BASE OF THE THUMB	$812.59
25441	ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE THUMB SIDE AT	$983.95
25442	ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE SMALL FINGER S	$856.47
25443	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (SCAPHOID OR NAVICULAR	$830.05
25444	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (LUNATE BONE)	$874.34

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25445	ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (TRAPEZIUM BONE)	$764.27
25446	ARTHROPLASTY OR REPLACEMENT OF THE ENTIRE WRIST JOINT	$1,223.74
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	$883.34
25449	REVISION OF WRIST JOINT REPLACEMENT WITH REMOVAL OF EXISTING PROSTHESIS	$1,082.55
25450	STAPLING OR REMOVAL OF GROWTH PLATE OF FOREARM BONE	$658.17
25455	STAPLING OR REMOVAL OF GROWTH PLATE OF BOTH FOREARM BONES	$774.96
25490	STABILIZATION OF FOREARM BONE ON THUMB SIDE WITH DEVICE	$760.88
25491	STABILIZATION OF FOREARM BONE ON SMALL FINGER SIDE WITH DEVICE	$780.33
25492	STABILIZATION OF BOTH FOREARM BONES WITH DEVICE	$952.44
25500	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE	$286.98
25505	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE WITH MANIPULATI	$502.58
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	$713.52
25520	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED	$590.29
25525	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND CLOSED TREATMENT O	$839.36
25526	TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED WRIST J	$1,006.91
25530	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE	$272.32
25535	CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE WITH MAN	$499.07
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	$669.11
25560	CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES	$288.79
25565	CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH MANIPULATION	$504.71
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	$720.54
25575	TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH PLACEMENT OF STABILIZING	$955.00
25600	CLOSED TREATMENT OF BROKEN FOREARM (RADIUS) BONE AT THE WRIST AREA ON THE THUMB	$364.83
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	$554.33
25606	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOREARM BONE ON THUMB SIDE AT WRIST	$716.19
25607	TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE OF WRIST, ABOVE WRIST, WITH PLACE	$789.31
25608	TREATMENT OF 2 BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE WRIST JOINT	$877.95
25609	TREATMENT OF 3 OR MORE BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE WRI	$1,110.98
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	$317.58
25624	CLOSED TREATMENT OF BROKEN WRIST BONE NEAR BASE OF THUMB WITH MANIPULATION	$489.41
25626	TREATMENT OF OPEN CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH UNCOMPLICATED SOFT	$0.00
25628	TREATMENT OF BROKEN WRIST BONE LOCATED NEAR BASE OF THUMB	$764.78
25630	CLOSED TREATMENT OF OTHER BROKEN WRIST BONE	$315.52
25635	CLOSED TREATMENT OF OTHER BROKEN WRIST BONE WITH MANIPULATION	$464.29
25640	TREATMENT OF OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)),	$0.00
25645	TREATMENT OF OTHER BROKEN WRIST BONES	$610.21
25650	CLOSED TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST	$340.27
25651	PLACEMENT OF STABILIZING DEVICE FOR BROKEN BASE OF FOREARM BONE ON SMALL FINGER	$530.19
25652	TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST	$666.02
25660	CLOSED TREATMENT OF DISLOCATED WRIST BONES WITH MANIPULATION	$490.79
25665	TREATMENT OF OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WIT	$0.00
25670	TREATMENT OF DISLOCATED WRIST BONES	$647.65
25671	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FOREARM BONES AT WRIST	$572.73
25675	CLOSED TREATMENT OF DISLOCATED FOREARM BONE AT WRIST WITH MANIPULATION	$449.25
25676	TREATMENT OF DISLOCATED FOREARM BONES AT WRIST	$672.88
25680	CLOSED TREATMENT OF BROKEN AND DISLOCATED WRIST BONES WITH MANIPULATION	$574.84
25685	TREATMENT OF BROKEN AND DISLOCATED WRIST BONES	$776.53

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25690	CLOSED TREATMENT OF DISLOCATED WRIST (LUNATE) BONE WITH MANIPULATION	$534.02
25695	TREATMENT OF BROKEN WRIST (LUNATE) BONE	$673.40
25700	MANIPULATION OF JOINT UNDER GENERAL ANESTHESIA	$0.00
25800	COMPLETE FUSION OF WRIST JOINT	$775.81
25805	FUSION OF WRIST JOINT WITH BONE GRAFT	$892.77
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$916.55
25815	ARTHRODESIS, INTERCARPAL	$0.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	$701.87
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$853.02
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	$1,102.34
25900	AMPUTATION OF ARM THROUGH FOREARM BONES	$759.19
25905	AMPUTATION OF ARM THROUGH FOREARM BONES LEAVING WOUND	$741.52
25907	REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT FOREARM BONES	$653.75
25909	RE-AMPUTATION OF REMAINING ARM AT FOREARM BONE	$725.51
25915	KRUKENBERG PROCEDURE	$1,209.39
25920	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST	$781.72
25922	REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF HAND AT WRIST JOINT	$696.15
25924	RE-AMPUTATION FOLLOWING REMOVAL OF HAND AT WRIST JOINT	$763.87
25927	AMPUTATION OF FINGERS AND PART OF HAND AT MIDHAND BONES	$940.89
25929	REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT MIDHAND BONES	$637.70
25931	RE-AMPUTATION OF REMAINING HAND AT MIDHAND BONES	$874.36
25999	OTHER PROCEDURE ON FOREARM OR WRIST	$0.00
26010	SIMPLE DRAINAGE OF ABSCESS OF FINGER	$152.51
26011	COMPLICATED DRAINAGE OF ABSCESS IN FINGER	$199.28
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	$598.32
26025	DRAINAGE OF FLUID FILLED SAC IN PALM	$452.18
26030	DRAINAGE OF MULTIPLE FLUID FILLED SACS IN PALM	$526.64
26032	DRAINAGE OF PALMAR BURSA;	$0.00
26034	INCISION OF HAND OR FINGER BONE	$594.05
26035	RELEASE OF PRESSURE ON TISSUES OF FINGERS AND/OR HAND	$911.69
26037	INCISION OF TISSUE OF HAND TO RELEASE PRESSURE	$596.79
26040	RELEASE OF TISSUE OF PALM	$346.15
26045	PARTIAL RELEASE OF CONNECTIVE TISSUE OF PALM	$509.65
26055	INCISION OF TENDON COVERING OF FINGER	$318.63
26060	INCISION OF FINGER TENDON	$279.03
26070	INCISION OF WRIST JOINT AT FINGER FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF	$351.09
26075	INCISION OF LOWER FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FO	$368.56
26080	INCISION OF FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$434.34
26100	INCISION OF WRIST JOINT AT FINGER WITH BIOPSY	$369.77
26105	INCISION OF JOINT AT BASE OF FINGER WITH BIOPSY	$372.32
26110	INCISION OF FINGER JOINT WITH BIOPSY	$355.57
26111	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	$443.25
26113	REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, 1.5 CM OR MORE	$583.95
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	$358.43
26116	REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, LESS THAN 1.5 CM	$562.24
26117	EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, LESS THAN 3.0 CM	$783.95
26118	EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, 3.0 CM OR MORE	$1,106.42
26120	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	$0.00
26121	REMOVAL OF CONNECTIVE TISSUE OF PALM	$641.84
26122	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	$0.00
26123	REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, FIRST DIGIT	$893.44
26124	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26125	REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, EACH ADDITIONAL DIGI	$272.58
26126	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00
26128	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	$0.00
26130	REMOVAL OF WRIST JOINT LINING	$506.48
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	$594.25
26140	REMOVAL OF JOINT LINING AND REPAIR OF TENDON ON THE TOPSIDE OF FINGER	$546.76
26145	REPAIR OF TENDON, FINGER, AND/OR PALM OF HAND	$554.84
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	$344.09
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	$442.43
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	$487.59
26185	REMOVAL OF BONE AT BASE OF THUMB OR FINGER	$601.27
26200	REMOVAL OF CYST OR GROWTH FROM HAND BONE	$486.08
26205	REMOVAL OF CYST OR GROWTH FROM HAND BONE WITH SELF BONE GRAFT	$644.40
26206	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	$0.00
26210	REMOVAL OF CYST OR GROWTH OF FINGER BONE	$485.79
26215	REMOVAL OF CYST OR GROWTH OF FINGER BONE WITH SELF BONE GRAFT	$606.64
26216	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	$0.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	$536.30
26235	PARTIAL REMOVAL OF FINGER BONE NEAREST HAND OR MIDDLE OF FINGER	$528.55
26236	PARTIAL REMOVAL OF FINGER BONE AT END OF FINGER	$474.90
26250	EXTENSIVE REMOVAL OF GROWTH OF HAND BONE	$1,112.31
26260	EXTENSIVE REMOVAL OF GROWTH OF FINGER	$836.74
26262	EXTENSIVE REMOVAL OF GROWTH AT END OF FINGER BONE	$669.36
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	$379.53
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	$397.11
26341	MANIPULATION OF FINGER FOR CONNECTIVE TISSUE RELEASE FOLLOWING ENZYME INJECTION	$84.02
26350	REPAIR OF FINGER TENDON OF UNDER SIDE OF HAND OTHER THAN UPPER MOST PART OF PALM	$832.43
26352	REPAIR OF FINGER TENDON ON UNDER SIDE OF HAND WITH A GRAFT NOT IN ZONE 2	$920.62
26356	PRIMARY REPAIR OF FINGER TENDON ON UNDERSIDE OF THE HAND WITHOUT A GRAFT IN ZONE	$857.11
26357	SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITHOUT A GRAFT IN ZONE 2	$953.00
26358	SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITH A GRAFT IN ZONE 2	$1,045.51
26370	REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER	$868.30
26372	SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER WITH A GRAFT	$1,004.51
26373	SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER	$969.78
26390	REPAIR OF TENDON ON UNDERSIDE OF FINGER OR HAND WITH IMPLANTED ROD	$955.85
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF TENDON GRAFT IN HAND OR FINGER	$1,091.73
26410	REPAIR OF TENDON ON TOP OF HAND	$673.97
26412	REPAIR OF TENDON ON TOP OF HAND WITH GRAFT	$795.67
26415	REMOVAL OF TENDON FROM TOP OF HAND OR FINGER WITH ROD INSERTION	$933.60
26416	REMOVAL OF ROD WITH TENDON GRAFT AT TOP OF HAND OR FINGER	$1,005.74
26418	REPAIR OF TENDON ON TOP SIDE OF FINGER	$703.47
26420	REPAIR OF TENDON OF TOP SIDE OF FINGER WITH GRAFT	$821.91
26426	SECONDARY REPAIR OF TENDON OF TOP OF FINGER USING TISSUE	$542.04
26428	SECONDARY REPAIR OF TENDON OF UPPER SIDE OF FINGER WITH GRAFT	$879.82
26432	CLOSED TREATMENT OF TENDON OF UPPER SIDE OF FINGER	$611.89
26433	REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER	$640.70
26434	REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER WITH GRAFT	$770.81
26437	REPAIR OF TENDON ON UPPER SIDE OF HAND	$740.83
26440	RELEASE OF TENDON OF PALM OR FINGER	$729.43
26442	RELEASE OF TENDON OF PALM AND FINGER	$1,088.46
26445	RELEASE OF TENDON OF TOP OF HAND OR FINGER	$683.37
26449	RELEASE OF TENDON EXTENDING FROM FINGER TO FOREARM	$751.25

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26450	INCISION OF TENDON OF PALM	$520.38
26455	INCISION OF TENDON OF FINGER	$517.42
26460	INCISION OF TENDON AT TOP OF HAND OR FINGER	$503.83
26471	SUTURE OF TENDON TO FIRST JOINT OF FINGER	$733.80
26474	SUTURE OF TENDON TO JOINT OF FINGER NEAR TOP OF FINGER	$726.17
26476	LENGTHENING OF TENDON ON UPPER SIDE OF HAND OR FINGER	$717.46
26477	SHORTENING OF TENDON OF UPPER SIDE OF HAND OR FINGER	$698.22
26478	LENGTHENING OF TENDON OF PALM SIDE OF FINGER OR HAND	$737.05
26479	SHORTENING OF TENDON OF PALM SIDE OF HAND OR FINGER	$750.06
26480	TRANSFER OF TENDON TO BACK OF HAND	$872.95
26483	TRANSFER OF TENDON TO BACK OF HAND WITH GRAFT	$958.95
26485	TRANSFER OF TENDON TO PALM	$923.39
26489	TRANSFER OF TENDON TO PALM WITH GRAFT	$1,054.86
26490	TRANSFER OF TENDON FROM RING FINGER TO THUMB	$918.05
26492	TRANSFER OF TENDON TO THUMB WITH GRAFT	$1,011.07
26494	TRANSFER OF TENDON IN PALM TO THUMB	$921.46
26496	TRANSFER OF TENDON TO THUMB, PALM, OR WRIST	$987.26
26497	TRANSFER OF TENDON TO RING AND SMALL FINGERS	$986.19
26498	TRANSFER OF TENDONS OF HAND, ALL 4 FINGERS	$1,265.98
26499	CORRECTION CLAW FINGER, OTHER METHODS	$951.79
26500	REPAIR OF LIGAMENT SURROUNDING FINGER TENDON	$734.54
26502	REPAIR OF LIGAMENT SURROUNDING FINGER TENDON WITH GRAFT	$831.68
26508	RELEASE OF MUSCLES OF PALM NEAR THUMB	$750.79
26510	TRANSFER OF FINGER TENDON	$715.45
26516	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 1 FINGER	$819.38
26517	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 2 FINGERS	$946.37
26518	REPAIR OF JOINT CAPSULE OF HAND AND PALM, 3-4 FINGERS	$957.55
26520	INCISION OR REMOVAL OF JOINT CAPSULE BETWEEN HAND AND FINGER	$764.14
26525	REPAIR OF JOINT CAPSULE OF FINGER	$767.13
26530	REPAIR OF JOINT CONNECTING HAND AND FINGER BONES WITH IMPLANT	$579.45
26531	REPAIR OF JOINT BETWEEN HAND AND FINGER BONES WITH PROSTHESIS	$676.28
26535	REPLACEMENT OF FINGER JOINT	$473.29
26536	REPLACEMENT OF FINGER JOINT WITH PROSTHESIS	$833.34
26540	REPAIR OF LIGAMENT OF FINGER OR HAND AND FINGER JOINT	$774.32
26541	REPAIR OF LIGAMENT OF FINGER OR HAND TO FINGER JOINT WITH GRAFT	$911.83
26542	REPAIR OF LIGAMENT OF HAND TO FINGER JOINT WITH LOCAL TISSUE	$796.98
26545	REPAIR OF LIGAMENT OF FINGER JOINT WITH GRAFT	$808.90
26546	REPAIR OF NONHEALED HAND OR FINGER BONE	$1,134.46
26548	REPAIR OF JOINT BETWEEN FINGER AND PALM	$877.85
26550	SURGICAL CREATION OF THUMB	$1,751.47
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND	$3,420.11
26553	TRANSFER OF TOE TO HAND	$3,397.45
26554	TRANSFER OF 2 TOES TO HAND	$3,944.50
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	$1,483.63
26556	TRANSFER OF TOE AND JOINT TO FINGER	$3,536.09
26560	REPAIR OF WEBBED FINGER WITH SKIN FLAPS	$706.99
26561	REPAIR OF WEBBED FINGER WITH SKIN FLAPS AND GRAFTS	$1,064.00
26562	COMPLEX REPAIR OF EACH WEBBED FINGER	$1,473.41
26565	INCISION OR REMOVAL OF HAND BONE	$787.70
26567	PARTIAL REMOVAL OF FINGER BONE	$793.92
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	$1,020.46
26570	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26574	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	$0.00
26580	REPAIR CLEFT HAND	$1,637.70
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	$1,096.30
26590	REPAIR OF ENLARGED FINGER	$1,520.90
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	$550.42
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	$718.77
26596	REMOVAL OF CONSTRICTING RING OF SKIN OF FINGER	$886.87
26600	CLOSED TREATMENT OF BROKEN HAND BONE	$321.93
26605	CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION	$331.05
26607	CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION AND PLACEMENT OF EXTERNAL	$555.52
26608	TREATMENT OF BROKEN FINGER BONE WITH STABILIZING DEVICE ACCESSED THROUGH SKIN	$523.84
26610	TREATMENT OF OPEN METACARPAL FRACTURE, SINGLE, WITH UNCOMPLICATED SOFT TISSUE CL	$0.00
26615	TREATMENT OF BROKEN MIDHAND BONE	$619.01
26641	CLOSED TREATMENT OF DISLOCATED THUMB AT WRIST WITH MANIPULATION	$420.07
26645	CLOSED TREATMENT OF BROKEN THUMB AT WRIST WITH MANIPULATION	$431.42
26650	PLACEMENT OF STABILIZING DEVICE FOR BROKEN THUMB AT WRIST WITH MANIPULATION	$526.63
26655	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	$0.00
26660	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	$0.00
26665	TREATMENT OF BROKEN THUMB AT WRIST	$674.21
26670	CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION	$340.06
26675	CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION UNDER	$461.37
26676	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND BONE AT WRIST JOINT WITH MAN	$556.32
26680	TREATMENT OF OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SING	$0.00
26685	TREATMENT OF BROKEN HAND BONE AT WRIST	$619.19
26686	COMPLICATED TREATMENT OF DISLOCATED MIDHAND BONE AT WRIST	$662.92
26700	CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION	$342.39
26705	CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION UN	$435.08
26706	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND JOINT AT BASE OF FINGER WITH	$486.32
26710	TREATMENT OF OPEN METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH UNCOMPLICATED SO	$0.00
26715	TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER	$617.44
26720	CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND	$211.79
26725	CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND WITH	$335.03
26727	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FINGER OR THUMB AT MIDPORTION OR PART	$516.83
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	$638.77
26740	CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER	$247.43
26742	CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER WITH MANIPULATION	$368.05
26743	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	$0.00
26744	TREATMENT OF OPEN ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL	$0.00
26746	TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER	$790.41
26750	CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB	$212.59
26755	CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB WITH MANIPULATION	$301.83
26756	PLACEMENT OF STABILIZING DEVICE FOR BROKEN END OF FINGER OR THUMB	$465.90
26760	TREATMENT OF OPEN DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH UNCOMPLICATE	$0.00
26765	TREATMENT OF BROKEN END OF FINGER OR THUMB	$545.32
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	$287.40
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	$391.73
26776	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FINGER JOINT WITH MANIPULATION	$491.42
26780	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH UNCOMPLICATED	$0.00
26785	TREATMENT OF DISLOCATED FINGER JOINT	$591.65
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	$909.00
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	$852.31

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	$911.56
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	$859.04
26844	FUSION OF FINGER AT HAND JOINT WITH SELF BONE GRAFT	$940.19
26850	FUSION OF JOINT BETWEEN FINGER AND HAND	$810.52
26852	FUSION OF FINGER JOINT AT HAND WITH SELF BONE GRAFT	$913.00
26860	FUSION OF FINGER JOINT, INITIAL JOINT	$685.89
26861	FUSION OF FINGER JOINT, EACH ADDITIONAL JOINT	$102.53
26862	FUSION OF FINGER JOINT WITH SELF BONE GRAFT, INITIAL JOINT	$843.70
26863	FUSION OF FINGER JOINT WITH SELF BONE GRAFT, EACH ADDITIONAL JOINT	$230.97
26910	AMPUTATION OF FINGER OR THUMB	$836.56
26951	AMPUTATION OF FINGER OR THUMB WITH DIRECT CLOSURE	$778.68
26952	AMPUTATION OF FINGER OR THUMB WITH TISSUE FLAP	$756.44
26989	OTHER PROCEDURE ON HANDS OR FINGERS	$0.00
26990	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF PELVIS OR HIP NEAR JOINT	$730.39
26991	DRAINAGE OF INFECTED FLUID-FILLED SAC NEAR PELVIS OR HIP JOINT	$558.48
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE	$1,062.52
26995	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
27000	INCISION OF HIP TENDON THROUGH SKIN	$420.86
27001	INCISION OF HIP TENDON	$574.58
27002	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	$0.00
27003	INCISION OF HIP TENDON WITH REMOVAL OF NERVE	$637.75
27004	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN,	$0.00
27005	INCISION OF TENDON OF HIP	$753.77
27006	INCISION OF TENDON OF HIP (ABDUCTOR AND/OR EXTENSOR)	$754.37
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	$966.68
27026	OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST,	$0.00
27027	INCISION OF CONNECTIVE TISSUE ON SIDE OF PELVIS OR BUTTOCK	$930.58
27030	INCISION AND DRAINAGE OF HIP JOINT	$976.65
27031	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE;	$0.00
27033	INCISION OF HIP JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BOD	$1,013.77
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	$1,200.90
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE,	$1,064.80
27040	BIOPSY OF SURFACE TISSUE OF PELVIS AND HIP	$208.83
27041	BIOPSY OF DEEP TISSUE OF PELVIS AND HIP	$744.93
27043	REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, 3.0 CM OR MORE	$485.99
27045	REMOVAL OF GROWTH OF MUSCLE OF PELVIS AND HIP, 5.0 CM OR MORE	$761.31
27047	REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, LESS THAN 3.0 CM	$378.09
27048	REMOVAL OF GROWTH OF SOFT TISSUE OF PELVIS AND HIP, LESS THAN 5.0 CM	$636.42
27049	EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, LESS THAN 5.0 CM	$1,363.35
27050	BIOPSY OF JOINT BETWEEN LOWER SPINE AND PELVIS	$437.70
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	$616.81
27054	REMOVAL OF HIP JOINT LINING	$730.24
27057	INCISION OF TISSUE ON SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSCLE	$1,048.43
27059	EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, 5.0 CM OR MORE	$1,846.03
27060	EXCISION; ISCHIAL BURSA	$498.79
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	$486.67
27065	REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE GR	$564.47
27066	REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BO	$864.36
27067	REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE GR	$1,083.47
27070	PARTIAL REMOVAL OF SUPERFICIAL CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BO	$939.95

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27071	PARTIAL REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH	$1,036.16
27075	EXTENSIVE REMOVAL OF GROWTH OF HIP BONE	$2,133.07
27076	EXTENSIVE REMOVAL OF GROWTH OF UPPER PELVIC BONE INCLUDING HIP SOCKET, BASE OF P	$2,570.88
27077	EXTENSIVE REMOVAL OF GROWTH OF SIDE OF PELVIC BONE	$2,862.74
27078	EXTENSIVE REMOVAL OF GROWTH OF BASE OF PELVIS AND UPPER END OF THIGH BONE	$2,103.67
27080	COCCYGECTOMY, PRIMARY	$536.67
27086	REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSED BENEATH THE SKIN	$180.79
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$640.71
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	$873.13
27091	REMOVAL OF HIP PROSTHESIS, COMPLICATED	$1,641.88
27093	INJECTION OF CONTRAST FOR IMAGING OF HIP JOINT	$69.49
27095	INJECTION OF CONTRAST FOR IMAGING OF HIP UNDER ANESTHESIA	$83.16
27096	INJECTION OF ANESTHETIC OR STEROID INTO JOINT BETWEEN LOWER SPINE AND HIP BONE U	$85.47
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	$722.99
27098	TRANSFER, ADDUCTOR TO ISCHIUM	$736.73
27100	TRANSFER OF ABDOMINAL MUSCLE TO THIGH BONE AT HIP JOINT	$875.67
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	$915.83
27110	TRANSFER OF MUSCLE TO THIGH BONE AT HIP JOINT	$1,016.52
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	$948.43
27115	MUSCLE RELEASE, COMPLETE (HANGING HIP OPERATION)	$0.00
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	$1,346.98
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	$1,147.90
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR	$1,175.86
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	$1,325.39
27132	TOTAL HIP REPLACEMENT AFTER PREVIOUS HIP SURGERY	$1,720.05
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT	$1,948.74
27135	SECONDARY RECONSTRUCTION OR REVISION OF	$0.00
27137	REVISION OF HIP SOCKET PART OF HIP PROSTHESIS	$1,506.44
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	$1,563.83
27140	REPOSITIONING OF PART OF HEAD OF THIGH BONE	$938.08
27146	INCISION OR PARTIAL REMOVAL OF HIP BONE	$1,313.09
27147	INCISION OR PARTIAL REMOVAL OF HIP BONE AND REPAIR OF DISLOCATED HIP JOINT	$1,510.48
27151	RESHAPING OF PART OF HIP BONE	$1,630.32
27156	INCISION AND RESHAPING OF PART OF HIP AND THIGH BONES AND REPAIR OF DISLOCATED H	$1,753.56
27157	ACETABULAR AUGMENTATION (WILSON PROCEDURE)	$0.00
27158	INCISION OR PARTIAL REMOVAL OF BOTH SIDES OF PELVIC BONES	$1,446.61
27161	INCISION OR PARTIAL REMOVAL OF NECK OF THIGH BONE	$1,267.71
27165	INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK WITH PLACEMENT OF STABILIZI	$1,426.87
27170	BONE GRAFT TO UPPER THIGH BONE	$1,212.54
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	$700.35
27176	TREATMENT OF GROWTH PLATE AT TOP OF THIGH WITH PINS INSERTED THROUGH SKIN'	$967.58
27177	TREATMENT OF SLIPPED GROWTH PLATE AT UPPER END OF THIGH BONE WITH PINNING OR BON	$1,163.47
27178	TREATMENT OF SLIPPED GROWTH PLATE AT UPPER THIGH BONE WITH MANIPULATION AND PINN	$967.58
27179	REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE	$1,023.59
27181	REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVIC	$1,167.13
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR	$759.25
27187	STABILIZATION OF UPPER THIGH BONE WITH DEVICE	$1,041.39
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$143.33
27198	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED PELVIS AND/OR SACRUM WITH MANIPULAT	$328.73
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	$208.15
27201	TREATMENT OF OPEN COCCYGEAL FRACTURE	$0.00
27202	TREATMENT OF BROKEN TAILBONE	$556.34
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	$630.97
27216	PLACEMENT OF STABILIZING DEVICE FOR BROKEN AND/OR DISLOCATED BONE ON SIDE OF PEL	$930.63
27217	TREATMENT OF BROKEN AND/OR DISLOCATED FRONT OF PELVIS	$875.73
27218	TREATMENT OF BROKEN AND/OR DISLOCATED BACK OF PELVIS	$1,196.11
27220	CLOSED TREATMENT OF BROKEN HIP SOCKET	$438.92
27222	CLOSED TREATMENT OF BROKEN HIP SOCKET WITH MANIPULATION	$1,030.35
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	$1,097.31
27227	TREATMENT OF BROKEN BONES OF FRONT OR BACK COLUMN OF HIP SOCKET OR ACROSS HIP SO	$1,698.05
27228	TREATMENT OF BROKEN BONES OF FRONT AND BACK COLUMN OR WALL OF HIP SOCKET WITH PL	$1,927.08
27230	CLOSED TREATMENT OF BROKEN UPPER THIGH BONE	$515.15
27232	CLOSED TREATMENT OF BROKEN UPPER THIGH BONE WITH MANIPULATION	$748.14
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	$947.50
27236	TREATMENT OF UPPER END OF BROKEN THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$1,238.62
27238	CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE	$503.19
27240	CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE WITH MANIPULATION	$999.24
27242	TREATMENT OF OPEN INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	$0.00
27244	TREATMENT OF BROKEN NECK OF THIGH BONE WITH PLATE/SCREW IMPLANT	$1,273.35
27245	TREATMENT OF BROKEN NECK OF THIGH BONE WITH BONE IMPLANT	$1,272.34
27246	CLOSED TREATMENT OF BROKEN BELOW HEAD OF THIGH BONE	$416.50
27248	TREATMENT OF BROKEN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$778.80
27250	CLOSED TREATMENT OF DISLOCATED HIP	$176.08
27252	CLOSED TREATMENT OF DISLOCATED HIP UNDER ANESTHESIA	$787.03
27253	TREATMENT OF DISLOCATED HIP	$981.62
27254	TREATMENT OF TRAUMATIC BROKEN THIGH AND HIP AND DISLOCATED HIP	$1,318.07
27255	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP	$0.00
27256	CLOSED TREATMENT OF SPONTANEOUS DISLOCATED HIP	$243.54
27257	TREATMENT OF SPONTANEOUS DISLOCATED HIP UNDER ANESTHESIA	$374.80
27258	TREATMENT OF SPONTANEOUS DISLOCATED HIP	$1,157.42
27259	TREATMENT OF SPONTANEOUS DISLOCATED HIP WITH SHORTENING OF THIGH BONE	$1,594.01
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	$447.68
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	$620.78
27267	CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE	$473.99
27268	CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE WITH MANIPULATION	$580.12
27269	TREATMENT OF BROKEN HEAD OF THIGH BONE	$1,281.21
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	$196.03
27279	FUSION OF PELVIC JOINT USING IMAGING GUIDANCE	$842.98
27280	FUSION OF SACROILIAC JOINT BETWEEN SPINE AND PELVIS WITH BONE GRAFT, OPEN PROCED	$1,386.51
27281	ARTHRODESIS, SACROILIAC JOINT (INCLUDING	$0.00
27282	FUSION OF JOINT BETWEEN PUBIC BONES	$905.07
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	$1,645.85

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27286	FUSION OF HIP JOINT WITH INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK	$1,691.98
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	$1,677.29
27295	REMOVAL OF HIP BONE AND LEG AT HIP JOINT	$1,293.91
27299	OTHER PROCEDURE ON PELVIS OR HIP JOINT	$324.74
27301	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF THIGH OR KNEE	$536.45
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS	$673.48
27304	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
27305	INCISION OF CONNECTIVE TISSUE BETWEEN THIGH AND KNEE	$517.33
27306	INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLE	$360.88
27307	INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLE	$437.45
27310	INCISION OF KNEE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BO	$773.79
27311	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
27323	BIOPSY OF SURFACE TISSUE OF THIGH OR KNEE	$186.12
27324	BIOPSY OF DEEP TISSUE OF THIGH OR KNEE	$437.30
27325	NEURECTOMY, HAMSTRING MUSCLE	$603.24
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	$560.53
27327	REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, 3.0 CM OR MORE	$334.50
27328	REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR LESS	$651.51
27329	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, LESS THAN 5.0 CM	$1,072.39
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	$454.67
27331	INCISION OF KNEE JOINT FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY	$510.91
27332	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER OR OUTER SIDE OF KNEE	$686.43
27333	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER AND OUTER SIDES OF KNE	$628.85
27334	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT OR BACK OF KNEE	$728.19
27335	INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT AND BACK OF KNEE	$807.22
27337	REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, LESS THAN 3.0 CM	$437.27
27339	REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR MORE	$780.28
27340	REMOVAL OF FLUID-FILLED SAC FROM JOINT AT FRONT OF KNEE	$405.80
27345	REMOVAL OF CYST OF BACK OF KNEE	$520.66
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	$564.35
27350	REMOVAL OF KNEECAP	$695.41
27355	REMOVAL OF CYST OR GROWTH OF THIGH BONE	$646.78
27356	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH DONOR BONE GRAFT	$781.96
27357	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH SELF BONE GRAFT	$864.10
27358	REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$276.20
27360	PARTIAL REMOVAL OF THIGH AND/OR LOWER LEG BONES	$961.92
27361	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	$0.00
27364	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, 5.0 CM OR MORE	$1,601.06
27365	EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE BONE	$2,102.36
27369	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI K	$41.08
27372	REMOVAL OF FOREIGN BODY DEEP IN TISSUE OF THIGH OR KNEE	$425.30
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	$671.01
27381	SECONDARY SUTURE OF TENDON BELOW KNEE	$871.83
27385	PRIMARY SUTURE OF RUPTURED MUSCLE OF THIGH	$656.61
27386	SECONDARY SUTURE OF RUPTURED MUSCLE OF THIGH	$909.74
27390	REPAIR OF HAMSTRING TENDON	$483.65

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27391	REPAIR OF MULTIPLE HAMSTRING TENDONS IN LEG	$618.62
27392	REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS	$754.73
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	$535.81
27394	LENGTHENING OF MULTIPLE HAMSTRING TENDONS IN LEG	$693.29
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	$927.73
27396	TRANSFER OF THIGH TENDON	$657.19
27397	TRANSFER OF THIGH TENDONS	$961.37
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING TO FEMUR	$737.07
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	$683.74
27405	PRIMARY REPAIR OF TORN LIGAMENT OR JOINT CAPSULE AT OUTSIDE PART OF KNEE	$716.38
27407	REPAIR OF TORN LIGAMENT AND/OR JOINT CAPSULE AT FRONT OF KNEE	$841.20
27409	REPAIR OF TORN LIGAMENTS OR JOINT CAPSULE AT FRONT AND SIDES OF KNEE	$1,013.11
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	$1,703.23
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	$1,426.70
27416	IMPLANTATION OF SELF CARTILAGE CELLS INTO KNEE BONE	$1,023.50
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	$873.23
27420	REPAIR OF DISLOCATING KNEECAP	$787.56
27422	REPAIR OF DISLOCATING KNEECAP WITH REALIGNMENT	$783.29
27424	RECONSTRUCTION OF DISLOCATING KNEECAP WITH REMOVAL	$790.62
27425	RELEASE OF LIGAMENTS OF KNEE JOINT	$490.06
27427	RECONSTRUCTION OF LIGAMENTS OUTSIDE KNEE JOINT	$750.55
27428	RECONSTRUCTION LIGAMENTS INSIDE KNEE JOINT	$1,171.01
27429	RECONSTRUCTION OF LIGAMENTS INSIDE AND OUTSIDE KNEE JOINT	$1,319.41
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	$783.57
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	$856.97
27437	REPAIR OF KNEECAP	$700.20
27438	REPAIR OF KNEECAP WITH PROSTHESIS	$882.08
27440	REPAIR OF LOWER PART OF KNEE JOINT	$839.38
27441	REPAIR OF LOWER PART OF KNEE JOINT WITH PROSTHESIS AND REMOVAL OF JOINT LINING	$865.88
27442	REPAIR OF END OF THIGH OR LOWER LEG BONE AT KNEE JOINT WITH PROSTHESIS	$913.54
27443	KNEE REPLACEMENT WITH REPAIR OF END OF THIGH OR LOWER LEG BONE AND REMOVAL OF KN	$857.90
27444	ARTHROPLASTY, KNEE, TOTAL;	$0.00
27445	KNEE JOINT REPLACEMENT USING HINGED PROSTHESIS	$1,299.95
27446	REPLACEMENT OF KNEE JOINT ON SIDE OF KNEE	$1,189.17
27447	REPLACEMENT OF KNEE JOINT, BOTH SIDES OF KNEE	$1,324.02
27448	INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE	$869.68
27449	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITHOUT	$0.00
27450	INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE WITH STABILIZING DEV	$1,061.18
27452	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITH	$0.00
27454	MULTIPLE INCISIONS OR REMOVALS OF PARTS OF MIDDLE PORTION OF THIGH BONE WITH PLA	$1,341.93
27455	INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR DEFORMI	$1,009.45
27457	INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR DEFORMI	$1,000.98
27460	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	$0.00
27462	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	$0.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	$1,293.46
27466	OSTEOPLASTY, FEMUR; LENGTHENING	$1,232.63
27468	LENGTHENING AND SHORTENING OF THIGH BONE	$1,389.35
27470	REPAIR OF NONHEALED BROKEN THIGH BONE	$1,229.36

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27472	REPAIR OF NONHEALED BROKEN THIGH BONE WITH SELF BONE GRAFT	$1,312.86
27475	REMOVAL OF GROWTH PLATE AT LOWER END OF THIGH BONE	$702.56
27477	REMOVAL OF GROWTH PLATE OF BOTH LOWER LEG BONES	$773.39
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	$960.65
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	$711.00
27486	REVISION OF COMPONENT OF TOTAL KNEE JOINT PROSTHESIS	$1,451.65
27487	REVISION OF THIGH AND LOWER LEG BONE COMPONENTS OF TOTAL KNEE JOINT PROSTHESIS	$1,802.14
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH	$1,247.45
27490	ARTHROSCOPY, KNEE, FOR MENISCUS REPAIR (MENISCORRHESIS)	$0.00
27495	STABILIZATION OF THIGH BONE WITH DEVICE	$1,175.96
27496	INCISION OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE	$587.83
27497	INCISION OF TISSUE OF THIGH AND/OR KNEE WITH TISSUE REMOVAL TO RELIEVE PRESSURE	$615.50
27498	MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE	$697.77
27499	MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE WITH TISSUE REMOVAL	$743.43
27500	CLOSED TREATMENT OF BROKEN THIGH BONE	$514.69
27501	CLOSED TREATMENT OF BROKEN THIGH BONE AT LOWER END	$532.25
27502	CLOSED TREATMENT OF BROKEN THIGH BONE AT MIDPORTION WITH MANIPULATION	$787.47
27503	CLOSED TREATMENT OF BROKEN THIGH BONE AT FAR END WITH MANIPULATION	$842.45
27504	TREATMENT OF OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH UNCOMPL	$0.00
27506	TREATMENT OF BROKEN SHAFT OF THIGH BONE WITH IMPLANT	$1,389.79
27507	TREATMENT OF BROKEN MIDDLE OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE	$1,003.94
27508	CLOSED TREATMENT OF BROKEN INSIDE OR OUTSIDE PORTION OF LOWER END OF THIGH BONE	$536.65
27509	TREATMENT OF BROKEN THIGH BONE AT FAR END WITH PLACEMENT OF STABILIZING DEVICE	$726.87
27510	CLOSED TREATMENT OF BROKEN THIGH BONE AT KNEE AREA WITH MANIPULATION	$716.48
27511	TREATMENT OF BROKEN THIGH BONE AT FAR END	$1,030.80
27512	TREATMENT OF OPEN FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH	$0.00
27513	TREATMENT OF BROKEN THIGH BONE IN KNEE AREA	$1,272.03
27514	TREATMENT OF BROKEN SIDE OF LOWER END OF THIGH BONE	$1,000.25
27516	CLOSED TREATMENT OF THIGH BONE GROWTH PLATE BROKEN AT END OF THIGH BONE	$527.06
27517	CLOSED TREATMENT OF GROWTH PLATE BROKEN AT END OF THIGH BONE WITH MANIPULATION	$733.19
27518	TREATMENT OF OPEN DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH UNCOMPLICATED SOFT	$0.00
27519	TREATMENT OF BROKEN GROWTH PLATE AT END OF THIGH BONE	$924.91
27520	CLOSED TREATMENT OF BROKEN KNEECAP	$334.71
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	$794.62
27530	CLOSED TREATMENT OF BROKEN SHIN BONE	$323.66
27532	CLOSED TREATMENT OF BROKEN SHIN BONE WITH TRACTION	$617.95
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	$930.73
27536	TREATMENT OF BROKEN SHIN BONE ON BOTH SIDES OF UPPER END	$1,234.04
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	$491.42
27540	TREATMENT OF BROKEN SHIN BONE AT KNEE	$857.63
27550	CLOSED TREATMENT OF DISLOCATED KNEE	$509.73
27552	CLOSED TREATMENT OF DISLOCATED KNEE UNDER ANESTHESIA	$675.45
27554	TREATMENT OF OPEN KNEE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27556	TREATMENT OF DISLOCATED KNEE	$910.52
27557	TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR	$1,079.46
27558	TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR AND RECONSTRUCTION	$1,224.87
27560	CLOSED TREATMENT OF DISLOCATED KNEECAP	$374.68
27562	CLOSED TREATMENT OF DISLOCATED KNEECAP UNDER ANESTHESIA	$528.58
27564	TREATMENT OF OPEN PATELLAR DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27566	TREATMENT OF DISLOCATED KNEECAP	$934.33
27570	MANIPULATION OF KNEE JOINT UNDER ANESTHESIA	$164.69
27580	FUSION OF KNEE JOINT	$1,538.14
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	$783.45
27591	AMPUTATION OF THIGH THROUGH THIGH BONE WITH IMMEDIATE FITTING FOR PROSTHESIS	$1,006.44
27592	AMPUTATION OF THIGH THROUGH THIGH BONE LEAVING WOUND	$676.52
27594	SECONDARY CLOSURE OR REVISION OF SCAR AT PREVIOUS THIGH AMPUTATION	$519.26
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	$726.10
27598	REMOVAL OF LEG AT KNEE JOINT	$705.65
27599	OTHER PROCEDURE ON THIGH OR KNEE	$0.00
27600	INCISION OF CONNECTIVE TISSUE OF FRONT OR SIDE OF LOWER LEG TO RELIEVE PRESSURE	$416.70
27601	INCISION OF CONNECTIVE TISSUE OF BACK OF LOWER LEG TO RELIEVE PRESSURE	$465.09
27602	INCISION OF CONNECTIVE TISSUE OF FRONT AND/OR SIDE AND BACK OF LOWER LEG TO RELI	$482.34
27603	DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF LEG OR ANKLE	$414.39
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	$340.94
27605	INCISION OF ACHILLES TENDON USING LOCAL ANESTHETIC	$193.06
27606	INCISION OF ACHILLES TENDON UNDER ANESTHESIA	$283.24
27607	INCISION OF LEG OR ANKLE BONE	$629.87
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 B	$680.85
27611	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	$0.00
27612	INCISION OF ANKLE JOINT WITH RELEASE OF JOINT LINING	$599.61
27613	BIOPSY OF SURFACE TISSUE OF LEG OR ANKLE	$170.28
27614	BIOPSY OF DEEP TISSUE OF LEG OR ANKLE	$440.36
27615	EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, LESS THAN 5.0 CM	$1,057.12
27616	EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, 5.0 CM OR MORE	$1,302.34
27618	REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, LESS THAN 3.0 CM	$325.24
27619	REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, LESS THAN 5.0 CM	$491.96
27620	INCISION AND EXPLORATION OF ANKLE JOINT	$472.75
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	$603.29
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	$642.99
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	$378.44
27632	REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, 3.0 CM OR MORE	$428.01
27634	REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, 5.0 CM OR MORE	$704.19
27635	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE	$613.85
27637	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH SELF BONE GRAFT	$780.95
27638	REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH BONE GRAFT	$785.30
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	$870.97
27641	PARTIAL REMOVAL OF OUTER LOWER LEG BONE	$684.61
27645	EXTENSIVE REMOVAL OF GROWTH OF SHIN BONE	$1,817.28
27646	EXTENSIVE REMOVAL OF GROWTH OF OUTER LEG BONE	$1,583.77
27647	EXTENSIVE REMOVAL OF GROWTH OF HEEL BONE	$1,017.98
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	$51.84
27650	REPAIR OF RUPTURED ACHILLES TENDON	$698.26
27652	REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT	$694.80
27654	SECONDARY REPAIR OF RUPTURED ACHILLES TENDON	$754.04
27656	REPAIR OF CONNECTIVE TISSUE DEFECT OF LEG	$369.82
27658	PRIMARY REPAIR OF TENDON ON BACK OF LEG	$393.58
27659	SECONDARY REPAIR OF TENDON ON BACK OF LEG	$497.09
27664	PRIMARY REPAIR OF TENDON ON FRONT OF LEG	$388.90
27665	SECONDARY REPAIR OF TENDON ON FRONT OF LEG	$449.66
27675	REPAIR OF DISLOCATING LOWER LEG TENDONS WITHOUT A CUT THROUGH THE LOWER LEG BONE	$526.32

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27676	REPAIR OF DISLOCATED LOWER LEG TENDONS BY INCISION OR PARTIAL REMOVAL OF LOWER L	$640.01
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	$444.27
27681	RELEASE OF MULTIPLE LEG AND/OR ANKLE TENDONS	$535.88
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	$494.39
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	$556.41
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	$481.97
27690	TRANSFER OF TENDON AND MUSCLE REROUTING AT LOWER LEG OR ANKLE	$675.63
27691	TRANSFER OF DEEP TENDON OF FOOT WITH MUSCLE REROUTING	$785.18
27692	TRANSFER OF TENDON WITH MUSCLE REROUTING AT FOOT, EACH ADDITIONAL TENDON	$100.91
27695	PRIMARY REPAIR OF DISRUPTED ANKLE LIGAMENT	$515.10
27696	PRIMARY REPAIR OF DISRUPTION OF BOTH ANKLE LIGAMENTS	$577.57
27698	SECONDARY REPAIR OF DISRUPTED COLLATERAL LIGAMENT OF ANKLE	$672.79
27700	RECONSTRUCTION OF ANKLE JOINT	$642.28
27702	RECONSTRUCTION OF ANKLE JOINT WITH PROSTHESIS	$1,002.76
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	$1,155.19
27704	REMOVAL OF ANKLE IMPLANT	$601.86
27705	INCISION OR PARTIAL REMOVAL OF SHIN BONE	$792.12
27707	INCISION OR PARTIAL REMOVAL OF LOWER LEG BONE	$437.35
27709	INCISION OR PARTIAL REMOVAL OF SHIN AND OUTER LOWER LEG BONES	$1,176.84
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	$1,148.91
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	$1,117.99
27720	REPAIR OF NONHEALED BROKEN SHIN BONE	$916.51
27722	REPAIR OF NONHEALED BROKEN SHIN BONE WITH BONE GRAFT	$939.56
27724	REPAIR OF NONHEALED BROKEN SHIN BONE WITH SELF GRAFT FROM HIP OR OTHER BONE	$1,295.04
27725	FUSION OF NONHEALED BROKEN SHIN BONE WITH OUTER LOWER LEG BONE	$1,267.55
27726	REPAIR OF NONHEALED BROKEN OUTER LOWER LEG BONE WITH PLACEMENT OF STABILIZING DE	$997.36
27727	REPAIR OF CONGENITAL NONHEALED BROKEN SHIN BONE	$1,085.84
27730	SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE OF LOWER LEG BONE AT ANKLE	$625.82
27732	FUSION OF LOWER OUTER LEG BONE GROWTH PLATE	$488.82
27734	FUSION OF LOWER END OF GROWTH PLATE OF LOWER LEG BONE	$697.19
27740	FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG BONES	$748.62
27742	FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG AND THIGH BONES	$819.71
27745	PLACEMENT OF STABILIZING DEVICE FOR SHIN BONE	$795.38
27750	CLOSED TREATMENT OF BROKEN MIDDLE PART OF SHIN BONE	$357.28
27752	CLOSED TREATMENT OF MIDDLE PART OF BROKEN SHIN BONE WITH MANIPULATION	$527.65
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	$616.01
27758	TREATMENT BROKEN MIDDLE PART OF SHIN BONE WITH PLATE OR SCREWS	$941.07
27759	TREATMENT OF BROKEN PART OF SHIN BONE WITH ROD	$1,040.17
27760	CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE	$340.04
27762	CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION	$472.97
27764	TREATMENT OF OPEN DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS), WITH UNCOMPLICATED	$0.00
27766	TREATMENT OF INSIDE PORTION OF BROKEN SHIN BONE AT ANKLE	$646.74
27767	CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE	$324.85
27768	CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION	$487.15
27769	TREATMENT OF BROKEN BACK PORTION OF SHIN BONE AT ANKLE	$766.03
27780	CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE	$317.20
27781	CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE WITH MA	$441.08
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	$751.31
27786	CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE	$318.61
27788	CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE WITH MANIPULATION	$419.45

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27790	TREATMENT OF OPEN DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH UNCOMPLICATE	$0.00
27792	TREATMENT OF BROKEN OUTER LOWER LEG BONE AT ANKLE	$684.31
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	$340.34
27810	CLOSED TREATMENT OF 2 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION	$462.82
27812	TREATMENT OF OPEN BIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLO	$0.00
27814	TREATMENT OF BOTH BROKEN LOWER LEG BONES AT ANKLE	$806.55
27816	CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE	$325.03
27818	CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION	$473.76
27820	TREATMENT OF OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CL	$0.00
27822	TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE	$931.37
27823	TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH FIXATION OF POSTERIOR LIP	$1,042.53
27824	CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT	$337.49
27825	CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT WITH MANIPULA	$525.68
27826	TREATMENT OF BROKEN OUTER LOWER LEG BONE AT LOWER WEIGHT BEARING JOINT	$909.85
27827	TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT	$1,186.66
27828	TREATMENT OF BROKEN LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	$1,395.16
27829	TREATMENT OF LIGAMENT TEAR AT ANKLE JOINT	$757.46
27830	CLOSED TREATMENT OF DISLOCATED KNEE JOINT	$395.41
27831	CLOSED TREATMENT OF DISLOCATED KNEE JOINT UNDER ANESTHESIA	$444.35
27832	TREATMENT OF DISLOCATED KNEE JOINT	$801.20
27840	CLOSED TREATMENT OF DISLOCATED ANKLE	$418.91
27842	CLOSED TREATMENT OF DISLOCATED ANKLE UNDER ANESTHESIA	$525.47
27844	TREATMENT OF OPEN ANKLE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
27846	TREATMENT OF DISLOCATED ANKLE	$757.41
27848	TREATMENT OF DISLOCATED ANKLE WITH REPAIR OR PLACEMENT OF STABILIZING DEVICE	$822.80
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 (INCLUDES APPLICATION OF TRACTION	$173.79
27870	FUSION OF ANKLE JOINT, OPEN PROCEDURE	$1,052.45
27871	FUSION OF LOWER LEG BONE AT KNEE OR ANKLE JOINT	$730.07
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	$900.47
27881	AMPUTATION OF BOTH LOWER LEG BONES WITH IMMEDIATE FITTING	$867.69
27882	AMPUTATION OF BOTH LOWER LEG BONES LEAVING WOUND	$594.15
27884	SECONDARY CLOSURE OR REVISION OF SCAR OF LOWER LEG BONE AMPUTATION	$591.87
27886	RE-AMPUTATION OF LOWER LEG	$661.15
27888	AMPUTATION OF FOOT AT ANKLE WITH RECONSTRUCTION OF SKIN AND TISSUE	$659.29
27889	REMOVAL OF FOOT AT ANKLE JOINT	$641.33
27892	INCISION OF CONNECTIVE TISSUE OF LOWER LEG TO RELIEVE PRESSURE WITH REMOVAL OF M	$557.12
27893	INCISION OF CONNECTIVE TISSUE AT BACK OF LOWER LEG TO RELIEVE PRESSURE WITH REMO	$653.65
27894	INCISION OF CONNECTIVE TISSUE AT FRONT AND/OR SIDE AND BACK OF LOWER LEG TO RELI	$838.04
27899	OTHER PROCEDURE ON LEG OR ANKLE	$0.00
28001	DRAINAGE OF FLUID FILLED SAC IN FOOT	$97.77
28002	DRAINAGE OF FLUID FILLED SAC BELOW CONNECTIVE TISSUE IN FOOT JOINT	$143.17
28003	DRAINAGE OF FLUID FILLED SACS BENEATH CONNECTIVE TISSUE IN MULTIPLE FOOT JOINTS	$263.48
28004	DEEP INFECTION, BELOW FASCIA, REQUIRING DEEP	$0.00
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	$599.09

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28006	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	$0.00
28008	INCISION OF CONNECTIVE TISSUE OF FOOT AND/OR TOE	$311.39
28010	REPAIR OF TOE TENDON	$221.52
28011	REPAIR OF MULTIPLE TOE TENDONS	$294.97
28020	INCISION OF FOOT AT ANKLE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF F	$391.43
28022	INCISION OF MIDFOOT JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN	$346.24
28024	INCISION OF TOE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BOD	$325.17
28035	RELEASE OF NERVE BETWEEN TISSUE AND ANKLE BONE	$379.72
28039	1.5 CM OR GREATER	$357.83
28041	REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, 1.5 CM OR MORE	$472.72
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	$275.94
28045	REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, LESS THAN 1.5 CM	$366.82
28046	EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, LESS THAN 3.0 CM	$736.49
28047	EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, 3.0 CM OR MORE	$1,060.28
28050	BIOPSY THROUGH A JOINT OPENING IN THE MIDFOOT	$294.40
28052	INCISION OF MIDFOOT JOINT WITH BIOPSY	$269.33
28054	INCISION OF TOE JOINT WITH BIOPSY	$247.77
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	$403.05
28060	PARTIAL REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT	$379.73
28062	REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT	$424.03
28070	REMOVAL OF FOOT BONE JOINT LINING AT ANKLE	$362.43
28072	REMOVAL OF JOINT LINING OF TOE JOINT AT FOOT	$344.16
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	$405.38
28086	REMOVAL OF LINING OF TENDON ON UNDER SURFACE OF FOOT	$375.79
28088	REMOVAL OF LINING OF TENDON ON UPPER SURFACE OF FOOT	$310.73
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	$327.00
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	$289.24
28100	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE	$443.53
28102	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH SELF BONE GRAFT	$649.88
28103	REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH DONOR BONE GRAFT	$405.54
28104	REMOVAL OF CYST OR GROWTH OF FOOT BONE	$373.27
28106	REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH SELF BONE GRAFT	$444.85
28107	REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH BONE GRAFT	$363.97
28108	REMOVAL OF CYST OR GROWTH OF TOE BONE	$305.57
28109	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	$0.00
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	$309.72
28111	REMOVAL OF FOOT BONE AT GREAT TOE JOINT	$335.66
28112	REMOVAL OF TOE BONE AT SECOND, THIRD, OR FOURTH JOINTS	$331.93
28113	COMPLETE REMOVAL OF FOOT BONE AT FIFTH TOE JOINT	$453.42
28114	COMPLETE REMOVAL OF SECOND TO FIFTH FOOT BONES	$884.12
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	$620.15
28118	OSTECTOMY, CALCANEUS;	$444.31
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	$384.01
28120	PARTIAL REMOVAL OF INFECTED FOOT OR HEEL BONE	$523.89
28121	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	$0.00
28122	PARTIAL REMOVAL OF FOOT OR HEEL BONE	$461.54
28123	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	$0.00
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	$353.53
28126	REMOVAL OF TOE BONE AT FOOT	$263.51
28130	TALECTOMY (ASTRAGALECTOMY)	$637.43
28140	METATARSECTOMY	$443.48
28150	PHALANGECTOMY, TOE, EACH TOE	$294.67

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28153	REMOVAL OF END OF TOE AT JOINT	$280.56
28160	PARTIAL REMOVAL OF TOE AT JOINT	$282.72
28171	EXTENSIVE REMOVAL OF GROWTH OF MIDDLE PORTION OF FOOT BONE	$1,148.03
28173	EXTENSIVE REMOVAL OF GROWTH OF FOOT BONE	$745.69
28175	EXTENSIVE REMOVAL OF GROWTH OF TOE BONE	$488.78
28190	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN	$139.48
28192	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, DEEP	$327.41
28193	COMPLICATED REMOVAL OF FOREIGN BODY IN FOOT	$385.19
28200	REPAIR OF TENDON ON SOLE OF FOOT	$346.78
28202	SECONDARY REPAIR OF TENDON ON SOLE OF FOOT WITH GRAFT	$451.40
28208	REPAIR OF TENDON OF TOP SIDE OF FOOT	$342.67
28210	REPAIR OF TENDON ON TOP SIDE OF FOOT WITH GRAFT	$448.58
28220	REMOVAL OF SCAR TISSUE OF TENDON ON BOTTOM SIDE OF FOOT	$322.30
28222	REMOVAL OF SCAR TISSUE OF MULTIPLE FOOT TENDONS	$383.46
28225	REMOVAL OF SCAR TISSUE OF TENDON ON TOP SIDE OF FOOT	$280.54
28226	REMOVAL OF SCAR TISSUE OF MULTIPLE TENDONS AT TOP OF FOOT	$428.90
28230	INCISION TO LENGTHEN FOOT TENDON	$301.45
28232	INCISION TO LENGTHEN TOE TENDON	$255.68
28234	INCISION TO RELEASE FOOT TENDON	$287.65
28238	RECONSTRUCTION OF ANKLE TENDON WITH REMOVAL OF EXTRA ANKLE JOINT BONE	$514.82
28240	RELEASE OR LENGTHENING OF TENDON IN FOOT	$310.22
28250	INCISION OF CONNECTIVE TISSUE AND MUSCLE OF SOLE OF FOOT	$433.24
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	$559.51
28261	INCISION OF ANKLE JOINT CAPSULE AND LENGTHENING OF TENDON	$982.82
28262	EXTENSIVE REPAIR OF FOOT DEFECT WITH TENDON LENGTHENING AND RELIEF OF TENSION IN	$1,170.16
28264	RELEASE OF CAPSULE OF MIDFOOT	$704.82
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	$354.14
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	$264.96
28280	CREATION OF WEBBING BETWEEN TOES	$367.05
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	$408.21
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	$312.56
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	$462.50
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	$486.41
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	$508.54
28292	CORRECTION OF BUNION	$509.90
28295	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD ANKLE	$645.17
28296	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD TOE AREA	$538.83
28297	CORRECTION OF BUNION WITH MIDFOOT AND HINDFOOT BONE FUSION	$633.37
28298	CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF BIG TOE	$531.19
28299	CORRECTION OF BUNION WITH 2 AREAS OF REALIGNMENT	$621.39
28300	INCISION OR PARTIAL REMOVAL OF HEEL BONE	$682.96
28302	INCISION OR PARTIAL REMOVAL OF ANKLE BONE	$756.17
28304	INCISION OR PARTIAL REMOVAL OF FOOT BONE	$644.77
28305	INCISION OR PARTIAL REMOVAL OF FOOT BONE WITH BONE GRAFT	$701.19
28306	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE TO STRAIGHTEN TOE	$427.65
28307	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE WITH SELF BONE GRAFT TO STRAIGHTEN T	$551.45
28308	INCISION OR PARTIAL REMOVAL OF FOOT BONE (OTHER THAN BIG TOE) TO STRAIGHTEN TOE	$409.97
28309	INCISION OR PARTIAL REMOVAL OF MULTIPLE FOOT BONES TO STRAIGHTEN TOES	$937.78
28310	INCISION OR PARTIAL REMOVAL OF BIG TOE BONE AT FIRST TOE BONE LEVEL TO STRAIGHTE	$380.91
28312	INCISION OR PARTIAL REMOVAL OF TOE BONE TO STRAIGHTEN TOE	$359.51
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	$381.87
28315	REMOVAL OF SMALL BONE UNDERLYING LONG BONE OF FOOT AT BIG TOE JOINT	$345.28

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28320	REPAIR OF NONHEALED BROKEN MIDFOOT BONE	$642.07
28322	REPAIR OF NONHEALED BROKEN FOREFOOT BONE	$609.16
28340	RECONSTRUCTION OF ABNORMAL TOE	$426.58
28341	RECONSTRUCTION OF ABNORMAL TOE WITH BONE REMOVAL	$505.75
28344	REMOVAL OF EXTRA TOES WITH RECONSTRUCTION	$294.74
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	$379.73
28360	RECONSTRUCTION OF CONGENITAL FOOT DEFECT	$1,156.55
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	$254.60
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	$440.42
28406	PLACEMENT OF STABILIZING DEVICE FOR BROKEN HEEL BONE WITH MANIPULATION	$609.44
28410	TREATMENT OF OPEN CALCANEAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
28415	TREATMENT OF BROKEN HEEL BONE	$1,184.41
28420	TREATMENT OF BROKEN HEEL BONE WITH GRAFT	$1,365.90
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	$232.69
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	$359.48
28436	PLACEMENT OF STABILIZING DEVICE FOR BROKEN ANKLE JOINT WITH MANIPULATION	$544.35
28440	TREATMENT OF OPEN TALUS FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	$0.00
28445	TREATMENT OF BROKEN BONE BETWEEN FOOT AND ANKLE	$1,085.50
28446	IMPLANTATION OF SELF CARTILAGE CELLS INTO FOOT JOINT WITH GRAFT	$1,275.54
28450	TREATMENT OF BROKEN FOOT BONE AT ANKLE	$210.57
28455	TREATMENT OF BROKEN FOOT BONE AT ANKLE WITH MANIPULATION	$285.25
28456	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT JOINT WITH MANIPULATION	$414.60
28460	TREATMENT OF OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH UNCOMP	$0.00
28465	TREATMENT OF BROKEN HIND PORTION OF FOOT	$676.08
28470	CLOSED TREATMENT OF BROKEN BONE IN FOREFOOT OR MIDFOOT	$227.27
28475	CLOSED TREATMENT OF BROKEN FOOT WITH MANIPULATION	$246.33
28476	PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT BONE WITH MANIPULATION	$430.19
28480	TREATMENT OF OPEN METATARSAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE, E	$0.00
28485	TREATMENT OF BROKEN MIDPORTION OF FOOT	$602.48
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	$138.86
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	$163.22
28496	PLACEMENT OF STABILIZING DEVICE FOR BROKEN BIG TOE WITH MANIPULATION	$271.70
28500	TREATMENT OF OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH UNCOMPLICATED S	$0.00
28505	TREATMENT OF BROKEN GREAT TOE	$522.99
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	$133.57
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	$157.76
28520	TREATMENT OF OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH UNC	$0.00
28525	TREATMENT OF BROKEN TOE	$432.23
28530	CLOSED TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE	$110.71
28531	TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE	$193.47
28540	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT BONE	$191.60
28545	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT BONE UNDER ANESTHESIA	$299.86
28546	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT JOINT WITH MANIPULATION	$385.90
28550	TREATMENT OF OPEN TARSAL BONE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSUR	$0.00
28555	TREATMENT OF DISLOCATED MIDFOOT OR HINDFOOT BONES	$700.20
28570	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT	$218.99
28575	CLOSED TREATMENT OF DISLOCATED ANKLE JOINT UNDER ANESTHESIA	$373.10
28576	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED ANKLE JOINT WITH MANIPULATION	$416.57
28580	TREATMENT OF OPEN TALOTARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE C	$0.00
28585	TREATMENT OF DISLOCATED ANKLE JOINT	$732.54
28600	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT	$204.98
28605	CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT UNDER ANESTHESIA	$337.56

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28606	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT WITH MANIPULATION	$411.74
28610	TREATMENT OF OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	$0.00
28615	TREATMENT OF DISLOCATED MIDFOOT BONE	$882.06
28630	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT	$115.80
28635	CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT UNDER ANESTHESIA	$142.50
28636	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED JOINT BETWEEN TOE AND FOOT WITH M	$210.49
28640	TREATMENT OF OPEN METATARSOPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT	$0.00
28645	TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT	$511.03
28660	CLOSED TREATMENT OF DISLOCATED JOINT IN TOE	$98.60
28665	CLOSED TREATMENT OF DISLOCATED JOINT IN TOE UNDER ANESTHESIA	$131.70
28666	PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED TOE JOINT	$188.19
28670	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	$0.00
28675	TREATMENT OF DISLOCATED TOE JOINT	$440.06
28705	FUSION OF ALL BONES OF ANKLE AND HINDFOOT	$1,261.45
28715	FUSION OF 3 BONES OF ANKLE	$988.33
28725	FUSION OF FOOT BELOW ANKLE	$818.45
28730	FUSION OF MULTIPLE FOOT JOINTS	$766.69
28735	FUSION OF MULTIPLE FOOT JOINTS WITH BONE INCISION TO CORRECT A FOOT DEFORMITY	$815.44
28737	FUSION OF UPPER PART OF FOOT AND LENGTHENING OF TENDON	$717.94
28740	FUSION OF FOOT IN MIDFOOT REGION	$649.33
28750	FUSION OF BIG TOE AT JOINT WITH FOOT	$608.54
28755	FUSION OF BIG TOE BETWEEN TOE JOINTS	$353.69
28760	FUSION OF BIG TOE BETWEEN TOE JOINTS WITH TENDON TRANSFER	$593.08
28800	AMPUTATION OF MIDFOOT BONE	$549.58
28805	AMPUTATION OF FOOT ACROSS INSTEP	$726.09
28810	AMPUTATION OF TOE AND MIDFOOT BONE	$439.22
28820	AMPUTATION OF TOE AT JOINT BETWEEN FOREFOOT AND TOES	$180.52
28825	AMPUTATION OF TOE AT TOE JOINT	$175.12
28890	SHOCK WAVE THERAPY TO ARCH OF FOOT USING ULTRASOUND GUIDANCE UNDER ANESTHESIA	$232.82
28899	OTHER PROCEDURE ON FOOT OR TOES	$0.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	$203.10
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	$168.13
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	$188.49
29035	APPLICATION OF SHOULDER TO HIP BODY CAST	$151.19
29040	APPLICATION OF SHOULDER TO HIP BODY CAST INCLUDING HEAD	$181.37
29044	APPLICATION OF SHOULDER TO HIP BODY CAST AND THIGH	$175.82
29046	APPLICATION OF SHOULDER TO HIP BODY CAST AND BOTH THIGHS	$197.03
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	$72.85
29050	INTERSTITIAL PRESSURE TEST	$0.00
29055	APPLICATION, CAST; SHOULDER SPICA	$144.16
29058	APPLICATION OF PLASTER VELPEAU CAST TO UPPER FOREARM AND SHOULDER	$97.35
29065	APPLICATION OF SHOULDER TO HAND CAST	$71.79
29075	APPLICATION OF ELBOW TO FINGER CAST	$66.24
29085	APPLICATION OF HAND AND LOWER FOREARM CAST	$70.80
29086	APPLICATION OF FINGER CAST	$52.83
29105	APPLICATION OF LOWER AND UPPER ARM SPLINT	$42.01
29125	APPLICATION OF NONMOVEABLE FOREARM TO HAND SPLINT	$42.78
29126	APPLICATION OF MOVEABLE OR HINGED FOREARM TO HAND SPLINT	$52.00
29130	APPLICATION OF NONMOVEABLE FINGER SPLINT	$29.96
29131	APPLICATION OF HINGED FINGER SPLINT	$35.93
29200	PLACEMENT OF STRAPPING TO CHEST	$19.11
29240	PLACEMENT OF STRAPPING TO SHOULDER	$18.72

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29260	PLACEMENT OF STRAPPING TO ELBOW OR WRIST	$19.53
29280	PLACEMENT OF STRAPPING TO HAND OR FINGER	$20.31
29305	APPLICATION OF HIP SPICA CAST ON LEG	$166.13
29325	APPLICATION OF HIP SPICA CAST ON BOTH LEGS, OR ON LEG AND PART OF OTHER LEG	$185.57
29345	APPLICATION OF LONG LEG CAST FROM THIGH TO TOE	$103.72
29355	APPLICATION OF WALKING CAST COVERING THIGH TO TOE	$110.50
29358	APPLICATION OF LONG LEG BRACE-TYPE CAST FROM THIGH TO TOE	$107.10
29365	APPLICATION OF THIGH TO LOWER LEG CYLINDER CAST	$91.14
29405	APPLICATION OF SHORT LEG CAST	$61.55
29425	APPLICATION OF WALKING CAST COVERING BELOW KNEE TO TOE	$56.86
29435	APPLICATION OF KNEECAP TENDON BEARING CAST	$84.30
29440	ADDITION OF WALKER TO PREVIOUSLY APPLIED CAST	$28.37
29445	APPLICATION OF WALKING CAST COVERING FOOT, ANKLE, AND LOWER LEG	$100.98
29450	APPLICATION OF LEG CAST AND MANIPULATION OF FOOT TO TREAT DEFORMITY	$115.54
29455	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	$0.00
29505	APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE	$54.70
29515	APPLICATION OF SHORT LEG SPLINT FROM CALF TO FOOT	$51.58
29520	PLACEMENT OF STRAPPING TO HIP	$18.72
29530	PLACEMENT OF STRAPPING TO KNEE	$18.72
29540	PLACEMENT OF STRAPPING TO ANKLE OR FOOT	$17.59
29550	PLACEMENT OF STRAPPING TO TOES	$11.25
29580	STRAPPING, UNNA BOOT	$26.37
29581	APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON LOWER LEG, ANKLE, AND FOOT	$27.59
29584	APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON UPPER ARM, FOREARM, HAND, AND	$16.38
29700	REMOVAL OR CUTTING OF GAUNTLET, BOOT, OR BODY CAST	$33.51
29705	REMOVAL OR CUTTING OF FULL ARM OR LEG CAST	$45.82
29710	REMOVAL OR CUTTING OF SHOULDER, HIP SPICA, OR JACKET CAST	$83.82
29720	REPAIR OF SPICA, BODY CAST, OR JACKET	$44.69
29730	EXAM OF SKIN SURFACE BY CREATION OF OPENING IN CAST	$45.48
29740	INSERTION OF WEDGE IN CAST	$70.25
29750	INSERTION OF WEDGE IN CLUBFOOT CAST	$78.35
29751	WEDGING OF CLUBFOOT CAST	$0.00
29799	OTHER CASTING OR WRAPPING PROCEDURE	$0.00
29800	DIAGNOSTIC EXAM OF JAW JOINT USING AN ENDOSCOPE	$564.26
29804	EXAM OF JAW JOINT USING AN ENDOSCOPE	$632.89
29805	DIAGNOSTIC EXAM OF SHOULDER USING AN ENDOSCOPE	$500.49
29806	REPAIR OF SHOULDER JOINT CAPSULE USING AN ENDOSCOPE	$1,106.26
29807	REPAIR OF SHOULDER SOCKET USING AN ENDOSCOPE	$1,083.56
29819	REMOVAL OF LOOSE OR FOREIGN BODY IN SHOULDER JOINT USING AN ENDOSCOPE	$622.61
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	$565.58
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	$629.74
29822	LIMITED REMOVAL OF ABNORMAL SHOULDER JOINT TISSUE USING ENDOSCOPE	$575.77
29823	REMOVAL OF EXTENSIVE SHOULDER JOINT TISSUE USING AN ENDOSCOPE	$628.14
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	$718.36
29825	REMOVAL OF SHOULDER SCAR TISSUE USING AN ENDOSCOPE	$622.61
29826	SHAVING OF PART OF SHOULDER BONE AND REPAIR OF LIGAMENT USING AN ENDOSCOPE	$173.53
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	$1,115.25
29828	RELEASE OF TENDON CONNECTING BICEPS MUSCLE AND SHOULDER USING AN ENDOSCOPE	$958.71
29830	DIAGNOSTIC EXAM OF ELBOW JOINT USING AN ENDOSCOPE	$486.07
29834	REMOVAL OF LOOSE OR FOREIGN BODY IN ELBOW JOINT USING AN ENDOSCOPE	$525.10
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	$541.97
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	$622.32

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29837	REMOVAL OF ELBOW JOINT TISSUE USING AN ENDOSCOPE	$561.05
29838	REMOVAL OF EXTENSIVE DAMAGED TISSUE FROM ELBOW JOINT USING AN ENDOSCOPE	$631.31
29840	DIAGNOSTIC EXAM OF WRIST USING AN ENDOSCOPE	$485.10
29843	DIAGNOSTIC EXAM, WASHING, AND DRAINAGE OF INFECTED WRIST USING AN ENDOSCOPE	$519.66
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	$534.16
29845	REMOVAL OF ENTIRE WRIST JOINT LINING USING AN ENDOSCOPE	$624.41
29846	REMOVAL OR REPAIR OF WRIST CARTILAGE USING AN ENDOSCOPE	$557.69
29847	PLACEMENT OF INTERNAL STABILIZING DEVICE USING AN ENDOSCOPE TO TREAT BROKEN OR U	$577.51
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	$548.90
29850	TREATMENT OF BROKEN KNEE JOINT USING AN ENDOSCOPE	$661.30
29851	TREATMENT OF BROKEN KNEE JOINT WITH PLACEMENT OF STABILIZING DEVICE USING AN END	$971.85
29855	TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON SIDE USING AN ENDOSCOPE	$822.69
29856	TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON BOTH SIDES USING AN ENDOS	$1,035.95
29860	DIAGNOSTIC EXAM OF HIP USING AN ENDOSCOPE	$680.59
29861	REMOVAL OF LOOSE OR FOREIGN BODY IN HIP JOINT USING AN ENDOSCOPE	$747.38
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	$855.93
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	$854.19
29866	REPAIR OF KNEE CARTILAGE AND BONE WITH PATIENT-DERIVED HEALTHY CARTILAGE TRANSPL	$1,103.10
29867	REPAIR OF KNEE CARTILAGE AND BONE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE	$1,332.44
29868	REPAIR OF KNEE CARTILAGE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE	$1,724.73
29870	DIAGNOSTIC EXAM OF KNEE USING AN ENDOSCOPE	$434.56
29871	EXAM, WASHING, AND DRAINAGE OF INFECTED KNEE JOINT USING AN ENDOSCOPE	$548.62
29872	ARTHROSCOPY, KNEE, SURGICAL	$0.00
29873	RELEASE OF LIGAMENTS AT OUTER SIDE OF KNEE JOINT USING AN ENDOSCOPE	$577.62
29874	REMOVAL OF LOOSE OR FOREIGN BODY IN KNEE JOINT USING AN ENDOSCOPE	$568.21
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	$528.33
29876	REMOVAL OF JOINT LINING FROM MULTIPLE KNEE JOINT COMPARTMENTS USING AN ENDOSCOPE	$689.17
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	$657.60
29879	REPAIR OF KNEE JOINT WITH DRILLING AND OR SCRAPING OF JOINT USING AN ENDOSCOPE	$698.35
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	$596.88
29881	REMOVAL OF KNEE CARTILAGE USING AN ENDOSCOPE	$575.77
29882	REPAIR OF INSIDE OR OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE	$726.20
29883	REPAIR OF INSIDE AND OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE	$885.77
29884	REMOVAL OF SCAR TISSUE FROM KNEE USING AN ENDOSCOPE	$655.93
29885	REPAIR OF KNEE JOINT WITH BONE GRAFT USING AN ENDOSCOPE	$798.11
29886	REPAIR OF KNEE JOINT BY DRILLING CARTILAGE USING AN ENDOSCOPE	$673.89
29887	REPAIR OF KNEE JOINT WITH BONE GRAFT AND INTERNAL STABILIZING DEVICE USING AN EN	$795.04
29888	REPAIR OF ANTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE	$1,017.74
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE	$1,278.81
29890	ARTHROSCOPY, ANKLE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	$0.00
29891	REMOVAL OF SHIN AND/OR ANKLE BONE DEFECT USING AN ENDOSCOPE	$706.91
29892	REMOVAL OF LARGE SHIN OR ANKLE BONE DEFECT USING AN ENDOSCOPE	$674.27
29893	REPAIR OF FIBROUS TISSUE OF ARCH OF FOOT USING AN ENDOSCOPE	$464.35
29894	REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE USING AN ENDOSCOPE	$522.80
29895	PARTIAL REMOVAL OF ANKLE JOINT LINING USING AN ENDOSCOPE	$488.11
29896	ARTHROSCOPY, ANKLE, SURGICAL	$0.00
29897	REMOVAL OF LIMITED DEAD OR INFECTED TISSUE USING AN ENDOSCOPE	$525.28
29898	REMOVAL OF EXTENSIVE DEAD OR INFECTED TISSUE USING AN ENDOSCOPE	$590.26
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	$1,047.08
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	$543.22
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	$579.78
29902	TREATMENT OF DISPLACED FINGER JOINT LIGAMENT USING AN ENDOSCOPE	$612.75

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29904	REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE JOINT AT HEEL BONES USING AN ENDOSCOPE	$675.30
29905	REMOVAL OF LINING OF ANKLE JOINT USING AN ENDOSCOPE	$535.64
29906	REMOVAL OF DEAD OR INFECTED ANKLE JOINT TISSUE USING AN ENDOSCOPE	$678.00
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	$921.21
29914	RESHAPING OF THIGH BONE AT HIP JOINT USING AN ENDOSCOPE	$1,036.80
29915	RESHAPING OF HIP SOCKET USING AN ENDOSCOPE	$1,060.03
29916	REPAIR OF HIP JOINT SOCKET CARTILAGE USING AN ENDOSCOPE	$1,061.20
29999	OTHER PROCEDURE ON JOINT USING AN ENDOSCOPE	$0.00
30000	DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NOSE	$130.64
30020	DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NASAL CARTILAGE	$131.80
30100	BIOPSY, INTRANASAL	$71.74
30110	SIMPLE REMOVAL OF NASAL POLYP	$142.31
30111	EXCISION, NASAL POLYP(S), SIMPLE	$0.00
30115	EXTENSIVE REMOVAL OF NASAL POLYP	$518.31
30116	EXCISION, NASAL POLYP(S), EXTENSIVE	$0.00
30117	REMOVAL OR DESTRUCTION OF GROWTH OF NOSE THROUGH NOSE	$366.26
30118	REMOVAL OR DESTRUCTION OF GROWTH OF NOSE	$860.26
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	$448.85
30124	SIMPLE REMOVAL OF CYST AND SKIN GROWTH OF NOSE	$334.29
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	$717.69
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	$466.45
30140	REMOVAL OF NASAL AIR PASSAGE UNDER LINING TISSUE	$184.37
30150	PARTIAL REMOVAL OF NOSE	$872.87
30160	REMOVAL OF NOSE	$884.98
30200	INJECTION OF MEDICATION INTO NASAL AIR PASSAGE	$63.38
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	$111.87
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	$137.48
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	$137.31
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	$230.09
30320	REMOVAL OF FOREIGN BODY IN NOSE BY INCISION	$542.01
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	$1,360.06
30410	RESHAPING OF BONE, CARTILAGE, AND/OR TIP OF NOSE	$1,550.54
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	$1,582.64
30430	REVISION TO RESHAPE NOSE OR SMALL AMOUNT OF TIP OF NOSE AFTER PREVIOUS REPAIR	$1,201.19
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	$1,473.25
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	$1,894.79
30460	REVISION OF CONGENITAL NASAL DEFECT TO LENGTHEN TIP OF NOSE	$888.18
30462	REVISION OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE	$1,703.20
30465	REPAIR OF NASAL PASSAGE	$1,116.02
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT	$175.39
30469	REPAIR OF COLLAPSED NASAL VALVE	$155.89
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	$742.70
30540	REPAIR OF NASAL PASSAGE THROUGH NOSE	$812.85
30545	REPAIR OF NASAL PASSAGES THROUGH PALATE	$1,095.34
30560	LYSIS INTRANASAL SYNECHIA	$166.95
30580	REPAIR OF ABNORMAL DRAINAGE TRACT BETWEEN NASAL SINUSES	$488.32
30600	REPAIR FISTULA; ORONASAL	$404.82
30620	RECONSTRUCTION OF LINING OF NASAL PASSAGE WITH GRAFT	$752.07
30630	REPAIR OF OPENINGS OF NASAL CARTILAGE	$736.77
30800	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); SUPERFIC	$0.00
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	$170.85
30802	DESTRUCTION OF SURFACE SOFT TISSUE OF NASAL PASSAGES	$223.18

Procedure Code	Procedure Code Description	Maximum Allowable Charge
30805	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); INTRAMUR	$0.00
30820	CRYOSURGERY OF TURBINATES, UNILATERAL OR BILATERAL	$0.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	$56.90
30902	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	$0.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	$77.59
30904	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	$0.00
30905	INITIAL CONTROL OF NOSE BLEED AND INSERTION OF PACKING	$106.91
30906	SUBSEQUENT CONTROL OF NOSEBLEED AND INSERTION OF PACKING	$135.50
30915	TYING OF ETHMOIDAL ARTERY ETHMOIDAL FOR CONTROL OF NOSE BLEED	$654.49
30920	TYING OF INTERNAL NASAL ARTERY FOR CONTROL OF NOSE BLEED	$943.58
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	$128.12
30999	OTHER PROCEDURE ON NOSE	$0.00
31000	IRRIGATION OF NASAL SINUS	$119.90
31001	LAVAGE BY CANNULATION	$0.00
31002	IRRIGATION OF SPHENOID NASAL SINUS	$211.03
31020	INCISION OF NASAL SINUS THROUGH NOSE	$394.60
31021	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31030	CREATION OF WINDOW INTO NASAL SINUS	$556.55
31031	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31032	REMOVAL OF NASAL SINUS POLYP	$651.46
31033	SINUSOTOMY, MAXILLARY (ANTROTOMY)	$0.00
31040	INCISION THROUGH SINUS AT CHEEK BONE TO REACH NERVE AND BLOOD VESSEL	$874.19
31050	INCISION OF SPHENOID NASAL SINUS	$569.88
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	$764.69
31070	SIMPLE INCISION OF FRONTAL NASAL SINUS	$529.55
31075	INCISION OF NASAL SINUS OF SIDE OF FACE	$904.30
31080	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH EYEBROW	$1,188.38
31081	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH FOREHEAD	$1,268.47
31084	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP THROUG	$1,310.17
31085	INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP THROUG	$1,348.98
31086	INCISION OF EYEBROW AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS	$1,277.98
31087	INCISION OF FOREHEAD AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS	$1,208.29
31090	REMOVAL OF TISSUE OR GROWTHS IN 3 OR MORE NASAL SINUSES ON SIDE OF FACE	$1,222.27
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	$698.48
31201	REMOVAL OF NASAL SINUS FROM WITHIN NASAL PASSAGE	$871.94
31205	REMOVAL OF NASAL SINUS FROM OUTSIDE NASAL PASSAGE	$1,027.41
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	$1,904.12
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	$2,114.97
31231	DIAGNOSTIC EXAM OF NASAL PASSAGES USING AN ENDOSCOPE	$66.58
31233	EXAM OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE	$140.18
31235	EXAM OF NASAL PASSAGE AND SPHENOID SINUS USING AN ENDOSCOPE	$164.81
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	$165.63
31238	CONTROL OF BLEEDING OF NOSE USING AN ENDOSCOPE	$172.93
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	$641.15
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	$164.42
31241	TYING OF SPHENOPALATINE ARTERY USING AN ENDOSCOPE	$454.02
31253	COMPLETE EXAM OF NOSE AND SINUSES USING AN ENDOSCOPE	$510.96
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	$249.53
31255	REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	$331.05
31256	INCISION OF NASAL SINUS USING AN ENDOSCOPE	$185.21
31257	EXAM OF NOSE AND SINUS WITH REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	$455.57
31259	REMOVAL OF TISSUE FROM SPHENOID SINUS USING AN ENDOSCOPE	$481.90

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31267	REMOVAL OF NASAL SINUS TISSUE USING AN ENDOSCOPE	$271.92
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	$386.23
31287	INCISION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE	$207.10
31288	REMOVAL OF SPHENOID NASAL SINUS TISSUE USING AN ENDOSCOPE	$240.25
31290	REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND BRIDGE OF NOSE USING	$1,190.73
31291	REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND EYES USING ENDOSCOPE	$1,261.52
31292	DECOMPRESSION OF MEDIAL OR INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE	$1,037.94
31293	DECOMPRESSION OF MEDIAL AND INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE	$1,121.84
31294	DECOMPRESSION OF OPTIC NERVE USING AN ENDOSCOPE	$1,278.39
31295	DILATION OF NASAL SINUS USING AN ENDOSCOPE	$162.43
31296	DILATION OF FRONTAL NASAL SINUS USING AN ENDOSCOPE	$184.48
31297	DILATION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE	$148.13
31298	DILATION OF SPHENOID AND FRONTAL NASAL SINUS USING AN ENDOSCOPE	$262.48
31299	OTHER PROCEDURE ON ACCESSORY SINUSES	$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	$1,345.58
31360	COMPLETE REMOVAL OF VOICE BOX	$2,172.31
31365	COMPLETE REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK	$2,664.73
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	$2,309.55
31368	REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK	$2,550.27
31370	PARTIAL REMOVAL OF VOICE BOX	$2,177.43
31375	PARTIAL REMOVAL OF VOICE BOX THROUGH FRONT AND SIDE OF NECK	$2,070.78
31380	PARTIAL REMOVAL OF VOICE BOX AND ADJOINING TISSUE	$2,043.00
31382	PARTIAL REMOVAL OF VOICE BOX AND CARTILAGE	$2,232.39
31390	REMOVAL OF VOICE BOX, THROAT, MUSCLE, LYMPH NODES, AND GLANDS	$2,944.55
31395	REMOVAL OF VOICE BOX AND THROAT, MUSCLE, LYMPH NODES, AND GLANDS WITH RECONSTRUC	$3,097.80
31400	REMOVAL OR REPAIR OF VOICE BOX CARTILAGE	$1,099.71
31420	REMOVAL OF CARTILAGE ATTACHING TONGUE	$888.44
31500	EMERGENT INSERTION OF BREATHING TUBE INTO WINDPIPE USING AN ENDOSCOPE	$139.71
31502	CHANGE OF BREATHING TUBE IN WINDPIPE	$35.45
31505	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$52.70
31510	BIOPSY OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$126.06
31511	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$139.12
31512	REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR	$134.29
31513	INJECTION OF VOCAL CORD USING AN ENDOSCOPE WITH MIRROR	$135.70
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	$115.74
31520	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE, NEWBORN	$161.35
31525	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE	$164.71
31526	DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR TEL	$161.90
31527	INSERTION OF DEVICE TO CLOSE OPENING OF VOICE BOX USING AN ENDOSCOPE	$200.78
31528	INITIAL DILATION OF VOICE BOX USING AN ENDOSCOPE	$148.85
31529	SUBSEQUENT DILATION OF VOICE BOX USING AN ENDOSCOPE	$165.63
31530	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE	$204.01
31531	REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOP	$217.80
31535	BIOPSY OF VOICE BOX USING AN ENDOSCOPE	$194.29
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	$216.39
31540	REMOVAL OF GROWTH OF THROAT AND/OR STRIPPING OF VOCAL CORDS USING AN ENDOSCOPE	$247.92
31541	REMOVAL OF GROWTH OF TONGUE AND/OR STRIPPING OF VOCAL CORD USING AN ENDOSCOPE WI	$270.15
31545	REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH LOCAL TISSUE FLAP USING AN	$369.68
31546	REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH GRAFT USING AN ENDOSCOPE W	$559.01
31551	REPAIR OF NARROWED VOICE BOX WITH GRAFT (YOUNGER THAN 12 YEARS)	$1,642.79
31552	REPAIR OF NARROWED VOICE BOX WITH GRAFT (12 YEARS OR OLDER)	$1,588.78
31553	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT (YOUNG	$1,803.77

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31554	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT (12 YE	$1,804.93
31560	REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE	$319.24
31561	REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR T	$348.77
31570	INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE	$234.81
31571	INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR TELES	$255.01
31572	REMOVAL OR DESTRUCTION OF GROWTH OF SIDE OF VOICE BOX USING AN ENDOSCOPE	$186.26
31573	INJECTION OF DRUG INTO SIDE OF VOICE BOX USING AN ENDOSCOPE	$154.00
31574	INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING AN ENDOSCOPE	$154.39
31575	DIAGNOSTIC EXAM OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	$71.77
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	$123.66
31577	REMOVAL OF FOREIGN BODY IN VOICE BOX USING A FLEXIBLE ENDOSCOPE	$138.25
31578	REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE	$154.39
31579	EXAM TO ASSESS MOVEMENT OF VOCAL CORD FLAPS USING AN ENDOSCOPE	$124.67
31580	REPAIR OF CONGENITAL VOCAL CORD DEFECT WITH INSERTION OF INDWELLING STENT	$1,396.10
31584	INCISION OF VOICE BOX TO REPAIR FRACTURE	$1,524.02
31587	REPAIR OF SPLIT OF VOICE BOX	$1,299.39
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	$1,026.78
31591	REPAIR OF SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE	$1,188.50
31592	PARTIAL REMOVAL OF WINDPIPE AND CARTILAGE	$1,837.88
31599	OTHER PROCEDURE ON VOICE BOX	$0.00
31600	INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (OLDER THAN 2 YEARS)	$305.93
31601	INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (2 YEARS OR YOUNGER)	$460.23
31603	EMERGENT INCISION OF WINDPIPE THROUGH NECK FOR INSERTION OF BREATHING TUBE	$320.56
31605	EMERGENT INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE	$328.36
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	$1,030.62
31611	CREATION OF OPENING OF WINDPIPE AND INSERTION OF SPEECH PROSTHESIS	$583.49
31612	PUNCTURE OF WINDPIPE FOR ASPIRATION AND/OR INJECTION	$48.86
31613	SIMPLE REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING	$460.87
31614	REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING WITH FLAP ROTATION	$771.21
31615	EXAM OF WINDPIPE AND LUNG AIRWAYS THROUGH PERMANENT WINDPIPE OPENING USING AN EN	$119.43
31622	DIAGNOSTIC EXAM OF LUNG AIRWAY USING AN ENDOSCOPE	$132.06
31623	EXAM OF LUNG AIRWAYS USING AN ENDOSCOPE	$132.44
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	$134.63
31625	BIOPSY OF LUNG AIRWAY USING AN ENDOSCOPE	$156.05
31626	PLACEMENT OF RADIATION THERAPY MARKERS INTO LUNG AIRWAYS USING AN ENDOSCOPE	$195.70
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	$95.47
31628	BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, 1 LOBE	$176.26
31629	NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE	$186.44
31630	DILATION OF WINDPIPE CARTILAGE OR TREATMENT OF BROKEN WINDPIPE CARTILAGE USING A	$198.55
31631	PLACEMENT OF STENT INTO WINDPIPE USING AN ENDOSCOPE	$226.30
31632	BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE	$49.14
31633	NEEDLE BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE	$62.52
31634	EXAM OF LUNG AIRWAYS WITH REPAIR OF AIR LEAK USING AN ENDOSCOPE	$189.19
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	$175.04
31636	PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, FIRST STENT	$216.34
31637	PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, EACH ADDITIONAL STENT	$76.68
31638	REVISION OF PREVIOUSLY INSERTED LUNG AIRWAY STENT USING AN ENDOSCOPE	$247.23
31640	REMOVAL OF GROWTH OF LUNG AIRWAYS USING AN ENDOSCOPE	$248.54
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	$254.73
31643	PLACEMENT OF TUBE FOR RADIATION DELIVERY IN LUNG AIRWAY USING AN ENDOSCOPE	$170.10
31645	ASPIRATION OF INITIAL SECRETION OF LUNG AIRWAY USING AN ENDOSCOPE	$147.43
31646	ASPIRATION OF SUBSEQUENT SECRETIONS OF LUNG AIRWAY USING AN ENDOSCOPE DURING SAM	$142.26

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31647	ASSESSMENT OF INITIAL LOBE OF LUNG FOR AIR LEAK AND AIRWAY SIZING WITH INSERTION	$205.50
31648	REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE,	$196.76
31649	REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE,	$66.78
31651	ASSESSMENT OF AIR LEAK AND AIRWAY SIZING WITH INSERTION OF BRONCHIAL VALVE IN LU	$76.29
31652	EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND ULTRASOU	$220.58
31653	EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND ULTRASOU	$244.45
31654	EXAM OF LUNG AIRWAYS WITH DIAGNOSTIC OR THERAPEUTIC PROCEDURE ON GROWTHS USING A	$66.41
31660	THERMAL REPAIR OF AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE	$198.25
31661	THERMAL REPAIR OF AIRWAYS OF MULTIPLE LOBES OF LUNG USING AN ENDOSCOPE	$200.12
31717	INSERTION OF TUBE INTO AIRWAY OF LUNG FOR BIOPSY	$107.28
31719	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF INDWELLING TUBE FOR THERAPY (EG, TI	$0.00
31720	INSERTION OF TUBE INTO AIRWAY FOR ASPIRATION OF SECRETIONS	$48.97
31725	INSERTION OF TUBE INTO WINDPIPE AND AIRWAYS OF LUNG FOR ASPIRATION OF SECRETIONS	$78.89
31730	INSERTION OF NEEDLE WIRE DILATOR OR INDWELLING TUBE FOR OXYGEN THERAPY	$146.51
31750	REPAIR OF WINDPIPE CARTILAGE THROUGH NECK	$1,469.21
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	$1,898.58
31760	REPAIR OF WINDPIPE CARTILAGE THROUGH CHEST	$1,359.70
31766	RECONSTRUCTION OF UPPER BREAST BONE THROUGH CHEST	$1,737.36
31770	REPAIR OF LUNG AIRWAY WITH GRAFT	$1,302.14
31775	REPAIR OF NARROWED AREA OF LUNG AIRWAY	$1,373.35
31780	REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK WITH SUTURE REPAIR	$1,246.22
31781	REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK AND CHEST WITH SUTURE REPAIR	$1,485.54
31785	REMOVAL OF GROWTH OF WINDPIPE CARTILAGE	$1,111.96
31786	REMOVAL OF GROWTH OF WINDPIPE CARTILAGE THROUGH CHEST	$1,414.48
31800	SUTURE OF INJURY OF WINDPIPE IN NECK	$770.10
31805	SUTURE OF INJURY OF WINDPIPE IN CHEST	$816.20
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	$352.38
31825	CLOSURE OF PERMANENT WINDPIPE OPENING OR ABNORMAL DRAINAGE TRACT WITH PLASTIC RE	$514.15
31830	REVISION OF TRACHEOSTOMY SCAR	$396.48
31899	OTHER PROCEDURE ON WINDPIPE OR LUNG AIRWAY	$0.00
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	$741.85
32036	CREATION OF OPEN FLAP TRACT FOR DRAINAGE OF INFECTED MATERIAL FROM LINING AROUND	$799.21
32096	BIOPSY OF FLUID COLLECTION OF LUNG	$790.34
32097	BIOPSY OF GROWTH OF LUNG	$792.85
32098	BIOPSY OF LUNG LINING	$753.36
32100	THORACOTOMY; WITH EXPLORATION	$802.35
32110	REPAIR OF TEAR OF LUNG AND/OR CONTROL OF TRAUMATIC BLEEDING THROUGH CHEST	$1,458.37
32120	INCISION OF CHEST CAVITY FOR COMPLICATIONS AFTER SURGERY	$869.82
32124	RELEASE OF LUNG LINING THROUGH CHEST	$918.16
32140	REMOVAL OF CYSTS OF LUNG THROUGH CHEST	$982.06
32141	REMOVAL OF AIR SAC OF LUNG THROUGH CHEST	$1,493.22
32150	REMOVAL OF FOREIGN BODY OR CLOT IN LINING OF LUNG THROUGH CHEST	$1,007.24
32151	THORACOTOMY; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	$996.15
32160	MASSAGE OF HEART MUSCLE THROUGH CHEST	$798.42
32200	DRAINAGE OF ABSCESS OR CYST OF INFECTED LUNG	$1,135.75
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	$801.56
32220	REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION	$1,587.67
32225	PARTIAL REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION	$990.50
32310	REMOVAL OF LINING OF CHEST CAVITY	$914.20
32320	REMOVAL OF LINING OF CHEST CAVITY AND LINING OF LUNG	$1,590.65
32400	NEEDLE BIOPSY OF LINING OF LUNG	$84.56
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLUDING IMAGING GUIDANC	$152.81

Procedure Code	Procedure Code Description	Maximum Allowable Charge
32440	REMOVAL OF LUNG, PNEUMONECTOMY;	$1,543.34
32442	REMOVAL OF LUNG WITH PORTION OF WINDPIPE CARTILAGE	$2,960.28
32445	REMOVAL OF LUNG AND LINING OF CHEST CAVITY	$3,438.10
32480	REMOVAL OF LOBE OF LUNG	$1,456.60
32482	REMOVAL OF 2 LOBES OF LUNG	$1,557.71
32484	REMOVAL OF SEGMENT OF LUNG TISSUE	$1,405.83
32486	REMOVAL OF PORTION OF LUNG AND SEGMENT OF LUNG AIRWAY	$2,274.94
32488	REMOVAL OF REMAINING LUNG AFTER PREVIOUS PARTIAL REMOVAL OF LUNG	$2,333.08
32490	LOBECTOMY, TOTAL OR SEGMENTAL; WITH CONCOMITANT DECORTICATION	$0.00
32491	REMOVAL OF LUNG SEGMENT TO REDUCE LUNG VOLUME THROUGH CHEST	$1,453.52
32501	REPAIR OF LUNG AIRWAY AND REMOVAL OF SEGMENT OF LUNG	$233.22
32503	REMOVAL OF GROWTH OF LUNG	$1,758.80
32504	REMOVAL OF GROWTH OF LUNG AND RECONSTRUCTION OF CHEST WALL	$1,998.07
32505	INITIAL REMOVAL OF WEDGE OF LUNG TISSUE	$923.73
32506	REMOVAL OF LUNG TISSUE WEDGE THROUGH CHEST, EACH ADDITIONAL REMOVAL	$150.44
32507	REMOVAL OF LUNG TISSUE WEDGE FOR DIAGNOSIS	$150.44
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	$1,698.46
32545	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY); WITH LOBECTOMY	$0.00
32550	INSERTION OF INDWELLING TUBE FOR DRAINAGE OF LUNG FLUID	$204.35
32551	REMOVAL OF FLUID FROM BETWEEN LUNG AND CHEST CAVITY	$153.65
32552	REMOVAL OF INDWELLING TUBE IN LINING OF LUNG	$161.49
32553	INSERTION OF DEVICE IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE	$176.53
32554	ASPIRATION OF FLUID FROM CHEST CAVITY	$88.57
32555	ASPIRATION OF FLUID FROM CHEST CAVITY USING IMAGING GUIDANCE	$110.08
32556	DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE	$123.37
32557	DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE USING IMAG	$149.61
32560	INSTILLATION OF AGENT ONTO LUNG SURFACE USING CHEST TUBE	$75.02
32561	INITIAL INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE	$67.50
32562	SUBSEQUENT INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE	$60.22
32601	DIAGNOSTIC EXAM OF LUNGS, HEART SAC, CHEST CAVITY, OR LUNG LINING USING AN ENDOS	$301.33
32604	BIOPSY OF HEART SAC USING AN ENDOSCOPE	$465.17
32606	BIOPSY OF TISSUE OF CHEST USING AN ENDOSCOPE	$448.99
32607	BIOPSY OF FLUID COLLECTION OF LUNG USING AN ENDOSCOPE	$301.15
32608	BIOPSY OF GROWTH OF LUNG USING AN ENDOSCOPE	$368.93
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	$252.10
32650	ADHESION OF LININGS OF LUNG USING AN ENDOSCOPE	$668.61
32651	PARTIAL REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE	$1,081.44
32652	REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE	$1,634.07
32653	REMOVAL OF FOREIGN BODY IN LINING OF CHEST CAVITY USING AN ENDOSCOPE	$1,047.88
32654	CONTROL OF TRAUMATIC BLEEDING IN CHEST USING AN ENDOSCOPE	$1,164.87
32655	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL	$948.70
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	$800.57
32658	REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC USING AN ENDOSCOPE	$712.81
32659	CREATION OF OPENING OR PARTIAL REMOVAL OF HEART SAC USING AN ENDOSCOPE	$732.87
32661	REMOVAL OF CYST OR GROWTH OF HEART SAC USING AN ENDOSCOPE	$793.13
32662	REMOVAL OF CYST OR GROWTH OF CHEST CAVITY USING AN ENDOSCOPE	$886.99
32663	EXAM OF LUNG WITH REMOVAL OF LUNG LOBE USING AN ENDOSCOPE	$1,371.92
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	$840.51
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	$1,210.18
32666	INITIAL REMOVAL OF WEDGE OF LUNG TISSUE USING AN ENDOSCOPE	$864.15
32667	REMOVAL OF WEDGE OF TISSUE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL	$150.44
32668	BIOPSY OF WEDGE OF LUNG TISSUE FOLLOWED BY PARTIAL REMOVAL OF LUNG	$150.44

Procedure Code	Procedure Code Description	Maximum Allowable Charge
32669	REMOVAL OF SEGMENT OF LUNG TISSUE USING AN ENDOSCOPE	$1,317.87
32670	REMOVAL OF 2 LOBES OF LUNG USING AN ENDOSCOPE	$1,571.75
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	$1,729.67
32672	PARTIAL REMOVAL OF LUNG TO REDUCE LUNG VOLUME USING AN ENDOSCOPE	$1,481.15
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	$1,195.23
32674	REMOVAL OF LYMPH NODES OF CHEST CAVITY USING AN ENDOSCOPE	$205.99
32700	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE);	$0.00
32701	DELINEATION OF THORACIC TARGETS FOR RADIATION THERAPY	$205.43
32705	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); WITH BIOPSY	$0.00
32800	REPAIR OF LUNG HERNIA THROUGH CHEST WALL	$944.30
32810	CLOSURE OF CHEST WALL AFTER DRAINAGE OF INFECTED LUNG	$896.32
32815	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM CHEST CAVITY TO LUNG AIRWAY	$2,747.40
32820	RECONSTRUCTION OF CHEST WALL AFTER INJURY	$1,319.19
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	$0.00
32851	TRANSPLANTATION OF LUNG	$3,184.52
32852	TRANSPLANTATION OF LUNG ON HEART-LUNG MACHINE	$3,442.95
32853	TRANSPLANTATION OF 2 LUNGS	$4,434.87
32854	TRANSPLANTATION OF 2 LUNGS ON HEART-LUNG MACHINE	$4,695.92
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	$1,423.58
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	$1,311.98
32906	REMOVAL OF INFECTED AREA OF CHEST CAVITY AND CLOSURE OF ABNORMAL DRAINAGE TRACT	$1,612.07
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	$1,215.10
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	$92.12
32994	DESTRUCTION OF GROWTH OF LUNG USING EXTREME COLD	$437.04
32997	IRRIGATION AND DRAINAGE OF LUNG	$337.86
32998	DESTRUCTION OF GROWTH OF LUNG USING RADIOFREQUENCY	$437.88
32999	OTHER PROCEDURE ON LUNG AND LUNG LINING	$205.69
33016	DRAINAGE OF HEART SAC USING IMAGING GUIDANCE	$228.27
33017	DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (6 YEARS OR OLDER)	$239.69
33018	DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (5 YEARS OR YOUNGER OR ANY	$280.34
33019	DRAINAGE OF HEART SAC USING TUBE AND CT IMAGING GUIDANCE	$210.89
33020	REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC	$814.82
33025	SURGICAL REMOVAL OF PIECE OF SAC COVERING HEART FOR DRAINAGE	$761.52
33030	REMOVAL OF HEART SAC	$1,951.60
33031	REMOVAL OF HEART SAC ON HEART-LUNG MACHINE	$2,408.87
33035	COMPLETE VENTRICULAR DECORTICATION, WITH	$0.00
33050	REMOVAL OF GROWTH OR CYST OF FROM HEART SAC	$996.39
33120	REMOVAL OF GROWTH OF HEART ON HEART-LUNG MACHINE	$2,031.54
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	$1,342.04
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	$1,518.63
33141	LASER TREATMENT OF HEART MUSCLE TO IMPROVE BLOOD FLOW DURING PROCEDURE	$126.47
33202	INSERTION OF ELECTRODE TO OUTER LAYER OF HEART	$763.07
33203	INSERTION OF ELECTRODE TO OUTER LAYER OF HEART USING AN ENDOSCOPE	$797.05
33206	INSERTION OF PACEMAKER AND UPPER HEART CHAMBER ELECTRODE	$460.41
33207	INSERTION OF PACEMAKER AND LOWER HEART CHAMBER ELECTRODE	$480.37
33208	INSERTION OF PACEMAKER AND UPPER AND LOWER HEART CHAMBER ELECTRODE	$519.67
33210	INSERTION OF TEMPORARY PACEMAKER LEAD IN SINGLE HEART CHAMBER	$157.85
33211	INSERTION OF TEMPORARY PACEMAKER LEAD IN UPPER AND LOWER HEART CHAMBERS	$164.43
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	$324.82
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	$339.71
33214	INSERTION OF 2 CHAMBER PACEMAKER SYSTEM	$484.58
33215	REPOSITIONING OF PACEMAKER OR DEFIBRILLATOR ELECTRODE	$312.80

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33216	INSERTION OF 1 ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$378.75
33217	INSERTION OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$374.80
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$398.21
33219	REPAIR OF PACEMAKER; WITH REPLACEMENT OF PULSE GENERATOR	$0.00
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR	$380.41
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	$364.66
33222	RELOCATION OF PACEMAKER SKIN POCKET	$352.51
33223	RELOCATION OF DEFIBRILLATOR SKIN POCKET	$415.67
33224	INSERTION OF LEFT LOWER HEART ELECTRODE AND ATTACHMENT TO PACEMAKER OR DEFIBRILL	$507.02
33225	INSERTION OF LEFT LOWER HEART ELECTRODE FOR PACEMAKER OR DEFIBRILLATOR	$456.84
33226	REPOSITIONING OF LEFT LOWER HEART ELECTRODE	$482.03
33227	REMOVAL AND REPLACEMENT OF SINGLE LEAD PERMANENT PACEMAKER	$343.53
33228	REMOVAL AND REPLACEMENT OF DUAL LEAD PERMANENT PACEMAKER	$358.59
33229	REMOVAL AND REPLACEMENT OF MULTIPLE LEAD PERMANENT PACEMAKER	$379.33
33230	INSERTION OF DEFIBRILLATOR WITH EXISTING DUAL LEADS	$387.35
33231	INSERTION OF DEFIBRILLATOR WITH EXISTING MULTIPLE LEADS	$403.79
33232	REMOVAL OF PERMANENT PACEMAKER	$0.00
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	$241.59
33234	REMOVAL OF SINGLE ELECTRODE FROM RIGHT HEART	$489.14
33235	REMOVAL OF DUAL ELECTRODES FROM RIGHT HEART	$644.55
33236	REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, SINGLE LEAD	$785.21
33237	REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, DUAL LEAD	$840.00
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	$948.09
33240	INSERTION OF DEFIBRILLATOR WITH EXISTING SINGLE LEAD	$369.21
33241	REMOVAL OF DEFIBRILLATOR	$220.66
33243	REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH INCISION	$1,357.91
33244	REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH VEIN	$871.73
33248	REVISION OR REMOVAL OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS AND	$0.00
33249	INSERTION OF IMPLANTABLE DEFIBRILLATOR SYSTEM	$917.01
33250	DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY	$1,427.44
33251	DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY ON HEART-LUNG MACHINE	$1,592.97
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZ	$1,335.90
33255	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER	$1,591.72
33256	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER ON HEART-LUNG MA	$1,881.48
33257	PARTIAL DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER	$579.30
33258	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER	$644.07
33259	EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER ON HEART-L	$839.93
33261	DESTRUCTION OF TISSUE AND RECONSTRUCTION OF RIGHT LOWER HEART CHAMBER ON HEART-L	$1,576.56
33262	REMOVAL AND REPLACEMENT OF SINGLE LEAD DEFIBRILLATOR	$377.50
33263	REMOVAL AND REPLACEMENT OF DUAL LEAD DEFIBRILLATOR	$391.61
33264	REMOVAL AND REPLACEMENT OF MULTIPLE LEAD DEFIBRILLATOR	$408.43
33265	LIMITED RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL PATHW	$1,339.40
33266	EXTENSIVE RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL PAT	$1,800.60
33267	EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART	$1,025.28
33268	EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART PERFORMED DURING OTHER PRO	$126.21
33269	EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART USING AN ENDOSCOPE	$813.65
33270	INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE	$565.37
33271	INSERTION OF DEFIBRILLATOR ELECTRODE	$451.47
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE	$350.53
33273	REPOSITIONING OF DEFIBRILLATOR ELECTRODE	$399.88
33274	INSERTION OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE	$481.92
33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE	$498.03

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	$86.91
33286	REMOVAL OF HEART RHYTHM MONITOR FROM UNDER THE SKIN	$85.68
33289	INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY THROUGH TUBE WITH REVIEW	$326.33
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	$2,364.83
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	$3,949.62
33310	INCISION AND EXPLORATION OF HEART	$1,153.28
33315	INCISION OR EXPLORATION OF HEART ON HEART-LUNG MACHINE	$1,865.41
33320	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES	$1,053.08
33321	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES USING A SHUNT BYPASS	$1,169.59
33322	REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES ON HEART-LUNG MACHINE	$1,364.10
33330	REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT	$1,397.38
33335	REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT ON HEART-LUNG MACHINE	$1,823.24
33340	REPAIR OF LEFT UPPER HEART CHAMBER WITH IMPLANT WITH REVIEW BY RADIOLOGIST	$768.16
33361	REPLACEMENT OF AORTIC VALVE THROUGH THE SKIN AND FEMORAL ARTERY	$1,171.12
33362	REPLACEMENT OF AORTIC VALVE BY THROUGH FEMORAL ARTERY	$1,276.80
33363	REPLACEMENT OF AORTIC VALVE THROUGH AXILLARY ARTERY	$1,321.53
33364	REPLACEMENT OF AORTIC VALVE THROUGH ILIAC ARTERY	$1,318.21
33365	REPLACEMENT OF AORTIC VALVE BY TUBE THROUGH AORTA	$1,380.69
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSA	$1,521.19
33367	INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL ACCESSED THROUGH SKIN FOR HEART-LUN	$586.51
33368	INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT	$710.35
33369	INSERTION OF TUBE IN CENTRAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT	$937.75
33370	PLACEMENT AND SUBSEQUENT REMOVAL OF DEVICE TO PROTECT BRAIN FROM EMBOLISM THROUG	$130.10
33390	SIMPLE REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE	$1,878.25
33391	COMPLEX REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE	$2,225.89
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	$1,710.39
33405	REPLACEMENT OF AORTIC VALVE ON HEART-LUNG MACHINE	$2,211.32
33406	REPLACEMENT OF AORTIC VALVE USING HUMAN DONOR VALVE ON HEART-LUNG MACHINE	$2,798.78
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	$2,472.99
33411	REPLACEMENT OF AORTIC VALVE WITH AORTA ENLARGEMENT	$3,252.89
33412	REPLACEMENT OF AORTIC VALVE WITH ENLARGEMENT AT BASE OF VALVE	$3,044.83
33413	REPAIR AND ENLARGEMENT OF BLOOD OUTFLOW TRACT TO GREAT VESSELS FROM LEFT OR RIGH	$3,125.16
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF	$2,084.60
33415	INCISION OR REMOVAL OF TISSUE BELOW AORTIC VALVE	$1,971.74
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS	$1,974.67
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	$1,636.78
33418	REPAIR OF MITRAL VALVE THROUGH THE SKIN, INITIAL PROSTHESIS	$1,755.24
33419	REPAIR OF MITRAL VALVE THROUGH THE SKIN, ADDITIONAL PROSTHESIS	$409.69
33420	REMOVAL OF MITRAL VALVE SCAR TISSUE	$1,422.71
33422	REMOVAL OF MITRAL VALVE SCAR TISSUE ON HEART-LUNG MACHINE	$1,629.63
33425	REPAIR OF MITRAL VALVE ON HEART-LUNG MACHINE	$2,653.75
33426	REPAIR OF MITRAL VALVE WITH ARTIFICIAL VALVE ON HEART-LUNG MACHINE	$2,320.37
33427	RADICAL RECONSTRUCTION OF MITRAL VALVE ON HEART-LUNG MACHINE	$2,373.50
33430	REPLACEMENT OF MITRAL VALVE ON HEART-LUNG MACHINE	$2,729.09
33440	REPLACEMENT OF AORTIC AND PULMONARY VALVES AND ENLARGEMENT OF OUTFLOW TRACT FROM	$3,291.43
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	$2,325.71
33463	REPAIR OF TRICUSPID VALVE	$2,994.68
33464	REPAIR OF TRICUSPID VALVE WITH RING INSERTION	$2,373.42

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33465	REPLACEMENT OF TRICUSPID VALVE ON HEART-LUNG MACHINE	$2,675.37
33468	REPOSITIONING OF TRICUSPID VALVE	$2,376.31
33471	INCISION OF PULMONARY VALVE THROUGH PULMONARY ARTERY	$1,304.56
33474	INCISION OF PULMONARY VALVE ON HEART-LUNG MACHINE	$2,123.35
33475	REPLACEMENT OF PULMONARY VALVE	$2,264.66
33476	RELEASE OF RESTRICTIVE RIGHT VENTRICULAR MUSCLE BANDS OR VALVE LEAFLETS	$1,498.08
33477	INSERTION OF PULMONARY VALVE	$1,311.31
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR	$1,546.74
33480	REPLACEMENT AND/OR REPAIR, DOUBLE VALVE PROCEDURE, BY METHODS 33400-33465	$0.00
33481	SINGLE VALVE REPLACEMENT; WITH COMMISSUROTOMY OR VALVULOPLASTY OF ANOTHER VALVE	$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 NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPAS	$1,629.70
33500	REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION ON HEART-LUNG MA	$1,528.39
33501	REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION	$1,098.72
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION	$1,262.52
33503	REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT	$1,314.14
33504	REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT ON HEART-LUNG MACHINE	$1,443.62
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY	$1,992.09
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO	$1,988.90
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFI	$1,672.95
33508	HARVEST OF VEIN USING AN ENDOSCOPE	$15.50
33509	HARVEST OF ARTERY FROM ARM FOR HEART BYPASS GRAFT USING AN ENDOSCOPE	$166.36
33510	CORONARY ARTERY BYPASS USING VEIN GRAFT, 1 GRAFT	$1,886.96
33511	CORONARY ARTERY BYPASS USING VEIN GRAFT, 2 GRAFTS	$2,070.76
33512	CORONARY ARTERY BYPASS USING VEIN GRAFT, 3 GRAFTS	$2,359.55
33513	CORONARY ARTERY BYPASS USING VEIN GRAFT, 4 GRAFTS	$2,410.03
33514	CORONARY ARTERY BYPASS USING VEIN GRAFT, 5 GRAFTS	$2,535.76
33516	CORONARY ARTERY BYPASS USING VEIN GRAFT, 6 OR MORE GRAFTS	$2,624.69
33517	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 1 GRAFT	$179.30
33518	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 2 GRAFTS	$394.70
33519	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 3 GRAFTS	$521.64
33520	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); SINGLE G	$0.00
33521	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 4 GRAFTS	$625.38
33522	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 5 GRAFTS	$702.33
33523	CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 6 OR MORE GRAFTS	$793.79
33525	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); TWO CORO	$0.00
33528	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); THREE OR	$0.00
33530	CORONARY ARTERY BYPASS OR VALVE PROCEDURE REOPERATION MORE THAN 1 MONTH AFTER OR	$503.63
33532	MYOCARDIAL IMPLNTATN ONE MOR SYSTMIC ARTERIES	$0.00
33533	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 1 GRAFT	$1,827.31
33534	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 2 GRAFTS	$2,143.39
33535	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 3 GRAFTS	$2,380.83
33536	CORONARY ARTERY BYPASS USING ARTERY GRAFT, 4 GRAFTS	$2,560.15
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	$2,548.94
33545	REPAIR OF LOWER HEART CHAMBER FOLLOWING HEART ATTACK	$2,973.56
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF	$2,869.24
33560	MYOCARDIAL OPERATION COMBINED WITH CORONARY BYPASS PROCEDURE	$0.00
33572	REMOVAL OF PLAQUE FROM HEART ARTERY AT TIME OF CORONARY ARTERY BYPASS	$221.26
33600	CLOSURE OF MITRAL OR TRICUSPID VALVE	$1,685.39

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33602	CLOSURE OF AORTIC OR PULMONARY VALVE	$1,637.12
33606	CONNECTION OF PULMONARY ARTERY TO AORTA	$1,741.30
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR	$1,763.59
33610	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN LOWER HEART CHAMBERS	$1,740.13
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	$1,895.04
33612	REPAIR OF DOUBLE OUTLET DEFECT AND OUTFLOW TRACT OF RIGHT LOWER HEART CHAMBER	$1,944.93
33615	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND CONNECTION	$1,949.12
33617	REPAIR OF COMPLEX CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND CON	$2,108.60
33619	REPAIR TO IMPROVE CONGENITAL BLOOD FLOW DEFECT FROM LOWER HEART CHAMBER	$2,686.07
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS	$1,603.10
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AN	$913.52
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC L	$3,313.51
33640	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	$0.00
33641	REPAIR OF CONGENITAL DEFECT BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE	$1,596.23
33643	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	$0.00
33645	REPAIR OF TISSUE BETWEEN UPPER HEART CHAMBERS	$1,686.22
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR	$1,766.96
33649	REPAIR OF TRICUSPID ATRESIA (EG, FONTAN, GAGO PROCEDURES)	$0.00
33660	REPAIR OF PARTIAL CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBERS	$1,708.48
33665	REPAIR OF INTERMEDIATE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAM	$1,859.03
33670	REPAIR OF COMPLETE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBERS	$1,906.79
33675	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS	$1,914.68
33676	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH VALVE T	$1,965.20
33677	CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH REMOVAL	$2,039.61
33681	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS	$1,810.09
33682	CLOSURE VENTRICULAR SEPTAL DEFECT	$0.00
33684	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH VALVE TISSUE RELE	$1,835.58
33688	CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH REMOVAL OF BAND	$1,824.15
33690	BANDING OF PULMONARY ARTERY	$1,189.79
33692	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS	$1,893.40
33694	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS WITH PATCH	$1,895.04
33697	REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS INCLUDING CLOSURE BETWEEN LO	$1,995.21
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	$1,517.99
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF	$1,992.05
33720	REPAIR OF ANEURYSM ABOVE HEART VALVE TO LUNG ON HEART-LUNG MACHINE	$1,518.67
33724	REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER	$1,499.53
33726	REPAIR OF PULMONARY VEIN NARROWING	$1,972.74
33730	COMPLETE REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER	$1,956.36
33732	REMOVAL OF MEMBRANE OF LEFT UPPER HEART CHAMBER	$1,618.05
33735	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS USING BALLOON	$1,281.14
33736	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE	$1,387.00
33737	ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS WITH CORRECTION OF BLOO	$1,279.92
33738	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON, RASHKIND TYPE (INC	$0.00
33739	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (SANG-PARK SEPTOSTOMY)(INCLUDES CA	$0.00
33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS) FOR CONGENITAL CARDIAC ANOMALIES TO CREATE	$727.47
33745	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITA	$1,039.08
33746	CREATION OF ADDITIONAL SHUNT FOR BLOOD FLOW WITHIN HEART FOR CONGENITAL HEART DE	$415.42
33750	INSERTION OF SHUNT FROM CHEST TO PULMONARY ARTERY	$1,239.31
33755	INSERTION OF SHUNT FROM ASCENDING AORTA TO PULMONARY ARTERY	$1,301.10
33762	INSERTION OF SHUNT FROM DESCENDING AORTA TO PULMONARY ARTERY	$1,257.99
33764	INSERTION OF SHUNT WITH ARTIFICIAL GRAFT FROM AORTA TO PULMONARY ARTERY	$1,301.10
33766	INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW, 1 L	$1,306.86

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33767	INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW, BOT	$1,392.50
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITI	$398.93
33770	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW	$2,049.85
33771	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND ENLA	$2,103.27
33774	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW ON HEART	$1,765.45
33775	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND BAND	$1,814.38
33776	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND CLOS	$1,918.91
33777	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REVERSAL OF BLO	$1,843.62
33778	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW	$2,286.17
33779	REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW AND B	$2,246.75
33780	REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW AND	$2,290.73
33781	REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REDIRECTION O	$2,232.09
33782	RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS	$3,117.87
33783	RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS WITH REIMPLA	$3,367.52
33784	REPAIR TRANSPOSITION OF GREAT VESSELS, ATRIAL BAFFLE	$0.00
33785	REPAIR TRANSPOSITION OF GREAT VESSELS,	$0.00
33786	TOTAL REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW	$2,208.58
33788	REIMPLANTATION OF ABNORMAL PULMONARY ARTERY TO HEART	$1,498.33
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA	$968.22
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	$1,075.18
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	$1,129.42
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	$1,224.71
33814	REPAIR OF DEFECT OF WALL BETWEEN AORTA AND PULMONARY ARTERY ON HEART-LUNG MACHIN	$1,499.25
33820	TYING OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA	$953.98
33822	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, YOUNGER THAN 1	$1,004.55
33824	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, 18 YEARS OR OL	$1,167.45
33830	PATENT DUCTUS ARTERIOSUS; LIGATION OR DIVISION WHEN PERFORMED WITH ANOTHER PROCE	$0.00
33840	REPAIR OF CONGENITAL NARROWED AORTA	$1,223.64
33845	REPAIR OF CONGENITAL NARROWED AORTA WITH GRAFT	$1,317.49
33850	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	$0.00
33851	REPAIR OF CONGENITAL NARROWED AORTA USING LEFT CHEST ARTERY OR ARTIFICIAL MATERI	$1,255.53
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	$1,376.88
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	$1,795.14
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 SUSPENSION	$3,284.01
33859	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH VALVE SUSPENSION	$2,363.28
33863	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT REPL	$3,041.97
33864	REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT REMO	$3,108.50
33865	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMP	$0.00
33866	REPAIR OF AORTIC ARCH WITH GRAFT	$884.39
33871	REPAIR OF AORTIC ARCH WITH GRAFT ON HEART-LUNG MACHINE	$3,148.90
33875	REPAIR OF DESCENDING AORTA WITH GRAFT	$2,657.30
33877	REPAIR OF AORTIC ANEURYSM WITH GRAFT	$3,461.74
33880	REPAIR OF DESCENDING AORTA AND SUBCLAVIAN ARTERY WITH INSERTION OF GRAFT AND EXT	$1,715.87
33881	REPAIR OF DESCENDING AORTA WITH INSERTION OF GRAFT AND EXTENSIONS	$1,471.26
33883	REPAIR OF DESCENDING AORTA, INITIAL EXTENSION	$1,071.24
33884	REPAIR OF DESCENDING AORTA, EACH ADDITIONAL EXTENSION	$370.48
33886	INSERTION OF EXTENSION AFTER PREVIOUS REPAIR OF DESCENDING AORTA	$926.27
33889	TRANSFER OF CHEST ARTERY TO NECK ARTERY AND REPAIR OF DESCENDING AORTA	$752.96
33891	BYPASS GRAFT OF NECK ARTERY AND REPAIR OF DESCENDING AORTA	$903.68

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33894	REPAIR OF AORTA BY INSERTION OF STENT ACROSS MAJOR SIDE BRANCHES	$949.41
33895	REPAIR OF AORTA BY INSERTION OF STENT NOT CROSSING MAJOR SIDE BRANCHES	$755.30
33897	BALLOON DILATION OF NATIVE OR RECURRENT NARROWING OF HEART BLOOD VESSEL	$561.82
33900	PLACEMENT OF STENT IN PULMONARY ARTERY WITH NORMAL ANATOMICAL CONNECTIONS, ON ON	$572.22
33901	PLACEMENT OF STENT IN PULMONARY ARTERIES WITH NORMAL ANATOMICAL CONNECTIONS, ON	$752.17
33902	PLACEMENT OF STENT IN PULMONARY ARTERY WITH ABNORMAL ANATOMICAL CONNECTIONS, ON	$726.50
33903	PLACEMENT OF STENT IN PULMONARY ARTERIES WITH ABNORMAL ANATOMICAL CONNECTIONS, O	$856.30
33904	PLACEMENT OF ADDITIONAL STENT IN PULMONARY ARTERY	$287.32
33910	REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY ON HEART-LUNG MACHINE	$2,565.76
33915	REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY	$1,344.15
33916	REMOVAL OF PLAQUE FROM PULMONARY ARTERY ON HEART-LUNG MACHINE	$4,035.71
33917	REPAIR OF PULMONARY ARTERY NARROWING WITH GRAFT	$1,436.00
33920	REPAIR OF RIGHT LOWER HEART CHAMBER OBSTRUCTION WITH CREATION OF CHANNEL FROM LO	$1,763.85
33922	INCISION OF PULMONARY ARTERY ON HEART-LUNG MACHINE	$1,366.84
33924	DISCONNECTION OF PULMONARY ARTERY SHUNT	$273.66
33925	REPAIR OF DEFECT OF PULMONARY ARTERY	$1,668.36
33926	REPAIR OF DEFECT OF PULMONARY ARTERY ON HEART-LUNG MACHINE	$2,337.50
33927	IMPLANTATION OF ARTIFICIAL HEART	$2,443.62
33928	REPLACEMENT OF ARTIFICIAL HEART	$0.00
33929	REMOVAL OF ARTIFICIAL HEART	$0.00
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	$0.00
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	$4,777.61
33940	REMOVAL OF DONOR HEART FOR TRANSPLANTATION	$0.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	$4,724.83
33946	INITIATION OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS US	$300.19
33947	INITIATION OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS	$331.74
33948	DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LU	$233.23
33949	DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND	$226.42
33950	CARDIAC TRANSPLNTATN REMOVAL DONOR HEART	$0.00
33951	INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$407.01
33952	INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$413.14
33953	INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A	$453.93
33954	INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A	$457.66
33955	INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$793.76
33956	INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART	$802.94
33957	REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USI	$177.40
33958	REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USI	$177.40
33959	REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEAR	$224.52
33962	REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEAR	$224.52
33963	REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN H	$448.40
33964	REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN H	$473.34
33965	REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LU	$177.40
33966	REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LU	$228.41
33967	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH SKIN	$250.01
33968	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA	$32.84
33969	REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A P	$261.94
33970	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH UPPER LEG ARTERY	$341.69
33971	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF UPPER LEG ARTERY	$700.84
33972	INTRA-AORTIC BALLOON COUNTERPULSATION; MONITORING ONLY	$0.00
33973	INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH ASCENDING AORTA	$481.54
33974	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF ASCENDING AORTA	$884.37
33975	INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,248.46

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33976	INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS	$1,517.84
33977	REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,087.88
33978	REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS	$1,284.91
33979	INSERTION OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,866.28
33980	REMOVAL OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,716.94
33981	REPLACEMENT OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$795.23
33982	REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER	$1,868.56
33983	REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER ON HEAR	$2,220.59
33984	REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A P	$272.58
33985	REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART A	$492.96
33986	REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART A	$503.81
33987	INCISION OF ARTERY FOR CREATION OF CHANNEL FOR ECMO EXTERNAL BLOOD CIRCULATION I	$199.09
33988	INSERTION OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION I	$744.68
33989	REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN	$473.34
33990	INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH R	$349.59
33991	INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH R	$436.71
33992	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN LEFT LOWER HEART CHAMBER THROUGH THE SKIN	$181.09
33993	REPOSITIONING OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER USING IMAGING G	$161.70
33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUP	$347.55
33997	REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE, VENOUS CANNULA, A	$153.07
33999	OTHER HEART SURGERY PROCEDURE	$971.74
34001	REMOVAL OF BLOOD CLOT IN NECK TO CHEST ARTERY	$873.16
34051	REMOVAL OF BLOOD CLOT IN CHEST ARTERY	$983.86
34101	REMOVAL OF BLOOD CLOT IN ARTERY OF UPPER ARM	$578.84
34111	REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER ARM	$581.53
34151	REMOVAL OF BLOOD CLOT IN ARTERY OF ABDOMINAL ORGANS	$1,338.03
34201	REMOVAL OF BLOOD CLOT IN ARTERY OF GROIN AND LEG	$979.77
34203	REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER LEG	$911.49
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCIS	$1,455.59
34421	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN	$665.58
34451	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN BY ABDOMINAL AND LEG I	$1,364.56
34471	REMOVAL OF BLOOD CLOT IN UPPER CHEST VEIN	$1,029.78
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	$641.49
34501	VALVULOPLASTY, FEMORAL VEIN	$860.28
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	$1,502.10
34510	TRANSFER OF VEIN VALVE TO ANOTHER VEIN	$975.33
34520	REMOVAL OF VEIN SEGMENT	$946.60
34530	CONNECTION OF LEG VEINS AT BACK OF KNEE	$904.01
34701	REPAIR OF AORTA WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY RADIOLOGIST	$1,187.50
34702	REPAIR OF RUPTURED AORTA WITH GRAFT WITH REVIEW BY RADIOLOGIST	$1,763.76
34703	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE WI	$1,316.81
34704	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW B	$2,184.49
34705	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE ON	$1,460.45
34706	REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE ON BOTH SIDES	$2,165.23
34707	REPAIR OF GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY RADIOLOG	$1,119.97
34708	REPAIR OF GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW BY RADIOLOGIST	$1,720.90
34709	REPAIR OF ABDOMINAL OR GROIN ARTERY WITH PROSTHESIS WITH REVIEW BY RADIOLOGIST	$305.61
34710	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH REV	$765.09
34711	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH REV	$278.30
34712	DELIVERY OF FIXATION DEVICE TO GRAFT WITH REVIEW BY RADIOLOGIST	$636.21
34713	EXPOSURE OF GROIN ARTERY FOR DELIVERY OF GRAFT	$116.75
34714	EXPOSURE OF MAJOR GROIN ARTERY WITH CREATION OF CONDUIT	$257.23

Procedure Code	Procedure Code Description	Maximum Allowable Charge
34715	EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS	$283.62
34716	EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY WITH CREATION OF CONDUIT	$356.63
34717	REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY AND REPAIR OF AORTA	$419.00
34718	REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY	$1,180.63
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN	$191.24
34812	EXPOSURE OF THIGH ARTERY FOR INSERTION OF PROSTHESIS	$195.07
34813	INSERTION OF GRAFT IN UPPER THIGH ARTERY	$222.80
34820	EXPOSURE OF GROIN ARTERY FOR INSERTION OF PROSTHESIS	$316.03
34830	REPAIR OF ANEURYSM OF AORTA WITH PROSTHESIS	$1,671.63
34831	REPAIR OF ANEURYSM OF AORTA OR GROIN ARTERY WITH PROSTHESIS	$1,832.90
34832	REPAIR OF ANEURYSM OF AORTA OR UPPER THIGH ARTERY WITH PROTHESIS	$1,795.62
34833	EXPOSURE OF GROIN ARTERY WITH CREATION OF CONDUIT	$368.31
34834	EXPOSURE OF ARM ARTERY FOR INSERTION OF PROSTHESIS	$121.94
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 ARTERI	$0.00
34842	REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 2 GRAFTS IN ABDOM	$0.00
34843	REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 3 GRAFTS IN ABDOM	$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 GRAFT	$0.00
34846	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 2 GRA	$0.00
34847	REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 3 GRA	$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	$1,086.64
35002	REPAIR OF RUPTURED ANEURYSM OF NECK OR UPPER CHEST ARTERY WITH GRAFT	$1,086.10
35005	REPAIR OF ANEURYSM OR HEAD ARTERY WITH GRAFT	$953.06
35011	REPAIR OF ANEURYSM OR ARM ARTERY WITH GRAFT	$977.08
35013	REPAIR OF RUPTURED ANEURYSM OF ARM ARTERY WITH GRAFT	$1,229.79
35021	REPAIR OF ANEURYSM OR UPPER CHEST OR NECK ARTERY WITH GRAFT	$1,239.78
35022	REPAIR OF RUPTURED ANEURYSM OF UPPER CHEST OR NECK ARTERY WITH GRAFT	$1,413.59
35045	REPAIR OF ANEURYSM OR FOREARM ARTERY WITH GRAFT	$940.40
35081	REPAIR OF ANEURYSM OR ABDOMINAL AORTA WITH GRAFT	$1,653.53
35082	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA WITH GRAFT	$2,064.33
35091	REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL ORGANS WIT	$1,691.99
35092	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL O	$2,458.92
35102	REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH GRAFT	$1,789.67
35103	REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH GRA	$2,115.96
35111	REPAIR OF ANEURYSM OR SPLEEN ARTERY WITH GRAFT	$1,264.15
35112	REPAIR OF RUPTURED ANEURYSM OF SPLEEN ARTERY WITH GRAFT	$1,551.29
35121	REPAIR OF ANEURYSM OR LIVER, KIDNEYS, STOMACH AND/OR INTESTINES ARTERY WITH GRAF	$1,500.06
35122	REPAIR OF RUPTURED ANEURYSM OF LIVER, KIDNEYS, STOMACH, AND/OR INTESTINE ARTERY	$1,791.33
35131	REPAIR OF ANEURYSM OR GROIN ARTERY WITH GRAFT	$1,320.06
35132	REPAIR OF RUPTURED ANEURYSM OF GROIN ARTERY WITH GRAFT	$1,551.29
35141	REPAIR OF ANEURYSM OR UPPER THIGH ARTERY WITH GRAFT	$1,048.49
35142	REPAIR OF RUPTURED ANEURYSM OF UPPER THIGH ARTERY WITH GRAFT	$1,267.30
35151	REPAIR OF ANEURYSM OR LOWER LEG ARTERY WITH GRAFT	$1,186.83
35152	REPAIR OF RUPTURED ANEURYSM OF LOWER LEG ARTERY WITH GRAFT	$1,329.20
35180	REPAIR OF CONGENITAL ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK	$752.39
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	$1,755.03
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	$921.19
35188	REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK	$1,286.97
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	$1,433.55
35190	REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN ARM OR LEG	$747.10

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	$912.37
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	$773.51
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	$792.78
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	$1,361.66
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	$2,075.42
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	$1,441.14
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	$806.95
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	$1,266.48
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	$972.46
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	$1,408.31
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	$1,527.83
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	$1,705.64
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	$986.19
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	$937.45
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	$835.07
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	$1,357.62
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	$1,431.66
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	$1,568.70
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	$899.11
35301	REMOVAL OF BLOOD CLOT AND PORTION OF CHEST, NECK, OR BRAIN ARTERY	$1,086.18
35302	REMOVAL OF BLOOD CLOT AND PORTION OF SUPERFICIAL FEMORAL ARTERY	$1,073.51
35303	REMOVAL OF BLOOD CLOT AND PORTION OF POPLITEAL ARTERY	$1,186.00
35304	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIOPERONEAL TRUNK ARTERY	$1,214.92
35305	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, INITIAL ARTERY	$1,170.23
35306	REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, EACH ADDITIONAL	$418.43
35311	REMOVAL OF BLOOD CLOT AND PORTION OF CHEST OR NECK ARTERY	$1,513.76
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	$865.51
35331	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA	$1,402.48
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	$1,326.74
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	$1,230.35
35355	REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF UPPER THIGH	$983.31
35361	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND GROIN ARTERY	$1,446.00
35363	REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND UPPER THIGH ARTERY	$1,540.80
35371	REMOVAL OF BLOOD CLOT AND PORTION OF UPPER THIGH ARTERY	$784.26
35372	REMOVAL OF BLOOD CLOT AND PORTION OF DEEP UPPER THIGH ARTERY	$935.85
35390	REMOVAL OF BLOOD CLOT AND PORTION OF NECK ARTERY FOLLOWING PREVIOUS SURGERY	$150.54
35400	EXAM OF BLOOD VESSEL OR GRAFT USING AN ENDOSCOPE	$139.18
35500	HARVEST OF UPPER ARM VEIN SEGMENT	$299.89
35501	BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH VEIN	$1,384.35
35506	BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH VEIN	$1,209.72
35508	BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH VEIN	$1,265.16
35509	BYPASS OF DISEASED OR BLOCKED NECK TO OPPOSITE NECK ARTERY WITH VEIN	$1,339.87
35510	BYPASS OF DISEASED OR BLOCKED NECK TO ARM ARTERY WITH VEIN	$1,168.11
35511	BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH VEIN	$1,064.50
35512	BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH VEIN	$1,145.08
35515	BYPASS OF DISEASED OR BLOCKED CHEST TO BRAIN ARTERY WITH VEIN	$1,265.16
35516	BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH VEIN	$1,159.00
35518	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH VEIN	$1,085.42
35521	BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG ARTERY WITH VEIN	$1,169.85
35522	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO ARM ARTERY WITH VEIN	$1,111.71
35523	BYPASS OF DISEASED OR BLOCKED UPPER ARM TO ARM ARTERY WITH VEIN	$1,215.94
35525	BYPASS OF DISEASED OR BLOCKED UPPER ARM TO OPPOSITE ARM ARTERY WITH VEIN	$1,084.69

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35526	BYPASS OF DISEASED OR BLOCKED CHEST TO NECK ARTERY WITH VEIN	$1,686.67
35531	BYPASS OF DISEASED OR BLOCKED ABDOMINAL TO ABDOMINAL ARTERY WITH VEIN	$1,847.09
35533	BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG AND OPPOSITE LEG ARTERY WITH VEIN	$1,431.51
35535	BYPASS OF DISEASED OR BLOCKED LIVER TO KIDNEY ARTERY WITH VEIN	$1,803.11
35536	BYPASS OF DISEASED OR BLOCKED ARTERY SPLEEN TO KIDNEY ARTERY WITH VEIN	$1,603.79
35537	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH VEIN	$1,972.71
35538	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN AND OPPOSITE GROIN ARTERY WITH VEIN	$2,210.05
35539	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH VEIN	$2,073.80
35540	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG AND OPPOSITE UPPER LEG ARTERY W	$2,310.05
35556	BYPASS OF DISEASED OR BLOCKED UPPER TO LOWER LEG ARTERY WITH VEIN	$1,333.99
35558	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH VEIN	$1,185.23
35560	BYPASS OF DISEASED OR BLOCKED AORTA TO KIDNEY ARTERY WITH VEIN	$1,616.97
35563	BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH VEIN	$1,259.58
35565	BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH VEIN	$1,254.03
35566	BYPASS OF DISEASED OR BLOCKED MAJOR UPPER TO LOWER LEG ARTERY WITH VEIN	$1,585.82
35570	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO OPPOSITE LOWER LEG ARTERY WITH VEIN	$1,400.37
35571	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN	$1,264.81
35572	HARVEST OF UPPER LEG TO THIGH VEIN SEGMENT	$326.15
35583	BYPASS OF DISEASED OR BLOCKED THIGH TO KNEE ARTERY WITH VEIN GRAFT	$1,379.52
35585	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT	$1,593.22
35587	BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT	$1,306.28
35600	HARVEST OF ARM ARTERY SEGMENT FOR HEART BYPLASS PROCEDURE	$178.24
35601	BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH OTHER THAN VEIN	$1,340.68
35606	BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH OTHER THAN VEIN	$1,124.99
35612	BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH OTHER THAN VEI	$998.23
35616	BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH OTHER THAN VEIN	$1,047.37
35621	BYPASS OF DISEASED OR BLOCKED ARM TO CHEST ARTERY WITH OTHER THAN VEIN	$1,050.90
35623	BYPASS OF DISEASED OR BLOCKED ARM TO LOWER LEG ARTERY WITH OTHER THAN VEIN	$1,250.98
35626	BYPASS OF DISEASED OR BLOCKED ARM TO LOWER THIGH OR LEG ARTERY WITH OTHER THAN V	$1,543.63
35631	BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO ABDOMINAL OR KIDNEY ARTERY WITH OT	$1,762.72
35632	BYPASS OF DISEASED OR BLOCKED GROIN TO STOMACH ARTERY WITH OTHER THAN VEIN	$1,712.23
35633	BYPASS OF DISEASED OR BLOCKED GROIN TO ABDOMINAL ARTERY WITH OTHER THAN VEIN	$1,884.40
35634	BYPASS OF DISEASED OR BLOCKED GROIN TO KIDNEY ARTERY WITH OTHER THAN VEIN	$1,676.40
35636	BYPASS OF DISEASED OR BLOCKED SPLEEN TO KIDNEY ARTERY WITH OTHER THAN VEIN	$1,514.40
35637	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH OTHER THAN VEIN	$1,573.80
35638	BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN TO OPPOSITE GROIN ARTERY WITH OTHER	$1,657.14
35642	BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH OTHER THAN VEIN	$947.25
35645	BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH OTHER THAN VEIN	$904.88
35646	BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO UPPER LEG AND OPPOSITE UPPER LEG A	$1,629.40
35647	BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH OTHER THAN VEIN	$1,484.95
35650	BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH OTHER THAN V	$972.48
35654	BYPASS OF DISEASED OR BLOCKED ARM TO BOTH LOWER THIGH ARTERIES WITH OTHER THAN V	$1,303.67
35656	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER THIGH ARTERY WITH OTHER THAN VE	$1,030.27
35661	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH OTHER	$1,042.27
35663	BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH OTHER THAN VEI	$1,160.45
35665	BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH OTHER THAN VEIN	$1,125.85
35666	BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH OTHER THAN VEIN	$1,245.13
35671	BYPASS OF DISEASED OR BLOCKED KNEE TO LOWER LEG ARTERIES WITH OTHER THAN VEIN	$1,098.25
35681	BYPASS OF DISEASED OR BLOCKED ARTERY WITH PROSTHETIC AND VEIN	$75.54
35682	BYPASS OF DISEASED OR BLOCKED ARTERY WITH 2 VEIN SEGMENTS FROM 2 LOCATIONS	$331.87
35683	BYPASS OF DISEASED OR BLOCKED ARTERY WITH 3 OR MORE SEGMENTS FROM 2 OR MORE LOCA	$383.95
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	$186.58

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35686	CREATION OF ARTERY-VEIN CONNECTION DURING PROCEDURE ON LEG	$150.86
35691	RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO NECK ARTERY	$904.20
35693	RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO CHEST ARTERY	$804.69
35694	RELOCATION AND/OR REIMPLANTATION OF CHEST ARTERY TO NECK ARTERY	$943.40
35695	RELOCATION AND/OR REIMPLANTATION OF NECK ARTERY TO CHEST ARTERY	$978.76
35697	REIMPLANTATION OF ORGAN ARTERY TO AORTA PROTHESIS BELOW KIDNEY	$138.40
35700	BYPASS OF UPPER OR LOWER LEG ARTERY REOPERATION MORE THAN 1 MONTH AFTER ORIGINAL	$143.10
35701	EXPLORATION OF NECK ARTERY	$447.94
35702	EXPLORATION OF ARM ARTERY	$407.55
35703	EXPLORATION OF LEG ARTERY	$407.86
35800	EXPLORATION OF NECK FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$744.61
35820	EXPLORATION OF CHEST FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$1,959.71
35840	EXPLORATION OF ABDOMEN FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$1,208.84
35860	EXPLORATION OF ARM OR LEG FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY	$817.68
35870	REPAIR OF GRAFT-ENTERIC FISTULA	$1,189.39
35875	REMOVAL OF BLOOD CLOT OF ARTERY OR VEIN GRAFT	$575.07
35876	REMOVAL OF BLOOD CLOT AND REVISION OF ARTERY OR VEIN GRAFT	$906.34
35879	REVISION OF LEG ARTERY BYPASS WITH VEIN PATCH	$885.95
35880	THROMBECTOMY OF ARTERIAL GRAFT;W/SECONDARY PROC FOR OUTFLOW	$0.00
35881	REVISION OF LEG ARTERY BYPASS WITH PLACEMENT OF RELOCATED VEIN	$983.44
35883	REVISION OF GROIN ARTERY BYPASS WITH PATCH GRAFT	$1,144.51
35884	REVISION OF GROIN ARTERY BYPASS WITH VEIN PATCH GRAFT	$1,176.65
35900	EXCISION OF INFECTED GRAFT;	$0.00
35901	EXCISION OF INFECTED GRAFT; NECK	$465.20
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	$556.93
35905	EXCISION OF INFECTED GRAFT; THORAX	$1,594.23
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	$1,811.03
35910	EXCISION OF INFECTED GRAFT; WITH REVASCULARIZATION	$0.00
36000	INSERTION OF NEEDLE OR TUBE INTO VEIN	$9.26
36001	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	$0.00
36002	INJECTION TO CAUSE BLOOD CLOT IN DISEASED OR PSEUDOANEURYSM OF ARM OR LEG	$103.97
36005	INJECTION FOR X-RAY IMAGING PROCEDURE INTO VEIN OF ARM OR LEG	$47.11
36010	INSERTION OF TUBE INTO VENA CAVA	$105.35
36011	INSERTION OF TUBE INTO VEIN, FIRST ORDER BRANCH	$152.75
36012	INSERTION OF TUBE INTO VEIN, SECOND ORDER BRANCH	$168.88
36013	INSERTION OF TUBE INTO RIGHT HEART OR MAIN PULMONARY ARTERY	$123.45
36014	INSERTION OF TUBE INTO LEFT OR RIGHT PULMONARY ARTERY	$148.61
36015	INSERTION OF TUBE INTO ARTERY OF LOBE OF LUNG	$168.69
36100	INSERTION OF NEEDLE OR TUBE INTO ARTERY OF NECK OR BRAIN	$148.49
36101	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR	$0.00
36140	INSERTION OF NEEDLE OR TUBE INTO ARTERY OF ARM OR LEG	$86.18
36160	INSERTION OF NEEDLE OR TUBE INTO AORTA	$121.33
36200	INSERTION OF TUBE INTO AORTA	$133.30
36215	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, EACH FIRST ORDER BRANCH	$210.19
36216	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL SECOND ORDER BRANCH	$263.19
36217	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL THIRD ORDER BRANCH	$320.15
36218	INSERTION OF TUBE INTO CHEST OR ARM ARTERY, ADDITIONAL SECOND, THIRD ORDER AND B	$50.73
36221	INSERTION OF TUBE INTO CHEST AORTA FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RAD	$191.99
36222	INSERTION OF TUBE INTO EXTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIE	$276.14
36223	INSERTION OF TUBE INTO INTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIE	$317.81
36224	INSERTION OF TUBE INTO INTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI	$357.37
36225	INSERTION OF TUBE INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RA	$314.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36226	INSERTION OF TUBE INTO BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RA	$355.37
36227	INSERTION OF TUBE INTO EXTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI	$116.79
36228	INSERTION OF TUBE INTO NECK OR BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI	$238.44
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	$229.95
36246	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL SECOND ORDER BR	$242.80
36247	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL THIRD ORDER BRA	$290.34
36248	INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, ADDITIONAL SECOND, THIR	$47.72
36251	INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF KIDNEY FOR IMA	$249.67
36252	INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF BOTH KIDNEYS F	$345.28
36253	INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF KIDNEY FOR	$348.85
36254	INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF BOTH KIDNEY	$402.10
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	$670.32
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	$426.29
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	$327.87
36299	OTHER BLOOD VESSEL INJECTION PROCEDURE	$343.20
36400	INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN (YOUNGER THAN 3 YEARS)	$19.19
36405	INSERTION OF NEEDLE INTO SCALP VEIN (YOUNGER THAN 3 YEARS)	$15.23
36406	INSERTION OF NEEDLE INTO VEIN (YOUNGER THAN 3 YEARS)	$9.05
36410	INSERTION OF NEEDLE INTO VEIN (3 YEARS OR OLDER)	$9.26
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$3.00
36420	INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (YOUNGER THAN 1 YEAR)	$45.93
36425	INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (1 YEAR OR OLDER)	$39.96
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	$45.08
36431	TRANSFUSION, BLOOD OR BLOOD COMPONENTS;	$0.00
36440	PUSH BLOOD TRANSFUSION (2 YEARS OR YOUNGER)	$51.23
36450	EXCHANGE BLOOD TRANSFUSION, NEWBORN	$173.10
36455	EXCHANGE BLOOD TRANSFUSION, OTHER THAN NEWBORN	$121.15
36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	$99.26
36460	TRANSFUSION, INTRAUTERINE, FETAL	$345.71
36465	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN OF LEG USING ULTRASOUND	$115.88
36466	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF SAME LEG USING UL	$149.45
36468	INJECTION OF CHEMICAL AGENT INTO SPIDER VEIN OF ARM, LEG, OR TRUNK	$0.00
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	$37.60
36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF LEG	$74.14
36473	MECHANOCHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING IMAGIN	$175.77
36474	MECHANOCHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING	$87.57
36475	DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING RADIOFREQUENCY AND IMA	$270.18
36476	DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING RADIOFREQUENCY A	$129.37
36478	LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE	$270.69
36479	LASER DESTRUCTION OF INCOMPETENT VEINS OF ARM OR LEG USING IMAGING GUIDANCE, SUB	$131.28
36480	CATHRZATN SUBCLAV EXTER JUGLR PERCUTANEOUS	$0.00
36481	INSERTION OF TUBE INTO PORTAL VEIN OF LIVER	$324.60
36482	CHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDA	$173.41
36483	CHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING IMAGING	$85.48
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	$177.57
36510	INSERTION OF TUBE INTO UMBILICAL VEIN, NEWBORN	$54.26
36511	MECHANICAL SEPARATION OF WHITE BLOOD CELLS FROM BLOOD	$113.21

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	$109.71
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	$108.07
36514	MECHANICAL SEPARATION OF PLASMA FROM BLOOD	$95.13
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	$84.55
36522	PHOTOPHERESIS, EXTRACORPOREAL	$99.27
36555	INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5 YEARS	$84.30
36556	INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER)	$83.89
36557	INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5 YEARS)	$324.36
36558	INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER)	$263.21
36560	INSERTION OF CENTRAL VENOUS TUBE WITH PORT (YOUNGER THAN 5 YEARS)	$386.85
36561	INSERTION OF CENTRAL VENOUS TUBE WITH PORT (5 YEARS OR OLDER)	$336.09
36563	INSERTION OF CENTRAL VENOUS TUBE WITH PUMP	$366.74
36565	INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS FOR INFUSION	$334.43
36566	INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS WITH PORT	$358.80
36568	INSERTION OF TUBE FOR INFUSION (YOUNGER THAN 5 YEARS)	$90.54
36569	INSERTION OF TUBE FOR INFUSION (5 YEARS OR OLDER)	$92.94
36570	INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (YOUNGER THAN 5 YEARS)	$336.41
36571	INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (5 YEARS OR OLDER)	$315.92
36572	INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST,	$79.67
36573	INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST,	$84.46
36575	REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION	$33.56
36576	REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION WITH PORT OR PUMP	$186.15
36578	REPLACEMENT OF CENTRAL VENOUS TUBE, TUBE ONLY	$206.21
36580	REPLACEMENT OF NONTUNNELED CENTRAL VENOUS TUBE	$65.38
36581	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE	$185.94
36582	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PORT	$289.72
36583	REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PUMP	$332.45
36584	REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH REVIEW BY R	$58.83
36585	REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH PORT	$286.34
36589	REMOVAL OF TUNNELED CENTRAL VENOUS TUBE	$139.76
36590	REMOVAL OF CENTRAL VENOUS TUBE WITH PORT OR PUMP	$193.57
36591	COLLECTION OF BLOOD SAMPLE FROM IMPLANTED DEVICE	$30.89
36592	COLLECTION OF BLOOD SAMPLE FROM CENTRAL VENOUS TUBE	$33.61
36593	DECLOTTING OF CENTRAL VENOUS TUBE	$38.09
36595	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE	$180.52
36596	MECHANICAL REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE	$45.06
36597	REPOSITIONING OF CENTRAL VENOUS TUBE USING FLUOROSCOPIC GUIDANCE	$60.61
36598	CONTRAST INJECTION FOR IMAGING TO EVALUATE CENTRAL VENOUS ACCESS DEVICE	$35.94
36600	ARTERY PUNCTURE COLLECTION OF BLOOD SAMPLE	$15.18
36620	INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH SKIN	$44.24
36625	INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH ARTERY INCISION	$104.29
36640	INSERTION OF ARTERY TUBE FOR PROLONGED INFUSION	$120.37
36660	INSERTION OF UMBILICAL ARTERY TUBE, NEWBORN	$69.48
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	$58.60
36800	INSERTION OF TUBE CONNECTING VEIN TO VEIN FOR HEMODIALYSIS	$120.90
36810	INSERTION OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS	$213.26
36815	REVISION OR REMOVAL OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS	$129.85
36818	RELOCATION OF MAJOR UPPER ARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSI	$670.53
36819	RELOCATION OF UPPER ARM SURFACE VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALY	$707.88
36820	RELOCATION OF FOREARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS	$703.54
36821	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS	$642.82
36823	INSERTION OF TUBE INTO ARM OR LEG FOR BLOOD CIRCULATION AND CHEMOTHERAPY	$1,410.43

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36825	CREATION OF ARTERY-VEIN CONNECTION USING VEIN GRAFT FOR HEMODIALYSIS	$772.30
36830	CREATION OF ARTERY-VEIN CONNECTION USING TUBE GRAFT FOR HEMODIALYSIS	$647.66
36831	REMOVAL OF BLOOD CLOT FROM HEMODIALYSIS GRAFT	$599.89
36832	REVISION OF HEMODIALYSIS GRAFT	$736.02
36833	REVISION OF HEMODIALYSIS GRAFT WITH REMOVAL OF BLOOD CLOT	$784.99
36835	INSERTION OF HEMODIALYSIS SHUNT IN ARTERY OR VEIN	$487.51
36836	CREATION OF OPENING BETWEEN ARTERY AND VEIN IN ARM WITH SINGLE ACCESS TO BOTH BL	$350.08
36837	CREATION OF OPENING BETWEEN ARTERY AND VEIN IN ARM WITH SEPARATE ACCESS TO EACH	$454.60
36838	REPAIR OF HEMODIALYSIS ACCESS IN ARM	$1,095.74
36860	INJECTION FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE	$108.12
36861	INSERTION OF BALLOON TUBE FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE	$135.77
36901	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT WITH REVIEW BY RADIOLO	$165.27
36902	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND BALLOON DILATION O	$235.32
36903	INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND INSERTION OF STENT	$307.61
36904	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA	$361.03
36905	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA	$435.71
36906	REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA	$500.50
36907	BALLOON DILATION OF DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST	$143.03
36908	INSERTION OF STENT IN DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST	$200.81
36909	PERMANENT BLOCKAGE OF HEMODIALYSIS CIRCUIT WITH REVIEW BY RADIOLOGIST	$195.98
37140	CONNECTION OF VENA CAVA AND PORTAL VEIN OF LIVER	$2,306.69
37145	CONNECTION OF KIDNEY VEIN AND PORTAL VEIN OF LIVER	$2,141.82
37160	CONNECTION OF VENA CAVA AND ABDOMINAL VEIN	$2,199.50
37180	CONNECTION OF SPLEEN AND KIDNEY VEIN NEAR AORTA	$2,113.76
37181	CONNECTION OF SPLEEN AND KIDNEY VEIN	$2,306.69
37182	INSERTION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST	$809.49
37183	REVISION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST	$372.04
37184	PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING F	$418.17
37185	PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING F	$156.94
37186	SECONDARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING	$233.54
37187	REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE, INIT	$384.53
37188	REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE, REPE	$274.93
37191	INSERTION OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$217.81
37192	REPOSITIONING OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$323.94
37193	REMOVAL OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST	$339.54
37195	INFUSION OF DRUG TO DISSOLVE BLOOD CLOT IN BRAIN	$265.85
37197	RETRIEVAL OF FOREIGN BODY IN BLOOD VESSEL WITH REVIEW BY RADIOLOGIST	$292.79
37200	BIOPSY OF BLOOD VESSEL USING TUBE	$212.44
37211	INSERTION OF TUBE INTO ARTERY FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY RA	$374.08
37212	INSERTION OF TUBE INTO VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY RADI	$328.53
37213	INSERTION OF TUBE INTO ARTERY OR VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH REVI	$223.82
37214	REMOVAL OF TUBE INTO ARTERY OR VEIN WITH REVIEW BY RADIOLOGIST	$118.49
37215	INSERTION OF STENT AND BLOOD CLOT PROTECTION DEVICE IN NECK ARTERY WITH REVIEW B	$961.32
37216	INSERTION OF STENT IN NECK ARTERY WITH REVIEW BY RADIOLOGIST	$1,007.05
37217	INSERTION OF STENT IN BLOOD VESSEL OF CHEST WITH REVIEW BY RADIOLOGIST	$1,040.63
37218	INSERTION OF STENT IN BLOOD VESSEL OF CHEST OPEN OR ACCESSED THROUGH SKIN WITH R	$804.06
37220	BALLOON DILATION OF GROIN ARTERY, INITIAL VESSEL	$382.98
37221	INSERTION OF STENT IN GROIN ARTERY, INITIAL VESSEL	$470.79
37222	BALLOON DILATION OF GROIN ARTERY, EACH ADDITIONAL VESSEL	$176.93
37223	INSERTION OF STENT IN GROIN ARTERY, ADDITIONAL VESSEL	$201.24
37224	BALLOON DILATION OF ARTERY OF LEG	$424.81
37225	REMOVAL OF PLAQUE IN ARTERIES OF LEG	$573.64

Procedure Code	Procedure Code Description	Maximum Allowable Charge
37226	INSERTION OF STENT IN ARTERIES OF LEG	$495.60
37227	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERIES OF LEG	$686.62
37228	BALLOON DILATION OF ARTERY OF LEG, INITIAL VESSEL	$517.48
37229	REMOVAL OF PLAQUE IN ARTERY OF LEG, INITIAL VESSEL	$667.04
37230	INSERTION OF STENT IN ARTERY OF LEG, INITIAL VESSEL	$664.40
37231	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERY OF LEG, INITIAL VESSEL	$710.02
37232	BALLOON DILATION OF ARTERY OF LEG, EACH ADDITIONAL VESSEL	$190.95
37233	REMOVAL OF PLAQUE IN ARTERY OF LEG, EACH ADDITIONAL VESSEL	$310.20
37234	INSERTION OF STENT IN ARTERY OF LEG, EACH ADDITIONAL VESSEL	$270.02
37235	REMOVAL OF PLAQUE AND INSERTION OF STENTS IN ARTERY OF LEG, EACH ADDITIONAL VESS	$361.87
37236	INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND BRA	$423.38
37237	INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND BRA	$200.40
37238	INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN	$295.96
37239	INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN	$144.94
37241	OCCLUSION OF VEIN WITH REVIEW BY RADIOLOGIST	$419.98
37242	OCCLUSION OF ARTERY WITH REVIEW BY RADIOLOGIST	$464.13
37243	OCCLUSION OF GROWTHS OR OBSTRUCTED VESSELS WITH REVIEW BY RADIOLOGIST	$555.03
37244	OCCLUSION OF ARTERY OR VEIN BLEEDING WITH REVIEW BY RADIOLOGIST	$655.77
37246	BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, INITIAL ARTERY	$336.54
37247	BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL ARTERY	$164.90
37248	BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN	$290.86
37249	BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN	$140.75
37252	ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, INITIAL VESSEL	$85.99
37253	ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, EACH ADDITIONA	$68.37
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	$610.09
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	$737.41
37600	TYING OF EXTERNAL NECK ARTERY	$762.40
37605	TYING OF INTERNAL NECK ARTERY	$707.16
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH	$751.89
37607	TYING OR BANDING OF SURGICALLY CREATED ARTERY-VEIN CONNECTION	$371.34
37609	TYING OR BIOPSY OF ARTERY ON SIDE OF SKULL	$210.48
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	$530.79
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	$1,098.56
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	$1,300.68
37618	TYING OF MAJOR ARM OR LEG ARTERY	$395.41
37619	TYING OF INFERIOR VENA CAVA	$1,714.27
37650	TYING OF UPPER LEG VEIN	$445.31
37651	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE,	$0.00
37660	TYING OF GROIN VEIN	$1,312.57
37700	TYING AND DIVISION OF LONG LEG VEIN	$246.37
37701	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL	$0.00
37718	TYING, INCISION, AND STRIPPING OF SHORT LEG VEIN	$383.04
37721	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
37722	TYING, INCISION, AND STRIPPING OF LONG LEG VEIN	$456.50
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 GRAFT	$562.67
37737	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	$0.00
37760	TYING OF VARICOSE VEINS, RADICAL PROCEDURE INCLUDING SKIN GRAFT	$557.40
37761	TYING OF VARICOSE VEINS, SIMPLE PROCEDURE USING ULTRASOUND	$535.75
37765	REMOVAL OF VARICOSE VEINS OF ARM OR LEG, 10-20 INCISIONS	$266.90
37766	REMOVAL OF VARICOSE VEINS OF ARM OR LEG, MORE THAN 20 INCISIONS	$326.09
37780	TYING AND DIVISION OF SHORT LEG VEIN	$233.47
37781	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL	$0.00
37785	TYING, INCISION, AND/OR REMOVAL OF VARICOSE VEIN CLUSTERS OF LEG	$256.53
37787	LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	$0.00
37788	RESTORATION OF BLOOD FLOW IN ARTERY OF PENIS	$1,278.54
37790	BLOCKAGE OF PENIS VEIN	$497.76
37799	OTHER PROCEDURE ON BLOOD VESSEL	$475.92
38090	PUNCTURE SPLEEN	$0.00
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	$1,155.59
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	$1,166.53
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER	$258.85
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	$1,291.48
38120	EXAM OF SPLEEN USING AN ENDOSCOPE	$1,070.62
38129	OTHER PROCEDURE ON SPLEEN USING AN ENDOSCOPE	$0.00
38200	INJECTION PROCEDURE FOR IMAGING OF SPLEEN	$131.83
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	$102.07
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	$87.25
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	$86.48
38207	PRESERVATION AND STORAGE OF STEM CELLS FOR TRANSPLANTATION	$45.55
38208	THAWING OF FROZEN STEM CELLS FOR TRANSPLANTATION	$28.83
38209	THAWING AND WASHING OF FROZEN STEM CELLS FOR TRANSPLANTATION	$12.07
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL	$80.61
38211	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REMOVAL OF GROWTH CELLS	$73.18
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	$48.02
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	$12.07
38214	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REDUCTION OF BLOOD FLUID (PLA	$41.25
38215	PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH CELL CONCENTRATION IN BLOOD F	$48.02
38220	ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS	$70.07
38221	BIOPSY OF BONE MARROW	$72.40
38222	BIOPSY AND ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS	$77.48
38230	HARVEST OF DONOR BONE MARROW FOR TRANSPLANTATION	$204.12
38232	HARVEST OF PATIENT BONE MARROW FOR TRANSPLANTATION	$195.27
38240	TRANSPLANTATION OF DONOR STEM CELLS PER DONOR	$250.53
38241	TRANSPLANTATION OF PATIENT-DERIVED STEM CELLS	$184.78
38242	TRANSPLANTATION OF DONOR WHITE BLOOD CELLS	$130.96
38243	TRANSPLANTATION OF DONOR STEM CELLS	$127.76
38300	SIMPLE DRAINAGE OF ABSCESS OR SWELLING OF LYMPH NODE	$221.89
38305	DRAINAGE OF EXTENSIVE ABSCESS OR SWELLING OF LYMPH NODE	$514.06
38308	INCISION OR OTHER OPERATION ON LYMPHATIC CHANNELS	$481.01
38380	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH NECK	$598.87
38381	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH BACK	$802.71
38382	SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH ABDOMEN	$691.11
38500	BIOPSY OR REMOVAL OF LYMPH NODES	$262.80
38505	NEEDLE BIOPSY OR REMOVAL OF SURFACE LYMPH NODES	$87.89

Procedure Code	Procedure Code Description	Maximum Allowable Charge
38510	BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF NECK	$431.42
38520	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK WITH REMOVAL OF FAT PAD	$484.84
38525	BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF UNDERARM	$454.15
38530	BIOPSY OR REMOVAL OF LYMPH NODES OF BREAST	$585.27
38531	BIOPSY OR REMOVAL OF LYMPH NODES OF GROIN	$459.81
38540	DISSECTION; DEEP CERVIC NODE	$0.00
38542	REMOVAL OF DEEP LYMPH NODES OF NECK	$547.00
38550	REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK	$542.80
38555	REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK WITH DEEP NEUROV	$1,047.53
38562	PARTIAL REMOVAL OF PELVIC AND AORTIC LYMPH NODES	$730.09
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL	$715.17
38570	BIOPSY AND REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY USING AN ENDOSCOPE	$529.03
38571	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS USING AN ENDOSCOPE	$674.68
38572	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS AND ABDOMINAL LYMPH NODE BIOPSY U	$926.39
38573	REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS WITH BIOPSY AND WASHING OF ABDOME	$1,201.58
38589	OTHER PROCEDURE ON LYMPHATIC SYSTEM USING AN ENDOSCOPE	$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	$844.44
38701	SUPRAHYOID LYMPHADENECTOMY	$0.00
38720	REMOVAL OF LYMPH NODES OF NECK	$1,384.82
38721	CERVICAL LYMPHADENECTOMY (COMPLETE)	$0.00
38724	REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK	$1,505.58
38740	PARTIAL REMOVAL OF LYMPH NODES OF UNDERARM	$717.76
38745	REMOVAL OF LYMPH NODES OF UNDERARM	$897.34
38746	REMOVAL OF LYMPH NODES OF CHEST CAVITY AND BREAST BONE	$205.78
38747	REMOVAL OF LYMPH NODES OF ABDOMINAL ORGAN	$261.58
38760	REMOVAL OF LYMPH NODES OF GROIN	$854.23
38761	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL,	$0.00
38765	PARTIAL REMOVAL OF LYMPH NODES OF GROIN AND PELVIS	$1,329.72
38766	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN	$0.00
38770	REMOVAL OF LYMPH NODES OF GROIN AND PELVIS	$822.02
38771	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	$0.00
38780	REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY	$1,061.47
38790	INJECTION PROCEDURE FOR IMAGING OF LYMPHATIC SYSTEM	$84.54
38791	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	$0.00
38792	INJECTION OF RADIOACTIVE MATERIAL FOR X-RAY IDENTIFICATION OF LYMPH NODE	$32.70
38794	EXPOSURE OF LYMPH DUCT OF CHEST CAVITY	$290.43
38900	IMAGING OF LYMPH NODES DURING SURGERY	$135.18
38999	OTHER PROCEDURE ON LYMPHATIC SYSTEM	$274.25
39000	EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY THROUG	$491.73
39010	EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY	$785.97
39200	RESECTION OF MEDIASTINAL CYST	$858.43
39220	REMOVAL OF GROWTH BELOW BREAST BONE	$1,130.48
39401	EXAM OF CHEST USING AN ENDOSCOPE	$302.58
39402	EXAM OF CHEST WITH BIOPSY OF LYMPH NODE USING AN ENDOSCOPE	$393.51
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	$855.82
39503	REPAIR OF CONGENITAL DEFECT OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES, N	$5,628.09
39510	REPAIR OF DIAPHRAGM HERNIA	$0.00
39540	REPAIR OF ACUTE INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$866.35
39541	REPAIR OF CHRONIC INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$934.28
39545	SUTURE OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES TO RESTORE FUNCTION	$896.36

Procedure Code	Procedure Code Description	Maximum Allowable Charge
39560	SIMPLE REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$812.35
39561	COMPLEX REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$1,262.23
39599	OTHER PROCEDURE ON MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES	$0.00
40490	BIOPSY OF LIP	$71.55
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	$399.03
40510	REMOVAL OF WEDGE OF LIP TISSUE WITH CLOSURE	$371.22
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	$381.38
40525	REMOVAL OF LIP WITH REPAIR USING LOCAL TISSUE GRAFT	$583.83
40527	REMOVAL OF LIP WITH REPAIR USING TISSUE GRAFT	$664.03
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	$432.12
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	$335.61
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	$386.47
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	$455.08
40700	PRIMARY PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON 1 SIDE OF NOSE AND/OR LI	$1,056.19
40701	PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP	$1,242.60
40702	PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP, F	$1,045.43
40720	SECONDARY PLASTIC REPAIR OF NOSE AND LIP DEFORMITY PRESENT AT BIRTH	$1,073.12
40740	PLASTIC REPAIR OF CLEFT LIP	$0.00
40761	PLASTIC REPAIR OF NOSE AND/OR LIP DEFORMITY PRESENT AT BIRTH USING A TISSUE GRAF	$1,124.49
40799	OTHER PROCEDURE ON LIP	$0.00
40800	SIMPLE DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH	$129.37
40801	COMPLICATED DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH	$211.34
40804	SIMPLE REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH	$121.92
40805	COMPLICATED REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH	$210.18
40806	INCISION OF TISSUE JOINING LIP AND GUM	$31.18
40808	BIOPSY, VESTIBULE OF MOUTH	$95.68
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	$133.49
40812	REMOVAL OF GROWTH OF MOUTH WITH SIMPLE REPAIR	$197.45
40814	REMOVAL OF GROWTH OF MOUTH WITH COMPLICATED REPAIR	$306.24
40816	COMPLEX REMOVAL OF TISSUE AND MUSCLE GROWTH OF MOUTH	$326.09
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	$290.49
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	$214.01
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	$184.40
40830	REPAIR OF LACERATED MOUTH, 2.5 CM OR LESS	$156.56
40831	REPAIR OF LACERATED MOUTH, MORE THAN 2.5 CM	$216.14
40840	REPAIR TO INCREASE DEPTH OF FRONT PORTION OF MOUTH	$669.04
40842	REPAIR TO INCREASE DEPTH ON SIDE OF MOUTH	$715.26
40843	REPAIR TO INCREASE DEPTH ON BOTH SIDES OF MOUTH	$908.90
40844	REPAIR TO INCREASE DEPTH OF ENTIRE ARCH OF MOUTH	$1,233.30
40845	COMPLEX REPAIR TO INCREASE DEPTH OF MOUTH	$1,260.79
40899	OTHER PROCEDURE ON INNER MOUTH	$0.00
41000	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF SIDE OF TONGUE FROM INSIDE M	$112.96
41005	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM INSIDE MOUTH	$130.03
41006	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE OR FLOOR OF MOUTH FRO	$245.30
41007	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM INSIDE MOUTH	$234.27
41008	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM INSIDE MOUT	$273.94
41009	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM INSIDE M	$304.78
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	$120.51
41015	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM OUTSIDE MOUTH	$319.24
41016	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM OUTSIDE MOUTH	$372.60
41017	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM OUTSIDE MOU	$371.04
41018	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM OUTSIDE	$429.15

Procedure Code	Procedure Code Description	Maximum Allowable Charge
41019	INSERTION OF NEEDLES, TUBES, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION THER	$507.92
41100	BIOPSY OF FRONT 2/3 OF TONGUE	$114.77
41105	BIOPSY OF BACK 1/3 OF TONGUE	$117.63
41108	BIOPSY OF FLOOR OF MOUTH	$98.42
41110	REMOVAL OF GROWTH OF TONGUE WITHOUT CLOSURE	$140.35
41112	REMOVAL OF GROWTH OF FRONT 2/3 OF TONGUE WITH SWITCHES	$263.52
41113	REMOVAL OF GROWTH OF BACK 1/3 OF TONGUE WITH SUTURING	$285.99
41114	REMOVAL OF GROWTH OF TONGUE WITH LOCAL TISSUE GRAFT	$659.37
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	$157.73
41116	EXCISION, LESION OF FLOOR OF MOUTH	$233.35
41120	REMOVAL OF LESS THAN HALF OF TONGUE	$1,155.23
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	$1,411.29
41135	PARTIAL REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK	$2,291.05
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL	$2,319.41
41145	COMPLETE REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK	$2,912.15
41150	REMOVAL OF TONGUE, FLOOR OF MOUTH, AND JAW BONE	$2,330.13
41153	REMOVAL OF TONGUE, FLOOR OF MOUTH, SOFT TISSUE, AND LYMPH NODES	$2,518.79
41155	REMOVAL OF TONGUE, FLOOR OF MOUTH, JAW BONE, TISSUE, AND LYMPH NODES	$3,141.17
41250	REPAIR OF LACERATED FLOOR OF MOUTH AND/OR TONGUE, 2.5 CM OR LESS	$162.91
41251	REPAIR OF LACERATED BACK 1/3 OF TONGUE, 2.5 CM OR LESS	$193.97
41252	REPAIR OF LACERATED TONGUE OR FLOOR OF MOUTH, MORE THAN 2.6 CM	$220.48
41510	SUTURE OF TONGUE TO LIP TO ENLARGE MOUTH	$507.25
41512	PERMANENT SUSPENSION OF TONGUE BASE USING SUTURES	$729.59
41520	REPAIR OF TISSUE CONNECTING TONGUE TO FLOOR OF MOUTH	$273.11
41530	DESTRUCTION OF TONGUE TISSUE, PER SESSION	$415.79
41599	OTHER PROCEDURE ON TONGUE OR FLOOR OF MOUTH	$0.00
41800	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE	$169.33
41805	REMOVAL OF EMBEDDED FOREIGN BODY IN SOFT TISSUE OF TOOTH BEARING BONE	$220.90
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	$305.53
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	$0.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	$0.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	$214.62
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	$396.15
41825	REMOVAL OF DENTAL BONE GROWTH	$131.10
41826	REMOVAL OF DENTAL BONE GROWTH WITH SIMPLE REPAIR	$212.97
41827	REMOVAL OF GROWTH OF DENTAL BONE GROWTH WITH COMPLEX REPAIR	$307.52
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	$233.02
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	$338.82
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	$329.36
41874	RESHAPING OF TOOTH SOCKET	$258.85
41899	OTHER PROCEDURE ON TEETH AND GUMS	$35.12
42000	DRAINAGE OF ABSCESS OF ROOF OF MOUTH	$117.39
42100	BIOPSY OF PALATE, UVULA	$118.34
42104	REMOVAL OF GROWTH OF ROOF OF MOUTH	$144.77
42106	REMOVAL OF GROWTH OF ROOF OF MOUTH WITH SIMPLE CLOSURE	$173.85
42107	REMOVAL OF GROWTH OF ROOF OF MOUTH WITH LOCAL TISSUE GRAFT	$350.20
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	$1,084.29
42140	REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH	$176.80
42145	COMPLEX REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH	$731.41
42150	REMOVAL OF EXOSTOSIS, BONY PALATE	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
42160	DESTRUCTION OF GROWTH OR SOFT TISSUE OF ROOF OF MOUTH	$153.55
42180	REPAIR OF LACERATED ROOF OF MOUTH, 2.0 CM OR LESS	$199.84
42182	REPAIR OF LACERATED ROOF OF MOUTH, MORE THAN 2.0 CM	$272.37
42200	REPAIR OF DEFECT OF SOFT AND/OR HARD TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE	$977.88
42205	REPAIR OF DEFECT OF SOFT TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE	$1,011.73
42210	REPAIR OF CLEFT PALATE WITH BONE GRAFT	$1,131.10
42215	REVISION OF PRIOR CLEFT PALATE REPAIR	$746.26
42220	REPAIR OF CLEFT PALATE WITH PALATE LENGTHENING	$616.78
42225	REPAIR OF CLEFT PALATE WITH LOCAL TISSUE GRAFT FROM THROAT	$1,069.30
42226	LENGTHENING OF ROOF OF MOUTH WITH THROAT TISSUE GRAFT	$983.16
42227	LENGTHENING OF ROOF OF MOUTH USING MUCOUS MEMBRANE TISSUE GRAFT	$913.95
42235	LENGTHENING OF ROOF OF MOUTH WITH TISSUE GRAFT FROM TISSUE SEPARATING NOSE AIRWA	$809.31
42260	REPAIR OF ABNORMAL CONNECTION FROM NASAL SINUS TO SKIN	$706.66
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	$116.24
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	$174.19
42299	OTHER PROCEDURE ON ROOF OF MOUTH	$0.00
42300	SIMPLE DRAINAGE OF ABSCESS OF SALIVA GLAND	$168.13
42305	COMPLICATED DRAINAGE OF ABSCESS OF SALIVA GLAND	$448.19
42310	DRAINAGE OF ABSCESS OF LOWER JAW FROM INSIDE OF MOUTH	$146.65
42320	DRAINAGE OF ABSCESS OF LOWER JAW FROM OUTSIDE OF MOUTH	$191.82
42330	UNCOMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH	$176.69
42335	COMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH	$281.47
42340	COMPLICATED REMOVAL OF SALIVA GLAND STONE	$367.86
42400	NEEDLE BIOPSY OF SALIVA GLAND	$55.76
42405	BIOPSY OF SALIVA GLAND	$240.05
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	$374.62
42409	CREATION OF TRACT TO DRAIN CYST OF SALIVA GLAND	$249.45
42410	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, LATERAL LOBE	$662.70
42415	REMOVAL OF GROWTH OF SALIVA GLAND WITH RELEASE OF FACIAL NERVE	$1,104.73
42420	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND WITH RELEASE OF FACIAL NERVE	$1,235.12
42425	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND FACIAL NERVE	$878.98
42426	REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND SURROUNDING LYMPH NODES O	$1,398.67
42440	REMOVAL OF SALIVA GLAND UNDER FLOOR OF MOUTH	$440.35
42450	REMOVAL OF SALIVA GLAND UNDER TONGUE	$391.48
42500	SIMPLE REPAIR OF SALIVARY DUCT	$372.68
42505	COMPLICATED PLASTIC REPAIR OF SALIVARY DUCT	$490.15
42507	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU	$533.59
42509	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU	$869.24
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU	$649.31
42550	INJECTION OF CONTRAST FOR IMAGING OF SALIVA GLANDS	$62.65
42600	CLOSURE OF ABNORMAL DRAINAGE TRACT OF SALIVA GLAND	$380.05
42650	INSERTION OF PROBE TO WIDEN SALIVA GLAND DUCT	$62.65
42660	DILATION OF SALIVA GLAND DUCT AND INSERTION OF TUBE	$91.89
42665	TYING OF SALIVA GLAND DUCT	$233.84
42699	OTHER PROCEDURE ON SALIVA GLAND OR DUCT	$0.00
42700	DRAINAGE OF ABSCESS NEAR TONSIL	$146.27
42720	DRAINAGE OF ABSCESS OF THROAT FROM INSIDE MOUTH	$402.19
42725	DRAINAGE OF ABSCESS OF THROAT FROM OUTSIDE MOUTH	$834.43
42800	BIOPSY; OROPHARYNX	$125.37
42804	SIMPLE BIOPSY OF GROWTH OF THROAT BEHIND NOSE	$134.04
42806	COMPLEX BIOPSY OF GROWTH OF THROAT BEHIND NOSE	$153.03
42808	REMOVAL OR DESTRUCTION OF GROWTH OF THROAT	$176.70

Procedure Code	Procedure Code Description	Maximum Allowable Charge
42809	REMOVAL OF FOREIGN BODY IN THROAT	$132.98
42810	REMOVAL OF CONGENITAL SKIN AND TISSUE CYST OF NECK	$305.70
42815	REMOVAL OF CONGENITAL CYST OR ABNORMAL DRAINAGE TRACT OF NECK AND/OR THROAT	$577.36
42820	REMOVAL OF TONSILS AND ADENOID GLANDS (YOUNGER THAN 12 YEARS)	$309.19
42821	REMOVAL OF TONSILS AND ADENOID GLANDS (12 YEARS OR OLDER)	$323.92
42825	REMOVAL OF TONSILS (YOUNGER THAN 12 YEARS)	$288.61
42826	REMOVAL OF TONSILS (12 YEARS OR OLDER)	$273.75
42830	PRIMARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS)	$229.08
42831	PRIMARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER)	$249.90
42835	SECONDARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS)	$214.44
42836	SECONDARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER)	$262.96
42842	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE	$1,089.04
42844	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH LOCAL TISSUE GRAFT	$1,472.98
42845	EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH OTHER TISSUE GRAFT	$2,322.26
42860	EXCISION OF TONSIL TAGS	$210.34
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	$649.99
42890	LIMITED PHARYNGECTOMY	$1,510.15
42892	PARTIAL REMOVAL OF WALL OF THROAT WITH SUTURE REPAIR	$1,976.19
42894	REMOVAL OF THROAT TISSUE WITH TISSUE GRAFT	$2,500.89
42895	THROAT AND NECK SURGERY	$0.00
42900	SUTURE OF WOUND OR INJURY IN THROAT	$346.96
42950	PLASTIC OR RECONSTRUCTIVE REPAIR OF THROAT	$872.82
42953	REPAIR OF THROAT AT ESOPHAGUS	$1,046.82
42955	CREATION OF OPENING TO THROAT FOR FEEDING	$829.12
42960	SIMPLE CONTROL OF BLEEDING OF THROAT	$170.28
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	$447.85
42962	COMPLICATED CONTROL OF BLEEDING OF THROAT	$551.77
42970	SIMPLE CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING	$437.90
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	$480.87
42972	COMPLICATED CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING	$536.13
42975	EVALUATION OF SLEEP-DISORDERED BREATHING BY EXAMINATION OF UPPER AIRWAY USING AN	$99.47
42999	OTHER PROCEDURE ON THROAT, ADENOIDS, OR TONSILS	$0.00
43020	REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH NECK	$582.11
43030	INCISION OF MUSCLE AT UPPER ESOPHAGUS	$550.68
43045	REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH CHEST	$1,296.76
43100	REMOVAL OF GROWTH OF ESOPHAGUS THROUGH NECK	$670.99
43101	REMOVAL OF GROWTH OF ESOPHAGUS THROUGH CHEST OR ABDOMEN	$999.67
43107	REMOVAL OF ESOPHAGUS	$2,936.16
43108	REMOVAL OF ESOPHAGUS AND RECONSTRUCTION USING BOWEL GRAFT	$4,306.26
43112	REMOVAL OF ESOPHAGUS THROUGH CHEST	$3,402.74
43113	REMOVAL OF ESOPHAGUS THROUGH CHEST AND RECONSTRUCTION USING BOWEL GRAFT	$4,220.62
43116	PARTIAL REMOVAL OF UPPER ESOPHAGUS WITH RECONSTRUCTION USING BOWEL GRAFT	$4,811.23
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE	$3,197.32
43118	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST AND ABDOMEN WITH BOWEL GRAFT	$3,518.61
43121	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST	$2,791.77
43122	PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH ABDOMEN AND/OR CHEST	$2,530.45
43123	PARTIAL REMOVAL OF ESOPHAGUS WITH REPAIR USING BOWEL GRAFT	$4,373.73
43124	REMOVAL OF ESOPHAGUS WITH CREATION OF ARTIFICIAL OPENING INTO ESOPHAGUS	$3,711.70
43130	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH NECK	$822.96
43135	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH CHEST	$1,442.21
43136	DIVERTICULOPEXY OF HYPOPHARYNX, WITH OR WITHOUT MYOTOMY	$0.00
43180	REMOVAL OF DEFECT IN WALL OF ESOPHAGUS USING A RIGID ENDOSCOPE	$568.35

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43191	DIAGNOSTIC EXAM OF ESOPHAGUS USING AN ENDOSCOPE	$161.12
43192	INJECTION INTO ESOPHAGUS USING AN ENDOSCOPE	$175.65
43193	BIOPSY OF ESOPHAGUS USING A RIGID ENDOSCOPE	$175.05
43194	REMOVAL OF FOREIGN BODIES FROM ESOPHAGUS USING A RIGID ENDOSCOPE	$194.75
43195	BALLOON DILATION OF ESOPHAGUS USING A RIGID ENDOSCOPE, LESS THAN 3.0 CM	$191.23
43196	INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$201.72
43197	DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE	$82.89
43198	BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE	$100.10
43200	DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH	$89.76
43201	INJECTION INTO ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$105.64
43202	BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH	$105.22
43204	INJECTION OF SWOLLEN VEIN OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$138.05
43205	TYING OF DILATED VEINS OF ESOPHAGUS WITH BANDS USING A FLEXIBLE ENDOSCOPE	$143.73
43206	MICROSCOPIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$135.71
43210	REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING A FLEXIBLE ENDOSCOPE	$430.47
43211	REMOVAL OF TISSUE LINING OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$238.45
43212	PLACEMENT OF STENT IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$189.84
43213	DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$261.98
43214	BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, 3.0 CM OR MORE	$197.10
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$142.72
43216	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH ELECTR	$135.87
43217	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH MECHAN	$162.63
43218	43200 W/IRRIG	$0.00
43220	BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, LESS THAN 3.0 CM	$120.23
43225	43200 W/ RPR HYPOPHARNGEAL DIVERTICULUM	$0.00
43226	DILATION OF ESOPHAGUS WITH INSERTION OF GUIDE WIRE USING A FLEXIBLE ENDOSCOPE	$132.01
43227	CONTROL OF BLEEDING IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$167.51
43229	DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$199.47
43231	ULTRASOUND EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$160.87
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A FLEXIBLE	$200.66
43233	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL	$230.30
43235	DIAGNOSTIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE	$125.03
43236	INJECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE ENDOS	$140.48
43237	ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE	$198.94
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDO	$235.51
43239	BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE ENDOSCOP	$140.90
43240	DRAINAGE OF FLUID COLLECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	$395.73
43241	INSERTION OF TUBE OR TUBE IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	$144.12
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	$266.65
43243	INJECTION OF DILATED VEIN OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$239.94
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$248.57
43245	DILATION OF STOMACH OUTLET USING A FLEXIBLE ENDOSCOPE	$177.77
43246	INSERTION OF STOMACH TUBE USING A FLEXIBLE ENDOSCOPE	$201.82
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	$179.32
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE	$168.76
43249	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL	$156.12
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	$172.09
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	$198.97
43252	MICROSCOPIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL	$170.85
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE OR MARKER IN ESOPHAGUS, STOMACH	$266.27
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	$273.56
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEX	$203.37

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	$234.51
43259	ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE	$228.86
43260	DIAGNOSTIC EXAM OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN EN	$325.88
43261	BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING A FLEXIBLE ENDOSC	$342.17
43262	INCISION OF PANCREATIC OUTLET USING A FLEXIBLE ENDOSCOPE	$360.91
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT SPHINCTER USING A FLEXIBLE ENDOS	$361.29
43264	REMOVAL OF STONE OR DEBRIS FROM BILE OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCO	$367.68
43265	DESTRUCTION OF STONE OF BILE OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE	$436.94
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXI	$219.64
43270	DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL U	$227.48
43273	EXAM OF COMMON BILE AND/OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE	$119.43
43274	INSERTION OF STENT INTO PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$466.81
43275	REMOVAL OF STENT FROM PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$379.80
43276	REPLACEMENT OF STENT IN PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE	$486.09
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT OR SPHINCTER USING A FLEXIBLE ENDOSC	$382.33
43278	DESTRUCTION OF POLYP OR GROWTH OF GALLBLADDER AND/OR BILE DUCT USING A FLEXIBLE	$436.60
43279	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH USING AN ENDOSCOPE	$1,279.74
43280	STRENGTHENING OF MUSCLE BETWEEN ESOPHAGUS AND STOMACH BY WRAPPING PART OF STOMAC	$1,081.95
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	$1,532.36
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	$1,721.93
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY	$153.40
43284	INSERTION OF MAGNETIC BAND AROUND BASE OF ESOPHAGUS TO TIGHTEN OPENING INTO STOM	$664.09
43285	REMOVAL OF MAGNETIC BAND FROM BASE OF ESOPHAGUS USING AN ENDOSCOPE	$682.61
43286	REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	$3,147.74
43287	REMOVAL OF LOWER ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	$3,483.69
43288	REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE FOR EACH	$3,680.20
43289	OTHER PROCEDURE ON ESOPHAGUS USING AN ENDOSCOPE	$0.00
43290	PLACEMENT OF BALLOON IN STOMACH FOR WEIGHT LOSS USING FLEXIBLE ENDOSCOPE	$180.71
43291	REMOVAL OF BALLOON IN STOMACH FOR WEIGHT LOSS USING FLEXIBLE ENDOSCOPE	$162.90
43300	REPAIR OF DEFECT OF ESOPHAGUS THROUGH NECK	$662.04
43305	REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THOUGH NECK	$1,140.65
43310	REPAIR OF DEFECT OF ESOPHAGUS THROUGH CHEST	$1,456.57
43312	REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THROUGH CHE	$1,545.10
43313	REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS THROUGH CHEST	$2,903.35
43314	REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS AND ABNORMAL DRAINAGE TRACT BETWEEN ESO	$3,097.42
43320	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH ABDOMEN OR CHEST	$1,402.95
43325	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH WITH PATCH	$1,364.77
43327	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH	$828.07
43328	REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH CHEST	$1,103.63
43330	REPAIR OF ESOPHAGUS THROUGH ABDOMEN	$1,342.88
43331	REPAIR OF ESOPHAGUS THROUGH CHEST	$1,325.46
43332	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMEN	$1,145.54
43333	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMEN	$1,254.10
43334	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH CHEST	$1,220.47
43335	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH CHEST	$1,305.82
43336	REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMINAL INCISION	$1,421.07
43337	REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMINAL INCISION	$1,513.02
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	$110.50
43340	PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH ABDOMEN	$1,385.52
43341	PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH CHEST	$1,383.10
43351	RELOCATION OF ESOPHAGUS THROUGH CHEST	$1,312.66
43352	RELOCATION OF ESOPHAGUS THROUGH NECK	$1,063.55

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43360	RECONNECTION OF ESOPHAGUS TO STOMACH AFTER PREVIOUS SURGERY	$2,204.78
43361	RECONNECTION OF ESOPHAGUS TO STOMACH WITH BOWEL GRAFT RECONSTRUCTION AFTER PREVI	$2,692.77
43400	TYING OF DILATED VEINS OF ESOPHAGUS	$1,526.15
43405	TYING OR STAPLING OF HOLE OR TEAR AT JUNCTION OF ESOPHAGUS AND STOMACH	$1,446.73
43410	SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH NECK	$1,081.32
43415	SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH CHEST OR ABDOMEN	$2,542.78
43420	REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH NECK	$1,060.59
43425	REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH CHEST OR ABDOMEN	$1,423.96
43450	DILATION OF ESOPHAGUS	$82.41
43451	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; S	$0.00
43453	DILATION OF ESOPHAGUS WITH A GUIDE WIRE	$88.80
43455	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE	$0.00
43460	CONTROL OF BLEEDING OF ESOPHAGUS	$215.70
43496	RELOCATION OF UPPER SMALL BOWEL FOR GRAFT	$0.00
43497	INCISION OF MUSCLE OF LOWER ESOPHAGUS USING AN ENDOSCOPE	$813.92
43499	OTHER PROCEDURE ON ESOPHAGUS	$400.67
43500	EXPLORATION OF STOMACH OR REMOVAL OF FOREIGN BODY IN STOMACH	$794.42
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	$1,352.52
43502	SUTURE OF LACERATED STOMACH	$1,529.41
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL	$963.46
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	$701.15
43605	BIOPSY OF STOMACH, BY LAPAROTOMY	$841.28
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	$986.63
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	$1,236.80
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	$1,976.60
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	$2,261.84
43622	REMOVAL OF STOMACH WITH CREATION OF INTESTINAL POUCH ATTACHED TO ESOPHAGUS	$2,297.82
43625	GASTRECTOMY, TOTAL; WITH REPAIR BY INTESTINAL TRANSPLANT	$0.00
43630	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY, GASTRODUO	$0.00
43631	REMOVAL OF LOWER PART OF STOMACH WITH REATTACHMENT OF REMAINING STOMACH TO FIRST	$1,452.52
43632	REMOVAL OF LOWER PART OF STOMACH WITH REATTACHMENT OF REMAINING STOMACH TO SECON	$2,030.78
43633	REMOVAL OF LOWER PORTION OF STOMACH WITH REATTACHMENT OF UPPER PORTION OF REMAIN	$1,919.83
43634	PARTIAL REMOVAL OF STOMACH WITH CREATION OF INTESTINE POUCH	$2,115.84
43635	SEVERING OF VAGUS NERVE WITH PARTIAL REMOVAL OF STOMACH	$110.60
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR	$1,200.66
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	$1,213.90
43644	BYPASS OF STOMACH USING AN ENDOSCOPE	$1,739.18
43645	BYPASS OF STOMACH WITH RECONSTRUCTION OF SMALL BOWEL USING AN ENDOSCOPE	$1,847.32
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR EL	$0.00
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	$0.00
43651	INCISION OF VAGUS NERVE IN STOMACH USING AN ENDOSCOPE	$670.30
43652	INCISION OF SELECTIVE VAGUS NERVES OF STOMACH USING AN ENDOSCOPE	$778.08
43653	CREATION OF SURGICAL OPENING FROM STOMACH TO SKIN USING AN ENDOSCOPE	$595.47
43659	OTHER PROCEDURE ON STOMACH USING AN ENDOSCOPE	$0.00
43752	INSERTION OF STOMACH TUBE THROUGH NOSE OR MOUTH USING FLUOROSCOPIC GUIDANCE	$40.50
43753	INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS	$21.24
43754	DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS	$39.53
43755	DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS AFTER AD	$61.83
43756	DIAGNOSTIC INSERTION OF TUBE INTO UPPER SMALL BOWEL AND SPECIMEN COLLECTION USIN	$53.12
43757	INSERTION OF TUBE INTO UPPER SMALL BOWEL FOR COLLECTION OF MULTIPLE BILE AND PAN	$79.40
43761	REPOSITIONING OF ORAL OR NASAL FEEDING TUBE IN SMALL BOWEL	$104.00
43762	REPLACEMENT OF STOMACH STOMA TUBE	$36.55

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43763	REPLACEMENT OF STOMACH STOMA TUBE WITH REVISION OF STOMA OPENING	$88.92
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA	$1,140.42
43771	ADJUSTMENT OF STOMACH REDUCTION DEVICE USING AN ENDOSCOPE	$1,291.28
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	$956.74
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF	$1,291.28
43774	REMOVAL OF STOMACH REDUCTION DEVICE AND PORT USING AN ENDOSCOPE	$969.81
43775	PARTIAL REMOVAL OF STOMACH FOR WEIGHT LOSS USING AN ENDOSCOPE	$1,091.12
43800	PYLOROPLASTY	$936.21
43810	GASTRODUODENOSTOMY	$1,022.88
43820	PARTIAL REMOVAL OF STOMACH WITH ATTACHMENT OF STOMACH TO SMALL BOWEL	$1,352.10
43825	PARTIAL REMOVAL OF STOMACH WITH SEVERING OF VAGUS NERVE	$1,318.79
43830	INSERTION OF STOMACH FEEDING TUBE	$719.18
43831	INSERTION OF STOMACH FEEDING TUBE, NEWBORN	$632.59
43832	CREATION OF STOMACH FEEDING TUBE	$1,051.66
43834	GASTROSTOMY, ENDOSCOPIC PERCUTANEOUS	$0.00
43840	SUTURE OF PERFORATED ULCER, WOUND, OR INJURY OF STOMACH OR UPPER SMALL BOWEL	$1,367.29
43842	BANDING OF UPPER STOMACH TO REDUCE SIZE OF STOMACH	$1,191.95
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	$1,292.69
43845	PARTIAL REMOVAL OF STOMACH, UPPER BOWEL, AND ILEUM FOR WEIGHT LOSS	$1,961.60
43846	BYPASS OF STOMACH FOR WEIGHT LOSS WITH ROUX-EN-Y CONNECTION OF UPPER BOWEL TO UP	$1,660.57
43847	BYPASS OF STOMACH FOR WEIGHT LOSS WITH SMALL BOWEL RECONSTRUCTION	$1,814.15
43848	REVISION OF UPPER STOMACH BYPASS	$1,937.55
43860	REVISION OF SURGICALLY CREATED CONNECTION OF STOMACH TO SMALL BOWEL	$1,640.13
43865	REVISION OF ATTACHMENT OF STOMACH TO SMALL BOWEL WITH SEVERING OF VAGUS NERVE	$1,709.15
43870	CLOSURE OF SURGICALLY CREATED OPENING FROM STOMACH TO SKIN	$722.42
43880	CLOSURE OF GASTROCOLIC FISTULA	$1,593.70
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	$386.87
43887	REMOVAL OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE	$347.70
43888	REPLACEMENT OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE	$483.28
43999	OTHER PROCEDURE ON STOMACH	$0.00
44000	ENTEROLYSIS, FREEING OF INTESTINAL ADHESION;	$0.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	$1,096.40
44010	EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY IN SMALL BOWEL	$867.32
44015	INSERTION OF FEEDING TUBE OR TUBE INTO UPPER SMALL BOWEL	$139.17
44020	INCISION OF SMALL BOWEL FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY	$980.69
44021	INCISION OF SMALL BOWEL FOR INSERTION OF TUBE FOR RELIEF OF PRESSURE	$979.09
44025	BIOPSY OR REMOVAL OF FOREIGN BODY IN LARGE BOWEL	$987.65
44050	REPAIR OF TWISTED OR HERNIATED SMALL BOWEL	$943.87
44055	CORRECTION OF ABNORMAL ROTATION OF SMALL BOWEL	$1,485.54
44060	SIGMOID MYOTOMY (REILLY TYPE OPERATION) FOR DIVERTICULAR	$0.00
44100	BIOPSY OF SMALL BOWEL BY CAPSULE ATTACHED TO TUBE PASSED THROUGH MOUTH	$107.70
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING	$861.25
44111	REMOVAL OF MULTIPLE GROWTHS OF SMALL OR LARGE BOWEL	$997.36
44115	EXCISION COLONIC DIVERTICULUM	$0.00
44120	PARTIAL REMOVAL OF SMALL BOWEL WITH RECONNECTION	$1,224.45
44121	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL, EACH ADDITIONAL REMOVAL AND REC	$236.95
44125	PARTIAL REMOVAL OF SMALL BOWEL WITH CREATION OF OPENING TO SKIN	$1,181.72
44126	PARTIAL REMOVAL OF SMALL BOWEL AND RECONNECTION TO CORRECT CONGENITAL DEFECT	$2,462.17
44127	PARTIAL REMOVAL OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT WITH RECONNECTION AN	$2,837.23
44128	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT, EA	$238.05

Procedure Code	Procedure Code Description	Maximum Allowable Charge
44130	CREATION OF CONNECTION BETWEEN 2 SEGMENTS OF SMALL BOWEL	$1,323.42
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 INTESTINAL ALLOGRAFT, COMPLETE	$0.00
44139	RELEASE OF LARGE BOWEL FROM SPLEEN AND ABDOMINAL WALL WITH PARTIAL REMOVAL OF LA	$118.68
44140	PARTIAL REMOVAL OF LARGE BOWEL WITH CONNECTION	$1,348.97
44141	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING TO SKIN	$1,826.91
44143	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN	$1,661.88
44144	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF 2 OPENINGS FROM SMALL OR LARGE B	$1,771.68
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	$1,657.05
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH	$2,114.63
44147	PARTIAL REMOVAL OF LARGE BOWEL THROUGH ABDOMEN AND ANUS	$1,929.09
44150	REMOVAL OF LARGE BOWEL WITH ATTACHMENT OF SMALL BOWEL TO RECTUM OR CREATION OF O	$1,876.20
44151	REMOVAL OF LARGE BOWEL WITH CREATION OF SMALL BOWEL OPENING TO SKIN THROUGH ABDO	$2,162.75
44155	REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL BOWE	$2,090.29
44156	REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL BOWE	$2,312.18
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUD	$2,195.39
44158	REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND CRE	$2,249.20
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	$1,250.25
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	$927.10
44186	CREATION OF OPENING FROM SMALL BOWEL TO SKIN WITH INSERTION OF A TUBE FOR DECOMP	$661.11
44187	CREATION OF OPENING FROM SMALL BOWEL TO SKIN USING AN ENDOSCOPE	$1,118.20
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	$1,237.38
44202	PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL USING AN ENDOSCOPE	$1,394.54
44203	PARTIAL REMOVAL OF SMALL BOWEL USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL AND C	$237.58
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	$1,543.24
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH	$1,343.15
44206	PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN	$1,749.00
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	$1,817.33
44208	PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM AND CREATION OF OPENIN	$1,985.15
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH	$1,794.69
44211	REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND CRE	$2,159.25
44212	REMOVAL OF LARGE BOWEL AND RECTUM WITH CREATION OF OPENING FROM SMALL BOWEL TO S	$2,055.84
44213	PARTIAL RELEASE OF LARGE BOWEL AND PARTIAL REMOVAL OF LARGE BOWEL USING AN ENDOS	$183.90
44227	CLOSURE OF OPENING FROM LARGE OR SMALL BOWEL TO SKIN USING AN ENDOSCOPE	$1,662.90
44238	OTHER PROCEDURE ON BOWEL USING AN ENDOSCOPE	$0.00
44300	INSERTION OF TUBE INTO SMALL BOWEL	$850.45
44305	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) IN CONJUNCTION	$0.00
44308	ENTEROSTOMY, SUTURE OF ONE WALL OF INTESTINE TO ABDOMINAL	$0.00
44310	CREATION OF OPENING FROM SMALL BOWEL TO SKIN	$1,050.14
44312	SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF SM	$611.78
44314	RECONSTRUCTION OF OPENING FROM SMALL BOWEL TO SKIN	$1,022.31
44316	CREATION OF POUCH OF SMALL BOWEL WITH VALVE	$1,420.53
44320	CREATION OF OPENING FROM LARGE BOWEL TO SKIN	$1,212.51
44322	CREATION OF OPENING FROM LARGE BOWEL TO SKIN WITH MULTIPLE BOWEL BIOPSIES	$1,045.18
44340	SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF LA	$648.59
44345	COMPLICATED RECONSTRUCTION OF OPENING FROM LARGE BOWEL TO SKIN	$1,067.37
44346	REVISION OF OPENING FROM LARGE BOWEL TO SKIN WITH REPAIR OF HERNIA	$1,197.10
44360	DIAGNOSTIC EXAM OF SMALL BOWEL (EXCLUDING LOWER SMALL INTESTINE) USING AN ENDOSC	$146.24

Procedure Code	Procedure Code Description	Maximum Allowable Charge
44361	BIOPSY OF SMALL BOWEL (EXCEPT ILEUM) USING AN ENDOSCOPE	$161.22
44363	REMOVAL OF FOREIGN BODIES FROM SMALL BOWEL USING AN ENDOSCOPE	$194.67
44364	REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH MECHANICAL SNAR	$207.51
44365	REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CAUT	$184.81
44366	CONTROL OF BLEEDING OF FIRST OR SECOND PART OF SMALL BOWEL USING AN ENDOSCOPE	$243.40
44369	DESTRUCTION OF POLYP OR GROWTH OF SMALL BOWEL USING AN ENDOSCOPE	$248.91
44370	INSERTION OF SMALL BOWEL STENT ABOVE LOWER SMALL BOWEL USING AN ENDOSCOPE	$271.12
44372	INSERTION OF TUBE INTO MIDDLE SMALL BOWEL USING AN ENDOSCOPE	$241.76
44373	CONVERSION OF STOMACH TUBE TO TUBE IN MIDDLE SMALL BOWEL USING AN ENDOSCOPE	$193.95
44376	DIAGNOSTIC EXAM OF SMALL BOWEL (INCLUDING LOWER SMALL INTESTINE) USING AN ENDOSC	$287.77
44377	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	$302.69
44378	CONTROL OF BLEEDING OF SMALL BOWEL USING AN ENDOSCOPE	$388.56
44379	INSERTION OF SMALL BOWEL STENT BELOW LOWER SMALL BOWEL USING AN ENDOSCOPE	$413.98
44380	DIAGNOSTIC EXAM OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CR	$59.06
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPE	$76.34
44385	DIAGNOSTIC EXAM OF SURGICALLY CREATED POUCH OF SMALL BOWEL USING AN ENDOSCOPE	$74.85
44386	BIOPSY OF SMALL BOWEL POUCH USING AN ENDOSCOPE	$91.47
44388	DIAGNOSTIC EXAM OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CR	$158.12
44389	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPE	$174.14
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH S	$213.61
44391	CONTROL OF BLEEDING OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALL	$233.82
44392	REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY ELECTRICAL CAUTERY USING AN ENDOS	$200.83
44394	REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY MECHANICAL SNARE USING AN ENDOSCO	$227.90
44400	CECOPEXY, FIXATION OF CECUM TO ABDOMINAL WALL	$0.00
44500	DILATION OF STOMACH AND/OR SMALL BOWEL USING LONG GASTROINTESTINAL TUBE	$19.53
44600	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	$0.00
44602	SUTURE OF TEAR OF HOLE IN SMALL BOWEL	$1,402.27
44603	SUTURE OF MULTIPLE TEARS OR HOLES IN SMALL BOWEL	$1,617.42
44604	SUTURE OF TEAR OR HOLE IN LARGE BOWEL	$1,057.90
44605	SUTURE OF TEAR OR HOLE IN LARGE BOWEL AND CREATION OF OPENING FROM LARGE BOWEL T	$1,302.68
44610	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	$0.00
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT	$1,075.70
44620	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING	$876.24
44625	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL AN	$1,021.64
44626	CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL AN	$1,592.18
44640	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO SKIN	$1,397.81
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	$1,442.76
44660	CLOSURE OF ABNORMAL DRAINAGE TRACT OF SMALL BOWEL	$1,345.02
44661	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO URINARY BLADDER WITH RESE	$1,546.50
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	$1,081.97
44700	SUSPENSION OF SMALL BOWEL USING MESH OR PROSTHESIS OR SELF TISSUE	$1,013.01
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	$165.97
44799	OTHER PROCEDURE ON SMALL BOWEL	$141.75
44800	REPAIR OF CONGENITAL BOWEL DEFECT	$791.91
44820	REMOVAL OF GROWTH OF ABDOMINAL CAVITY	$861.43
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	$757.65
44899	OTHER PROCEDURE ON ABDOMEN OR ABDOMINAL LINING FOR CONGENITAL BOWEL DEFECT	$0.00
44900	DRAINAGE OF ABSCESS OF APPENDIX	$795.37
44950	APPENDECTOMY;	$649.02
44955	REMOVAL OF APPENDIX DURING OTHER MAJOR PROCEDURE	$82.81
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	$884.82
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	$614.59

Procedure Code	Procedure Code Description	Maximum Allowable Charge
44979	OTHER PROCEDURE ON APPENDIX USING AN ENDOSCOPE	$0.00
45000	DRAINAGE OF ABSCESS OF PELVIC REGION	$447.00
45005	DRAINAGE OF SUPERFICIAL RECTAL ABSCESS	$175.65
45020	INCISION AND DRAINAGE OF ABSCESS ABOVE PELVIC FLOOR OR BEHIND RECTUM	$597.76
45100	BIOPSY OF ANAL AND/OR RECTAL WALL THROUGH ANUS	$319.80
45108	REMOVAL OF MUSCLE IN ANUS AND RECTUM AREA	$388.79
45110	REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN THROUGH ABDO	$1,850.03
45111	PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN	$1,103.24
45112	REMOVAL OF RECTUM AND SUTURING OF LARGE BOWEL TO ANUS THROUGH INCISION OF ABDOME	$1,843.76
45113	PARTIAL REMOVAL OF RECTUM AND ATTACHMENT OF SMALL BOWEL TO ANUS AND CREATION OF	$1,903.76
45114	PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN AND SACRUM	$1,816.16
45116	PARTIAL REMOVAL OF RECTUM THROUGH SACRUM	$1,574.93
45119	REMOVAL OF RECTUM WITH CREATION OF SMALL BOWEL POUCH THROUGH ABDOMEN AND REGION	$1,917.32
45120	REMOVAL OF RECTUM FOR CONGENITAL DEFECT THROUGH ABDOMEN AND REGION BETWEEN THIGH	$1,609.14
45121	REMOVAL OF RECTUM FOR CONGENITAL DEFECT AND LARGE BOWEL THROUGH ABDOMEN AND PERI	$1,753.10
45123	PARTIAL REMOVAL OF RECTUM THROUGH PERINEUM	$1,137.95
45126	REMOVAL OF LARGE BOWEL, RECTUM, BLADDER AND URETER	$2,762.17
45130	REPAIR OF PROLAPSED RECTUM THROUGH ANUS	$1,105.93
45135	REPAIR OF PROLAPSED RECTUM THROUGH ABDOMEN AND ANUS	$1,331.49
45136	REMOVAL OF SMALL BOWEL POUCH WITH CREATION OF OPENING FROM SMALL BOWEL TO SKIN	$1,829.86
45150	INCISION OF STRICTURE OF RECTUM	$439.93
45160	REMOVAL OF GROWTH OF RECTUM THROUGH SACRUM	$1,040.30
45171	REMOVAL OF GROWTH OF RECTUM THROUGH ANUS	$652.45
45172	REMOVAL OF GROWTH OF RECTUM THROUGH ANUS WITH REMOVAL OF A PORTION OF MUSCLE	$860.11
45190	DESTRUCTION OF GROWTH OF RECTUM	$730.91
45300	DIAGNOSTIC EXAM OF RECTUM AND LOWER LARGE BOWEL USING AN ENDOSCOPE	$49.51
45302	PROCTOSIGMOIDOSCOPY; WITH COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$0.00
45303	DILATION OF RECTUM AND/OR LOWER LARGE BOWEL USING AN ENDOSCOPE	$87.35
45305	BIOPSIES OF RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID ENDOSCOPE	$74.91
45307	REMOVAL OF FOREIGN BODIES FROM RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID END	$100.82
45308	REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH ELE	$85.48
45309	REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH MEC	$90.64
45310	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILLOMA	$0.00
45315	REMOVAL OF MULTIPLE GROWTHS OR POLYPS OF LOWER LARGE BOWEL BY ELECTRICAL CAUTERY	$106.40
45317	CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING AN ENDOSCOPE	$112.56
45319	PROCTOSIGMOIDSCPY;W/RETROGRD LAVAGE	$0.00
45320	DESTRUCTION OF MULTIPLE POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING AN ENDOSCOP	$105.12
45321	RELEASE OF TWISTED LOWER LARGE BOWEL USING A RIGID ENDOSCOPE	$103.71
45327	INSERTION OF STENT INTO LOWER LARGE BOWEL USING AN ENDOSCOPE	$117.14
45330	DIAGNOSTIC EXAM OF LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$58.25
45331	BIOPSY OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$74.30
45332	REMOVAL OF FOREIGN BODIES IN LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE ENDOS	$106.97
45333	REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WIT	$95.56
45334	CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$120.20
45335	INJECTION BENEATH LINING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$68.96
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 FLEXIBL	$115.48
45338	REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WIT	$122.50
45340	BALLOON DILATION OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$80.43
45341	ULTRASOUND EXAM OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$126.22
45342	FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LOWER LARGE BOWEL WITH ULTRASOUND GUIDAN	$173.35
45360	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$187.17
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$241.62
45380	BIOPSY OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$203.61
45381	INJECTION BENEATH LINING OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$203.40
45382	CONTROL OF BLEEDING OF UPPER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$262.33
45384	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WITH ELEC	$229.53
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WITH MECHANICAL S	$257.33
45386	BALLOON DILATION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$214.49
45391	ULTRASOUND EXAM OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE	$261.44
45392	FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LARGE BOWEL WITH ULTRASOUND GUIDANCE USI	$308.12
45395	REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN USING AN END	$1,989.11
45397	REMOVAL OF RECTUM USING AN ENDOSCOPE	$2,158.80
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	$1,152.97
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	$1,531.87
45499	OTHER PROCEDURE ON RECTUM USING AN ENDOSCOPE	$0.00
45500	REPAIR OF NARROWED RECTUM	$592.68
45505	REPAIR OF PROLAPSED LINING OF RECTUM THROUGH ANUS	$634.90
45520	INJECTION OF PROLAPSED VEIN IN RECTUM	$42.68
45521	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	$0.00
45540	SUTURE OF RECTUM TO SACRUM THROUGH ABDOMEN	$1,073.06
45541	SUTURE OF RECTUM TO SACRUM THROUGH PERINEUM	$966.03
45550	SUTURE OF RECTUM TO SACRUM WITH REMOVAL OF LARGE BOWEL	$1,483.21
45560	REPAIR OF BULGING OF RECTUM INTO VAGINA	$713.82
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	$1,159.70
45563	REPAIR OF RECTAL WOUND WITH SURGICALLY CREATED OPENING FROM LARGE BOWEL TO SKIN	$1,677.59
45800	CLOSURE OF ABNORMAL OPENING FROM RECTUM TO BLADDER	$1,286.44
45805	REPAIR OF HERNIATED RECTUM WITH CREATION OF LARGE BOWEL OPENING TO SKIN	$1,486.00
45820	CLOSURE OF RECTOURETHRAL FISTULA;	$1,289.85
45825	REPAIR OF ABNORMAL RECTAL DRAINAGE TRACT WITH CREATION OF LARGE BOWEL OPENING TO	$1,558.90
45900	MANUAL REPLACEMENT OF PROLAPSED RECTUM UNDER ANESTHESIA	$219.86
45905	DILATION OF SPHINCTER OF ANUS UNDER ANESTHESIA	$179.15
45910	DILATION OF NARROWING OF RECTUM UNDER ANESTHESIA	$201.50
45915	REMOVAL OF IMPACTED STOOL OR FOREIGN BODY IN RECTUM UNDER ANESTHESIA	$240.57
45990	DIAGNOSTIC EXAM OF ANUS AND RECTUM UNDER ANESTHESIA	$106.69
45999	OTHER PROCEDURE ON RECTUM	$0.00
46000	FISTULOTOMY, SUBCUTANEOUS	$0.00
46020	INSERTION OF DRAIN (SETON) INTO ANUS	$119.48
46030	REMOVAL OF DRAIN (SETON) FROM ANUS	$88.94
46032	UNDERCUTTING FOR PRURITUS ANI (MODIFIED BALL OPERATION)	$0.00
46040	DRAINAGE OF DEEP ABSCESS IN RECTUM	$450.07
46045	INCISION AND DRAINAGE OF ABSCESS WITHIN WALL OF RECTUM UNDER ANESTHESIA	$463.18
46050	DRAINAGE OF SUPERFICIAL RECTAL ABSCESS SURROUNDING ANUS	$107.58
46060	INCISION AND DRAINAGE OF ABSCESS IN WALL OF RECTUM OR BETWEEN RECTUM AND MUSCLE	$516.74
46070	INCISION OF TISSUE BLOCKING RECTUM, INFANT	$291.83
46080	INCISION OF SPHINCTER OF ANUS	$162.92

Procedure Code	Procedure Code Description	Maximum Allowable Charge
46083	INCISION OF EXTERNAL HEMORRHOID WITH BLOOD CLOT	$115.91
46200	REMOVAL OF CHRONIC TEAR OF ANUS	$366.04
46220	REMOVAL OF SINGLE EXTERNAL NONCANCER GROWTH OF ANUS	$128.37
46221	REMOVAL OF EXTERNAL HEMORRHOIDS BY RUBBER BANDING	$206.38
46230	REMOVAL OF MULTIPLE EXTERNAL NONCANCER GROWTHS OF ANUS	$180.60
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	$337.31
46255	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP	$374.05
46257	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP AND CHRONIC TEAR IN ANU	$443.71
46258	REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP WITH REMOVAL OF ABNORMA	$502.64
46260	REMOVAL OF MULTIPLE HEMORRHOID GROUPS	$506.45
46261	REMOVAL OF MULTIPLE HEMORRHOID GROUPS AND CHRONIC TEAR IN ANUS	$554.79
46262	REMOVAL OF MULTIPLE HEMORRHOID GROUPS WITH REMOVAL OF ABNORMAL DRAINAGE TRACT FR	$611.50
46270	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT	$427.12
46275	REPAIR OF ABNORMAL DRAINAGE TRACT IN ANAL SPHINCTER	$449.31
46280	REPAIR OF ABNORMAL DRAINAGE TRACT AROUND ANAL SPHINCTER	$510.34
46285	SECOND STAGE REPAIR OF ABNORMAL ANAL DRAINAGE TRACT	$449.49
46288	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH RECTAL TISSUE FLAP	$589.20
46320	REMOVAL OF EXTERNAL HEMORRHOID WITH BLOOD CLOT	$118.48
46500	INJECTION OF HEMORRHOID	$202.45
46505	INJECTION OF AGENT TO DESTROY NERVE TO INTERNAL SPHINCTER OF ANUS	$267.17
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	$43.31
46602	ANOSCOPY; FOR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$0.00
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	$67.90
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	$77.21
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	$85.48
46610	REMOVAL OF ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CAUTERY	$82.14
46611	REMOVAL OF SINGLE ANAL POLYP OR GROWTH USING AN ENDOSCOPE WITH MECHANICAL SNARE	$82.73
46612	REMOVAL OF MULTIPLE ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CA	$95.62
46614	CONTROL OF BLEEDING OF ANUS USING AN ENDOSCOPE	$66.68
46615	DESTRUCTION OF ANAL POLYP OR GROWTH USING AN ENDOSCOPE	$93.02
46700	PLASTIC REPAIR OF ANAL STRICTURE, ADULT	$686.49
46705	PLASTIC REPAIR OF ANAL STRICTURE, INFANT	$599.09
46706	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH TISSUE GLUE	$186.37
46707	REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH IMPLANTED PLUG	$529.53
46710	REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF SMA	$1,131.47
46712	REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF SMA	$2,228.75
46715	CREATION OF ANAL OPENING	$577.65
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR	$1,272.95
46730	REPAIR OF ABSENCE OF OPENING IN ANUS, VIA INCISION OF REGION BETWEEN THIGHS OR B	$2,022.43
46735	REPAIR OF ABSENCE OF OPENING IN ANUS THROUGH INCISION OF ABDOMEN AND REGION BETW	$2,316.55
46740	REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO URETH	$2,200.73
46742	REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO URETH	$2,530.92
46744	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$3,542.94
46746	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$3,896.82
46748	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	$4,217.10
46750	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT	$775.71
46751	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, CHILD	$694.81
46753	REPAIR OF MUSCLE OF ANUS FOR INCONTINENCE AND/OR PROLAPSE USING WIRE, GRAFT, OR	$640.72
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	$259.03
46760	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE USING MUSCLE TRANSPLANT, ADULT	$1,150.82

Procedure Code	Procedure Code Description	Maximum Allowable Charge
46761	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE WITH MUSCLE TIGHTENING, ADULT	$942.50
46900	SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS	$145.31
46910	SIMPLE DESTRUCTION OF GROWTH OF ANUS	$141.49
46916	ELECTRICAL DESTRUCTION OF GROWTH OF ANUS	$151.05
46917	LASER DESTRUCTION OF GROWTH OF ANUS	$135.07
46922	SIMPLE REMOVAL OF GROWTH OF ANUS	$144.87
46924	EXTENSIVE DESTRUCTION OF GROWTH OF ANUS	$188.01
46930	DESTRUCTION OF INTERNAL HEMORRHOIDS USING HEAT	$164.57
46940	INITIAL REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE	$150.89
46942	SUBSEQUENT REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE	$135.85
46945	TYING OF SINGLE INTERNAL HEMORRHOID GROUP	$367.29
46946	TYING OF MULTIPLE INTERNAL HEMORRHOID GROUPS	$409.19
46947	STAPLING OF INTERNAL HEMORRHOID	$404.92
46948	TYING OF ARTERIES TO MULTIPLE INTERNAL HEMORRHOID GROUPS	$472.52
46999	OTHER PROCEDURE ON ANUS	$0.00
47000	NEEDLE BIOPSY OF LIVER THROUGH SKIN	$89.54
47010	DRAINAGE OF ABSCESS OR CYST OF LIVER	$1,229.65
47015	INJECTION AND/OR ASPIRATION OF ABSCESS OR CYST OF LIVER	$1,180.90
47100	BIOPSY OF LIVER, WEDGE	$868.58
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	$2,345.73
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	$3,409.10
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	$3,065.10
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	$3,290.21
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	$0.00
47135	TRANSPLANTATION OF DONOR LIVER	$5,396.59
47140	PARTIAL REMOVAL OF LEFT SEGMENT OF DONOR LIVER	$3,575.03
47141	REMOVAL OF LEFT LIVER LOBE OF DONOR	$4,267.44
47142	REMOVAL OF RIGHT LOBE OF DONOR LIVER	$4,681.92
47300	CREATION OF TRACT TO DRAIN ABSCESS OR CYST OF LIVER	$1,153.18
47350	SUTURE OF SIMPLE LIVER WOUND TO CONTROL BLEEDING	$1,381.24
47360	CONTROL OF BLEEDING OF WOUND OF LIVER WITH COMPLEX SUTURE	$1,879.25
47361	CONTROL OF BLEEDING OF LIVER WITH EXPLORATION, REMOVAL OF TISSUE, SUTURE OR CAUT	$3,006.60
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF	$1,448.01
47370	DESTRUCTION OF GROWTHS OF LIVER USING AN ENDOSCOPE	$1,263.09
47371	DESTRUCTION OF GROWTH OF LIVER BY FREEZING USING AN ENDOSCOPE	$1,267.16
47379	OTHER PROCEDURE ON LIVER USING AN ENDOSCOPE	$0.00
47380	DESTRUCTION OF GROWTH OF LIVER USING RADIOFREQUENCY	$1,451.79
47381	DESTRUCTION OF GROWTH OF LIVER USING FREEZING	$1,485.24
47382	DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING RADIOFREQUENCY	$738.17
47383	DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING FREEZING	$452.53
47399	OTHER PROCEDURE ON LIVER	$0.00
47400	INCISION OR CREATION OF OPENING OF LIVER WITH DRAINAGE OR REMOVAL OF BILE DUCT S	$2,149.72
47420	INCISION OR CREATION OF OPENING OF GALLBLADDER WITH DRAINAGE OR REMOVAL OF BILE	$1,343.26
47425	DRAINAGE OR REMOVAL OF BILE DUCT STONE WITH REDIRECTION OF BILE FLOW AND INCISIO	$1,378.87
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL	$1,282.58
47480	DRAINAGE OR REMOVAL OF STONE FROM GALLBLADDER	$899.62
47490	INSERTION OF TUBE INTO GALLBLADDER USING IMAGING GUIDANCE WITH REVIEW BY RADIOLO	$350.45
47531	INJECTION OF BILE DUCT FOR X-RAY THROUGH ALREADY EXISTING SKIN ACCESS USING IMAG	$71.16
47532	INJECTION OF BILE DUCT FOR X-RAY THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE	$209.98
47533	PLACEMENT OF EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE WITH	$263.12
47534	PLACEMENT OF INTERNAL-EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDA	$367.61
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE TUBE TO INTERNAL-EXTERNAL BILIARY DRAINA	$195.45

Procedure Code	Procedure Code Description	Maximum Allowable Charge
47536	REPLACEMENT OF LIVER DUCT DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RA	$131.44
47537	REMOVAL OF BILIARY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGI	$97.20
47538	PLACEMENT OF STENT OF BILIARY DUCT THROUGH EXISTING SKIN ACCESS USING IMAGING GU	$233.43
47539	PLACEMENT OF STENT OF BILIARY DUCT THROUGH NEW SKIN ACCESS USING IMAGING WITH RE	$421.17
47540	PLACEMENT OF STENT AND DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE WITH	$435.88
47541	PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT USING IMAGING GUIDANCE WITH REVIEW	$334.60
47542	BALLOON DILATION OF BILE DUCT USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$134.79
47543	BIOPSY OF BILE DUCT OR LIVER DUCT USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOG	$142.42
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE USING IMAGING GUIDANCE WITH REVIEW	$154.72
47550	EXAM OF BILE DUCT DURING SURGERY USING AN ENDOSCOPE	$161.22
47552	DIAGNOSTIC EXAM OF BILE DUCT USING AN ENDOSCOPE	$273.44
47553	BIOPSY OF BILE DUCT USING AN ENDOSCOPE	$272.39
47554	REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE	$445.35
47555	DILATION OF BILE DUCTS USING AN ENDOSCOPE	$324.22
47556	DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE	$367.32
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	$670.83
47563	REMOVAL OF GALLBLADDER WITH X-RAY STUDY OF BILE DUCTS USING AN ENDOSCOPE	$730.28
47564	REMOVAL OF GALLBLADDER WITH EXPLORATION OF COMMON BILE DUCT USING AN ENDOSCOPE	$1,131.76
47570	CONNECTION OF GALLBLADDER TO BOWEL USING AN ENDOSCOPE	$785.71
47579	OTHER PROCEDURE ON BILE DUCT USING AN ENDOSCOPE	$0.00
47600	CHOLECYSTECTOMY;	$1,081.72
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	$1,139.11
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	$1,260.24
47611	47610 W/BILIARY ENDOSCOPY	$0.00
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	$1,279.48
47620	REMOVAL OF GALLBLADDER AND INCISION OR REPAIR OF GALLBLADDER SPHINCTER	$1,379.73
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR	$1,078.37
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	$1,745.92
47711	REMOVAL OF GROWTH OF BILE DUCT EXTERNAL TO LIVER	$1,568.57
47712	REMOVAL OF GROWTH OF BILE DUCT WITHIN LIVER	$1,997.27
47715	REMOVAL OF CYST OF GALLBLADDER	$1,344.37
47720	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL	$1,172.50
47721	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL AND FROM STOMACH TO S	$1,368.26
47740	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y CONNE	$1,327.15
47741	CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y CONNE	$1,486.86
47760	CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL	$2,254.22
47765	CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL	$2,956.54
47780	ROUX-EN-Y CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL	$2,469.62
47785	CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL USING ROUX-EN-Y CONNECTION	$3,223.92
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END	$1,572.69
47801	PLACEMENT OF CHOLEDOCHAL STENT	$1,132.89
47802	U-TUBE HEPATICOENTEROSTOMY	$1,536.85
47810	IMPLANTATION OF BILIARY FISTULOUS TRACT INTO STOMACH OR	$0.00
47850	CHOLEDOCHORRHAPHY	$0.00
47855	CHOLECYSTORRHAPHY	$0.00
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	$1,392.46
47999	OTHER PROCEDURE ON BILE DUCT	$0.00
48000	INSERTION OF EXTERNAL DRAINS FROM GALLBLADDER, BILE DUCT, AND SMALL BOWEL FOR AC	$1,881.65
48001	INSERTION OF EXTERNAL DRAINS AROUND PANCREAS FOR ACUTE PANCREATITIS	$2,296.81
48020	REMOVAL OF PANCREATIC CALCULUS	$1,192.65
48100	BIOPSY OF PANCREAS	$899.05
48102	NEEDLE BIOPSY OF PANCREAS	$237.73

Procedure Code	Procedure Code Description	Maximum Allowable Charge
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI	$2,833.01
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	$1,122.28
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT	$1,573.65
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH	$1,637.16
48146	PARTIAL REMOVAL OF PANCREAS WITH CONNECTION OF PANCREAS TO SMALL BOWEL, WITH PRE	$1,899.89
48148	EXCISION OF AMPULLA OF VATER	$1,262.39
48150	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF PANCR	$3,117.11
48151	PANCREATECTOMY, NEAR-TOTAL, WITH PRESERVATION OF DUODENUM (CHILD TYPE PROCEDURE)	$0.00
48152	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, STOMACH, AND SMALL BOWEL	$2,887.12
48153	NEAR TOTAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF PA	$3,102.48
48154	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL	$2,898.88
48155	PANCREATECTOMY, TOTAL	$1,844.21
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDIT	$104.89
48500	CREATION OF DRAINAGE TRACT OF CYST OF PANCREAS	$1,167.28
48510	INSERTION OF DRAIN FROM CYST OF PANCREAS INTO ABDOMINAL CAVITY	$1,115.30
48520	CREATION OF DIRECT DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL	$1,108.69
48540	CREATION OF DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL	$1,311.59
48545	PANCREATORRHAPHY FOR INJURY	$1,355.33
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	$1,792.55
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	$1,674.81
48999	OTHER PROCEDURE ON PANCREAS	$400.67
49000	EXPLORATION OF ABDOMINAL CAVITY	$779.17
49002	REOPENING OF RECENT LAPAROTOMY	$1,047.65
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	$921.39
49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLU	$446.98
49014	RE-EXPLORATION OF PELVIC REGION WOUND WITH REMOVAL OF WOUND PACKING	$374.01
49020	DRAINAGE OF ABDOMINAL ABSCESS OR INFECTION	$1,605.49
49040	DRAINAGE OF ABSCESS OF DIAPHRAGM	$1,016.79
49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL CAVITY	$1,104.95
49062	DRAINAGE OF FLUID ACCUMULATION OF ABDOMEN	$780.01
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	$74.47
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	$108.07
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$105.93
49180	NEEDLE BIOPSY OF GROWTH OF ABDOMINAL CAVITY	$83.54
49185	INJECTION OF CHEMICAL AGENT INTO FLUID COLLECTION USING IMAGING GUIDANCE	$119.28
49203	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, 5.0 CM OR LESS	$1,208.72
49204	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, 5.1 TO 10.0 CM	$1,535.44
49205	REMOVAL OR DESTRUCTION OF CYSTS OR GROWTHS OF ABDOMINAL CAVITY, MORE THAN 10.0 C	$1,760.35
49215	REMOVAL OF GROWTH OF PELVIS OR SACRUM	$2,220.77
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	$610.77
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	$811.18
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	$336.11
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	$352.55
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	$382.66
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	$649.43

Procedure Code	Procedure Code Description	Maximum Allowable Charge
49324	INSERTION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE	$391.17
49325	REVISION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE	$416.68
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	$183.96
49327	EXAM OF ABDOMEN WITH INSERTION OF DEVICE FOR RADIATION THERAPY USING AN ENDOSCOP	$127.42
49329	OTHER PROCEDURE ON ABDOMEN USING AN ENDOSCOPE	$548.58
49400	INJECTION OF AIR OR X-RAY CONTRAST INTO ABDOMINAL CAVITY	$90.22
49401	PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT	$0.00
49402	REMOVAL OF FOREIGN BODY IN ABDOMINAL CAVITY	$863.20
49405	DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH SKIN USING IMAGING GUIDANCE	$194.40
49406	DRAINAGE OF FLUID COLLECTION OF ABDOMINAL CAVITY BY TUBE USING IMAGING GUIDANCE	$194.40
49407	DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH VAGINA OR RECTUM USING IMAGING GUID	$205.32
49411	INSERTION OF DEVICE IN ABDOMINAL CAVITY THROUGH SKIN FOR RADIATION THERAPY GUIDA	$187.49
49412	INSERTION OF DEVICE IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE	$80.48
49418	INSERTION OF ABDOMINAL TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$201.85
49419	INSERTION OF ABDOMINAL CAVITY TUBE FOR DRUG DELIVERY	$424.64
49421	INSERTION OF ABDOMINAL CAVITY TUBE FOR DRAINAGE OR DIALYSIS	$222.26
49422	REMOVAL OF ABDOMINAL CAVITY TUBE	$218.70
49423	EXCHANGE OF ABDOMINAL CAVITY DRAINAGE TUBE USING IMAGING GUIDANCE	$70.66
49424	INJECTION OF CONTRAST THROUGH ABDOMINAL CAVITY TUBE FOR X-RAY STUDY	$37.60
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	$794.38
49426	REVISION OF PERITONEAL-VENOUS SHUNT	$683.64
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	$38.38
49428	CLOSURE OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY	$436.90
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	$463.12
49430	INJ PROC RETROPERITNL PNEUMOGRAPHY	$0.00
49435	INSERTION OF ABDOMINAL CAVITY TUBE EXTENSION	$115.18
49436	CREATION OF EXIT SITE FOR TUBE IN ABDOMINAL CAVITY	$190.93
49440	INSERTION OF STOMACH TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$204.69
49441	INSERTION OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$239.77
49442	INSERTION OF LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$211.23
49446	CONVERSION OF STOMACH TUBE TO STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC GUI	$145.84
49450	REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	$66.10
49451	REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST	$88.27
49452	REPLACEMENT OF STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	$136.29
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM STOMACH, LARGE, OR SMALL BOWEL T	$49.90
49465	CONTRAST INJECTION FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL BOW	$30.87
49491	REPAIR OF GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION PERFORM	$813.40
49492	REPAIR OF TRAPPED GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION	$972.48
49495	REPAIR OF GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR PRETERM INFA	$419.71
49496	REPAIR OF TRAPPED GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR PRET	$629.79
49500	REPAIR OF GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS)	$431.82
49501	REPAIR OF TRAPPED GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS)	$620.55
49505	REPAIR OF GROIN HERNIA (5 YEARS OR OLDER)	$536.27
49506	REPAIR INGUINAL HERNIAS	$0.00
49507	REPAIR OF TRAPPED GROIN HERNIA (5 YEARS OR OLDER)	$601.69
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	$645.43
49521	REPAIR OF TRAPPED OR STRANGULATED GROIN HERNIA	$728.86
49525	REPAIR OF SLIDING GROIN HERNIA	$587.05
49530	REPAIR INGUINAL HERNIA, ANY AGE; INCARCERATED	$0.00
49535	REPAIR INGUINAL HERNIA, ANY AGE; STRANGULATED	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
49540	REPAIR OF ABDOMINAL MUSCLE HERNIA	$693.10
49550	REPAIR OF FEMORAL GROIN HERNIA	$590.71
49551	REPAIR FEMORAL HERNIAS	$0.00
49552	REPAIR FEMORAL HERNIA, HENRY APPROACH	$0.00
49553	REPAIR OF TRAPPED FEMORAL GROIN HERNIA	$646.13
49555	REPAIR OF RECURRENT FEMORAL GROIN HERNIA	$617.90
49557	REPAIR OF TRAPPED RECURRENT FEMORAL GROIN HERNIA	$735.44
49575	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); COMPLEX	$0.00
49581	REPAIR UMBILICAL HERNIA; AGE 5 OR OVER	$0.00
49591	INITIAL REPAIR OF SLIDING HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH	$341.29
49592	INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH	$472.85
49593	INITIAL REPAIR OF SLIDING HERNIA OF ABDOMEN, 3-10 CM IN LENGTH	$569.59
49594	INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, 3-10 CM IN LENGTH	$739.98
49595	INITIAL REPAIR OF SLIDING HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH	$764.90
49596	INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH	$1,015.08
49600	REPAIR OF SMALL DEFECT OF ABDOMINAL WALL AT NAVEL	$748.63
49605	REPAIR OF LARGE DEFECT OF ABDOMINAL WALL AT NAVEL	$4,864.09
49606	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL WITH REMOVAL OF PROSTHESIS	$1,141.20
49610	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 1 OF 2	$707.42
49611	REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 2 OR 2	$626.09
49613	REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH	$420.53
49614	REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH	$568.09
49615	REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, 3-10 CM IN LENGTH	$635.48
49616	REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, 3-10 CM IN LENGTH	$851.57
49617	REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH	$879.15
49618	REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH	$1,229.04
49621	REPAIR OF SLIDING HERNIA NEXT TO STOMA	$739.82
49622	REPAIR OF ENTRAPPED HERNIA NEXT TO STOMA	$912.15
49623	REMOVAL OF MESH AT SAME TIME AS HERNIA REPAIR	$196.04
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	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	$446.12
49651	REPAIR OF RECURRENT GROIN HERNIA USING AN ENDOSCOPE	$581.59
49659	OTHER REPAIR OF HERNIA USING AN ENDOSCOPE	$0.00
49900	SUTURE OF POSTSURGICAL OPENING IN ABDOMINAL WALL	$842.86
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL	$1,415.90
49905	REPAIR OF ABDOMEN USING ABDOMINAL LINING GRAFT	$347.65
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	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	$760.81
50020	DRAINAGE OF ABSCESS OF KIDNEY	$1,035.46
50040	INSERTION OF TUBE FOR DRAINAGE OF KIDNEY	$942.20
50045	INCISION OF KIDNEY WITH EXPLORATION	$948.93
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	$1,154.68
50065	REMOVAL OF KIDNEY STONE, SECONDARY PROCEDURE	$1,223.09
50070	REMOVAL OF KIDNEY STONE COMPLICATED BY CONGENITAL ABNORMALITY	$1,200.03
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND	$1,472.46
50080	SIMPLE SURGICAL TREATMENT OF KIDNEY STONE WITH IMAGING GUIDANCE	$711.26
50081	COMPLEX SURGICAL TREATMENT OF KIDNEY STONE WITH IMAGING GUIDANCE	$1,140.12
50100	INCISION OR REPOSITIONING OF ABNORMAL KIDNEY BLOOD VESSEL	$1,093.55

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50120	INCISION OF RENAL PELVIS OF KIDNEY WITH EXPLORATION	$965.14
50125	INCISION OF RENAL PELVIS OF KIDNEY WITH DRAINAGE	$998.40
50130	INCISION OF RENAL PELVIS OF KIDNEY WITH REMOVAL OF KIDNEY STONE	$1,048.73
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	$1,137.16
50200	NEEDLE BIOPSY OF KIDNEY	$128.43
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	$764.61
50220	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER	$1,067.23
50225	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER COMPLICATED BY PREVIOUS SURGERY	$1,216.60
50230	REMOVAL OF KIDNEY, LYMPH NODES, AND/OR BLOOD CLOT FROM MAJOR VEIN WITH PARTIAL R	$1,291.10
50234	REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SAME INCISI	$1,317.48
50236	REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SEPARATE IN	$1,482.93
50240	NEPHRECTOMY, PARTIAL	$1,344.69
50250	DESTRUCTION OF GROWTH OF KIDNEY	$1,234.42
50280	REMOVAL OR UNROOFING CYSTS OF KIDNEY	$976.73
50290	REMOVAL OF CYSTS OF KIDNEY	$915.94
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL	$0.00
50320	REMOVAL OF DONOR KIDNEY FROM LIVING DONOR	$1,557.16
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO	$0.00
50325	PREPARATION OF LIVING DONOR KIDNEY FOR TRANSPLANTATION	$0.00
50327	PREPARATION OF DONOR KIDNEY AND VEINS FOR TRANSPLANTATION	$212.55
50328	PREPARATION OF DONOR KIDNEY AND ARTERIES FOR TRANSPLANTATION	$185.84
50329	PREPARATION OF DONOR KIDNEY AND URETER FOR TRANSPLANTATION	$177.03
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	$984.32
50341	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	$0.00
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	$2,451.63
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	$2,935.86
50366	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	$0.00
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	$1,238.92
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	$2,085.98
50382	REMOVAL AND REPLACEMENT OF STENT IN URETER WITH REVIEW BY RADIOLOGIST	$250.54
50384	REMOVAL OF STENT IN URETER THROUGH SKIN WITH REVIEW BY RADIOLOGIST	$225.72
50385	REMOVAL AND REPLACEMENT OF STENT IN URETER THROUGH URETHRA WITH REVIEW BY RADIOL	$217.11
50386	REMOVAL OF STENT IN URETER THROUGH URETER WITH REVIEW BY RADIOLOGIST	$162.86
50387	REMOVAL AND REPLACEMENT OF STENT IN KIDNEY AND URETER USING FLUOROSCOPIC GUIDANC	$82.67
50389	REMOVAL OF KIDNEY DRAINAGE TUBE USING FLUOROSCOPIC GUIDANCE	$53.28
50390	ASPIRATION AND/OR INJECTION OF CYST OF KIDNEY	$94.67
50391	INSTILLATION OF DRUG INTO KIDNEY AND/OR URETER	$97.45
50396	MEASUREMENT OF URINE FLOW IN KIDNEYS AND URETERS	$118.90
50400	SIMPLE RECONSTRUCTION OF NECK OF KIDNEY	$1,170.67
50405	COMPLICATED RECONSTRUCTION OF PELVIS OF KIDNEY	$1,411.62
50420	NEPHROPEXY,FIXATION OR SUSPNSN KIDNEY	$0.00
50430	INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH NEW SKIN ACCESS USI	$154.95
50431	INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH ALREADY EXISTING SK	$67.65
50432	PLACEMENT OF TUBE OF KIDNEY USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$205.69
50433	PLACEMENT OF TUBE OF KIDNEY AND URINARY TUBE THROUGH NEW SKIN ACCESS USING IMAGI	$254.56
50434	CONVERSION OF KIDNEY TUBE TO NEPHROURETERAL TUBE USING IMAGING GUIDANCE AND STUD	$191.52
50435	REPLACEMENT OF KIDNEY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOL	$101.18
50436	DILATION OF EXISTING OPENING INTO URINARY TRACT USING IMAGING GUIDANCE	$150.66
50437	DILATION OF EXISTING OPENING INTO URINARY TRACT AND CREATION OF NEW ACCESS INTO	$250.42
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	$1,260.86
50520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO SKIN	$1,170.88
50525	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROUGH	$1,478.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50526	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROUGH	$1,581.77
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	$1,162.14
50541	DESTRUCTION OF CYST OF KIDNEY USING AN ENDOSCOPE	$930.19
50542	DESTRUCTION OF GROWTH OF KIDNEY USING AN ENDOSCOPE	$1,183.77
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	$1,508.49
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	$1,252.96
50545	REMOVAL OF KIDNEY AND LYMPH NODES USING AN ENDOSCOPE	$1,346.28
50546	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER USING AN ENDOSCOPE	$1,219.15
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM	$1,639.44
50548	REMOVAL OF KIDNEY AND URETER USING AN ENDOSCOPE	$1,352.45
50549	OTHER PROCEDURE ON KIDNEY USING AN ENDOSCOPE	$0.00
50551	EXAM OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING FR	$294.90
50553	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CRE	$315.03
50555	BIOPSY OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING	$341.24
50557	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED THROU	$345.68
50561	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE INSERTED THROUGH S	$393.59
50562	REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREAT	$580.41
50570	EXAM OF KIDNEY USING AN ENDOSCOPE	$489.33
50572	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH UPPER KIDNEY AREA	$529.07
50574	BIOPSY OF KIDNEY USING AN ENDOSCOPE	$562.65
50575	DILATION AND URETER STENT INSERTION USING AN ENDOSCOPE	$710.23
50576	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE	$561.25
50580	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE	$604.35
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	$587.22
50592	DESTRUCTION OF GROWTH OF KIDNEY USING RADIOFREQUENCY	$346.53
50593	DESTRUCTION OF GROWTH OF KIDNEY BY FREEZING	$461.43
50600	EXPLORATION OF URETER	$951.75
50605	INSERTION OF STENT IN URETER	$1,015.42
50606	BIOPSY OF URETER AND/OR RENAL PELVIS USING IMAGING GUIDANCE WITH REVIEW BY RADIO	$135.74
50610	REMOVAL OF STONE FROM UPPER URETER	$958.95
50620	REMOVAL OF STONE FROM MIDDLE URETER	$917.93
50630	REMOVAL OF STONE FROM LOWER URETER	$907.10
50650	REMOVAL OF URETER AND PARTIAL REMOVAL OF BLADDER	$1,052.53
50660	REMOVAL OF AN EXTRA URETER	$1,157.84
50684	INJECTION OF URETER FOR IMAGING	$52.78
50686	MEASUREMENT OF URINE FLOW IN URETER	$90.04
50688	CHANGE OF TUBE OR STENT IN URETER	$80.58
50690	INJECTION OF BLADDER AND URETER FOR IMAGING	$72.23
50693	PLACEMENT OF STENT OF URETER THROUGH EXISTING SKIN ACCESS USING IMAGING GUIDANCE	$204.30
50694	PLACEMENT OF STENT OF URETER THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE WITH	$267.18
50695	PLACEMENT OF STENT OF URETER AND SEPARATE TUBE IN KIDNEY THROUGH NEW SKIN ACCESS	$341.82
50700	RECONSTRUCTION OF URETER	$942.54
50705	BLOCKING OF URETER USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST	$173.26
50706	BALLOON DILATION TREATMENT OF STRICTURE OF URETER USING IMAGING GUIDANCE WITH RE	$179.06
50715	RELEASE OF SCAR TISSUE AT URETER	$1,227.49
50716	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	$0.00
50722	RELEASE OF ABNORMAL VEINS BLOCKING URETER	$1,043.74
50725	REPAIR AND REPOSITIONING OF ABNORMALLY POSITIONED URETER	$1,117.63
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	$528.48
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF	$717.75
50740	CONNECTION OF URETER TO RENAL PELVIS	$1,234.07
50750	CONNECTION OF URETER TO RENAL CALYX	$1,167.98

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50760	REMOVAL AND RECONNECTION OF DISEASED OR INJURED PORTION OF URETER	$1,146.30
50770	PARTIAL REMOVAL OF URETER WITH CONNECTION TO OPPOSITE URETER	$1,167.98
50780	CONNECTION OF URETER TO BLADDER	$1,124.53
50781	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER,	$0.00
50782	CONNECTION OF EXTRA URETER TO BLADDER	$1,090.43
50783	REPOSITIONING OF URETER TO BLADDER	$1,142.27
50785	REPOSITIONING OF URETER WITH CREATION OF BLADDER OR MUSCLE FLAP	$1,229.65
50786	URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	$0.00
50800	CONNECTION OF URETER TO BOWEL	$944.41
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	$1,421.42
50815	CONNECTION OF URETER TO LARGE BOWEL	$1,243.54
50816	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	$0.00
50820	CONNECTION OF URETER TO SMALL BOWEL WITH CREATION OF OPENING FROM URETER TO SKIN	$1,330.11
50821	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL	$0.00
50825	CONNECTION OF URETER TO LARGE AND/OR SMALL BOWEL WITH CREATION OF OPENING TO SKI	$1,663.29
50830	REPAIR TO RESTORE URINE FLOW IN URETER	$1,817.23
50840	REPLACEMENT OF URETER USING BOWEL	$1,250.32
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 CREATIO	$1,277.17
50860	CONNECTION OF URETER TO SKIN	$961.68
50861	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	$0.00
50900	SUTURE REPAIR OF URETER	$860.31
50920	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO SKIN	$898.68
50930	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO AN ABDOMINAL ORGAN	$1,117.29
50940	REMOVAL OF PREVIOUSLY PLACED SUTURE OR WIRE IN URETER	$905.32
50945	REMOVAL OF STONE FROM URETER USING AN ENDOSCOPE	$982.97
50947	REPOSITIONING OF URETER AND INSERTION OF STENT USING AN ENDOSCOPE	$1,397.67
50948	REPOSITIONING OF URETER USING AN ENDOSCOPE	$1,285.67
50949	OTHER PROCEDURE ON URETER USING AN ENDOSCOPE	$0.00
50951	EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CREATED	$306.59
50953	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CRE	$326.66
50955	BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CREATE	$352.04
50957	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE INSE	$353.99
50961	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE INSERTED	$317.07
50970	EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE	$369.83
50972	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE	$357.81
50974	BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE	$471.07
50976	DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE	$464.26
50980	REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE	$355.68
51020	INCISION OF BLADDER WITH DESTRUCTION OF GROWTH AND/OR INSERTION OF RADIOACTIVE M	$487.42
51030	INCISION OF BLADDER WITH DESTRUCTION OF GROWTH OF BLADDER	$489.95
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	$304.11
51045	INCISION OF BLADDER WITH INSERTION OF TUBE OR STENT IN URETER	$517.17
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	$486.51
51060	INCISION OF BLADDER WITH REMOVAL OF STONE IN URETER	$600.39
51065	INCISION OF BLADDER WITH BASKET REMOVAL AND/OR ULTRASONIC CRUSHING OF STONE IN U	$597.28
51080	DRAINAGE OF ABSCESS OF BLADDER	$424.03
51100	ASPIRATION OF BLADDER; BY NEEDLE	$39.09
51101	ASPIRATION OF BLADDER USING TUBE OR TROCAR	$50.77
51102	ASPIRATION OF BLADDER WITH INSERTION OF BLADDER TUBE TO SKIN	$145.43
51500	REPAIR OF CONGENITAL DEFECT OF BLADDER	$654.66

Procedure Code	Procedure Code Description	Maximum Allowable Charge
51520	SIMPLE REMOVAL OF BLADDER NECK	$613.14
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE	$875.77
51530	REMOVAL OF GROWTH OF BLADDER	$786.72
51535	INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL	$796.53
51536	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	$0.00
51550	SIMPLE PARTIAL REMOVAL OF BLADDER	$977.72
51555	COMPLICATED PARTIAL REMOVAL OF BLADDER	$1,275.18
51565	PARTIAL REMOVAL OF BLADDER WITH REIMPLANTATION OF URETERS	$1,306.24
51570	COMPLETE REMOVAL OF BLADDER	$1,487.46
51575	COMPLETE REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS	$1,834.64
51580	COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS	$1,913.44
51585	COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS AND REMOVAL OF LYMPH	$2,126.13
51590	REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS TO SMALL OR LARGE BOWEL WITH	$1,943.90
51595	REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION	$2,199.01
51596	REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION	$2,374.42
51597	REMOVAL OF BLADDER AND URETERS AND/OR REMOVAL OF RECTUM AND PARTIAL REMOVAL OF L	$2,315.54
51600	INJECTION PROCEDURE FOR IMAGING OF BLADDER DURING VOIDING	$44.04
51605	INJECTION PROCEDURE FOR IMAGING OF BLADDER AND URETHRA AND PLACEMENT OF X-RAY MA	$39.35
51610	INJECTION PROCEDURE THROUGH BLADDER AND URETHRA FOR X-RAY IMAGING	$66.16
51700	SIMPLE BLADDER IRRIGATION AND/OR INSTILLATION	$30.22
51701	INSERTION OF TEMPORARY BLADDER TUBE	$25.45
51702	SIMPLE INSERTION OF TEMPORARY BLADDER TUBE	$25.24
51703	COMPLICATED INSERTION OF BLADDER TUBE	$77.03
51705	SIMPLE CHANGE OF BLADDER TUBE	$52.70
51710	COMPLICATED CHANGE OF BLADDER TUBE	$81.89
51715	INJECTION OF IMPLANT MATERIAL BENEATH LINING OF BLADDER AND/OR URETHRA USING AN	$201.15
51720	INSTILLATION OF ANTI-CANCER DRUG INTO BLADDER	$43.91
51725	SIMPLE MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER	$255.69
51726	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER	$339.38
51727	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE S	$411.50
51728	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH VOIDING PRESSURE S	$410.87
51729	COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE A	$432.53
51736	SIMPLE TIMED ASSESSMENT OF BLADDER EMPTYING	$14.35
51739	SOUND RECORDING OF EXTERNAL STREAM (EG, LYONS TYPE, KEITZER TYPE)	$0.00
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	$14.95
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	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	$69.11

Procedure Code	Procedure Code Description	Maximum Allowable Charge
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	$492.61
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	$308.67
51797	INSERTION OF DEVICE INTO ABDOMEN WITH PRESSURE AND URINE FLOW RATE STUDY	$219.16
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	$12.25
51800	REPAIR OF BLADDER AND/OR URETHRA	$1,054.81
51820	REPAIR OF BLADDER, URETHRA, AND URETER	$1,104.15
51840	SIMPLE SUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA SUSPEN	$721.21
51841	RESUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA SUSPENSION	$830.54
51845	REPAIR OF BLADDER NECK IN FEMALE	$598.08
51860	SUTURE OF SIMPLE WOUND, INJURY, OR RUPTURE OF BLADDER	$763.79
51865	SUTURE OF COMPLICATED WOUND, INJURY, OR RUPTURE OF BLADDER	$913.88
51880	CLOSURE OF SURGICALLY CREATED OPENING FROM BLADDER TO SKIN	$477.77
51900	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA THROUGH ABDOMEN	$842.04
51920	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA	$781.72
51925	REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA AND REMOVAL OF UTERUS	$1,119.44
51940	REPAIR OF CONGENITAL DEFECT OF BLADDER WALL	$1,656.40
51960	ENLARGEMENT OF BLADDER USING A PORTION OF BOWEL	$1,403.06
51980	CREATION OF DRAINAGE TRACT FROM BLADDER TO SKIN	$730.71
51990	SUTURE SUSPENSION OF URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE	$759.29
51992	CREATION OF SLING AROUND URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE	$850.37
51999	OTHER PROCEDURE ON BLADDER USING AN ENDOSCOPE	$0.00
52000	DIAGNOSTIC EXAM OF BLADDER AND URETHRA USING AN ENDOSCOPE	$80.84
52001	IRRIGATION AND REMOVAL OF MULTIPLE BLOOD CLOTS FROM BLADDER AND URETHRA USING AN	$287.44
52005	INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH BLADDER AREA	$133.97
52007	INSERTION OF TUBE INTO URETER AND BIOPSY OF URETER AND/OR RENAL PELVIS USING AN	$167.09
52010	INSERTION OF TUBE INTO SPERM DUCT USING AN ENDOSCOPE	$166.50
52190	DIFFRNTL QUANTITR & CHEMCL RENL FUNCTN TEST	$0.00
52204	BIOPSY OF BLADDER USING AN ENDOSCOPE	$142.08
52214	DESTRUCTION OF TISSUE OF BLADDER, URETHRA, OR SURROUNDING GLANDS USING AN ENDOSC	$174.36
52222	CYSTOSCOPY AND TREATMENT	$0.00
52224	DESTRUCTION OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE, LESS THAN 0.5 C	$201.90
52234	DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE,	$246.60
52235	DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE,	$289.00
52240	DESTRUCTION AND/OR REMOVAL OF LARGE GROWTH OF BLADDER USING AN ENDOSCOPE	$391.43
52250	INSERTION OF RADIOACTIVE SUBSTANCE OF BLADDER AND URETHRA USING AN ENDOSCOPE	$240.03
52260	DILATION OF BLADDER USING AN ENDOSCOPE UNDER GENERAL OR SPINAL ANESTHESIA	$211.72
52265	DILATION OF BLADDER USING AN ENDOSCOPE	$163.81
52270	INCISION OF URETHRA IN FEMALE USING AN ENDOSCOPE	$182.38
52275	INCISION OF URETHRA IN MALE USING AN ENDOSCOPE	$248.60
52276	INCISION OF URETHRA USING AN ENDOSCOPE	$264.68
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	$323.30
52281	DILATION OF URETHRA USING AN ENDOSCOPE	$153.40
52282	INSERTION OF A PERMANENT URETHRA STENT USING AN ENDOSCOPE	$336.44
52283	STEROID INJECTION INTO URETHRA STRICTURE USING AN ENDOSCOPE	$202.40
52285	EXAM OF BLADDER AND URETHRA FOR TREATMENT OF FEMALE URETHRAL SYNDROME USING AN E	$196.82
52287	EXAM WITH INJECTIONS OF CHEMICAL FOR DESTRUCTION OF BLADDER USING AN ENDOSCOPE	$169.78
52290	INCISION OF URETER USING AN ENDOSCOPE	$244.47
52300	REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER USING AN ENDOSCO	$280.74
52301	REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER, ECTOPIC URETERO	$290.26
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	$278.80
52310	SIMPLE REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER USING AN E	$152.16
52315	COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER USING	$275.19

Procedure Code	Procedure Code Description	Maximum Allowable Charge
52317	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, LESS THAN 2.5 CM	$345.97
52318	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, MORE THAN 2.5 CM	$471.75
52320	REMOVAL OF STONE IN URETER USING AN ENDOSCOPE	$246.27
52325	FRAGMENTING OF STONE IN URETER USING AN ENDOSCOPE	$319.85
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	$257.75
52330	MANIPULATION OF STONE IN URETER USING AN ENDOSCOPE	$263.32
52332	INSERTION OF STENT IN URETER USING AN ENDOSCOPE	$156.77
52334	INSERTION OF GUIDE WIRE THROUGH KIDNEY INTO URETER USING AN ENDOSCOPE	$184.10
52341	DILATION OF BLADDER AND URETHRA USING AN ENDOSCOPE	$284.77
52342	REPAIR OF STRICTURE AT JUNCTION OF KIDNEY AND URETER USING AN ENDOSCOPE	$309.21
52343	REPAIR OF STRICTURE IN KIDNEY USING AN ENDOSCOPE	$344.20
52344	REPAIR OF STRICTURE OF URETER USING AN ENDOSCOPE	$368.46
52345	REPAIR OF STRICTURE OF UPPER ATTACHMENT OF URETER TO KIDNEY USING AN ENDOSCOPE	$393.52
52346	REPAIR OF STRICTURE IN KIDNEY WITH EXAM OF URINARY TRACT USING AN ENDOSCOPE	$445.02
52351	DIAGNOSTIC EXAM OF BLADDER, URETHRA, AND URETER OR KIDNEY USING AN ENDOSCOPE	$302.67
52352	REMOVAL OR MANIPULATION OF STONE IN URETER OR KIDNEY USING AN ENDOSCOPE	$354.14
52353	CRUSHING OF STONE OF URETER USING AN ENDOSCOPE	$391.43
52354	BIOPSY AND/OR DESTRUCTION OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE	$416.08
52355	REMOVAL OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE	$465.96
52356	CRUSHING OF STONE OF URETER WITH INSERTION OF STENT USING AN ENDOSCOPE	$414.52
52400	INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL DEFECTS OF BLADDER AND URETHRA U	$484.70
52402	INCISION OR REMOVAL OF EJACULATORY DUCT USING AN ENDOSCOPE	$264.76
52441	INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, 1 IMPL	$209.88
52442	INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, EACH A	$50.43
52450	INCISION OF PROSTATE	$490.87
52500	REMOVAL OF BLADDER NECK THROUGH URETHRA	$509.02
52601	REMOVAL OF PROSTATE GLAND USING AN ELECTROCAUTERY KNIFE THROUGH URETHRA WITH CON	$741.71
52630	COMPLETE REMOVAL OF REMAINING OR REGROWN PROSTATE TISSUE WITH CONTROL OF BLEEDIN	$420.71
52640	REMOVAL OF POSTSURGICAL TIGHTENING OF BLADDER NECK	$337.67
52647	COMPLETE LASER DESTRUCTION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN EN	$666.29
52648	COMPLETE LASER VAPORIZATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN E	$708.96
52649	COMPLETE LASER FRAGMENTATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN	$844.12
52700	DRAINAGE OF PROSTATE ABSCESS	$456.34
52805	LTHLPXY CRSHNG CALCLS BLDDR&RMVL FRAGMNTS;LG	$0.00
53000	INCISION OR REPAIR OF URETHRA	$154.36
53010	INCISION OR REPAIR OF ABNORMAL URETHRA	$311.09
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	$97.78
53025	INCISION OF EXTERNAL URINARY OPENING, INFANT	$70.47
53040	DRAINAGE OF ABSCESS AROUND URETHRA	$405.95
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS	$172.15
53080	UNCOMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION	$435.68
53085	COMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION	$666.28
53200	BIOPSY OF URETHRA	$143.31
53210	REMOVAL OF BLADDER AND URETHRA IN FEMALE	$793.37
53215	REMOVAL OF BLADDER AND URETHRA IN MALE	$943.56
53220	REMOVAL OR DESTRUCTION OF CANCER URETHRA	$466.35
53230	REMOVAL OF POUCH OF URETHRA IN FEMALE	$626.04
53235	REMOVAL OF POUCH OF URETHRA IN MALE	$651.25
53240	REPAIR OF POUCH OF URETHRA	$439.59
53250	REMOVAL OF SEMINAL FLUID GLAND	$410.76
53260	REMOVAL OR DESTRUCTION OF POLYPS OF URETHRA	$187.30
53265	REMOVAL OR DESTRUCTION OF GROWTH OF URETHRA	$195.02

Procedure Code	Procedure Code Description	Maximum Allowable Charge
53270	REMOVAL OR DESTRUCTION OF MUCOUS GLANDS OF URETHRA	$190.59
53275	REMOVAL OR DESTRUCTION OF PROLAPSE OF URETHRA	$269.82
53400	REPAIR OF ABNORMAL DRAINAGE TRACT, POUCH, OR STRICTURE OF URETHRA, FIRST STAGE	$818.21
53405	SECOND STAGE REPAIR OF URETHRA WITH CREATION OF NEW URETHRA	$890.65
53410	RECONSTRUCTION OF URETHRA IN MALE	$996.74
53415	RECONSTRUCTION OR REPAIR OF URETHRA	$1,145.97
53420	RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 1 OF 2	$856.79
53425	RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 2 OF 2	$951.63
53430	RECONSTRUCTION OF URETHRA IN FEMALE	$990.62
53431	REPAIR OF URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE	$1,168.56
53440	CREATION OF SLING AROUND URETHRA IN MALE TO CONTROL LEAKAGE	$769.72
53442	REMOVAL OR REVISION OF SLING IN MALE FOR URINARY INCONTINENCE	$807.36
53444	INSERTION OF ARTIFICIAL URINARY SPHINCTER	$809.70
53445	INSERTION OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$777.62
53446	REMOVAL OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$660.63
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$824.44
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER THROUGH	$1,293.96
53449	REPAIR OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER	$631.16
53450	REPAIR OF URETHRA AND URINARY OPENING	$423.56
53451	INSERTION OF ADJUSTABLE BALLOON CONTINENCE DEVICE ON BOTH SIDES OF URETHRA USING	$0.00
53452	INSERTION OF ADJUSTABLE BALLOON CONTINENCE DEVICE ON ONE SIDE OF URETHRA USING I	$0.00
53453	REMOVAL OF ADJUSTABLE BALLOON CONTINENCE DEVICE FROM BESIDE URETHRA	$0.00
53454	ADJUSTMENT OF FLUID VOLUME IN ADJUSTABLE BALLOON CONTINENCE DEVICE BESIDE URETHR	$0.00
53460	REPAIR AND PARTIAL REMOVAL OF URETHRA AND URINARY OPENING	$471.98
53500	RELEASE OF SCAR TISSUE OF URETHRA USING AN ENDOSCOPE	$767.20
53502	SUTURE OF WOUND OR INJURY OF URETHRA IN FEMALE	$500.88
53505	SUTURE OF WOUND OR INJURY OF URETHRA IN PENIS	$500.49
53510	SUTURE OF URETHRA WOUND OR INJURY	$649.84
53515	SUTURE OF WOUND OR INJURY OF URETHRA NEAR PROSTATE GLAND	$811.92
53520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO SKIN IN MALE	$576.17
53600	INITIAL DILATION OF URETHRA IN MALE USING DILATOR	$64.49
53601	SUBSEQUENT DILATION OF STRICTURE OF URETHRA IN MALE BY PASSAGE OF DILATOR	$54.07
53605	DILATION OF NARROWING OF URETHRA IN MALE UNDER GENERAL OR SPINAL ANESTHESIA	$64.15
53620	INITIAL DILATION OF URETHRA IN MALE USING FILIFORM DILATOR	$87.78
53621	SUBSEQUENT DILATION OF URETHRAL STRICTURE IN MALE BY PASSAGE OF FILIFORM URETHRA	$72.36
53660	INITIAL DILATION OF URETHRA IN FEMALE	$42.54
53661	SUBSEQUENT DILATION OF URETHRA IN FEMALE	$41.32
53665	DILATION OF URETHRA IN FEMALE UNDER GENERAL OR SPINAL ANESTHESIA	$38.02
53850	DESTRUCTION OF PROSTATE TISSUE USING MICROWAVE INDUCED HEAT	$371.04
53852	DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEAT	$396.83
53854	DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEATED WATER VAPOR	$396.62
53855	INSERTION OF A TEMPORARY URETHRA STENT USING AN ENDOSCOPE	$81.86
53860	RECONSTRUCTION OF FEMALE BLADDER NECK FOR STRESS URINARY INCONTINENCE USING RADI	$227.11
53899	OTHER PROCEDURE ON URINARY SYSTEM	$0.00
54000	INCISION OF NEWBORN FORESKIN	$116.27
54001	INCISION OF FORESKIN	$145.87
54015	INCISION AND DRAINAGE OF PENIS, DEEP	$311.91
54050	SIMPLE DESTRUCTION OF GROWTHS OF PENIS USING CHEMICAL	$114.59
54055	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING ELECTRIC CURRENT	$101.97
54056	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING FREEZING	$120.18
54057	SIMPLE DESTRUCTION OF GROWTH OF PENIS USING LASER	$104.10
54060	REMOVAL OF GROWTH OF PENIS	$137.36

Procedure Code	Procedure Code Description	Maximum Allowable Charge
54065	DESTRUCTION OF MULTIPLE GROWTHS OF PENIS	$181.44
54100	BIOPSY OF PENIS	$126.24
54105	BIOPSY OF DEEP STRUCTURE OF PENIS	$219.60
54110	REMOVAL OF THICKENED TISSUE OF PENIS	$640.11
54111	REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, 5.0 CM OR LESS	$814.47
54112	REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, MORE THAN 5.0 CM	$953.80
54115	REMOVAL OF FOREIGN BODY IN PENIS	$442.13
54120	AMPUTATION OF PENIS; PARTIAL	$648.64
54125	AMPUTATION OF PENIS	$842.54
54130	AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF GROIN	$1,210.95
54135	AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF PELVIS	$1,526.26
54150	REMOVAL OF FORESKIN USING CLAMP OR DEVICE	$97.00
54160	REMOVAL OF FORESKIN (28 DAYS OR YOUNGER)	$149.36
54161	REMOVAL OF FORESKIN (OLDER THAN 28 DAYS)	$203.55
54162	REMOVAL OF SCAR TISSUE AFTER FORESKIN REMOVAL	$207.43
54163	REPAIR OF INCOMPLETE REMOVAL OF FORESKIN	$228.79
54164	INCISION OF MEMBRANE ATTACHING FORESKIN AND PENIS	$203.55
54200	INJECTION PROCEDURE TO CORRECT THICKENED PENILE TISSUE	$91.92
54205	INJECTION PROCEDURE AND SURGERY OF THICKENED PENILE TISSUE	$548.83
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	$134.66
54230	INJECTION PROCEDURE FOR IMAGING OF PENILE ERECTION	$81.73
54231	ASSESSMENT OF ERECTILE DYSFUNCTION INCLUDING INJECTION OF DRUGS INTO PENIS	$117.68
54240	PENILE PLETHYSMOGRAPHY	$114.14
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	$125.86
54300	REPAIR OF CURVED PENIS	$661.94
54304	REPAIR OF CURVED PENIS AND URINARY OUTLET	$764.25
54305	W/TRANSPLATATION OF PREPUCE	$0.00
54308	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, LESS THAN 3.0 CM	$733.57
54312	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, MORE THAN 3.0 CM	$836.77
54316	REPAIR OF URINARY OUTLET OF PENIS WITH SKIN GRAFT, STAGE 2 OF 2	$1,011.14
54318	REPAIR OF URINARY OUTLET WITH RELEASE OF PENIS FROM SCROTUM	$730.19
54320	URETHROPLASTY, FORM/URETHRA,DENIS-BROWN TYPE	$0.00
54322	SIMPLE REPAIR AND RELOCATION OF URINARY OUTLET AT UNDERSIDE OF PENIS	$797.51
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	$984.92
54325	DENNIS-BROWN TYPE;SCROTAL/PERINEAL	$0.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	$959.43
54328	REPAIR OF URINARY OUTLET AT UNDERSIDE OF HEAD OF PENIS WITH LOCAL SKIN FLAPS, SK	$953.25
54330	URETHROPLASY/STRAIGT/CHORDEE, 1 STAGE,/ HYPOSP	$0.00
54332	REPAIR OF URINARY OUTLET AT UNDERSIDE OF BASE OF PENIS WITH SKIN GRAFT TUBE AND/	$1,026.89
54336	REPAIR OF URINARY OUTLET BETWEEN THIGHS IN MALE WITH SKIN GRAFT TUBE AND/OR ISLA	$1,206.70
54340	SIMPLE REPAIR OF URINARY OUTLET COMPLICATIONS AT UNDERSIDE OF PENIS	$586.35
54344	REPAIR OF COMPLICATION OF URINARY OUTLET OF PENIS AT UNDERSIDE OF PENIS WITH MOB	$961.18
54348	EXTENSIVE REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH FLAP, PATCH OR GRA	$1,027.13
54352	EXTENSIVE REVISION OF PREVIOUS REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WI	$1,431.70
54360	SURGERY TO CORRECT ABNORMAL PENIS ANGLE	$737.87
54380	REPAIR OF URINARY OUTLET OF PENIS	$817.13
54385	REPAIR OF URINARY OUTLET OF PENIS WITH INCONTINENCE	$950.13
54390	REPAIR OF URINARY OUTLET OF PENIS WITH CREATION OF BLADDER OPENING	$1,259.80
54400	INSERTION OF NON-INFLATABLE PENILE IMPLANT	$547.14
54401	INSERTION OF INFLATABLE PENILE IMPLANT	$691.31
54405	INSERTION OF MULTICOMPONENT INFLATABLE PENILE IMPLANT	$824.89
54406	REMOVAL OF ALL COMPONENTS OF INFLATABLE PENILE IMPLANT	$748.81

Procedure Code	Procedure Code Description	Maximum Allowable Charge
54415	REMOVAL OF INFLATABLE OR NONINFLATABLE PENILE IMPLANT	$548.87
54417	REMOVAL AND REPLACEMENT OF INFECTED NONINFLATABLE PENILE IMPLANT	$917.35
54420	CREATION OF BLOOD FLOW TRACT FROM PENIS TO GROIN	$719.30
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR	$656.17
54435	REDIRECTION OF BLOOD FLOW FROM PENIS WITH PARTIAL REMOVAL OF TISSUE AT HEAD OF P	$429.58
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	$698.58
54438	REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR	$1,355.77
54440	REPAIR OF INJURY OF PENIS	$0.00
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	$57.31
54500	NEEDLE BIOPSY OF TESTICLE	$76.05
54505	INCISION OF TESTICLE FOR BIOPSY	$216.69
54506	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	$0.00
54512	REMOVAL OF GROWTH OF TESTICLE	$551.65
54520	SIMPLE REMOVAL OF TESTICLE	$339.83
54521	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	$0.00
54522	PARTIAL REMOVAL OF TESTICLE	$603.24
54530	REMOVAL OF GROWTH OF TESTICLE THROUGH GROIN	$525.67
54535	REMOVAL OF GROWTH OF TESTICLE THROUGH ABDOMEN	$761.37
54550	EXPLORATION OF SPERMATIC VEINS AND SCROTUM USING AN ENDOSCOPE	$506.40
54555	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	$0.00
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	$704.54
54565	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	$0.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	$467.47
54620	SUTURE OF TESTICLE TO OTHER TESTICLE	$306.21
54640	REPOSITIONING AND SUTURE OF MISPLACED TESTICLE	$440.54
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	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	$730.95
54661	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	$0.00
54670	SUTURE OR REPAIR OF INJURY TO TESTICLE	$425.09
54680	TRANSPLANTATION OF TESTICLES TO THIGH	$804.60
54690	REMOVAL OF TESTICLES USING AN ENDOSCOPE	$669.68
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	$769.49
54699	OTHER PROCEDURE ON TESTICLE USING AN ENDOSCOPE	$0.00
54700	INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA	$219.97
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	$126.01
54830	REMOVAL OF GROWTH OF SPERM DUCT	$387.12
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	$334.48
54860	REMOVAL OF SPERM RESERVOIR	$433.98
54861	EPIDIDYMECTOMY; BILATERAL	$585.23
54865	SEARCH OF SPERM RESERVOIR	$374.84
54900	CONNECTION OF SPERM RESERVOIR TO SPERM DUCT	$818.62
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	$1,077.90
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	$86.55
55040	REMOVAL OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR	$351.11
55041	REMOVAL OF FLUID COLLECTION IN BOTH TESTICLES AND SPERM RESERVOIRS	$528.92
55060	REPAIR OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR	$394.83
55100	DRAINAGE OF ABSCESS OF SCROTUM	$175.26
55110	SEARCH OF SCROTUM	$402.57
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	$369.22
55150	REMOVAL OF DISEASED OR INJURED SCROTUM	$510.67
55170	SCROTOPLASTY	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
55175	SIMPLE REPAIR OF SCROTUM	$379.85
55180	COMPLICATED REPAIR OF SCROTUM	$708.28
55200	INCISION OF SPERM DUCT	$287.72
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	$240.59
55300	INCISION OF SPERM DUCT FOR X-RAY PROCEDURE	$187.56
55400	VASOVASOSTOMY, VASOVASORRHAPHY	$514.00
55401	VASOVASOSTOMY, VASOVASORRHAPHY	$0.00
55500	REMOVAL OF FLUID COLLECTION IN SPERM CORD	$407.17
55520	REMOVAL OF GROWTH OF SPERM CORD	$473.26
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	$365.26
55535	REMOVAL OF SPERMATIC CORD VENOUS DILATION OR SUTURING OF SPERMATIC VEINS	$445.48
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	$569.55
55550	TYING OF SPERM VEINS USING AN ENDOSCOPE	$444.27
55559	OTHER PROCEDURE ON SPERM CORD USING AN ENDOSCOPE	$0.00
55600	INCISION OR PUNCTURE OF FLUID-PRODUCING GLAND FOR SPERM MOVEMENT	$437.00
55601	VESICULOTOMY	$0.00
55605	COMPLICATED INCISION OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$541.69
55650	REMOVAL OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$735.58
55651	VESICULECTOMY, ANY APPROACH	$0.00
55680	REMOVAL OF CONGENITAL REMNANT OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT	$360.53
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	$130.48
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	$271.90
55706	NEEDLE BIOPSY OF PROSTATE GLAND USING IMAGE GUIDANCE	$388.35
55720	SIMPLE INCISION AND DRAINAGE OF ABSCESS OF PROSTATE	$465.48
55725	COMPLICATED INCISION AND DRAINAGE OF ABSCESS OF PROSTATE	$614.48
55740	PROSTATOLITHOTOMY, REMOVAL OF PROSTATIC CALCULUS (SEPARATE PROCEDURE)	$0.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	$1,114.63
55810	REMOVAL OF PROSTATE GLAND, GLANDS FOR SPERM MOVEMENT, AND SPERM DUCT	$1,322.02
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	$1,625.45
55815	REMOVAL OF PROSTATE GLAND THROUGH INCISION BETWEEN SCROTUM AND ANUS AND REMOVAL	$1,777.77
55821	PARTIAL REMOVAL OF PROSTATE (SUPRAPUBIC)	$854.41
55831	PARTIAL REMOVAL OF PROSTATE (RETROPUBIC)	$876.39
55840	REMOVAL OF PROSTATE	$1,186.39
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH	$1,186.81
55845	REMOVAL OF PROSTATE GLAND AND SURROUNDING LYMPH NODES ON BOTH SIDES OF PELVIS TH	$1,377.34
55860	SURGICAL OPENING OF PROSTATE FOR RADIATION THERAPY	$891.18
55862	EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH BIOPSY OF LYMPH NODES	$1,112.37
55865	EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH REMOVAL OF SURROUNDING LYM	$1,352.36
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	$1,209.42
55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF PROSTATE USING LAPAROSCOPE	$1,063.28
55873	DESTRUCTION OF PROSTATE USING IMAGING GUIDANCE	$781.40
55874	INJECTION OF BIODEGRADABLE MATERIAL NEXT TO PROSTATE	$167.52
55875	INSERTION OF NEEDLE OR TUBE INTO PROSTATE FOR RADIATION THERAPY	$803.88
55876	PLACEMENT OF DEVICE IN PROSTATE FOR RADIATION THERAPY	$104.72
55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED	$996.50
55899	OTHER PROCEDURE ON MALE GENITAL SYSTEM	$245.62
55920	INSERTION OF NEEDLES OR TUBES INTO PELVIC OR GENITAL ORGANS FOR RADIATION THERAP	$478.61
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	$137.04

Procedure Code	Procedure Code Description	Maximum Allowable Charge
56420	INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND	$118.65
56440	CREATION OF DRAINAGE TRACT FOR GLAND CYST OF FEMALE GENITALS	$188.46
56441	REMOVAL OF SCAR TISSUE OF FEMALE GENITALS	$165.43
56442	SIMPLE INCISION OF HYMEN	$49.70
56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	$144.37
56506	DESTRUCTION OF LESION(S),VULVA(EG.CONDYLOMA,PAPILLOMA,MOLLUS	$0.00
56515	EXTENSIVE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	$224.67
56600	BIOPSY OF VULVA (SEPARATE PROCEDURE)	$0.00
56605	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH	$60.19
56606	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH	$29.72
56620	SIMPLE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS	$626.58
56625	REMOVAL OF EXTERNAL FEMALE GENITALS	$703.82
56630	EXTENSIVE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS	$1,003.66
56631	PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN	$1,230.96
56632	PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON BOTH SIDES OF GRO	$1,499.76
56633	COMPLETE REMOVAL OF FEMALE GENITALS	$1,280.70
56634	COMPLETE REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN	$1,342.73
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 GR	$1,568.01
56640	COMPLETE REMOVAL OF FEMALE GENITALS AND LYMPH NODES	$1,578.74
56641	VULVECTOMY, RADICAL, WITH INGUINOFEMORAL, ILIAC,	$0.00
56680	CLITORIDECTOMY; SIMPLE	$0.00
56685	CLITORIDECTOMY; EXTENSIVE	$0.00
56700	PARTIAL REMOVAL OF HYMEN	$216.06
56710	PLASTIC REVISION OF HYMEN	$0.00
56740	REMOVAL OF CYST OF FEMALE GENITAL GLAND	$329.83
56800	PLASTIC REPAIR OF VAGINAL OPENING	$265.25
56805	RECONSTRUCTION OR CREATION OF THE EXTERNAL FEMALE SEXUAL ORGAN FOR INTERSEX STAT	$1,204.19
56810	REPAIR OF SKIN IN AREA BETWEEN ANUS AND GENITALS	$284.15
56820	EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	$86.12
56821	EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	$115.07
57000	INCISION AND EXPLORATION OF VAGINA	$212.92
57010	INCISION AND DRAINAGE OF ABSCESS OF PELVIS	$482.17
57020	REMOVAL OF ABDOMINAL FLUID	$80.30
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	$190.94
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	$332.89
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	$124.91
57063	CHEMICAL CAUTERY OF VAGINA	$0.00
57065	EXTENSIVE DESTRUCTION OF GROWTH OF VAGINA	$196.89
57100	SIMPLE BIOPSY OF VAGINAL MUCOUS MEMBRANE	$66.12
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	$158.00
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	$568.98
57107	PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE	$1,503.62
57108	COLPECTOMY, OBLITERATION OF VAGINA; PARTIAL	$0.00
57109	PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE WITH REMOVAL OF PELVIC LYMPH NODES AN	$1,786.58
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	$933.81
57111	COMPLETE REMOVAL OF VAGINAL WALL AND TISSUE	$1,786.58
57120	SUTURE CLOSURE OF VAGINA AND VAGINAL OPENING	$556.42

Procedure Code	Procedure Code Description	Maximum Allowable Charge
57130	REMOVAL OF ABNORMAL TISSUE DIVIDING VAGINA	$183.46
57135	REMOVAL OF CYST OR GROWTH OF VAGINAL	$198.85
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	$26.05
57155	INSERTION OF DEVICE INTO UTERUS FOR RADIATION THERAPY	$294.94
57156	INSERTION OF DEVICE INTO VAGINA FOR RADIATION THERAPY	$158.17
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$46.39
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	$48.08
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	$129.58
57200	SUTURE OF NONOBSTETRICAL INJURY OF VAGINA	$353.27
57210	SUTURE OF INJURY OF VAGINA AND/OR SKIN	$415.46
57220	PLASTIC REPAIR OF MUSCLES AT URINARY OPENING THROUGH VAGINA	$367.74
57230	PLASTIC REPAIR OF URETHRA PROLAPSE	$441.76
57240	REPAIR OF BLADDER HERNIA INTO VAGINAL WALL	$638.55
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	$640.97
57260	PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER	$805.58
57265	REPAIR OF BULGING OF RECTUM AND BLADDER INTO VAGINAL WALL	$899.54
57267	INSERTION OF ARTIFICIAL MATERIAL FOR PELVIC FLOOR DEFECT	$252.04
57268	REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH VAGINA	$534.04
57270	REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH ABDOMEN	$843.13
57280	ATTACHMENT OF VAGINA TO REAR PELVIC BONE	$995.50
57282	REPAIR OF PELVIC LIGAMENTS THROUGH VAGINA	$720.15
57283	REPAIR OF PROLAPSING VAGINAL VAULT THROUGH VAGINA	$725.39
57284	REPAIR OF VAGINAL WALL DEFECT THROUGH ABDOMEN	$858.30
57285	REPAIR OF VAGINAL WALL DEFECT THROUGH VAGINA	$718.89
57287	REMOVAL OR REVISION OF INCONTINENCE SLING	$781.26
57288	CREATION OF SLING AROUND URETHRA IN FEMALE TO CONTROL LEAKAGE	$773.26
57289	REPAIR OF PROLAPSED URINARY CANAL AND BLADDER INTO VAGINAL WALL	$827.00
57291	CONSTRUCTION OF ARTIFICIAL VAGINA	$575.02
57292	CONSTRUCTION OF ARTIFICIAL VAGINA USING TISSUE GRAFT	$857.20
57295	REVISION OF PROSTHETIC VAGINAL GRAFT	$526.23
57296	REVISION OR REMOVAL OF PROSTHETIC VAGINAL GRAFT	$988.00
57300	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH VAGINA OR ANUS	$645.48
57305	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH ABDOMEN	$1,021.47
57307	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH CREATION OF LARGE	$1,133.86
57308	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH PERINEAL RECONSTRU	$695.07
57310	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA	$517.13
57311	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA WITH TRANSPLANT	$580.18
57320	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH VAGINA	$591.45
57330	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH BLADDER AND VA	$791.95
57335	VAGINOPLASTY FOR INTERSEX STATE	$1,216.75
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	$132.28
57410	PELVIC EXAM UNDER ANESTHESIA	$108.63
57415	REMOVAL OF IMPACTED FOREIGN BODY IN VAGINA UNDER ANESTHESIA	$185.79
57420	EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE	$91.07
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	$123.09
57423	REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE	$956.98
57425	SURGICAL REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE	$1,000.87
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	$905.82
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	$93.50
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE	$135.87

Procedure Code	Procedure Code Description	Maximum Allowable Charge
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	$110.25
57456	SCRAPING OF CERVIX USING AN ENDOSCOPE	$102.56
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE	$162.52
57461	CONE BIOPSY OF CERVIX AND VAGINA USING AN ENDOSCOPE WITH LOOP ELECTRODE	$185.40
57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNA	$43.28
57500	BIOPSY OF CERVIX OR REMOVAL OF GROWTH	$77.39
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	$118.60
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	$115.91
57511	DESTRUCTION OF CERVIX USING FREEZING	$157.04
57513	CAUTERY OF CERVIX; LASER ABLATION	$156.65
57520	REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER	$314.50
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE	$269.52
57530	AMPUTATION OF CERVIX	$396.53
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	$1,828.28
57540	REMOVAL OF REMAINING CERVIX THROUGH ABDOMEN	$820.29
57545	REMOVAL OF REMAINING CERVIX WITH REPAIR OF PELVIC FLOOR THROUGH ABDOMEN	$862.79
57550	REMOVAL OF REMAINING CERVIX THROUGH VAGINA	$455.94
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR	$646.19
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	$614.28
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	$137.51
57700	SUTURE OF CERVIX	$384.68
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	$356.08
57800	DILATION OF CERVICAL CANAL	$49.27
58100	BIOPSY OF LINING OF UTERUS	$63.75
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	$40.33
58120	DILATION AND SCRAPING OF UTERUS	$244.28
58140	REMOVAL OF GROWTH OF UTERUS THROUGH ABDOMEN, 1-4 GROWTHS	$963.56
58145	REMOVAL OF GROWTH OF UTERUS THROUGH VAGINA, 1-4 GROWTHS	$593.64
58146	REMOVAL OF 5 OR MORE GROWTHS OF UTERUS THROUGH ABDOMEN	$1,186.55
58150	REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN	$1,043.97
58152	REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN WITH REPAIR OF VAGINA	$1,270.43
58180	REMOVAL OF UTERUS THROUGH ABDOMEN	$986.08
58200	REMOVAL OF UTERUS THROUGH ABDOMEN WITH PARTIAL REMOVAL OF VAGINA	$1,381.79
58210	REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF LYMPH NODES	$1,871.78
58240	REMOVAL OF MALIGNANT UTERUS, CERVIX, LYMPH NODES, AND BLADDER WITH TRANSPLANT OF	$3,015.20
58260	REMOVAL OF UTERUS THROUGH VAGINA, 250.0 G OR LESS	$868.56
58262	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, 250.0 G OR LESS	$956.77
58263	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH	$1,024.85
58265	VAGINAL HYSTERECTOMY WITH PLASTIC REPAIR OF VAGINA, ANTERIOR AND/OR POSTERIOR CO	$0.00
58267	REMOVAL OF UTERUS WITH REPAIR FOR INCONTINENCE, 250.0 G OR LESS	$1,104.19
58270	REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA, 250.0 G OR LESS	$925.00
58275	REMOVAL OF UTERUS AND VAGINA	$1,021.18
58280	REMOVAL OF UTERUS AND VAGINA WITH REPAIR OF HERNIATED BOWEL INTO RECTUM OR VAGIN	$1,092.68
58285	REMOVAL OF UTERUS, VAGINA, AND PELVIC LYMPH NODES THROUGH VAGINA	$1,467.94
58290	REMOVAL OF UTERUS THROUGH VAGINA, MORE THAN 250.0 G	$1,182.80
58291	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, MORE THAN 250.0 G	$1,276.72
58292	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH	$1,344.59
58294	REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA. 250.0 G OR MORE	$1,249.94
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION	$51.57

Procedure Code	Procedure Code Description	Maximum Allowable Charge
58301	REMOVAL OF IUD	$66.77
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 FALLOPIAN	$59.64
58345	INSERTION OF TUBE INTO FALLOPIAN TUBE	$300.74
58346	INSERTION OF CAPSULE INTO UTERUS FOR RADIATION THERAPY	$529.30
58350	INJECTION OF X-RAY CONTRAST INTO FALLOPIAN TUBE	$103.49
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	$242.29
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	$362.40
58400	REPOSITIONING OF UTERUS	$487.40
58410	REPOSITIONING OF UTERUS WITH REMOVAL OF NERVE	$844.56
58500	HYSTEROSALPINGOSTOMY	$0.00
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	$828.19
58540	REPAIR OF ABNORMAL UTERUS	$946.62
58541	PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, 250.0 G O	$757.68
58542	PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING	$858.74
58543	PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, MORE THAN	$870.98
58544	PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING	$936.64
58545	REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, 250.0 G OR LESS	$926.90
58546	REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, MORE THAN 250.0 G	$1,140.81
58548	REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF AORTIC LYMPH	$1,936.97
58550	REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, 250.0 G OR LESS	$909.63
58552	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE, 250.	$1,010.65
58553	REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, MORE THAN 250.0	$1,146.86
58554	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE, MORE	$1,335.71
58555	DIAGNOSTIC EXAM OF UTERUS USING AN ENDOSCOPE	$154.43
58558	BIOPSY OF LINING OF UTERUS AND/OR REMOVAL OF POLYP USING AN ENDOSCOPE	$235.02
58559	RELEASE OF SCAR TISSUE OF UTERUS USING AN ENDOSCOPE	$287.93
58560	RELEASE OF SCAR TISSUE OF UTERUS AND RELEASE OR REMOVAL AND SEPTUM USING AN ENDO	$316.48
58561	REMOVAL OF GROWTH OF MUSCLE OF UTERUS USING AN ENDOSCOPE	$361.93
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	$225.12
58563	EXAM OF UTERUS WITH DESTRUCTION OF LINING OF UTERUS USING AN ENDOSCOPE	$249.76
58565	PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE	$479.53
58570	REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, 250.0 G OR LESS	$836.32
58571	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE, 250	$939.42
58572	REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, MORE THAN 250.0 G	$1,069.34
58573	REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE, MOR	$1,252.21
58575	REMOVAL OF UTERUS FOR REMOVAL OF GROWTH USING AN ENDOSCOPE	$1,987.45
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	$387.40
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH,	$352.84
58615	TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA	$265.59
58660	REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES USING AN ENDOSCOPE	$699.36
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	$670.61
58662	DESTRUCTION OR REMOVAL OF OVARY OR GROWTH OF PELVIS USING AN ENDOSCOPE	$733.92
58670	DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE	$388.18
58671	BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE	$388.18
58672	REPAIR OF UTERINE TUBE TISSUE NEAR OVARY USING AN ENDOSCOPE	$750.59
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	$814.33
58674	DESTRUCTION OF GROWTH OF UTERUS USING AN ENDOSCOPE WITH ULTRASOUND GUIDANCE AND	$838.04

Procedure Code	Procedure Code Description	Maximum Allowable Charge
58679	OTHER PROCEDURE ON FALLOPIAN TUBE OR OVARY USING AN ENDOSCOPE	$0.00
58700	REMOVAL OF UTERINE TUBES	$828.22
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	$787.35
58740	REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES	$931.67
58750	TUBOTUBAL ANASTOMOSIS	$938.59
58752	RECONNECTION OF FALLOPIAN TUBES FOLLOWING TUBAL LIGATION	$935.88
58760	FIMBRIOPLASTY	$849.58
58770	REPAIR OF BLOCKED UTERINE TUBE OPENING	$890.98
58800	DRAINAGE OF CYSTS OF OVARIES THROUGH VAGINA	$333.51
58805	DRAINAGE OF CYSTS OF OVARIES THROUGH ABDOMEN	$451.28
58820	DRAINAGE OF ABSCESS OF OVARIES THROUGH VAGINA	$360.94
58822	DRAINAGE OF ABSCESS OF OVARIES THROUGH ABDOMEN	$742.62
58825	TRANSPOSITION, OVARY(S)	$736.55
58900	BIOPSY OF OVARIES	$460.61
58920	PARTIAL REMOVAL OF OVARIES	$741.40
58925	REMOVAL OF CYSTS OF OVARIES	$794.68
58940	REMOVAL OF OVARIES	$582.53
58943	REMOVAL OF OVARIES FOR OVARIAN CANCER	$1,208.12
58950	REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES	$1,196.09
58951	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES	$1,484.89
58952	REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES WITH REDUCTION OF GRO	$1,698.78
58953	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES WITH EXTENSIV	$2,055.09
58954	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES	$2,219.95
58956	REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES	$1,400.51
58957	REMOVAL OF UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES FOR REDUCTION OF GR	$1,637.52
58958	REMOVAL OF UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES FOR REDUCTION OF GR	$1,701.26
58960	EXAM OF ABDOMINAL CAVITY WITH REMOVAL OR BIOPSY OF ABDOMINAL LINING OR LYMPH NOD	$1,033.88
58970	REMOVAL OF EGGS FROM OVARIES	$199.36
58974	EMBRYO TRANSFER, INTRAUTERINE	$0.00
58976	INSERTION OF EGGS WITH SPERM INTO FALLOPIAN TUBES	$215.68
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	$80.10
59001	REMOVAL OF AMNIOTIC FLUID TO REDUCE AMOUNT OF FLUID SURROUNDING FETUS USING ULTR	$175.96
59010	AMNIOSCOPY	$0.00
59011	AMNIOSCOPY (INTRAOVULAR)	$0.00
59012	REMOVAL OF BLOOD FROM FETAL UMBILICAL CORD	$198.30
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	$129.37
59020	FETAL CONTRACTION STRESS TEST	$75.34
59025	FETAL TEST	$51.80
59030	REMOVAL OF BLOOD FROM SCALP OF FETUS	$109.90
59031	FETAL SCALP BLOOD SAMPLING	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	$49.29
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	$41.02
59070	INFUSION OF NORMAL SALINE INTO FETAL AMNIOTIC SAC USING ULTRASOUND GUIDANCE	$304.36
59072	OCCLUSION OF FETAL UMBILICAL CORD USING ULTRASOUND GUIDANCE	$511.80
59074	DRAINAGE OF FETAL FLUID USING ULTRASOUND GUIDANCE	$304.36
59076	PLACEMENT OF SHUNT INTO FETAL CHEST USING ULTRASOUND GUIDANCE	$511.80
59100	INCISION OF UTERUS	$865.55
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	$827.08
59121	REMOVAL OF OVARIAN OR TUBAL PREGNANCY	$826.74
59125	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	$0.00
59126	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	$0.00
59130	REMOVAL OF PREGNANCY CONTENTS IN ABDOMINAL CAVITY	$956.51
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH	$907.71
59140	REMOVAL OF IMPREGNATED OVUM OUTSIDE UTERUS	$429.43
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	$802.72
59151	REMOVAL OF OVARIAN OR TUBAL PREGNANCY WITH REMOVAL OF OVARY AND/OR TUBE USING AN	$784.83
59160	SCRAPING OF LINING OF UTERUS AFTER DELIVERY	$193.31
59200	INSERTION OF DILATOR DEVICE INTO CERVIX	$43.50
59300	EPISIOTOMY OR REPAIR OF VAGINA	$146.70
59305	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	$0.00
59320	SUTURE OF CERVIX DURING PREGNANCY THROUGH VAGINA	$150.27
59325	SUTURE OF CERVIX DURING PREGNANCY THROUGH ABDOMEN	$237.90
59350	REPAIR OF TEAR OF UTERUS	$273.28
59351	HYSTERORRHAPHY OF RUPTURED UTERUS	$0.00
59400	VAGINAL DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	$2,438.47
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$792.32
59410	VAGINAL DELIVERY WITH POST DELIVERY CARE	$1,055.35
59412	TURNING OF FETUS THROUGH EXTERNAL MANIPULATION	$101.81
59414	DELIVERY OF PLACENTA	$89.03
59420	ANTEPARTUM CARE ONLY (SEPARATE PROCEDURE)	$0.00
59425	PREDELIVERY CARE, 4 TO 6 VISITS	$428.70
59426	PREDELIVERY CARE, 7 OR MORE VISITS	$787.28
59430	POST DELIVERY CARE	$177.40
59500	CESAREAN SECTION, LOW CERVICAL, INCLUDING IN-HOSPITAL	$0.00
59501	CESAREAN SECTION, LOW CERVICAL, INCLUDING IN-HOSPITAL	$0.00
59510	CESAREAN DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	$2,678.63
59514	CESAREAN DELIVERY ONLY;	$891.86
59515	CESAREAN DELIVERY WITH CARE AFTER DELIVERY	$1,293.55
59520	CESAREAN SECTION, CLASSIC, INCLUDING IN-HOSPITAL	$0.00
59521	CESAREAN SECTION, CLASSIC, INCLUDING IN-HOSPITAL	$0.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	$471.09
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 DELI	$2,533.99
59612	VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	$889.17

Procedure Code	Procedure Code Description	Maximum Allowable Charge
59614	VAGINAL DELIVERY AND CARE AFTER DELIVERY AFTER PRIOR CESAREAN DELIVERY	$1,127.47
59618	CESAREAN DELIVERY AND CARE BEFORE AND AFTER DELIVERY FOLLOWING ATTEMPTED VAGINAL	$2,704.65
59620	CESAREAN DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AFTER PREVIOUS CESAREAN DEL	$920.43
59622	CESAREAN DELIVERY WITH CARE AFTER DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AF	$1,344.41
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	$315.22
59820	TREATMENT OF MISCARRIAGE DURING FIRST TRIMESTER	$403.98
59821	TREATMENT OF MISCARRIAGE DURING SECOND TRIMESTER	$391.06
59830	TREATMENT OF MISCARRIAGE FROM INFECTION	$477.67
59840	INDUCED ABORTION BY DILATION AND SCRAPING OF UTERINE	$229.89
59841	INDUCED ABORTION BY DILATION	$378.85
59850	INDUCED ABORTION BY AMNIOTIC FLUID INJECTION	$398.74
59851	INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID WITH DILATION AND REMOVAL OF P	$442.34
59852	INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID	$608.14
59855	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY	$432.95
59856	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH DILATION AND REMOVAL O	$503.47
59857	INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH INCISION OF UTERUS	$584.09
59866	ELIMINATION OF FETUSES OF A MULTIFETAL PREGNANCY	$235.49
59870	REMOVAL OF ABNORMAL PREGNANCY CONTENTS WITH SCRAPING OF UTERINE WALL	$563.98
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	$132.61
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	$170.44
60100	NEEDLE BIOPSY OF THYROID THROUGH SKIN	$77.76
60200	INCISION OF CYST OR GROWTH OF THYROID	$695.67
60210	PARTIAL REMOVAL OF THYROID LOBE ON SIDE OF NECK	$729.19
60212	PARTIAL REMOVAL OF THYROID LOBES ON BOTH SIDES OF NECK AND CONNECTING TISSUE	$1,039.88
60220	REMOVAL OF THYROID LOBE ON SIDE OF NECK	$731.68
60225	REMOVAL OF THYROID LOBE ON SIDE OF NECK AND PARTIAL REMOVAL OF THYROID LOBE ON O	$966.71
60240	REMOVAL OF THYROID	$940.20
60252	REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH LIMITED NECK REMOVAL	$1,350.77
60254	REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH EXTENSIVE NECK REMOVAL	$1,706.73
60260	REMOVAL OF REMAINING THYROID TISSUE FROM PRIOR OPERATION	$1,115.14
60261	THYROIDECTOMY, SECONDARY	$0.00
60270	REMOVAL OF THYROID FROM UNDER BREASTBONE	$1,385.46
60271	REMOVAL OF THYROID THROUGH CHEST OR BACK	$1,079.94
60280	REMOVAL OF CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT	$484.56
60281	REMOVAL OF RECURRENT CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT	$631.41
60300	ASPIRATION AND/OR INJECTION OF CYST OF THYROID	$49.04
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	$992.58
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	$1,325.61
60505	REMOVAL OR EXPLORATION OF PARATHYROID GLANDS AND BREAST BONE TISSUE	$1,429.03
60510	TRANSPLANTATION OF PARATHYROID GLAND(S) DURING THYROIDECTOMY	$0.00
60512	REMOVAL AND REIMPLANTATION OF PARATHYROID TISSUE	$241.04
60520	REMOVAL OF THYMUS GLAND THROUGH NECK	$1,062.53
60521	REMOVAL OF THYMUS GLAND THROUGH STERNUM OR CHEST	$1,117.47
60522	REMOVAL OF THYMUS GLAND SURROUNDING LYMPH NODES THROUGH STERNUM OR CHEST	$1,351.21
60540	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN	$1,090.83

Procedure Code	Procedure Code Description	Maximum Allowable Charge
60545	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN WITH REMOVAL OF GROWTH /	$1,259.28
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	$1,349.32
60605	REMOVAL OF CAROTID ARTERY AND GROWTH	$1,577.49
60650	REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN USING AN ENDOSCOPE	$1,196.79
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	$113.14
61001	SUBSEQUENT ASPIRATION OF CEREBROSPINAL FLUID FROM INFANT SKULL BONE SOFT SPOT	$107.27
61020	REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN FOR DIAGNOSIS	$106.34
61026	REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN AND INJECTION OF SUBSTANCE	$108.54
61050	REMOVAL OF CEREBROSPINAL FLUID FROM UPPER SPINE	$82.57
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	$119.87
61070	ASPIRATION OF CEREBROSPINAL FLUID AND INJECTION IN SHUNT TUBING OR RESERVOIR	$57.89
61105	CREATION OF OPENING IN SKULL FOR REMOVAL OF FLUID FROM BRAIN	$482.04
61106	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOLLOWED BY OTHER SURGERY	$0.00
61107	CREATION OF OPENING IN SKULL FOR INSERTION OF BRAIN TUBE OR MONITORING DEVICE	$303.68
61108	CREATION OF OPENING IN SKULL FOR REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION O	$928.97
61120	BURR HOLE FOR INJECTION INTO VENTRICLE OF BRAIN	$767.94
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	$1,284.72
61150	BURR HOLE WITH DRAINAGE OF ABSCESS OR CYST OF BRAIN	$1,357.55
61151	BURR HOLE WITH SUBSEQUENT ASPIRATION OF ABSCESS OR CYST OF BRAIN	$1,006.25
61154	BURR HOLE WITH REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION OUTSIDE OR BELOW BR	$1,296.10
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	$1,238.93
61210	BURR HOLE FOR INSERTION OF BRAIN TUBE OR MONITORING DEVICE	$356.50
61215	INSERTION OF DEVICE FOR CONTINUOUS INFUSION IN BRAIN	$538.74
61250	BURR HOLE FOR EXPLORATION OF UPPER BRAIN	$884.45
61251	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY,	$0.00
61253	BURR HOLE FOR EXPLORATION OF LOWER BRAIN	$1,006.25
61304	REMOVAL OF SKULL BONE FOR EXPLORATION OF UPPER BRAIN	$1,640.80
61305	REMOVAL OF SKULL BONE FOR EXPLORATION OF LOWER BRAIN	$2,005.49
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 OUTSID	$2,061.81
61313	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN UPPER BRAIN	$1,987.30
61314	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN OUTSID	$1,827.45
61315	REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN	$2,066.60
61316	PLACEMENT OF BONE GRAFT IN SKULL	$84.99
61320	REMOVAL OF SKULL BONE FOR DRAINAGE OF UPPER BRAIN ABSCESS	$1,889.03
61321	REMOVAL OF SKULL BONE FOR DRAINAGE OF LOWER BRAIN ABSCESS	$2,121.38
61322	REMOVAL OF SKULL BONE TO REDUCE BRAIN PRESSURE	$2,376.56
61323	REMOVAL OF SKULL BONE AND BRAIN LOBE TO REDUCE BRAIN PRESSURE	$2,376.70
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	$1,799.02
61331	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL	$0.00
61333	EXPLORATION AND REMOVAL OF BONE GROWTH OF EYE SOCKET	$2,009.02
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME)	$1,448.76
61341	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL),	$0.00
61343	REMOVAL OF SKULL BASE BONE AND UPPER SPINE BONE TO RELEASE SPINAL CORD	$2,192.10
61345	REMOVAL OF BASE OF SKULL TO REDUCE PRESSURE ON BRAIN	$2,042.01

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61450	REMOVAL OF SKULL BONE TO REDUCE FACIAL NERVE PRESSURE	$1,915.33
61458	REMOVAL OF SKULL BASE BONE FOR EXPLORATION OR RELEASE OF CRANIAL NERVES	$2,016.44
61460	REMOVAL OF SKULL BASE BONE TO SEVER CRANIAL NERVE	$2,103.96
61491	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	$0.00
61500	REMOVAL OF GROWTH OF BRAIN OR OTHER GROWTH OF SKULL BONE	$1,328.53
61501	CRANIECTOMY; FOR OSTEOMYELITIS	$1,162.94
61510	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN	$2,209.54
61512	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN MEMBRANE	$2,543.02
61514	REMOVAL OF SKULL BONE FOR REMOVAL OF UPPER BRAIN ABSCESS	$1,920.18
61516	REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF UPPER BRAIN	$1,875.61
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN	$84.44
61518	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN	$2,762.02
61519	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN MEMBRANE	$2,926.05
61520	REMOVAL OF SKULL BONE FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN GROWTH	$3,717.61
61521	REMOVAL OF SKULL BONE FOR REMOVAL OF SKULL BASE BONE GROWTH	$3,141.94
61522	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN ABSCESS	$2,182.90
61524	REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF BRAIN	$2,082.74
61526	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN T	$3,366.74
61530	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN T	$3,041.53
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE	$1,244.38
61532	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY;	$0.00
61533	REMOVAL OF SKULL BONE FOR INSERTION OF BRAIN ELECTRODE FOR SEIZURE MONITORING	$1,534.30
61534	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES	$1,661.92
61535	REMOVAL OF SKULL BONE FOR REMOVAL OF ELECTRODE FROM BRAIN	$1,025.73
61536	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES WITH MONITORI	$2,561.45
61537	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE	$2,434.81
61538	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE WITH MONITORING	$2,634.92
61539	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE) WITH	$2,351.14
61540	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE)	$2,170.77
61541	REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE	$2,147.24
61543	REMOVAL OF SKULL BONE FOR PARTIAL REMOVAL OF BRAIN	$2,169.53
61544	REMOVAL OF SKULL BONE FOR REMOVAL OR CLOTTING OF CEREBROSPINAL FLUID SITE	$1,894.97
61545	REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF GROWTH OF PITUITARY GLAND	$3,167.93
61546	REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF PITUITARY GLAND	$2,300.17
61548	REMOVAL OF GROWTH OF PITUITARY GLAND	$1,577.62
61550	REMOVAL OF SKULL BONE FOR REPAIR OF SINGLE SKULL SUTURE DEFECT PRESENT AT BIRTH	$1,221.46
61552	REMOVAL OF SKULL BONE FOR REPAIR OF MULTIPLE SKULL SUTURE DEFECTS PRESENT AT BIR	$1,501.90
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	$1,715.19
61557	REMOVAL OF FRONTAL SKULL BONE FOR INCISION OF PREMATURELY CLOSED SKULL SUTURE	$1,700.47
61558	EXTENSIVE REMOVAL OF SKULL BONE FOR MULTIPLE SKULL SUTURE DEFECTS	$1,889.33
61559	EXTENSIVE REMOVAL OF SKULL BONE WITH BONE GRAFTS FOR MULTIPLE SKULL SUTURE DEFEC	$2,401.95
61561	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT, INCLUDING SUTUROTOMY OR CRANIOTO	$0.00
61562	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT,	$0.00
61563	REMOVAL OF GROWTH OF SKULL BONE	$1,980.68
61564	REMOVAL OF GROWTH OF SKULL BONE WITH RELEASE OF OPTIC NERVE	$2,399.70
61566	REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO RELIEVE SEIZURE ACTIVITY	$2,232.84
61567	REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE FOR SEIZURES WITH MONITORING	$2,542.53
61570	REMOVAL OF FOREIGN BODY IN BRAIN	$1,876.07
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	$1,992.43
61575	BIOPSY, RELEASE OF PRESSURE, OR REMOVAL OF GROWTH OF BRAIN STEM OF UPPER SPINAL	$2,490.65

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61576	BIOPSY OF BRAIN STEM OR UPPER SPINAL CORD WITH SPLITTING OF TONGUE AND LOWER JAW	$4,219.31
61580	REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN	$2,607.97
61581	REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN WITH THE REMOVAL OF THE MAX	$2,884.09
61582	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN OUTSIDE BRAIN MEMBRANE	$3,273.34
61583	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHIN BRAIN MEMBRANE	$2,988.45
61584	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT ORBITAL EXENTERATION	$2,959.46
61585	REMOVAL OF FACIAL BONE AND EYEBALL TO APPROACH GROWTH OF BRAIN	$3,335.50
61586	REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT BONE GRAFT	$2,648.08
61590	REMOVAL OF JAW BONE TO APPROACH GROWTH OF BRAIN	$3,135.48
61591	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN	$3,173.91
61592	REMOVAL OF CHEEK BONE AND SKULL TO APPROACH GROWTH OF BRAIN	$3,212.33
61595	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE TEMPORA	$2,475.22
61596	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE EAR	$2,549.10
61597	REMOVAL OF BASE SKULL BONE TO APPROACH GROWTH OF BRAIN	$2,989.84
61598	REMOVAL OF SKULL BONE TO APPROACH GROWTH OF BRAIN OR DEFECT AT SKULL BASE WITH T	$2,909.22
61600	REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE OUTSIDE MEMBRANES COVERING BR	$2,228.98
61601	REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE WITHIN MEMBRANES COVERING BRA	$2,492.11
61605	REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE OUTSIDE BRAIN MEMBRANE	$2,280.74
61606	REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE WITHIN BRAIN MEMBRANE	$2,963.58
61607	REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE OUTSIDE BRAIN MEMBRANE	$2,728.16
61608	REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE WITHIN BRAIN MEMBRANE	$3,305.32
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST	$453.32
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR	$3,308.23
61615	REMOVAL OF GROWTH OR TISSUE OF SKULL BASE OUTSIDE BRAIN MEMBRANE	$2,874.57
61616	REMOVAL OF GROWTH OR TISSUE OF SKULL BASE WITHIN BRAIN MEMBRANE	$3,385.77
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTE	$1,310.00
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	$1,456.55
61623	BALLOON OCCLUSION OF HEAD OR NECK ARTERY WITH REVIEW BY RADIOLOGIST	$565.76
61624	OCCLUSION OF CENTRAL NERVOUS SYSTEM OR SPINAL CORD ARTERY	$1,135.81
61626	OCCLUSION OF HEAD OR NECK ARTERY	$886.09
61630	BALLOON DILATION OF BLOOD VESSEL IN HEAD	$1,362.58
61635	INSERTION OF STENT IN BLOOD VESSEL OF HEAD	$1,471.32
61640	BALLOON DILATION OF BLOOD VESSEL SPASM IN HEAD	$454.14
61641	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN SAME VESSEL FAMILY	$159.53
61642	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN DIFFERENT VESSEL FA	$319.06
61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USIN	$827.00
61650	INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND IMAGI	$560.47
61651	INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND IMAGI	$240.45
61680	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN	$2,233.72
61682	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN	$4,086.05
61684	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN	$2,821.97
61686	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN	$4,423.31
61690	SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN	$2,176.37
61692	COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN	$3,600.03
61697	REPAIR OF COMPLEX ANEURYSM OF NECK ARTERY	$4,167.63
61698	REPAIR OF COMPLEX ANEURYSM OF BACK OF BRAIN ARTERY	$4,553.74
61700	REPAIR OF SIMPLE ANEURYSM OF NECK ARTERY	$3,360.23
61702	REPAIR OF SIMPLE ANEURYSM OF BACK OF BRAIN ARTERY	$3,967.09
61703	REPAIR OF ANEURYSM OF NECK ARTERY WITH CLAMP	$1,371.17
61705	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CLAMPING NECK ARTERY	$2,584.89
61708	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING CLOT USING ELECTRICITY	$2,529.46
61710	REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING OBSTRUCTION	$2,135.45

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61711	CONNECTION OF ARTERIES OF HEAD	$2,558.57
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	$1,282.57
61735	COMPUTER-ASSISTED CREATION OF GROWTH OF BRAIN OF DEEP BRAIN STRUCTURE	$1,604.71
61736	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF SINGLE, SIMPLE GROWTH WITHIN SKULL	$896.05
61737	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF MULTIPLE OR COMPLEX GROWTH WITHIN S	$1,067.04
61750	COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN	$1,414.29
61751	COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN USING CT AN	$1,404.38
61760	COMPUTER-ASSISTED IMPLANTATION OF BRAIN ELECTRODES FOR SEIZURE MONITORING	$1,592.51
61770	COMPUTER-ASSISTED INSERTION OF TUBE OR PROBE FOR RADIATION PLACEMENT	$1,623.08
61780	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); FOR INTRODUCTION	$0.00
61781	COMPUTER-ASSISTED PROCEDURE INSIDE BRAIN	$228.98
61782	COMPUTER-ASSISTED PROCEDURE OUTSIDE MEMBRANE COVERING BRAIN	$175.97
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	$226.56
61790	COMPUTER-ASSISTED CREATION OF GROWTH OF FACE NERVE	$901.72
61791	COMPUTER-ASSISTED CREATION OF GROWTH OF BRAINSTEM	$1,140.45
61796	COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, FIRST GROWTH	$1,029.57
61797	COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, EACH ADDITIONAL GROWTH	$212.25
61798	COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, FIRST GROWTH	$1,382.52
61799	COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, EACH ADDITIONAL GROWT	$293.61
61800	COMPUTER-ASSISTED RADIOSURGERY APPLICATION OF HEADFRAME	$148.35
61850	CREATION OF OPENING IN SKULL FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN BRAI	$1,000.07
61860	REMOVAL OF SKULL BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN BRAIN	$1,566.64
61863	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR	$1,518.21
61864	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR	$274.19
61867	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR	$2,272.76
61868	REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR	$483.62
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	$608.47
61885	INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO SINGLE ELECTR	$549.60
61886	INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO 2 OR MORE ELE	$914.27
61888	REMOVAL OF BRAIN NEUROSTIMULATOR DEVICE	$406.89
62000	ELEVATION OF SIMPLE DEPRESSED BROKEN SKULL BONE	$1,050.22
62005	ELEVATION OF COMPLICATED DEPRESSED BROKEN SKULL BONE	$1,283.51
62010	ELEVATION OF DEPRESSED BROKEN SKULL BONE WITH REPAIR OF BRAIN	$1,548.01
62100	REMOVAL OF SKULL BONE FOR REPAIR OF CEREBROSPINAL FLUID LEAK	$1,588.46
62115	REDUCTION OF ENLARGED SKULL BONE	$1,705.24
62117	REDUCTION AND RESHAPING OF ENLARGED SKULL BONE	$1,961.67
62120	REPAIR OF HERNIATED BRAIN AND RECONSTRUCTION OF SKULL BONE	$2,144.35
62121	REMOVAL OF SKULL BONE FOR REPAIR OF HERNIATED BRAIN AT SKULL BASE	$1,610.66
62140	REPAIR OF SKULL BONE DEFECT, 5 CM OR LESS	$1,040.08
62141	REPAIR OF SKULL BONE DEFECT, MORE THAN 5.0 CM	$1,158.00
62142	REMOVAL OF SKULL BONE FLAP OR SKULL PLATE	$911.08
62143	REPLACEMENT OF SKULL BONE FLAP OR SKULL PLATE	$1,061.67
62145	REPAIR OF SKULL BONE DEFECT AND BRAIN	$1,423.10
62146	REPAIR OF SKULL BONE WITH GRAFT, 5.0 CM OR LESS	$1,261.87
62147	REPAIR OF SKULL BONE WITH GRAFT, MORE THAN 5.0 CM	$1,428.54
62148	INCISION AND RETRIEVAL OF SKULL BONE FOR GRAFT	$122.01
62160	INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$182.63
62161	REMOVAL OF BRAIN SCAR TISSUE OR DRAINAGE OF CYST AND INSERTION OR REMOVAL TUBE I	$1,531.08
62162	DRAINAGE OF CYST OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$1,893.07
62164	REMOVAL OF GROWTH OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE	$2,101.96
62165	REMOVAL OF GROWTH OF PITUITARY USING AN ENDOSCOPE	$1,544.72

Procedure Code	Procedure Code Description	Maximum Allowable Charge
62180	CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN BRAIN	$1,605.09
62190	CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-ATRIAL, -JUGULAR, -AURICULAR	$948.91
62192	CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-PERITONEAL, -PLEURAL, OTHER TERMINUS	$991.77
62194	REPLACEMENT OR IRRIGATION OF TUBE IN MEMBRANES COVERING BRAIN	$514.02
62200	CREATION OF SPINAL FLUID DRAINAGE TRACT IN THIRD VENTRICLE OF BRAIN	$1,384.64
62201	COMPUTER-ASSISTED CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN THIRD VENTRI	$1,238.76
62220	CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	$976.76
62223	CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-PERITONEAL, -PLEURAL, OTHER T	$1,058.16
62225	REPLACEMENT OR IRRIGATION OF TUBE IN BRAIN	$557.83
62230	INSERTION OR REVISION OF CEREBROSPINAL FLUID DRAINAGE SHUNT VALVE OR TUBE	$855.90
62252	REPROGRAMMING OF CEREBROSPINAL FLUID SHUNT	$89.27
62256	REMOVAL OF CEREBROSPINAL FLUID SHUNT SYSTEM	$631.24
62258	REMOVAL AND INSERTION OF CEREBROSPINAL FLUID SHUNT SYSTEM	$1,125.85
62263	REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS OVER 2 DAYS OR MORE	$332.80
62264	REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS IN 1 DAY	$251.10
62267	ASPIRATION OF SPINAL DISC TISSUE FOR DIAGNOSTIC PURPOSES	$156.97
62268	ASPIRATION OF FLUID FROM CYST OF SPINAL CORD OR FLUID-FILLED CAVITY	$261.54
62269	BIOPSY OF SPINAL CORD WITH NEEDLE THROUGH SKIN	$266.49
62270	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST	$62.21
62272	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP	$89.50
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	$115.35
62280	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF NERVE TISSUE IN SPACE AR	$164.95
62281	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF UPPER SPINE NERVE TISSUE	$165.55
62282	INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF LOWER SPINE NERVE TISSUE	$147.85
62284	INJECTION OF CONTRAST FOR IMAGING OF LOWER SPINAL CANAL	$86.02
62286	INJCTN PRCDR PNEUMDENCEPHALOGRPHY,LUMBAR	$0.00
62287	REMOVAL OF LOWER SPINE DISC TISSUE AT SINGLE OR MULTIPLE LEVELS USING FLUOROSCOP	$592.17
62290	INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF LOWER SPINE	$161.21
62291	INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF MIDDLE OR UPPER SPINE	$148.80
62292	INJECTION FOR REMOVAL OF LOWER SPINE DISC	$603.47
62293	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,	$0.00
62294	INJECTION OF SUBSTANCE TO OCCLUDE SPINAL CORD ARTERY AND/OR VEIN	$966.17
62302	X-RAY OF UPPER SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$121.66
62303	X-RAY OF MIDDLE SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$121.66
62304	X-RAY OF LOWER SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$119.92
62305	X-RAY OF MULTIPLE REGIONS OF SPINAL CANAL WITH REVIEW BY RADIOLOGIST	$124.87
62320	INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL	$102.35
62321	INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL USING IMAGING GUIDANCE	$109.48
62322	INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL	$81.69
62323	INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING IMAGING GUIDANCE	$101.45
62324	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL	$90.32
62325	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL US	$113.14
62326	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL	$86.97
62327	INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING IMAGIN	$108.56
62328	REMOVAL OF SPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST USING IMA	$87.25
62329	REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP USING IMAGING GUIDANCE	$108.02
62350	INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION ADMINI	$411.88
62351	INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION ADMINI	$930.18
62355	REMOVAL OF IMPLANTED TUBE IN SPINAL CANAL	$288.90
62360	INSERTION OF SPINAL CANAL DRUG INFUSION DEVICE BENEATH SKIN	$332.03
62361	INSERTION OF SPINAL CANAL DRUG INFUSION PUMP	$451.08
62362	INSERTION OF PROGRAMMABLE SPINAL CANAL DRUG INFUSION PUMP	$398.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
62365	REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE	$309.23
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$24.95
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$34.93
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$35.32
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$46.66
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 CO	$1,246.45
63003	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL C	$1,248.89
63005	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL CO	$1,221.14
63010	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, ON	$0.00
63011	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF SACRAL SPINAL C	$1,125.00
63012	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD OR NERVES	$1,217.46
63015	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF UPPER SPINAL CO	$1,497.22
63016	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL C	$1,543.07
63017	PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL CO	$1,285.06
63020	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD OR NERVES AND/OR	$1,126.43
63021	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	$0.00
63030	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD OR NERVES AND/OR	$943.34
63031	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	$0.00
63035	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER OR LOWER SPINAL CORD OR NERV	$230.68
63040	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER SPINAL CORD	$1,404.35
63041	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED	$0.00
63042	PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF LOWER SPINAL CORD	$1,323.41
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 SPI	$0.00
63045	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD AND/OR NERVES, 1	$1,309.35
63046	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES,	$1,253.72
63047	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD AND/OR NERVES, 1	$1,133.43
63048	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, EACH AD	$207.32
63050	RECONSTRUCTION OF UPPER SPINE BONE WITH RELEASE OF UPPER SPINAL CORD, 2 OR MORE	$1,503.83
63051	RECONSTRUCTION OF UPPER SPINE BONE AND POSTERIOR BONY ELEMENTS WITH RELEASE OF U	$1,718.34
63052	PARTIAL REMOVAL OF BONE OF SINGLE SEGMENT OF SPINE IN LOWER BACK WITH RELEASE OF	$254.43
63053	PARTIAL REMOVAL OF BONE OF ADDITIONAL SEGMENT OF SPINE IN LOWER BACK WITH RELEAS	$225.57
63055	RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$1,637.23
63056	RELEASE OF LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$1,510.71
63057	RELEASE OF MIDDLE OR LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT	$315.46
63060	HEMILAMINECTOMY (LAMINECTOMY) FOR HERNIATED INTERVERTEBRAL	$0.00
63064	RELEASE OF MIDDLE SPINAL CORD OR NERVES THROUGH RIB AND SPINE JOINT, SINGLE SEGM	$1,791.34
63065	TRANSTHORACIC APPROACH FOR HERNIATED INTERVERTEBRAL DISK OR	$0.00
63066	RELEASE OF MIDDLE SPINAL CORD OR NERVES THROUGH RIB AND SPINE JOINT, EACH ADDITI	$199.42
63075	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE INT	$1,379.38
63076	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH ADDIT	$240.26
63077	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE IN	$1,539.92
63078	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH ADDI	$200.49
63081	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	$1,776.36
63082	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	$260.94
63085	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO	$1,936.54
63086	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO	$186.72
63087	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM	$2,419.68
63088	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM	$253.37
63090	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE	$1,964.03
63091	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE	$174.11

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63101	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL	$2,337.04
63102	REMOVAL OF LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL E	$2,308.51
63103	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES,	$289.52
63170	REMOVAL OF SPINE BONE WITH INCISION OF SPINAL CORD	$1,604.31
63172	REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO SPINAL CANAL	$1,422.07
63173	REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO LUNG OR ABDOMEN	$1,732.71
63185	REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, 1-2 SEGMENTS	$1,173.10
63190	REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, MORE THAN 2 SEGMENTS	$1,281.21
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	$1,396.67
63192	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	$0.00
63197	PARTIAL REMOVAL OF SPINE BONE WITH INCISION OF BOTH MIDDLE SPINAL CORD TRACTS	$1,718.74
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	$1,543.19
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	$2,937.03
63251	REMOVAL OF MIDDLE SPINE BONE AND ARTERY-VEIN MALFORMATION	$3,005.41
63252	REMOVAL OF MIDDLE AND LOWER SPINE BONE AND ARTERY-VEIN MALFORMATION	$3,004.65
63265	REMOVAL OF UPPER SPINE BONE AND GROWTH OUTSIDE SPINE MEMBRANE	$1,683.70
63266	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE	$1,731.10
63267	REMOVAL OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,395.18
63268	REMOVAL OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE	$1,423.81
63270	REMOVAL OF UPPER SPINE BONE AND GROWTH WITHIN SPINE MEMBRANE	$2,077.29
63271	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE	$2,077.98
63272	REMOVAL OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE	$1,883.27
63273	REMOVAL OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE	$1,873.52
63275	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,816.79
63276	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE	$1,797.77
63277	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,581.98
63278	REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE	$1,607.22
63280	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMEDU	$2,121.19
63281	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMED	$2,101.61
63282	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMEDU	$1,987.99
63283	REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE	$1,911.52
63285	REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE, INTRAMEDU	$2,601.98
63286	REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, INTRAMED	$2,576.46
63287	REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE, INTRAMEDU	$2,726.03
63290	REMOVAL OR BIOPSY OF GROWTH OF SPINE BONE OUTSIDE AND WITHIN SPINE MEMBRANE	$2,771.44
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	$321.06
63300	REMOVAL OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE	$1,832.34
63301	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, TRANSTHORACIC APP	$2,205.73
63302	REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, THORACOLUMBAR APP	$2,179.71
63303	REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE, TRANSPER	$2,306.48
63304	REMOVAL OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE	$2,345.00
63305	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, TRANSTHORACIC APPR	$2,491.21
63306	REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, THORACOLUMBAR APPR	$2,449.29
63307	REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE WITHIN SPINE MEMBRANE, PERITONEA	$2,396.21
63308	REMOVAL OF GROWTH OF SPINE BONE	$313.03

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63600	COMPUTER-ASSISTED CREATION OF GROWTH OF SPINAL CORD	$1,103.61
63610	COMPUTER-ASSISTED STIMULATION OF SPINAL CORD	$569.92
63620	COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, FIRST GROWTH	$1,134.81
63621	COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, EACH ADDITIONAL GROWTH	$244.62
63650	INSERTION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY THROUGH SKIN	$427.72
63652	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES INTRADURAL (SPINAL CORD)	$0.00
63655	REMOVAL OF SPINE BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODE PLATE IN SPINE	$863.64
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	$338.61
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE	$874.01
63663	REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY USING FLUOROSCOPIC GUIDANCE	$463.54
63664	REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE	$909.55
63685	INSERTION OF SPINAL NEUROSTIMULATOR GENERATOR OR RECEIVER	$375.96
63688	REMOVAL OR REVISION OF NEUROSTIMULATOR GENERATOR OR RECEIVER	$388.36
63700	REPAIR OF SPINAL CORD DEFECT, 5.0 CM OR LESS	$1,334.47
63702	REPAIR OF SPINAL CORD DEFECT, MORE THAN 5.0 CM	$1,452.86
63704	REPAIR OF SPINA BIFIDA, 5.0 CM OR LESS	$1,690.77
63706	REPAIR OF SPINA BIFIDA, MORE THAN 5.0 CM	$1,869.70
63707	REPAIR OF CEREBROSPINAL FLUID LEAK	$965.92
63708	REPAIR DURAL/CSF LEAK	$0.00
63709	REPAIR OF CEREBROSPINAL FLUID LEAK WITH PARTIAL REMOVAL OF VERTEBRA	$1,141.07
63710	DURAL GRAFT, SPINAL	$1,110.27
63740	CREATION OF CEREBROSPINAL FLUID SHUNT WITH PARTIAL REMOVAL OF VERTEBRA	$1,010.29
63741	CREATION OF CEREBROSPINAL FLUID SHUNT	$706.22
63744	REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT	$699.00
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	$632.68
64400	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO FACE NERVE	$51.22
64405	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER NECK AND BACK OF HEAD NE	$52.48
64408	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO VAGUS NERVE	$46.44
64415	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO ARM NERVE BUNDLE (BRACHIAL PLE	$70.20
64416	CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO ARM NERVE BUNDLE THR	$77.94
64417	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER ARM AND SHOULDER NERVE (	$64.13
64418	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SUPRASCAPULAR SHOULDER NERVE	$56.60
64420	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO RIB NERVE	$60.16
64421	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO MULTIPLE RIB NERVES FOR REGION	$24.82
64425	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER ABDOMEN AND GROIN NERVE	$56.28
64430	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO EXTERNAL GENITALS AND ANUS NER	$55.92
64435	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE	$44.32
64445	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER BACK AND LEG NERVE (SCIA	$74.49
64446	CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER BACK AND LEG N	$76.24
64447	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH NERVE (FEMORAL NERVE)	$63.77
64448	CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH NERVE (FEMORAL	$72.07
64449	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LOWER BACK NERVE BUNDL	$62.77
64450	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO OTHER NERVE OR BRANCH	$43.09
64451	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SPINE AND PELVIS NERVE USING I	$83.72
64454	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO KNEE NERVE BRANCH USING IMAGIN	$84.11
64455	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO FOOT NERVE	$33.74
64461	INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE, SIN	$78.19
64462	INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE, ADD	$48.80
64463	INJECTION OF ANESTHETIC AGENT THROUGH TUBE INTO THORACIC VERTEBRA USING IMAGING	$81.73

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64479	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE ROO	$134.48
64480	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE ROO	$62.33
64483	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING I	$114.56
64484	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING I	$52.39
64486	INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE USING IMAG	$55.18
64487	CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE	$63.30
64488	INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH SIDES USIN	$68.55
64489	CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH	$77.94
64490	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE LE	$108.35
64491	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND LE	$60.19
64492	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD AND	$61.36
64493	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE LE	$93.28
64494	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND LE	$52.01
64495	INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD AND	$52.78
64505	INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE	$107.74
64510	INJECTION OF ANESTHETIC AGENT INTO SYMPATHETIC NERVE BUNDLE	$80.27
64517	INJECTION OF ANESTHETIC AGENT INTO SACRAL NERVE BUNDLE	$130.79
64520	INJECTION OF ANESTHETIC AGENT INTO MIDDLE OR LOWER SPINE SYMPATHETIC NERVE	$88.01
64530	INJECTION OF ANESTHETIC AGENT INTO ABDOMINAL SYMPATHETIC NERVE BUNDLE	$98.04
64553	INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE	$409.57
64555	INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE THROUGH SKIN	$335.39
64561	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY	$309.49
64566	INSERTION OF LOWER LEG NEUROSTIMULATOR ELECTRODE	$30.22
64568	INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR	$623.03
64569	REVISION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES	$784.05
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	$757.06
64575	INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE	$321.07
64580	INSERTION OF MUSCLE NEUROSTIMULATOR ELECTRODES	$328.11
64581	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE	$667.05
64582	INSERTION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR AND BREAT	$884.02
64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND BREAT	$895.80
64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR AND BREATHI	$757.43
64585	REVISION OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	$150.02
64590	INSERTION OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR GENERATOR	$167.88
64595	REVISION OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR GENERATOR	$134.08
64600	DESTRUCTION OF FIRST DIVISION OF FACE NERVE BRANCH	$238.55
64605	DESTRUCTION OF SECOND AND THIRD DIVISION OF FACE NERVE BRANCH	$359.78
64610	DESTRUCTION OF FACE NERVE BRANCH UNDER X-RAY MONITORING	$484.49
64611	INJECTION OF CHEMICAL FOR PARALYSIS OF SALIVARY GLANDS ON BOTH SIDES OF MOUTH	$117.53
64612	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF FACE	$125.45
64615	INJECTION OF CHEMICAL FOR PARALYSIS OF FACIAL AND NECK NERVE MUSCLES ON BOTH SID	$122.32
64616	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF NECK EXCLUDING V	$109.67
64617	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF VOICE BOX	$111.40
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	$184.18
64624	DESTRUCTION OF NERVE BRANCHES OF KNEE USING IMAGING GUIDANCE	$151.15
64625	DESTRUCTION OF NERVES SUPPLYING JOINT BETWEEN SPINE AND PELVIS USING IMAGING GUI	$201.50
64628	HEAT DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE IN BONES OF SPINE IN LOWER	$465.68
64629	HEAT DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE IN ADDITIONAL BONE OF SPINE	$211.96
64630	DESTRUCTION OF EXTERNAL GENITAL NERVE	$197.45
64632	DESTRUCTION OF FOOT NERVE	$69.14
64633	DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE,	$197.96
64634	DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE,	$67.96

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64635	DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE,	$198.35
64636	DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE,	$59.98
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	$122.93
64642	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES,	$107.92
64643	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES,	$70.78
64644	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MU	$117.82
64645	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MU	$81.55
64646	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 1-5 MUSCLES	$116.49
64647	INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCLES	$133.78
64650	INJECTION OF CHEMICAL FOR PARALYSIS OF UNDERARM SWEAT GLANDS	$41.45
64653	INJECTION OF CHEMICAL FOR PARALYSIS OF SWEAT GLANDS	$52.32
64680	INJECTION OF AGENT TO DESTROY ABDOMINAL NERVE BUNDLE	$168.43
64681	INJECTION OF AGENT TO DESTROY PRESACRAL NERVE BUNDLE	$230.80
64702	RELEASE OF FINGER NERVE	$551.53
64704	RELEASE OF HAND OR FOOT NERVE	$344.70
64708	RELEASE OF ARM OR LEG NERVE	$535.45
64712	RELEASE OF SCIATIC NERVE	$626.09
64713	RELEASE OF MAJOR ARM OR LEG NERVE	$826.06
64714	RELEASE OF UPPER LEG NERVE	$794.50
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	$543.19
64718	RELEASE AND/OR RELOCATION OF ELBOW NERVE	$645.67
64719	RELEASE AND/OR RELOCATION OF WRIST NERVE	$437.54
64721	RELEASE AND/OR RELOCATION OF HAND NERVE	$471.18
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	$385.93
64726	RELEASE OF SOLE OF FOOT NERVE	$285.52
64727	RELEASE OF NERVE USING OPERATING MICROSCOPE	$184.06
64732	INCISION OR REMOVAL OF FOREHEAD, SCALP AND UPPER EYELID NERVE	$476.59
64734	INCISION OR REMOVAL OF LOWER EYELID, UPPER LIP, AND MOUTH NERVE	$538.10
64736	INCISION OR REMOVAL OF CHIN, LOWER LIP, AND JAW NERVE	$349.79
64738	INCISION OR REMOVAL OF TEETH AND JAW BONE NERVE	$480.65
64740	INCISION AND REMOVAL OF TONGUE NERVE	$493.94
64742	INCISION OR REMOVAL OF FACE NERVE	$526.25
64744	INCISION OR REMOVAL OF SCALP AND OVER EAR NERVE	$527.66
64746	INCISION OR REMOVAL OF ABDOMEN, GALLBLADDER, AND LIVER NERVE	$439.92
64755	INCISION OR REMOVAL OF STOMACH NERVE	$929.72
64760	INCISION OR REMOVAL OF ABDOMEN NERVE	$537.02
64762	TRANSECTION OR AVULSION OF	$0.00
64763	INCISION OR REMOVAL OF OUTSIDE PELVIC AND THIGH NERVE	$531.13
64764	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH	$0.00
64766	INCISION OR REMOVAL OF INSIDE PELVIC AND THIGH NERVE	$653.66
64768	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC,	$0.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	$610.58
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	$588.82
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	$450.67
64776	REMOVAL OF GROWTH OF FINGER OR TOE NERVE, SAME DIGIT	$421.97
64778	REMOVAL OF GROWTH OF FINGER OR TOE NERVE, EACH ADDITIONAL DIGIT	$181.63
64782	REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, FIRST NERVE	$479.64
64783	REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE	$216.37
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	$757.62
64786	REMOVAL OR GROWTH OF SCIATIC NERVE	$1,016.97
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	$237.78
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	$428.65

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64790	REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING	$874.24
64792	REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING, EXTENSIVE INCLUDING	$1,093.12
64795	BIOPSY OF NERVE	$195.56
64802	SYMPATHECTOMY, CERVICAL	$871.49
64803	SYMPATHECTOMY, CERVICAL	$0.00
64804	SYMPATHECTOMY, CERVICOTHORACIC	$1,210.98
64806	SYMPATHECTOMY, CERVICOTHORACIC	$0.00
64809	SYMPATHECTOMY, THORACOLUMBAR	$1,104.61
64811	SYMPATHECTOMY, THORACOLUMBAR	$0.00
64814	REMOVE SYMPATHETIC NERVES	$0.00
64818	SYMPATHECTOMY, LUMBAR	$811.25
64819	SYMPATHECTOMY, LUMBAR	$0.00
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	$806.35
64821	REMOVAL OF LOWER ARM RADIAL ARTERY SYMPATHETIC NERVE	$735.81
64822	REMOVAL OF LOWER ARM ULNAR ARTERY SYMPATHETIC NERVE	$738.62
64823	REMOVAL OF HAND SYMPATHETIC NERVE	$832.28
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	$736.21
64832	SUTURE OF HAND OR FOOT DIGITAL NERVE, EACH ADDITIONAL DIGITAL NERVE	$336.89
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	$769.21
64835	SUTURE OF HAND MEDIAN MOTOR NERVE	$852.38
64836	SUTURE OF FOREARM AND HAND NERVE	$852.38
64837	SUTURE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE	$364.64
64840	SUTURE OF POSTERIOR TIBIAL NERVE	$1,001.42
64856	SUTURE AND RELOCATION OF ARM OR LEG PERIPHERAL NERVE	$1,046.56
64857	SUTURE OF ARM OR LEG PERIPHERAL NERVE	$1,093.16
64858	SUTURE OF SCIATIC NERVE	$1,213.08
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	$248.08
64861	SUTURE OF ARM NERVE BUNDLE	$1,535.95
64862	SUTURE OF; LUMBAR PLEXUS	$1,413.56
64864	SUTURE OF FACE NERVE OUTSIDE SKULL	$898.48
64865	SUTURE OF FACE NERVE AT TEMPLE	$1,146.29
64866	CONNECTION OF FACE-SPINAL NERVES TO RESTORE FUNCTION TO THE FACE	$1,311.99
64868	CONNECTION OF FACE-HYPOGLOSSAL NERVES TO RESTORE FUNCTION TO THE FACE	$1,050.22
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	$116.01
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	$173.45
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	$196.53
64885	GRAFT OF HEAD OR NECK NERVE, 4.0 CM OR LESS	$1,116.93
64886	GRAFT OF HEAD OR NECK NERVE, MORE THAN 4.0 CM	$1,341.83
64890	GRAFT OF HAND OR FOOT NERVE , 4.0 CM OR LESS	$1,115.99
64891	GRAFT OF HAND OR FOOT NERVE, MORE THAN 4.0 CM	$1,185.51
64892	GRAFT OF ARM OR LEG NERVE, 4.0 CM OR LESS	$1,087.02
64893	GRAFT OF ARM OR LEG NERVE, MORE THAN 4.0 CM	$1,157.60
64895	GRAFT OF MULTIPLE HAND OR FOOT NERVES, 4.0 CM OR LESS	$1,363.39
64896	GRAFT OF MULTIPLE HAND OR FOOT NERVES, MORE THAN 4.0 CM	$1,469.04
64897	GRAFT OF MULTIPLE ARM OR LEG NERVES, 4.0 CM OR LESS	$1,303.87
64898	GRAFT OF MULTIPLE ARM OR LEG NERVES, MORE THAN 4.0 CM	$1,411.60
64901	GRAFT OF SINGLE STRAND OF NERVE, EACH ADDITIONAL NERVE	$595.05
64902	GRAFT OF MULTIPLE NERVE SECTIONS	$689.31
64905	TRANSFER OF NERVE TO INJURED NERVE, STAGE 1 OF 2	$1,043.72
64907	TRANSFER OF NERVE TO INJURED NERVE, STAGE 2 OF 2	$1,336.84

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	$802.19
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH	$1,072.20
64912	REPAIR OF NERVE USING NERVE GRAFT, FIRST STRAND	$941.62
64913	REPAIR OF NERVE USING NERVE GRAFT, EACH ADDITIONAL STRAND	$175.20
64999	OTHER PROCEDURE ON NERVOUS SYSTEM	$932.99
65091	REMOVAL OF EYE CONTENTS	$817.89
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	$812.35
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	$934.94
65103	REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT	$961.09
65105	REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT ATTACHED TO MUSCLES	$1,044.89
65110	REMOVAL OF EYE CONTENTS AND EYE SOCKET BONE	$1,425.55
65112	REMOVAL OF EYE CONTENTS AND THERAPEUTIC REMOVAL OF EYE SOCKET BONE	$1,627.77
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	$1,696.99
65130	INSERTION OF EYE IMPLANT IN SCLERAL SHELL AFTER EVISCERATION	$937.46
65135	INSERTION OF EYE IMPLANT AFTER REMOVAL OF EYE	$948.06
65140	INSERTION OF EYE IMPLANT ATTACHED TO MUSCLES AFTER REMOVAL OF EYE	$1,016.61
65150	REINSERTION OF EYE IMPLANT	$775.81
65155	REINSERTION OF EYE IMPLANT USING FOREIGN MATERIAL AND/OR ATTACHMENT TO MUSCLES F	$1,055.54
65175	REMOVAL OF EYE IMPLANT	$859.39
65205	REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA)	$30.31
65210	REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA OR SCLERA)	$37.49
65220	REMOVAL OF FOREIGN BODY IN CORNEA	$42.54
65222	REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP	$52.30
65230	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM ANTERIOR CHAMBER, MAGNETIC EXTRACTION	$0.00
65235	REMOVAL OF FOREIGN BODY IN EYE OR LENS	$781.66
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	$1,046.32
65265	REMOVAL OF FOREIGN BODY IN EYE	$1,175.89
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	$149.45
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	$374.84
65273	REPAIR OF LACERATED CONJUNCTIVA USING FLAP OR GRAFT WITH HOSPITALIZATION	$402.01
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	$487.35
65280	REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA	$709.41
65285	REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA WITH REPOSITION OR REMO	$1,166.02
65286	REPAIR OF LACERATED CORNEA AND/OR SCLERA USING TISSUE GLUE	$524.96
65290	REPAIR OF WOUND OF EYE MUSCLE OR TENDON	$519.41
65300	DELIMITING KERATOTOMY	$0.00
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	$642.59
65410	BIOPSY OF CORNEA	$107.02
65420	REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA	$407.35
65426	REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA WITH GRAFT	$508.83
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	$106.25
65435	REMOVAL OF OUTER LAYER OF CORNEA	$73.12
65436	REMOVAL OF OUTER LAYER OF CORNEA WITH APPLICATION OF CHELATING AGENT	$392.16
65450	DESTRUCTION OF GROWTH OF CORNEA	$347.85
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	$362.63
65650	VENTI MASK	$0.00
65710	TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA	$1,216.91
65730	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (EXCEPT IN A	$1,331.23
65750	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN APHAKIA)	$1,337.14
65755	PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN PSEUDOPH	$1,332.62

Procedure Code	Procedure Code Description	Maximum Allowable Charge
65756	TRANSPLANTATION OF OUTER LAYER OF CORNEAL TISSUE	$1,240.16
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	$0.00
65765	KERATOPHAKIA	$0.00
65767	EPIKERATOPLASTY	$0.00
65770	INSERTION OF CORNEA PROSTHESIS	$1,483.77
65771	INCISION IN CORNEA TO CORRECT REFRACTION ERROR	$0.00
65772	INCISION OF CORNEA TO CORRECT ASTIGMATISM	$431.06
65775	REMOVAL OF CORNEAL TISSUE TO CORRECT ASTIGMATISM	$614.89
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE FOR WOUND HEALING	$54.63
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE WITH SUTURES FOR WOUND HEALING	$151.86
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	$717.03
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	$1,400.02
65782	TRANSPLANTATION OF STEM CELLS FROM 1 CORNEA TO OTHER CORNEA	$1,210.52
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	$473.34
65800	REMOVAL OF EYE FLUID	$91.80
65810	COMPLEX REMOVAL OF EYE FLUID	$494.02
65815	REMOVAL OF BLOOD FROM EYE	$507.13
65820	GONIOTOMY	$892.79
65825	GONIOTOMY WITH GONIOPUNCTURE	$0.00
65830	GONIOPUNCTURE, WITHOUT GONIOTOMY	$0.00
65850	TRABECULOTOMY AB EXTERNO	$893.71
65855	LASER REPAIR TO IMPROVE EYE FLUID FLOW	$215.91
65860	LASER REMOVAL OF SCAR TISSUE OF EYE	$260.88
65865	REMOVAL OF SCAR TISSUE IN EYE (GONIOSYNECHIAE)	$512.12
65870	REMOVAL OF SCAR TISSUE IN EYE (ANTERIOR SYNECHIAE)	$634.94
65875	REMOVAL OF SCAR TISSUE IN EYE (POSTERIOR SYNECHIAE)	$677.81
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	$710.96
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	$1,058.12
65920	REMOVAL OF IMPLANTED LENS OF EYE	$843.83
65930	REMOVAL OF BLOOD CLOT OF EYE	$682.85
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	$139.81
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	$119.29
66130	EXCISION OF LESION, SCLERA	$595.77
66150	PARTIAL REMOVAL OF IRIS AND CREATION OF DRAINAGE HOLE FOR TREATMENT OF GLAUCOMA	$938.54
66155	PARTIAL REMOVAL OF IRIS USING HEAT FOR TREATMENT OF GLAUCOMA	$937.81
66160	REMOVAL OF SCLERA AND IRIS AND CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMEN	$1,050.72
66170	CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA	$1,162.80
66172	CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA WITH PREVIOUS SCA	$1,272.13
66174	DILATION OF FLUID OUTFLOW DRAINAGE WITHIN EYE	$665.70
66175	DILATION OF FLUID OUTFLOW DRAINAGE WITHIN EYE WITH INSERTION OF DEVICE TO MAINTA	$769.81
66179	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW	$1,146.97
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW USING TISSUE GRAFT	$1,207.49
66183	INSERTION OF EYE FLUID DRAINAGE DEVICE	$1,093.88
66184	REVISION OF EYE FLUID DRAINAGE SHUNT	$846.14
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	$906.87
66225	REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT	$989.96
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	$591.09
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	$431.78
66505	INCISION AND DRAINAGE OF EYE FLUID ACCUMULATION OF IRIS	$468.37
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	$979.72
66605	REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW WITH PARTIAL REMOVAL	$1,159.56
66625	REMOVAL OF MARGIN OF IRIS TO IMPROVE EYE FLUID FLOW	$457.46

Procedure Code	Procedure Code Description	Maximum Allowable Charge
66630	REMOVAL OF SECTION OF IRIS TO IMPROVE EYE FLUID FLOW	$602.26
66635	PARTIAL REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW	$607.47
66680	REPAIR OF IRIS AND LENS	$557.16
66682	SUTURE OF IRIS AND LENS	$776.59
66700	CILIARY BODY DESTRUCTION; DIATHERMY	$414.89
66701	CYCLODIATHERMY; SUBSEQUENT	$0.00
66702	CILIARY BODY DESTRUCTION, ANY METHOD (EG, DIATHERMY, CRYOTHERAPY, LASER, DIALYSI	$0.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	$414.89
66711	DESTRUCTION OF TISSUE ENCIRCLING LENS USING AN ENDOSCOPE	$544.10
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	$440.05
66721	CYCLOCRYOTHERAPY; SUBSEQUENT	$0.00
66741	CYCLODIALYSIS; SUBSEQUENT	$0.00
66761	CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING A LASER, PER SESSION	$251.25
66762	CREATION OF OPENING OF IRIS FOR EYE FLUID DRAINAGE USING A LASER	$451.64
66770	DESTRUCTION OF GROWTH OF IRIS USING A LASER	$511.58
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	$518.89
66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING A LASER	$335.85
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	$903.60
66830	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE WITH SECTIONING OF CORNEA AND SCLE	$750.15
66840	ASPIRATION OF LENS MATERIAL BY ASPIRATION	$733.87
66850	ASPIRATION OF LENS MATERIAL BY FRAGMENTING AND ASPIRATION	$833.97
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	$885.85
66915	EXPRESSION OF LENS, LINEAR, ONE OR MORE STAGES	$0.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	$791.71
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	$906.06
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	$830.75
66945	EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY;	$0.00
66980	INSERT INTRAOCULAR LENS PROTHESIS; CAT. EXT.1 STG	$0.00
66982	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	$786.64
66983	REMOVAL OF CATARACT AND CAPSULE WITH INSERTION OF PROSTHETIC LENS	$494.28
66984	REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	$575.51
66985	INSERTION OF PROSTHETIC LENS	$816.27
66986	EXCHANGE OF PROSTHETIC LENS	$954.03
66987	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMEN	$0.00
66988	REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMENT TO DEC	$0.00
66989	COMPLEX EXTRACAPSULAR REMOVAL OF CATARACT WITH INSERTION OF ARTIFICIAL LENS AND	$899.69
66991	EXTRACAPSULAR REMOVAL OF CATARACT WITH INSERTION OF ARTIFICIAL LENS AND INSERTIO	$722.31
66999	OTHER PROCEDURE ON FRONT OF EYE	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA	$507.27
67010	PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA WITH MECHANICAL REMOVAL OF	$578.47
67015	ASPIRATION OR RELEASE OF EYE FLUID BETWEEN LENS AND RETINA	$649.54
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	$670.41
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	$894.18
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	$95.52
67030	CUTTING OF STRANDS OF EYE FLUID BETWEEN LENS AND RETINA	$602.16
67031	RELEASE OF SCAR TISSUE BETWEEN LENS AND RETINA USING A LASER	$376.73
67035	VTRCTMY MECHNCL PARS PLANA APPRCH W/WO RMVL LENS	$0.00
67036	REMOVAL OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA	$946.29
67039	DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA USING A LASER	$1,011.55

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67040	DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA AND ALL OF RETINA US	$1,089.88
67041	REMOVAL OF MEMBRANE OF RETINA	$1,200.45
67042	REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETI	$1,200.06
67043	REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF SUBRETINAL MEMBRANE	$1,264.09
67101	REPAIR OF DETACHED RETINA BY COLD TREATMENT	$303.64
67105	REPAIR OF DETACHED RETINA USING A LASER	$293.09
67107	REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND RETINA	$1,180.03
67108	REPAIR OF DETACHED RETINA WITH DRAINAGE AND REMOVAL OF EYE FLUID BETWEEN LENS AN	$1,247.72
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	$865.12
67113	COMPLEX REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND RET	$1,396.00
67115	RELEASE OF MATERIAL USED FOR RETINA REPAIR	$531.87
67120	REMOVAL OF IMPLANT MATERIAL FROM OUTSIDE OF EYE	$589.15
67121	REMOVAL OF IMPLANT MATERIAL FROM INSIDE OF EYE	$953.69
67141	HEAT OR FREEZING TREATMENT TO PREVENT DETACHMENT OF RETINA	$231.72
67145	PHOTOCOAGULATION TREATMENT TO PREVENT DETACHMENT OF RETINA	$231.72
67208	DESTRUCTION OF GROWTH OF RETINA BY HEAT OR FREEZING	$610.41
67210	DESTRUCTION OF GROWTH OF RETINA USING A LASER	$529.55
67218	DESTRUCTION OF GROWTH OF RETINA BY IMPLANTATION OF RADIATION SOURCE	$1,461.38
67220	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTOCOAGULATION	$529.34
67221	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC THERAPY	$215.91
67225	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC THERAPY	$28.46
67227	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA	$268.30
67228	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA USING LASER	$318.48
67229	DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA, PRETERM INFANT	$1,217.86
67250	REPAIR OF DEFECT OF SCLERA	$986.79
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	$735.33
67299	OTHER PROCEDURE ON BACK OF EYE	$738.96
67311	REALIGNMENT OF HORIZONTAL EYE MUSCLE	$483.39
67312	REALIGNMENT OF EYE BY REPAIR OF 2 HORIZONTAL MUSCLES	$698.96
67313	STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY PROCEDURE, ANY MUS	$0.00
67314	REALIGNMENT OF VERTICAL EYE MUSCLE	$483.39
67316	REALIGNMENT OF MULTIPLE VERTICAL EYE MUSCLES	$748.71
67318	REALIGNMENT OF EYE MUSCLE AT UPPER INNER EDGE OF EYE	$723.55
67320	RELOCATION OF EYE MUSCLE TO RESTORE FUNCTION	$213.58
67331	REALIGNMENT OF EYE MUSCLE FOLLOWING INJURY OR EYE SURGERY	$208.24
67332	REALIGNMENT OF EYE MUSCLE COMPLICATED BY SCARRING OR RESTRICTIVE MUSCLE MOVEMENT	$217.43
67334	REALIGNMENT OF EYE MUSCLE BY SUTURE	$204.84
67335	PLACEMENT OF ADJUSTABLE SUTURES DURING EYE MUSCLE SURGERY	$193.47
67340	REALIGNMENT AND REPAIR OF DETACHED EYE MUSCLE	$300.80
67343	RELEASE OF EXTENSIVE SCAR TISSUE OF EYE	$713.98
67345	DESTRUCTION OF EYE MUSCLE BY INJECTION OF CHEMICAL	$224.89
67346	BIOPSY OF EXTRAOCULAR MUSCLE	$200.41
67399	OTHER PROCEDURE ON EYE MUSCLE	$0.00
67400	EXPLORATION OF CAVITY BEHIND EYE	$1,129.02
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	$988.51
67412	REMOVAL OF GROWTH OF CAVITY BEHIND EYE	$1,083.19
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	$1,052.75
67414	REMOVAL OF BONE CAVITY BEHIND EYE FOR DECOMPRESSION	$1,562.76
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	$105.86
67420	REMOVAL OF BONE AND GROWTH OF CAVITY BEHIND EYE	$1,874.69
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	$1,506.13
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	$1,461.26

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67445	REMOVAL OF BONE FROM CAVITY BEHIND EYE WITH BONE FLAP	$1,641.90
67450	EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP	$1,513.52
67500	INJECTION OF DRUG INTO CAVITY BEHIND EYE	$65.50
67505	RETROBULBAR INJECTION; ALCOHOL	$75.21
67510	RETROBULBR INJ;RADGRPHY	$0.00
67515	INJECTION OF DRUG OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	$49.27
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	$1,181.52
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	$1,204.21
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	$1,381.81
67599	OTHER PROCEDURE ON BONE CAVITY OF EYE	$0.00
67700	INCISION AND DRAINAGE OF ABSCESS OF EYELID	$124.45
67710	SEVERING OF TARSORRHAPHY	$105.65
67715	INCISION OF CORNER OF EYE AT EYELID	$115.28
67800	REMOVAL OF CHRONIC GROWTH OF EYELID	$108.09
67801	REMOVAL OF MULTIPLE CHRONIC GROWTHS OF SAME EYELID	$138.77
67805	REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS	$172.96
67808	REMOVAL OF CHRONIC EYELID GROWTH UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPI	$391.85
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	$70.37
67820	REMOVAL OF EYELASHES USING FORCEPS	$23.33
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	$130.52
67830	REMOVAL OF EYELASHES BY INCISION	$146.30
67835	REMOVAL OF EYELASHES WITH GRAFT	$468.97
67840	REMOVAL OF GROWTH OF EYELID	$166.84
67850	DESTRUCTION OF GROWTH OF EYELID MARGIN, 1.0 CM OR LESS	$139.59
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	$100.05
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	$391.67
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	$500.28
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	$533.69
67901	REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING EXTERNAL MA	$627.10
67902	REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING INTERNAL TI	$767.73
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	$507.29
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	$629.18
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	$533.06
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	$461.35
67909	REVISION OF SURGERY TO CORRECT DROOPING OR PARALYZED UPPER EYELID	$465.60
67911	CORRECTION OF LID RETRACTION	$591.15
67912	RESTORATION OF EYELID BLINKING FUNCTION WITH IMPLANT	$514.65
67914	SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT	$351.81
67915	REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT	$215.47
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	$456.05
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	$483.66
67921	REPAIR OF ENTROPION; SUTURE	$335.25
67922	REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT	$215.86
67923	REPAIR OF TURNING-INWARD EYELID DEFECT	$456.44
67924	EXTENSIVE REPAIR OF TURNING-INWARD EYELID DEFECT	$483.63
67930	SUTURE OF RECENT WOUND OF EYELID	$246.07
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	$460.52
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	$127.06
67950	RECONSTRUCTION OF EYELID MARGIN	$490.03
67961	REMOVAL OF UP TO 1/4 OF EYELID MARGIN AND REPAIR OF EYELID	$481.43
67966	REMOVAL OF OVER 1/4 OF EYELID MARGIN AND REPAIR OF EYELID	$689.49
67971	RECONSTRUCTION OF UP TO 2/3 OF EYELID WITH TISSUE FROM OPPOSITE EYELID	$757.40

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	$971.38
67974	RECONSTRUCTION OF UPPER EYELID WITH TISSUE FROM OPPOSITE EYELID	$969.52
67975	RECONSTRUCTION OF EYELID BY TRANSFER OF EYELID TISSUE FROM OPPOSITE EYELID	$718.39
67999	OTHER PROCEDURE ON EYELID	$0.00
68020	INCISION AND DRAINAGE OF CYST OF EYE	$117.54
68040	REMOVAL OF SCARS OF EYELID LINING DUE TO INFECTION	$49.15
68100	BIOPSY OF EYELID LINING	$100.23
68110	REMOVAL OF GROWTH OF EYELID LINING, 1.0 CM OR LESS	$158.00
68115	REMOVAL OF GROWTH OF EYELID LINING, MORE THAN 1.0 CM	$193.85
68130	REMOVAL OF GROWTH OF EYELID LINING AND SCLERA	$438.39
68135	DESTRUCTION OF GROWTH OF EYELID LINING	$159.45
68200	SUBCONJUNCTIVAL INJECTION	$35.74
68320	REPAIR OF EYELID LINING WITH GRAFT FROM EXTERNAL EYE	$574.65
68325	REPAIR OF CONJUNCTIVA WITH GRAFT FROM CHEEK TISSUE	$694.33
68326	RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM OUTER EYE OR REARRANGEMENT	$682.14
68328	RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM CHEEK	$744.73
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	$489.16
68335	RELEASE OF SCAR TISSUE FROM EYELIDS WITH GRAFT	$684.07
68340	RELEASE OF SCAR TISSUE FROM EYELIDS	$423.37
68360	PARTIAL RELOCATION OF CONJUNCTIVAL FLAP	$436.14
68362	RELOCATION OF CONJUNCTIVAL FLAP	$693.47
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	$438.82
68399	OTHER PROCEDURE ON CONJUNCTIVA	$0.00
68400	INCISION AND DRAINAGE OF TEAR PRODUCING GLAND	$138.97
68420	INCISION AND DRAINAGE OF TEAR DUCT SAC	$175.11
68440	SNIP INCISION OF TEAR DUCT AT INNER CORNER OF EYE	$108.33
68500	REMOVAL OF TEAR PRODUCING GLAND	$1,142.32
68505	PARTIAL REMOVAL OF TEAR PRODUCING GLAND	$1,137.45
68510	BIOPSY OF TEAR PRODUCING GLAND	$298.05
68520	REMOVAL OF TEAR SAC	$794.48
68525	BIOPSY OF TEAR SAC	$265.55
68530	REMOVAL OF FOREIGN BODY OR STONE IN TEAR PASSAGES	$266.20
68540	REMOVAL OF GROWTH OF TEAR PRODUCING GLAND	$1,053.83
68550	REMOVAL OF GROWTH OF TEAR PRODUCING GLAND WITH OSTEOTOMY	$1,312.17
68700	PLASTIC REPAIR OF TEAR DUCT	$638.11
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	$176.07
68720	CREATION OF DRAINAGE TRACT FROM TEAR SAC TO NASAL CAVITY	$869.45
68745	CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY	$874.91
68750	CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY WITH INSERTION OF TUBE OR STENT	$924.94
68760	REPAIR TEAR DUCT OPENING BY HEAT, TYING, OR LASER SURGERY	$155.47
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	$126.10
68770	CLOSURE OF ABNORMAL TEAR DRAINAGE TRACT	$664.31
68801	DILATION OF TEAR DRAINAGE OPENING	$85.80
68810	INSERTION OF PROBE INTO NASAL TEAR DUCT	$136.80
68811	INSERTION OF PROBE INTO NASAL TEAR DUCT UNDER ANESTHESIA	$143.24
68815	PROBING OF NASAL TEAR DUCT WITH INSERTION OF TUBE OR STENT	$236.96
68816	PROBING OF NASAL TEAR DUCT WITH BALLOON TUBE DILATION	$166.41
68840	PROBING OF NASAL TEAR DUCT	$126.28
68841	INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCT OF EYE	$34.19
68850	INJECTION OF CONTRAST FOR IMAGING OF TEAR SAC	$54.29
68899	OTHER PROCEDURE ON TEAR PRODUCING DRAINAGE SYSTEM	$0.00
69000	SIMPLE DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF EXTERNAL EAR	$134.43

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69005	COMPLICATED DRAINAGE OF EXTERNAL EAR ABSCESS OR BLOOD ACCUMULATION	$170.96
69020	DRAINAGE OF ABSCESS OF EAR CANAL	$157.58
69090	PIERCING OF EAR	$0.00
69100	BIOPSY EXTERNAL EAR	$48.27
69105	BIOPSY EXTERNAL AUDITORY CANAL	$67.52
69110	PARTIAL REMOVAL OF EXTERNAL EAR WITH SIMPLE REPAIR	$357.46
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	$425.30
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	$1,000.35
69145	REMOVAL OF GROWTH IN SOFT TISSUE OF EAR CANAL	$282.25
69150	REMOVAL OF GROWTH OF EAR CANAL	$1,079.05
69155	REMOVAL OF GROWTH OF EAR CANAL WITH NECK DISSECTION	$1,728.59
69200	REMOVAL OF FOREIGN BODY IN EAR CANAL	$49.06
69205	REMOVAL OF FOREIGN BODY IN EAR CANAL UNDER ANESTHESIA	$102.76
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	$17.69
69210	REMOVAL OF IMPACTED EAR WAX	$33.28
69220	SIMPLE REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY	$53.25
69221	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	$0.00
69222	COMPLEX REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY	$149.01
69223	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	$0.00
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	$498.92
69301	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	$0.00
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	$1,231.81
69320	CREATION OF EAR CANAL	$1,705.13
69399	OTHER PROCEDURE ON EXTERNAL EAR	$0.00
69420	INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM	$130.49
69421	INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA	$164.76
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	$63.99
69425	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	$0.00
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	$143.02
69434	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	$0.00
69436	INCISION OF EARDRUM WITH PLACEMENT OF EARDRUM TUBE UNDER GENERAL ANESTHESIA	$171.84
69437	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL	$0.00
69440	EXPLORATION OF MIDDLE EAR	$756.75
69450	TYMPANOLYSIS, TRANSCANAL	$602.02
69501	TRANSMASTOID ANTROTOMY (''SIMPLE'' MASTOIDECTOMY)	$766.10
69502	REMOVAL OF MIDDLE EAR (MASTOID) BONE	$1,014.47
69505	REMOVAL OF MIDDLE EAR BONE AND REMOVAL OF GROWTH OF MIDDLE EAR	$1,346.81
69511	EXTENSIVE REMOVAL OF MASTOID BONE	$1,376.17
69530	EXTENSIVE REMOVAL OF BONES AROUND INNER EAR AND MASTOID BONE	$1,814.18
69535	REMOVAL OF SKULL BONE SURROUNDING EAR	$2,839.16
69540	REMOVAL OF POLYP OF OUTER EAR	$143.55
69550	REMOVAL OF GROWTH OF OUTER EAR THROUGH EAR CANAL	$1,167.61
69552	REMOVAL OF GROWTH OF OUTER EAR THROUGH MASTOID BONE	$1,714.12
69554	REMOVAL OF GROWTH OF OUTER EAR	$2,691.74
69601	REVISION OF OPERATION OF MIDDLE EAR BONES AND REMOVAL OF REMAINING BONES	$1,094.85
69602	REVISION OF PREVIOUS MASTOID BONE SURGERY	$1,175.91
69603	EXTENSIVE REVISION OF PREVIOUS MASTOID BONE SURGERY	$1,403.78
69604	REVISION OF OPERATION OF MIDDLE EAR AND EARDRUM	$1,200.28
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	$301.85
69611	TYMPANIC MEMBRANE PATCHING WITH TISSUE GRAFT	$0.00
69620	REPAIR OF DEFECT OR TEAR OF EARDRUM	$534.81
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	$971.95

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69632	REPAIR OF EARDRUM, EAR CANAL, AND BONES	$1,176.17
69633	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	$1,142.91
69635	REPAIR OF EARDRUM AND EAR CANAL WITH INCISION OF MIDDLE EAR BONE	$1,396.41
69636	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MIDDLE EAR BONE	$1,540.79
69637	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH PLACEMENT OF IMPLANT AND OPENING OF	$1,534.48
69641	COMPLEX REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MASTOID BONE	$1,129.28
69642	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MIDDLE EAR BONE	$1,444.12
69643	REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE	$1,321.47
69644	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MASTOID BONE, WITH INTAC	$1,641.44
69645	EXTENSIVE REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE	$1,612.35
69646	EXTENSIVE REPAIR AND RECONSTRUCTION OF EARDRUM AND EAR CANAL WITH REMOVAL OF MID	$1,706.30
69650	STAPES MOBILIZATION	$871.11
69660	INCISION OR REMOVAL OF MIDDLE EAR BONE	$996.00
69661	INCISION OR REMOVAL OF EAR BONE WITH DRILLING	$1,295.64
69662	REVISION OF OPERATION OF EAR BONE	$1,237.81
69666	REPAIR OF OPENING OF MIDDLE TO INNER EAR	$875.94
69667	REPAIR OF OPENING TO COCHLEA	$876.28
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	$1,021.23
69676	TYMPANIC NEURECTOMY	$908.33
69677	TYMPANIC NEURECTOMY	$0.00
69700	CLOSURE OF DRAINAGE TRACT OF MIDDLE EAR	$719.50
69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILAT	$179.32
69706	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILAT	$249.35
69710	INSERTION OR REPLACEMENT OF EAR BONE HEARING DEVICE	$0.00
69711	REMOVAL OR REPAIR OF HEARING DEVICE IN SKULL BONE SURROUNDING EAR	$905.80
69714	IMPLANTATION OF COCHLEAR STIMULATING SYSTEM INTO SKULL WITH ATTACHMENT THROUGH S	$526.94
69716	IMPLANTATION OF COCHLEAR STIMULATING SYSTEM INTO MASTOID BONE OF SKULL WITH MAGN	$656.83
69717	REPLACEMENT OF COCHLEAR STIMULATING SYSTEM IN SKULL WITH ATTACHMENT THROUGH SKIN	$595.04
69719	REPLACEMENT OF COCHLEAR STIMULATING SYSTEM INTO MASTOID BONE OF SKULL WITH MAGNE	$680.26
69720	RELEASE OF FACE NERVE THROUGH SIDE	$1,285.31
69725	RELEASE OF FACE NERVE THROUGH BONE SURROUNDING EAR	$1,977.69
69726	REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM SKULL WITH ATTACHMENT THROUGH	$509.40
69727	REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM MASTOID BONE OF SKULL WITH MA	$565.85
69728	REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM OUTSIDE MASTOID BONE OF SKULL	$628.27
69729	IMPLANTATION OF COCHLEAR STIMULATING SYSTEM OUTSIDE MASTOID BONE OF SKULL WITH M	$709.22
69730	REPLACEMENT OF COCHLEAR STIMULATING SYSTEM OUTSIDE MASTOID BONE OF SKULL WITH MA	$725.04
69740	REPAIR OF FACIAL NERVE EXTERNAL TO GENICULATE GANGLION	$1,238.09
69745	REPAIR OF FACIAL NERVE INTERNAL TO GENICULATE GANGLION	$1,322.76
69799	OTHER PROCEDURE ON MIDDLE EAR	$0.00
69801	INCISION OF FLUID CANAL OF INNER EAR WITH INFUSION OF DRUGS	$128.91
69805	OPERATION OF INNER EAR	$1,094.21
69806	OPERATION OF INNER EAR WITH INSERTION OF SHUNT	$985.99
69905	LABYRINTHECTOMY; TRANSCANAL	$995.25
69910	REMOVAL OF INNER EAR CANAL AND MASTOID BONE	$1,056.95
69915	SEVERING OF EAR CANAL NERVE THROUGH MIDDLE EAR AND SKULL BONES	$1,586.24
69930	INSERTION OF COCHLEAR DEVICE	$1,290.34
69949	OTHER PROCEDURE ON INNER EAR	$0.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	$1,829.39
69955	RELEASE OF FACE NERVE	$2,077.21
69960	RELEASE OF EAR CANAL	$1,978.96
69965	EUSTACHIAN TUBOPLASTY	$0.00
69970	REMOVAL OF GROWTH FROM SKULL BONE SURROUNDING EAR	$2,241.01

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69979	OTHER PROCEDURE ON SKULL BONE SURROUNDING EAR	$0.00
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	$210.94
70002	PNEUMOENCEPHALOGRAPHY;SPRV & INTERP ONLY	$0.00
70003	PNEUMOENCEPHALOGRAPHY;COMPLETE PROCEDURE	$0.00
70010	REVIEW BY RADIOLOGIST OF LOWER BACK PORTION OF BRAIN IMAGE	$35.90
70011	MYELOGRAPHY, POSTERIOR FOSSA; COMPLETE PROCEDURE	$0.00
70015	REVIEW BY RADIOLOGIST OF BRAIN AND SPINAL CORD IMAGE	$113.69
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	$22.10
70040	RADIOLOGIC EXAMINATION, EYE;	$0.00
70050	RADIOLOGIC EXAMINATION, EYE;	$0.00
70100	X-RAY OF PART OF LOWER JAW, 1-4 VIEWS	$26.29
70110	X-RAY OF LOWER JAW, MINIMUM OF 4 VIEWS	$29.35
70120	X-RAY OF BONE BEHIND THE EAR, 1-2 VIEWS PER SIDE	$26.29
70130	X-RAY OF BONE BEHIND THE EAR, MINIMUM OF 3 VIEWS PER SIDE	$42.49
70134	X-RAY OF INSIDE OF EAR CANAL	$41.90
70140	X-RAY OF FACE BONES, 1-2 VIEWS	$21.83
70150	X-RAY OF FACE BONES, MINIMUM OF 3 VIEWS	$31.88
70160	X-RAY OF NOSE BONES, MINIMUM OF 3 VIEWS	$26.09
70170	REVIEW BY RADIOLOGIST OF TEAR DRAINAGE STRUCTURE OF EYE IMAGE	$43.39
70171	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT; COMPLETE PROCEDURE	$0.00
70190	X-RAY OF EYE CANAL	$25.50
70200	X-RAY OF EYE SOCKET, MINIMUM OF 4 VIEWS	$32.52
70210	X-RAY OF PARANASAL SINUS, 1-2 VIEWS	$21.89
70220	X-RAY OF PARANASAL SINUS, MINIMUM OF 3 VIEWS	$25.48
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	RADIOLOGIC EXAMINATION, SELLA TURCICA	$22.30
70250	X-RAY OF SKULL, 1-3 VIEWS	$24.43
70260	X-RAY OF SKULL, MINIMUM OF 4 VIEWS	$30.19
70300	X-RAY OF TEETH, 1 VIEW	$8.58
70310	X-RAY OF TEETH, LESS THAN FULL MOUTH	$26.82
70320	X-RAY OF TEETH, FULL MOUTH	$35.96
70328	X-RAY OF JAW JOINT ON 1 SIDE OF MOUTH	$23.49
70330	X-RAY OF JAW JOINTS ON BOTH SIDES OF MOUTH	$36.14
70332	REVIEW BY RADIOLOGIST OF HINGED JOINT OF UPPER AND LOWER JAW BONES IMAGE	$57.31
70333	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
70336	MRI SCAN OF JAW JOINT	$188.25
70350	IMAGING OF JAWS AND SKULL	$10.71
70355	X-RAY OF LOWER JAWS, UPPER JAWS AND TEETH	$11.79
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	$21.40
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	$70.05
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	$72.75
70374	LARYNGOGRAPHY, CONTRAST; COMPLETE PROCEDURE	$0.00
70380	X-RAY OF SALIVA GLAND	$25.62
70390	REVIEW BY RADIOLOGIST OF SALIVARY STRUCTURE IMAGE	$81.29
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
70450	CT SCAN HEAD OR BRAIN WITHOUT CONTRAST	$73.65
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	$102.91
70470	CT SCAN OF HEAD OR BRAIN BEFORE AND AFTER CONTRAST	$121.17
70480	CT SCAN OF CRANIAL CAVITY WITHOUT CONTRAST	$110.06
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	$126.81
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	$148.19
70486	CT SCAN OF FACE WITHOUT CONTRAST	$89.73
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	$105.94
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$129.32
70490	CT SCAN OF SOFT TISSUE OF NECK WITHOUT CONTRAST	$104.00
70491	CT SCAN OF SOFT TISSUE OF NECK WITH CONTRAST	$128.77
70492	CT SCAN OF SOFT TISSUE OF NECK BEFORE AND AFTER CONTRAST	$154.99
70496	CT SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST	$193.56
70498	CT SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST	$193.33
70540	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITHOUT CONTRAST	$160.08
70542	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITH CONTRAST	$190.18
70543	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST	$239.59
70544	MRI SCAN OF BLOOD VESSELS OF HEAD WITHOUT CONTRAST	$152.23
70545	MRI SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST	$160.87
70546	MRI SCAN OF BLOOD VESSELS OF HEAD BEFORE AND AFTER CONTRAST	$234.17
70547	MRI SCAN OF BLOOD VESSELS OF NECK WITHOUT CONTRAST	$152.47
70548	MRI SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST	$173.30
70549	MRI SCAN OF BLOOD VESSELS OF NECK BEFORE AND AFTER CONTRAST	$244.68
70550	MAGNETIC RESONANCE (EG. PROTON) IMAGING; BRAIN	$0.00
70551	MRI SCAN OF BRAIN WITHOUT CONTRAST	$136.99
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	$190.45
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	$223.70
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	$268.50
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
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	$17.44
71046	X-RAY OF CHEST, 2 VIEWS	$22.68
71047	X-RAY OF CHEST, 3 VIEWS	$28.59
71048	X-RAY OF CHEST, MINIMUM OF 4 VIEWS	$31.27
71061	BRONCHOGRAPHY, BILATERAL; COMPLETE PROCEDURE	$0.00
71100	X-RAY OF RIBS ON SIDE OF BODY, 2 VIEWS	$25.01
71101	X-RAY OF RIBS ON SIDE OF BODY, MINIMUM OF 3 VIEWS	$28.59
71110	X-RAY OF RIBS ON BOTH SIDES OF BODY, 3 VIEWS	$29.70
71111	X-RAY OF RIBS ON BOTH SIDES OF BODY, MINIMUM OF 4 VIEWS	$35.56
71120	X-RAY OF CHEST BONE, MINIMUM OF 2 VIEWS	$22.74
71130	X-RAY OF JOINT BETWEEN BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS	$28.04
71250	CT SCAN OF CHEST WITHOUT CONTRAST	$92.34
71260	CT SCAN OF CHEST WITH CONTRAST	$116.47
71270	CT SCAN OF CHEST BEFORE AND AFTER CONTRAST	$137.87
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAS	$95.60
71275	CT SCAN OF BLOOD VESSELS OF CHEST WITH CONTRAST	$197.09

Procedure Code	Procedure Code Description	Maximum Allowable Charge
71550	MRI SCAN OF CHEST WITHOUT CONTRAST	$242.15
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	$267.25
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	$337.50
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	$236.50
72020	X-RAY OF SPINE, 1 VIEW	$16.56
72040	X-RAY OF UPPER SPINE, 2-3 VIEWS	$26.87
72050	X-RAY OF UPPER SPINE, 4-5 VIEWS	$36.28
72052	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	$42.38
72070	X-RAY OF MIDDLE SPINE, 2 VIEWS	$22.27
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS	$26.61
72074	X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS	$30.05
72080	X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS	$23.41
72081	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 1 VIEW	$28.85
72082	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 2-3 VIEWS	$47.94
72083	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 4-5 VIEWS	$53.99
72084	X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, MINIMUM OF 6 VIEWS	$67.81
72100	X-RAY OF LOWER AND SACRAL SPINE, 2-3 VIEWS	$27.11
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS	$34.91
72114	X-RAY LOWER AND SACRAL SPINE, MINIMUM OF 6 VIEWS	$42.15
72120	X-RAY LOWER AND SACRAL SPINE, 2-3 VIEWS BENDING VIEWS	$27.57
72125	CT SCAN OF UPPER SPINE WITHOUT CONTRAST	$90.23
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	$117.69
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$138.41
72128	CT SCAN OF MIDDLE SPINE WITHOUT CONTRAST	$90.23
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	$118.52
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$139.81
72131	CT SCAN OF LOWER SPINE WITHOUT CONTRAST	$89.76
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	$117.92
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$138.87
72140	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$0.00
72141	MRI SCAN OF UPPER SPINAL CANAL WITHOUT CONTRAST	$133.03
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	$194.16
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	$133.03
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	$192.53
72148	MRI SCAN OF LOWER SPINAL CANAL WITHOUT CONTRAST	$133.50
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	$190.66
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	$224.87
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	$225.33
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	$224.40
72159	MRI SCAN OF BLOOD VESSELS OF SPINAL CANAL	$245.61
72170	X-RAY OF PELVIS, 1-2 VIEWS	$18.86
72180	RADIOLOGIC EXAMINATION, PELVIS	$0.00
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	$28.65
72191	CT SCAN OF BLOOD VESSELS OF PELVIS WITH CONTRAST	$214.83
72192	CT SCAN OF PELVIS WITHOUT CONTRAST	$92.31
72193	CT SCAN OF PELVIS WITH CONTRAST	$163.30
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	$180.37
72195	MRI SCAN OF PELVIS WITHOUT CONTRAST	$161.75
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	$189.87

Procedure Code	Procedure Code Description	Maximum Allowable Charge
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	$238.28
72198	MRI SCAN OF BLOOD VESSELS OF PELVIS	$239.55
72200	X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 1-2 VIEWS	$22.36
72202	X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 3 OR MORE VIEWS	$26.61
72220	X-RAY OF SACRUM AND TAILBONE, MINIMUM OF 2 VIEWS	$22.13
72240	REVIEW BY RADIOLOGIST OF UPPER SPINAL CANAL IMAGE	$76.88
72255	REVIEW BY RADIOLOGIST OF MIDDLE SPINAL CANAL IMAGE	$80.29
72256	MYELOGRAPHY, THORACIC; COMPLETE PROCEDURE	$0.00
72265	REVIEW BY RADIOLOGIST OF LOWER SPINAL CANAL IMAGE	$73.71
72266	MYELOGRAPHY, LUMBOSACRAL; COMPLETE PROCEDURE	$0.00
72270	REVIEW BY RADIOLOGIST OF MULTIPLE SPINAL CANALS IMAGE	$110.38
72271	MYELOGRAPHY, ENTIRE SPINAL CANAL; COMPLETE PROCEDURE	$0.00
72285	REVIEW BY RADIOLOGIST OF DISC OF UPPER OR MIDDLE SPINE IMAGE	$86.03
72286	DISKOGRAPHY, CERVICAL; COMPLETE PROCEDURE	$0.00
72295	REVIEW BY RADIOLOGIST OF DISC OF LOWER SPINE IMAGE	$74.64
72296	DISKOGRAPHY, LUMBAR; COMPLETE PROCEDURE	$0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	$21.92
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	$15.83
73020	X-RAY OF SHOULDER, 1 VIEW	$14.49
73030	X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS	$23.49
73040	REVIEW BY RADIOLOGIST OF SHOULDER JOINT IMAGE	$90.16
73041	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73050	X-RAY OF BOTH COLLAR BONES JOINTS	$19.30
73060	X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS	$21.92
73070	X-RAY OF ELBOW, 2 VIEWS	$19.82
73080	X-RAY OF ELBOW, MINIMUM OF 3 VIEWS	$22.13
73085	REVIEW BY RADIOLOGIST OF ELBOW IMAGE	$76.18
73086	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73090	X-RAY OF FOREARM, 2 VIEWS	$19.82
73092	X-RAY OF INFANT ARM, MINIMUM OF 2 VIEWS	$21.46
73100	X-RAY OF WRIST, 2 VIEWS	$23.09
73110	X-RAY OF WRIST, MINIMUM OF 3 VIEWS	$27.95
73115	REVIEW BY RADIOLOGIST OF WRIST JOINT IMAGE	$92.96
73116	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73120	X-RAY OF HAND, 2 VIEWS	$21.22
73130	X-RAY OF HAND, MINIMUM OF 3 VIEWS	$25.15
73140	X-RAY OF FINGER, MINIMUM OF 2 VIEWS	$25.97
73200	CT SCAN OF ARM WITHOUT CONTRAST	$113.76
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	$142.10
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$177.11
73206	CT SCAN OF BLOOD VESSELS OF ARM WITH CONTRAST	$209.23
73218	MRI SCAN OF ARM WITHOUT CONTRAST	$217.42
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	$237.03
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	$292.49
73221	MRI SCAN OF ARM JOINT WITHOUT CONTRAST	$142.37
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	$223.26
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	$275.71
73225	MRI SCAN OF BLOOD VESSELS OF ARM	$243.49
73501	X-RAY OF HIP, 1 VIEW	$22.33
73502	X-RAY OF HIP, 2-3 VIEWS	$32.00
73503	X-RAY OF HIP, MINIMUM OF 4 VIEWS	$40.48
73521	X-RAY OF BOTH HIPS, 2 VIEWS	$28.04

Procedure Code	Procedure Code Description	Maximum Allowable Charge
73522	X-RAY OF BOTH HIPS, 3-4 VIEWS	$36.46
73523	X-RAY OF BOTH HIPS, MINIMUM OF 5 VIEWS	$42.12
73525	REVIEW BY RADIOLOGIST OF HIP JOINT IMAGE	$89.47
73551	X-RAY OF THIGH BONE, 1 VIEW	$19.82
73552	X-RAY OF THIGH BONE, MINIMUM 2 VIEWS	$24.19
73560	X-RAY OF KNEE, 1-2 VIEWS	$23.32
73562	X-RAY OF KNEE, 3 VIEWS	$27.69
73564	X-RAY OF KNEE, 4 OR MORE VIEWS	$31.77
73565	X-RAY OF BOTH KNEES WHILE STANDING	$27.28
73580	REVIEW BY RADIOLOGIST OF KNEE JOINT IMAGE	$87.01
73581	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73590	X-RAY OF LOWER LEG, 2 VIEWS	$21.46
73592	X-RAY OF INFANT LEG, MINIMUM OF 2 VIEWS	$21.46
73600	X-RAY OF ANKLE, 2 VIEWS	$22.15
73610	X-RAY OF ANKLE, MINIMUM OF 3 VIEWS	$25.15
73615	REVIEW BY RADIOLOGIST OF ANKLE JOINT IMAGE	$88.77
73616	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY; COMPLETE PROCEDURE	$0.00
73620	X-RAY OF FOOT, 2 VIEWS	$19.13
73630	X-RAY OF FOOT, MINIMUM OF 3 VIEWS	$23.29
73650	X-RAY OF HEEL, MINIMUM OF 2 VIEWS	$19.36
73660	X-RAY OF TOE, MINIMUM OF 2 VIEWS	$19.91
73700	CT SCAN OF LEG WITHOUT CONTRAST	$89.99
73701	CT SCAN OF LEG WITH CONTRAST MATERIAL	$116.47
73702	CT SCAN OF LEG BEFORE AND AFTER CONTRAST	$137.03
73706	CT SCAN OF BLOOD VESSELS OF LOWER LEG WITH CONTRAST	$227.85
73718	MRI SCAN OF LEG WITHOUT CONTRAST	$158.21
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	$185.75
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	$238.66
73721	MRI SCAN OF LEG JOINT WITHOUT CONTRAST	$142.14
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	$223.50
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	$274.78
73725	MRI SCAN OF BLOOD VESSELS OF LEG	$237.63
74018	X-RAY OF ABDOMEN, 1 VIEW	$20.23
74019	X-RAY OF ABDOMEN, 2 VIEWS	$24.98
74021	X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	$29.06
74022	X-RAY SERIES OF ABDOMEN WITH SINGLE X-RAY OF CHEST	$33.70
74150	CT SCAN OF ABDOMEN WITHOUT CONTRAST	$94.58
74160	CT SCAN OF ABDOMEN WITH CONTRAST	$165.90
74170	CT SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST	$186.26
74174	CT SCAN OF BLOOD VESSELS OF ABDOMEN AND PELVIS WITH CONTRAST	$268.23
74175	CT SCAN OF BLOOD VESSELS OF ABDOMEN WITH CONTRAST	$215.96
74176	CT SCAN OF ABDOMEN AND PELVIS WITHOUT CONTRAST	$126.00
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	$215.24
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	$241.25
74181	MRI SCAN OF ABDOMEN WITHOUT CONTRAST	$137.52
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	$214.82
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	$239.22
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	$239.09
74190	REVIEW BY RADIOLOGIST OF ABDOMINAL CAVITY LINING IMAGE	$49.74
74210	X-RAY OF VOICE BOX AND/OR ESOPHAGUS WITH CONTRAST	$65.79
74220	SINGLE CONTRAST X-RAY OF ESOPHAGUS	$67.39
74221	DOUBLE CONTRAST X-RAY OF ESOPHAGUS	$75.72

Procedure Code	Procedure Code Description	Maximum Allowable Charge
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	$86.93
74235	REVIEW BY RADIOLOGIST OF IMAGING FOR REMOVAL OF ESOPHAGEAL FOREIGN BODY IN ESOPH	$132.88
74240	SINGLE CONTRAST X-RAY OF UPPER DIGESTIVE TRACT	$84.28
74246	DOUBLE CONTRAST X-RAY OF UPPER DIGESTIVE TRACT	$95.64
74248	FOLLOW-THROUGH X-RAY OF SMALL INTESTINES	$55.91
74250	SINGLE CONTRAST X-RAY OF SMALL INTESTINE	$83.79
74251	DOUBLE CONTRAST X-RAY OF SMALL INTESTINE	$257.52
74261	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITHOUT CONTRAST	$295.38
74262	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITH CONTRAST	$333.54
74270	SINGLE CONTRAST X-RAY OF LARGE INTESTINE	$105.25
74280	DOUBLE CONTRAST X-RAY OF LARGE INTESTINE	$152.18
74283	ENEMA USING AIR OR CONTRAST	$172.26
74285	RAD XM,CLN;HGH KIL TECH POLYP STUDY	$0.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	$59.80
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 SUR	$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 ENDOS	$131.53
74329	REVIEW BY RADIOLOGIST OF IMAGE FROM TUBE PLACEMENT INTO PANCREATIC DUCT USING AN	$131.53
74330	REVIEW BY RADIOLOGIST OF IMAGE FROM TUBE PLACEMENT INTO BILE AND PANCREATIC DUCT	$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	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	$93.46
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	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	$97.17
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	$106.96
74420	IMAGING OF URINARY TRACT FOLLOWING INJECTION OF A CONTRAST AGENT	$51.99
74425	REVIEW BY RADIOLOGIST OF UPPER URINARY TRACT IMAGE	$94.19
74430	REVIEW BY RADIOLOGIST OF URINARY BLADDER IMAGE	$27.64
74431	CYSTOGRAPHY, MINIMUM OF THREE VIEWS; COMPLETE PROCEDURE	$0.00
74440	REVIEW BY RADIOLOGIST OF MALE INTERNAL GENITALS IMAGE	$66.72
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 AF	$72.22
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$80.47
74486	DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC MONITORING AND RADIOGRAPHY;	$0.00
74710	MEASUREMENT OF DIAMETERS OF PELVIS IN FEMALE	$26.65
74712	MRI SCAN OF FETUS FOR SINGLE OR FIRST PREGNANCY	$287.74
74713	MRI SCAN OF FETUS FOR EACH ADDITIONAL PREGNANCY	$138.37
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	$65.68
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	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	$73.09
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	$0.00
75501	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY; COMPLETE PROCEDURE (INCLUDING CATHETERIZAT	$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	$194.36
75559	MRI SCAN OF HEART WITHOUT CONTRAST WITH STRESS IMAGING	$261.59
75561	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST	$256.21
75563	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST WITH STRESS IMAGING	$298.04
75565	MRI SCAN OF BLOOD FLOW OF HEART	$32.25
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	$69.78
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	$157.43
75573	CT SCAN OF CONGENITAL HEART DISEASE WITH CONTRAST	$208.73
75574	CT SCAN OF BLOOD VESSELS AND GRAFTS OF HEART WITH CONTRAST	$222.79
75600	REVIEW BY RADIOLOGIST OF CHEST AORTA IMAGE	$126.59
75601	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75605	REVIEW BY RADIOLOGIST OF CHEST AORTA SERIAL IMAGES	$79.41
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	$81.74
75627	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATI	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75628	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75630	REVIEW BY RADIOLOGIST OF ABDOMINAL AORTA AND BOTH LEG ARTERIES IMAGE	$101.21
75631	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	$0.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	$287.92
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
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	$161.97
75706	ANGIOGRAPHY, SPINAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75710	REVIEW BY RADIOLOGIST OF ARM OR LEG ARTERY IMAGE	$97.19
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	$105.15
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	$111.53
75728	ANGIOGRAPHY, VISCERAL; SUPRASELECTIVE, COMPLETE PROCEDURE	$0.00
75731	REVIEW BY RADIOLOGIST OF ADRENAL GLAND ARTERY IMAGE	$102.56
75732	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75733	REVIEW BY RADIOLOGIST OF BOTH ADRENAL GLANDS ARTERIES IMAGE	$113.23
75734	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75736	REVIEW BY RADIOLOGIST OF PELVIS ARTERY IMAGE	$94.91
75738	ANGIOGRAPHY, PELVIC; SUPRASELECTIVE, COMPLETE PROCEDURE	$0.00
75741	REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE	$86.24
75742	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75743	REVIEW BY RADIOLOGIST OF ARTERIES OF BOTH LUNGS IMAGE	$97.13
75744	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75746	REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE WITH CONTRAST	$89.75
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	$107.74
75757	ANGIOGRAPHY, INTERNAL MAMMARY; COMPLETE PROCEDURE	$0.00
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPER	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75764	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION; COMPLETE PROCEDURE	$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	$63.90
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 IMA	$246.78
75808	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL; COMPLETE PROCEDURE	$0.00
75809	REVIEW BY RADIOLOGIST OF PREVIOUS PLACED SHUNT IMAGE	$55.65
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	$72.17
75821	VENOGRAPHY, EXTREMITY, UNILATERAL; COMPLETE PROCEDURE	$0.00
75822	REVIEW BY RADIOLOGIST OF BOTH ARMS AND LEGS VEINS OF BOTH ARMS OR LEGS IMAGE	$87.04
75823	VENOGRAPHY, EXTREMITY, BILATERAL; COMPLETE PROCEDURE	$0.00
75825	REVIEW BY RADIOLOGIST OF MAJOR LOWER BODY VEIN IMAGE	$74.76
75827	REVIEW BY RADIOLOGIST OF MAJOR UPPER BODY VEIN IMAGE	$78.49
75828	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY; COMPLETE PROCEDURE	$0.00
75831	REVIEW BY RADIOLOGIST OF KIDNEY IMAGE	$79.51
75833	REVIEW BY RADIOLOGIST OF BOTH KIDNEYS VEINS IMAGE	$96.04
75840	REVIEW BY RADIOLOGIST OF ADRENAL GLAND VEIN IMAGE	$86.23
75841	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	$0.00
75842	REVIEW BY RADIOLOGIST OF BOTH ADRENAL GLAND VEINS IMAGE	$105.74
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	$83.47
75861	VENOGRAPHY, SINUS OR JUGULAR, CATHETER; COMPLETE PROCEDURE	$0.00
75870	REVIEW BY RADIOLOGIST OF HEAD VEIN SYSTEM IMAGE	$104.05
75871	VENOGRAPHY, SUPERIOR SAGITTAL SINUS; COMPLETE PROCEDURE, INCLUDING DIRECT PUNCTU	$0.00
75872	REVIEW BY RADIOLOGIST OF SPINAL CANAL VEIN IMAGE	$86.23
75873	VENOGRAPHY, EPIDURAL; COMPLETE PROCEDURE	$0.00
75880	REVIEW BY RADIOLOGIST OF EYE SOCKET VEIN OF EYE SOCKET IMAGE	$73.05
75881	VENOGRAPHY, ORBITAL; COMPLETE PROCEDURE	$0.00
75885	REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE WITH	$89.83
75887	REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE	$91.22
75888	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION; COMPLETE P	$0.00
75889	REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE WITH ASSESSMENT OF BLOOD FLOW	$82.06
75891	REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE	$82.63
75892	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION; COMPLETE PRO	$0.00
75893	REVIEW BY RADIOLOGIST OF IMAGING GUIDANCE FOR REMOVAL OF BLOOD SAMPLE	$70.25
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	$100.07
75901	REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF OBSTRUCTIVE MATERIAL	$159.64
75902	REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL FRO	$61.71
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 ART	$0.00
75956	REVIEW BY RADIOLOGIST OF IMAGE FOR REPAIR OF DESCENDING AORTA AND SUBCLAVIAN ART	$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 P	$0.00
75965	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL PERIPHERAL AR	$0.00
75967	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, RENAL OR OTHER VISCERAL ARTER	$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 PR	$0.00
75983	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL B	$0.00
75984	REVIEW BY RADIOLOGIST OF IMAGE FOR REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE	$64.16
75985	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY T	$0.00
75989	REVIEW BY RADIOLOGIST OF IMAGE FOR DRAINAGE OF FLUID	$74.33
75990	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTI	$0.00
76000	IMAGING GUIDANCE FOR PROCEDURE, 60 MINUTES OR LESS	$28.88
76010	X-RAY FROM NOSE TO RECTUM	$20.23
76080	REVIEW BY RADIOLOGIST OF ABSCESS OR SINUS CAVITY STUDY	$39.83
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	$28.14
76100	X-RAY OF BODY PLANE	$60.69
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	$80.38
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 THAT EXCEEDS INSTITUTIONA	$630.64
76300	THERMOGRAPH EXAMINATION	$0.00
76366	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION; COMPLETE PROCEDURE	$0.00
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	$15.98
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	$50.06
76380	LIMITED OR FOLLOW-UP CT SCAN	$91.47

Procedure Code	Procedure Code Description	Maximum Allowable Charge
76390	MRI STUDY FOR MEASURING BIOCHEMICAL CHANGES IN THE BRAIN	$424.53
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	$143.44
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	$77.09
76510	1D AND 2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$45.75
76511	1D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$37.54
76512	2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	$31.48
76513	ULTRASOUND SCAN OF EYE USING WATER BATH METHOD	$50.23
76514	ULTRASOUND SCAN OF CORNEA TO DETERMINE THICKNESS	$7.30
76515	TOMOGRAPHY, W/W/O A OR M-MODE	$0.00
76516	ULTRASOUND SCAN TO DETERMINE EYE LENGTH	$31.01
76517	B-SCAN A/OR REAL TIME W/IMAGE DOCUMENTATION	$0.00
76519	ULTRASOUND SCAN TO DETERMINE EYE LENGTH AND LENS POWER	$45.05
76529	ULTRASOUND SCAN OF EYE FOR FOREIGN BODY LOCALIZATION	$57.78
76530	ECHOGRAPHY THYROID;A-MODE	$0.00
76536	ULTRASOUND SCAN OF HEAD AND NECK SOFT TISSUE	$75.89
76601	ECHOGRPHY,CHEST;A-MODE	$0.00
76604	ULTRASOUND SCAN OF CHEST	$37.36
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
76632	DOPPLER ECHOCARDIOGRAPHY	$0.00
76640	ECHOGRAPHY,BREAST;A-MODE	$0.00
76641	COMPLETE ULTRASOUND SCAN OF 1 BREAST	$69.81
76642	LIMITED ULTRASOUND SCAN OF 1 BREAST	$57.14
76700	COMPLETE ULTRASOUND SCAN OF ABDOMEN	$78.89
76705	LIMITED ULTRASOUND SCAN OF ABDOMEN	$59.50
76706	ULTRASOUND SCAN OF ABDOMINAL AORTA	$72.66
76770	COMPLETE ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY	$73.51
76775	LIMITED ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY	$39.02
76776	ULTRASOUND SCAN OF TRANSPLANTED KIDNEY	$101.07
76800	ULTRASOUND SCAN OF SPINAL CANAL	$104.19
76801	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), SINGLE OR FIRST FETUS	$79.07
76802	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), EACH ADDITIONAL FETUS	$39.80
76805	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS	$91.54
76810	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), EACH ADDITIONAL FETUS	$58.36
76811	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, SIN	$116.41
76812	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, EAC	$128.16
76813	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF THE	$78.05
76814	ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF THE	$48.99
76815	LIMITED ULTRASOUND OF PREGNANT UTERUS	$54.66
76816	FOLLOW-UP ULTRASOUND SCAN OF PREGNANT UTERUS	$73.87
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	$62.29
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	$77.86
76819	ULTRASOUND SCAN OF FETUS	$56.16

Procedure Code	Procedure Code Description	Maximum Allowable Charge
76820	ULTRASOUND SCAN OF FETAL UMBILICAL ARTERY BLOOD FLOW RATE	$29.55
76821	ULTRASOUND SCAN OF FETAL BRAIN ARTERY BLOOD FLOW RATE	$59.62
76825	ULTRASOUND SCAN OF FETAL HEART	$177.66
76826	FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART	$106.90
76827	ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW	$46.69
76828	FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW	$32.41
76830	ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA	$81.57
76831	ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY	$79.14
76855	ECHOGRAPHY, PELVIC AREA (DOPPLER)	$0.00
76856	COMPLETE ULTRASOUND SCAN OF PELVIS	$71.55
76857	LIMITED ULTRASOUND SCAN OF PELVIS	$32.24
76870	ULTRASOUND SCAN OF SCROTUM	$68.44
76872	ULTRASOUND SCAN OF PELVIC REGION THROUGH RECTUM	$138.07
76873	ULTRASOUND SCAN OF PROSTATE THROUGH RECTUM	$116.50
76881	COMPLETE ULTRASOUND SCAN OF JOINT	$34.36
76882	LIMITED ULTRASOUND SCAN OF JOINT OR OTHER EXTREMITY STRUCTURE EXCEPT BLOOD VESSE	$26.82
76883	COMPREHENSIVE ULTRASOUND SCAN OF ENTIRE LENGTH OF NERVES IN EXTREMITY	$45.83
76885	ULTRASOUND SCAN OF INFANT HIP DURING MOVEMENT	$93.20
76886	ULTRASOUND SCAN OF INFANT HIP	$68.50
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	$172.24
76937	ULTRASONIC GUIDANCE FOR BLOOD VESSEL ACCESS	$26.19
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	$38.06
76943	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY; COMPLETE PROCEDURE	$0.00
76944	ULTRASONIC GUIDANCE FOR ABSCESS OR COLLECTION DRAINAGE SUPER	$0.00
76945	ULTRASONIC GUIDANCE FOR TESTING PLACENTAL TISSUE	$82.20
76946	ULTRASONIC GUIDANCE FOR REMOVAL OF AMNIOTIC FLUID	$21.52
76947	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; COMPLETE PROCEDURE	$0.00
76948	ULTRASONIC GUIDANCE FOR RETRIEVAL OF EGG	$53.99
76949	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA; COMPLETE PROCEDURE	$0.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	$60.58
76975	REVIEW BY RADIOLOGIST OF ULTRASOUND OF DIGESTIVE TRACT USING AN ENDOSCOPE	$82.40
76977	ULTRASOUND SCAN OF BONE FOR MEASURING LOSS	$4.53
76978	ULTRASOUND SCAN OF GROWTH USING CONTRAST, FIRST GROWTH	$173.17
76979	ULTRASOUND SCAN OF GROWTH USING CONTRAST, EACH ADDITIONAL GROWTH	$113.96
76980	ULTRSND XM OUTSIDE REG HRS	$0.00
76981	ULTRASOUND SCAN OF ORGAN TISSUE FOR MEASURING ELASTICITY	$70.68
76982	ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, FIRST GROWTH	$63.22
76983	ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, EACH ADDITIONAL GROWTH	$40.65
76990	SPCL ULTRSNC DISPLY/IMAGNG TECNIQUES	$0.00
76991	INTRALUMINAL ULTRASOUND STUDY (EG, TRANSRECTAL, TRANSVAGINAL)	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	$0.00
76999	OTHER ULTRASOUND PROCEDURE	$0.00
77001	FLUOROSCOPIC GUIDANCE FOR INSERTION OR REMOVAL OF CENTRAL VEIN ACCESS DEVICE	$68.73
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	$79.45
77003	FLUOROSCOPIC GUIDANCE FOR SPINE OR BACK MUSCLE INJECTION	$71.82
77011	CT GUIDANCE FOR NEEDLE OR TUBE LOCALIZATION	$152.10
77012	REVIEW BY RADIOLOGIST OF CT GUIDANCE FOR NEEDLE PLACEMENT	$93.25
77013	CT GUIDANCE FOR TISSUE REMOVAL	$0.00
77014	CT GUIDANCE FOR INSERTION OF RADIATION THERAPY FIELDS	$81.11
77021	REVIEW BY RADIOLOGIST OF MRI GUIDANCE FOR NEEDLE PLACEMENT	$294.32
77022	MRI GUIDANCE FOR TISSUE REMOVAL	$0.00
77046	MRI SCAN OF 1 BREAST WITHOUT CONTRAST	$149.30
77047	MRI SCAN OF BOTH BREASTS WITHOUT CONTRAST	$154.35
77048	MRI SCAN OF 1 BREAST	$237.87
77049	MRI SCAN OF BOTH BREASTS	$242.31
77053	REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, 1 DUCT	$35.91
77054	REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, MULTIPLE DUCTS	$46.60
77063	SCREENING 3D BREAST MAMMOGRAPHY	$34.64
77065	DIAGNOSTIC MAMMOGRAPHY OF 1 BREAST	$84.72
77066	DIAGNOSTIC MAMMOGRAPHY OF BOTH BREASTS	$107.00
77067	SCREENING MAMMOGRAPHY	$86.96
77071	APPLICATION OF STRESS BY PHYSICIAN FOR JOINT IMAGING	$36.27
77072	X-RAY FOR ESTIMATING BONE AGE	$17.41
77073	X-RAY FOR BONE LENGTH ASSESSMENT	$30.38
77074	LIMITED X-RAY OF BODY BONES	$43.84
77075	COMPLETE X-RAY OF BODY BONES	$67.66
77076	X-RAY OF INFANT BODY BONES	$72.58
77077	X-RAY OF JOINTS, MULTIPLE	$31.57
77078	CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE	$72.46
77080	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE	$25.77
77081	DXA BONE DENSITY MEASUREMENT OF FOREARM, FINGER, HAND, OR FOOT	$21.11
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	$226.37
77085	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE INCLUDING SPINE FRACTURE ASSE	$35.03
77086	FRACTURE ASSESSMENT OF SPINE BONES USING DXA	$22.36
77089	CALCULATION OF TRABECULAR BONE SCORE (TBS) USING IMAGING DATA WITH INTERPRETATIO	$27.29
77090	TECHNICAL PREPARATION AND TRANSMISSION OF IMAGING DATA FOR ANALYSIS OF TRABECULA	$1.76
77091	TECHNICAL CALCULATION OF TRABECULAR BONE SCORE (TBS)	$19.47
77092	INTERPRETATION OF TRABECULAR BONE SCORE (TBS) AND REPORT ON FRACTURE RISK	$6.07
77261	SIMPLE RADIATION THERAPY PLANNING	$44.29
77262	INTERMEDIATE RADIATION THERAPY PLANNING	$67.48
77263	COMPLEX RADIATION THERAPY PLANNING	$105.16
77280	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 1 TREATMENT AR	$185.47
77285	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 2 TREATMENT AR	$304.11
77290	OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 3 OR MORE TREA	$309.99
77293	OBTAINING RESPIRATORY DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT	$280.90
77295	3D RADIATION THERAPY PLANNING	$317.81
77299	OTHER MANAGEMENT OF RADIATION THERAPY OR THERAPEUTIC RADIOLOGY	$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	$43.56
77301	HIGH PRECISION RADIATION THERAPY PLANNING	$1,249.94
77306	SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$97.83
77307	COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$188.84
77316	SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$164.95

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77317	INTERMEDIATE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$216.86
77318	COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION	$307.01
77321	SPECIAL RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION	$61.94
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	$41.90
77332	DESIGN AND CONSTRUCTION OF SIMPLE RADIATION TREATMENT DEVICE	$24.93
77333	DESIGN AND CONSTRUCTION OF INTERMEDIATE RADIATION TREATMENT DEVICE	$93.28
77334	DESIGN AND CONSTRUCTION OF COMPLEX RADIATION TREATMENT DEVICE	$83.03
77336	CONTINUING RADIATION THERAPY CONSULTATION PER WEEK	$59.26
77338	DESIGN AND CONSTRUCTION OF RADIATION TREATMENT DEVICE FOR HIGH PRECISION RADIATI	$307.69
77370	SPECIAL MEDICAL RADIATION THERAPY CONSULTATION	$95.20
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 M	$672.29
77373	CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS	$698.19
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	$28.55
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	$9.45
77423	DELIVERY OF SPECIALIZED EXTERNAL RADIATION TREATMENT	$66.22
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENT SESSIONS	$119.99
77431	RADIATION TREATMENT MANAGEMENT, 1-2 TREATMENT SESSIONS	$67.56
77432	MANAGEMENT OF COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RAD	$265.05
77435	MANAGEMENT OF CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS	$400.53
77465	DAILY KILOVOLTAGE TREATMENT MANAGEMENT	$0.00
77469	MANAGEMENT OF INTRAOPERATIVE RADIATION TREATMENT	$199.68
77470	SPECIAL RADIATION TREATMENT	$89.51
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, HEATING	$363.99
77605	USE OF EXTERNALLY GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL, HEATING	$661.89
77610	USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL,	$476.51
77615	USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL,	$745.82
77620	USE OF BODY CAVITY PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL	$438.08
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	$255.27
77755	SUPERVSN & CONSULT RADIOELEMNT APPLCTN ONLY	$0.00
77760	INTRACAVITY RADIUM APPLICATION	$0.00
77761	SIMPLE BODY CAVITY RADIATION SOURCE APPLICATION	$277.26

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77762	INTERMEDIATE BODY CAVITY RADIATION SOURCE APPLICATION	$361.84
77763	COMPLEX BODY CAVITY RADIATION SOURCE APPLICATION	$508.72
77765	INTRACAVITRY RADIOISOTOPE APPLICATION	$0.00
77767	HIGH DOSE SKIN SURFACE RADIATION THERAPY, 1 CHANNEL OR LESION DIAMETER 2.0 CM OR	$169.45
77768	HIGH DOSE SKIN SURFACE RADIATION THERAPY, 2 CHANNELS AND LESION DIAMETER MORE TH	$247.81
77770	HIGH DOSE RADIATION THERAPY, 1 CHANNEL	$233.97
77771	HIGH DOSE RADIATION THERAPY, 2-12 CHANNELS	$404.77
77772	HIGH DOSE RADIATION THERAPY, MORE THAN 12 CHANNELS	$603.41
77775	INTERSTITIAL RADIOISOTOPE THERAPY	$0.00
77778	COMPLEX APPLICATION OF RADIATION SOURCE	$603.73
77780	RADIUM HANDLING & LOODING	$0.00
77789	SURFACE APPLICATION OF LOW DOSE RATE SOURCE	$87.61
77790	SUPERVISION, HANDLING, AND LOADING OF RADIATION SOURCE	$11.90
77799	OTHER ADMINISTRATION OF RADIATION THERAPY	$0.00
78012	NUCLEAR MEDICINE STUDY OF THYROID FUNCTION	$55.30
78013	NUCLEAR MEDICINE STUDY OF THYROID	$122.71
78014	NUCLEAR MEDICINE STUDY OF THYROID AND THYROID FUNCTION	$153.09
78015	NUCLEAR MEDICINE STUDY OF LIMITED AREA FOR THYROID CANCER	$147.95
78016	NUCLEAR MEDICINE STUDIES FOR THYROID CANCER, ADDITIONAL STUDIES	$176.98
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	$0.00
78018	NUCLEAR MEDICINE STUDY OF WHOLE BODY FOR THYROID CANCER	$199.36
78020	NUCLEAR MEDICINE STUDY OF THYROID FUNCTION FOR THYROID CANCER	$52.58
78070	NUCLEAR MEDICINE STUDY OF PARATHYROID	$187.65
78071	NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT	$223.32
78072	NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT AND CT SCAN	$278.31
78075	NUCLEAR MEDICINE STUDY OF ADRENAL GLANDS	$286.30
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78102	NUCLEAR MEDICINE STUDY OF BONE MARROW LIMITED AREA	$111.00
78103	NUCLEAR MEDICINE STUDY OF BONE MARROW MULTIPLE AREAS	$118.91
78104	NUCLEAR MEDICINE STUDY OF BONE MARROW WHOLE BODY	$160.39
78110	NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, 1 SAMPLING	$46.91
78111	NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, MULTIPLE SAMPLINGS	$49.85
78120	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, SINGLE SAMPLE	$47.96
78121	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, MULTIPLE SAMPLES	$52.12
78122	NUCLEAR MEDICINE STUDY OF WHOLE BLOOD VOLUME	$67.02
78130	NUCLEAR MEDICINE STUDY OF RED BLOOD CELL SURVIVAL	$83.46
78140	NUCLEAR MEDICINE STUDY OF RADIOISOTOPE LABELED RED BLOOD CELLS	$73.65
78180	RADIOIRON BODY DISTRIBUTION/STDRAG POOLS	$0.00
78185	NUCLEAR MEDICINE STUDY OF SPLEEN	$108.75
78186	SPLEEN IMAGING ONLY; WITH VASCULAR FLOW	$0.00
78191	NUCLEAR MEDICINE STUDY OF PLATELET SURVIVAL	$83.46
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	$225.42
78199	NUCLEAR MEDICINE STUDY OF BLOOD AND LYMPHATIC SYSTEMS	$0.00
78201	NUCLEAR MEDICINE STUDY OF LIVER	$122.97
78202	NUCLEAR MEDICINE STUDY OF LIVER AND BLOOD FLOW	$134.18
78215	NUCLEAR MEDICINE STUDY OF LIVER AND SPLEEN	$126.55
78216	NUCLEAR MEDICINE STUDY OF LIVER, SPLEEN, AND BLOOD FLOW	$87.19
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	$208.33

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78227	NUCLEAR MEDICINE STUDY OF LIVER AND BILE DUCT SYSTEM WITH USE OF DRUGS	$280.24
78230	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND	$114.09
78231	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND WITH SERIAL IMAGES	$70.18
78232	NUCLEAR MEDICINE STUDY OF SALIVARY GLAND FUNCTION	$69.16
78240	PANCREAS IMAGING	$0.00
78258	NUCLEAR MEDICINE STUDY OF ESOPHAGUS TO ASSESS MOVEMENT	$137.03
78261	NUCLEAR MEDICINE STUDY OF STOMACH LINING	$128.64
78262	NUCLEAR MEDICINE STUDY OF STOMACH AND ESOPHAGUS TO ASSESS REFLUX	$157.94
78264	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING	$211.68
78265	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL BOWEL MOVEMENT	$250.29
78266	NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL AND LARGE BOWEL M	$284.61
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	$222.75
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
78290	NUCLEAR MEDICINE STUDY OF INTESTINE	$211.76
78291	NUCLEAR MEDICINE STUDY TO ASSESS THE DEGREE OF OPENNESS OF SHUNT FROM JUGULAR VE	$168.08
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78300	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT LIMITED AREA	$145.30
78305	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT MULTIPLE AREAS	$176.61
78306	NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT WHOLE BODY	$188.87
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	$0.00
78315	NUCLEAR MEDICINE STUDY OF BONE TAKEN AT DIFFERENT TIMES	$221.26
78350	NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 1 PHOTON BEAM	$21.28
78351	NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 2 PHOTON BEAMS	$9.17
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
78419	MYOCARDIUM IMAGING AT REST & WITH EXERCISE &/OR PHARMACOLOGI	$0.00
78420	MYOCARDIUM IMAGING; WITH QUANTATIVE EVALUATION	$0.00
78424	MYOCARDIUM IMAGING;	$0.00
78425	CARDIAC REGURGITANT INDEX	$0.00
78428	NUCLEAR MEDICINE STUDY FOR DETECTING HEART SHUNT	$119.44
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 WIT	$0.00
78431	NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS W	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$134.96
78451	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT	$215.32
78452	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT	$299.37
78453	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D IM	$186.37
78454	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D	$278.17
78456	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN USING RADIOLABELED PEPTIDE	$198.95
78457	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF SIDE	$105.34
78458	NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF BOTH SIDES	$132.83
78459	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION	$1,495.20
78462	REGIONAL MYOCARDIAL PERFUSION;QUANTITATIVE, AT REST ONLY	$0.00
78463	REG.MYCARDIAL PERFUSION/REST + EXERCISE/PHARMACOLOGIC INTERV	$0.00
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	$118.53
78467	MYOCARDIAL IMAGING, INFARCT AVID, AT REST; QUANTITATIVE	$0.00
78468	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH MEASUREMENT O	$124.72
78469	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH SPECT	$141.63
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 WIT	$144.72
78473	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS W	$183.14
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 BL	$112.56
78483	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY FIRST PASS TECHNIQUE WITH	$151.45
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 WIT	$145.04
78496	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION OVER SINGLE CYCLE	$27.35
78499	OTHER NUCLEAR MEDICINE STUDY OF CARDIOVASCULAR SYSTEM	$63.79
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	$120.96
78580	NUCLEAR MEDICINE STUDY OF LUNG CIRCULATION	$151.24
78581	PULMONARY PERFUSION IMAGING; GASEOUS	$0.00
78582	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION	$211.80
78597	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND BLOOD FLOW TO LUNG	$128.14
78598	NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION AND BLOOD FLOW TO LUN	$193.33
78599	OTHER NUCLEAR MEDICINE STUDY OF RESPIRATORY SYSTEM	$0.00
78600	NUCLEAR MEDICINE STUDY OF BRAIN, LESS THAN 4 STATIC VIEWS	$116.91
78601	NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW	$139.31
78605	NUCLEAR MEDICINE STUDY OF BRAIN, 4 STATIC VIEWS OR MORE	$129.48
78606	NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW, 4 STATIC VIEWS OR MORE	$209.78
78608	NUCLEAR MEDICINE STUDY OF BRAIN WITH METABOLIC EVALUATION	$1,495.20
78610	NUCLEAR MEDICINE STUDY OF BRAIN WITH BLOOD FLOW	$113.70

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78630	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST I	$216.19
78635	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST I	$216.86
78640	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	$0.00
78645	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO EVALUATE SHUNT	$207.17
78650	NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO LOCATE LEAKAGE	$173.84
78660	NUCLEAR MEDICINE STUDY OF TEAR DRAINAGE STRUCTURE	$98.35
78699	OTHER NUCLEAR MEDICINE STUDY OF NERVOUS SYSTEM	$0.00
78700	NUCLEAR MEDICINE STUDY OF KIDNEY	$110.12
78701	NUCLEAR MEDICINE STUDY OF KIDNEY AND BLOOD FLOW	$145.19
78707	NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD FLOW, AND FUNCTION	$148.74
78708	NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD, FLOW, AND FUNCTION WITH DRUG ADMINISTRA	$116.79
78709	NUCLEAR MEDICINE STUDIES OF KIDNEY, BLOOD FLOW, AND FUNCTION	$235.54
78720	KIDNEY FUNCTION STUDY ONLY (IE, RENOGRAM)	$0.00
78725	NUCLEAR MEDICINE STUDY OF KIDNEY FUNCTION	$77.12
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	$46.99
78740	NUCLEAR MEDICINE STUDY TO ASSESS URINE FLOW	$139.83
78761	NUCLEAR MEDICINE STUDY OF TESTICLE AND BLOOD FLOW	$136.65
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	$161.55
78801	NUCLEAR MEDICINE STUDY, MULTIPLE AREAS	$175.27
78802	NUCLEAR MEDICINE STUDY, WHOLE BODY	$198.13
78803	NUCLEAR MEDICINE STUDY, SPECT IMAGING, 1 AREA OR SINGLE ACQUISITION, SINGLE DAY	$243.66
78804	NUCLEAR MEDICINE STUDY, WHOLE BODY REQUIRING MULTIPLE IMAGING DAYS	$415.89
78808	INJECTION OF RADIOACTIVE CONTRAST INTO A VEIN FOR NON-IMAGING GAMMA PROBE	$26.76
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	$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, SPECT IMAGING WITH CONCURRENT CT SCAN, 1 AREA OR SINGLE	$306.38
78831	NUCLEAR MEDICINE STUDY, SPECT IMAGING, AT LEAST 2 AREAS OR SEPARATE ACQUISITIONS	$453.67
78832	NUCLEAR MEDICINE STUDY, SPECT IMAGING WITH CONCURRENT CT SCAN, AT LEAST 2 AREAS	$582.13
78835	QUANTIFICATION OF RADIOACTIVE MATERIALS	$62.85
78895	BEDSIDE UNIT REQUIRED	$0.00
78999	OTHER NUCLEAR MEDICINE STUDY	$0.00
79005	RADIOACTIVE DRUG THERAPY BY MOUTH	$87.47
79101	RADIOACTIVE DRUG THERAPY THROUGH A VEIN	$95.39
79200	RADIOACTIVE DRUG THERAPY INTO A BODY CAVITY	$85.12
79300	RADIOACTIVE DRUG THERAPY INTO A TISSUE	$0.00
79403	RADIOACTIVE DRUG THERAPY OF RADIOLABELED MONOCLONAL ANTIBODY THROUGH A VEIN	$130.81
79440	RADIOACTIVE DRUG THERAPY INTO A JOINT	$76.04
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, HIV,	$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	ACETAMINOPHEN	$11.18
80145	ADALIMUMAB	$23.14
80150	AMIKACIN	$20.83
80151	AMIODARONE	$11.18
80155	CAFFEINE LEVEL	$11.58
80156	CARBAMAZEPINE LEVEL, TOTAL	$20.12
80157	CARBAMAZEPINE LEVEL, FREE	$11.11
80158	CYCLOSPORINE	$24.95
80159	CLOZAPINE LEVEL	$15.14
80161	CARBAMAZEPINE; -10,11-EPOXIDE	$11.18
80162	DIGOXIN LEVEL, TOTAL	$18.35
80164	VALPROIC ACID LEVEL, TOTAL	$18.72
80167	FELBAMATE	$11.18
80168	ETHOSUXIMIDE	$22.58
80169	EVEROLIMUS LEVEL	$11.24
80170	GENTAMICIN	$22.65
80171	GABAPENTIN LEVEL	$10.85
80173	HALOPERIDOL	$20.34
80175	LAMOTRIGINE LEVEL	$10.85
80176	LIDOCAINE	$20.30
80177	LEVETIRACETAM LEVEL	$10.85

Procedure Code	Procedure Code Description	Maximum Allowable Charge
80178	LITHIUM	$9.13
80179	SALICYLATE	$11.18
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	$14.78
80181	FLECAINIDE	$11.18
80183	OXCARBAZEPINE LEVEL	$10.85
80184	PHENOBARBITAL	$15.83
80185	PHENYTOIN LEVEL, TOTAL	$18.32
80186	PHENYTOIN LEVEL, FREE	$19.03
80187	POSACONAZOLE	$0.00
80188	PRIMIDONE	$22.93
80189	ITRACONAZOLE	$0.00
80190	PROCAINAMIDE;	$14.05
80192	PROCAINAMIDE LEVEL, WITH METABOLITES	$23.15
80193	LEFLUNOMIDE	$0.00
80194	QUINIDINE	$20.17
80195	SIROLIMUS	$11.50
80197	TACROLIMUS	$18.97
80198	THEOPHYLLINE	$19.56
80199	TIAGABINE LEVEL	$14.78
80200	TOBRAMYCIN	$22.27
80201	TOPIRAMATE	$16.48
80202	VANCOMYCIN	$18.72
80203	ZONISAMIDE LEVEL	$10.85
80204	METHOTREXATE	$0.00
80210	RUFINAMIDE	$0.00
80220	MEASUREMENT OF HYDROXYCHLOROQUINE	$18.64
80230	INFLIXIMAB	$23.14
80235	LACOSAMIDE	$16.27
80280	VEDOLIZUMAB	$23.14
80285	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 DEFICIENCY)	$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 TUMOR)	$38.63
80424	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL GLA	$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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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
80503	PATHOLOGY CLINICAL CONSULTATION FOR CLINICAL PROBLEM, 5-20 MINUTES	$13.68
80504	PATHOLOGY CLINICAL CONSULTATION FOR MODERATELY COMPLEX CLINICAL PROBLEM, 21-40 M	$29.55
80505	PATHOLOGY CLINICAL CONSULTATION FOR COMPLEX CLINICAL PROBLEM, 41-60 MINUTES	$55.93
80506	PATHOLOGY CLINICAL CONSULTATION, ADDITIONAL 30 MINUTES	$26.84
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	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	$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; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	$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; MICROSCOPIC ONLY	$4.20
81020	URINALYSIS, 2 OR 3 GLASS TEST	$4.29
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	$8.74
81030	QUANTITATIVE SEDIMENT ANALYSIS AND QUANTITATIVE PROTEIN (ADDIS COUNT)	$0.00
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	$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 VAR	$177.47
81161	GENE ANALYSIS (DYSTROPHIN)	$167.40
81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE AND ANALYSIS FOR DUPLICAT	$1,491.52
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG,	$280.80
81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG,	$350.40
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$169.73
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$180.81
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$169.73
81168	CCND1/IGH (T(11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BR	$124.39
81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	$197.71
81171	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRA	$82.20
81172	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRA	$164.90
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	$180.81
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	$111.12
81175	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) FULL SEQU	$424.21
81176	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) TARGETED	$179.18
81177	ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVAL	$82.20

Procedure Code	Procedure Code Description	Maximum Allowable Charge
81178	ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	$82.20
81179	ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	$82.20
81180	ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALY	$82.20
81181	ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	$82.20
81182	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG, SPINOCEREBELLAR ATAXIA	$82.20
81183	ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DET	$82.20
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	$82.20
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	$507.76
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	$111.12
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPH	$82.20
81188	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO	$82.20
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQ	$164.90
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIA	$111.12
81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION	$124.39
81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION	$0.00
81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION	$124.39
81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID	$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	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	$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	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A	$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)	$333.96
81221	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	$0.00
81222	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	$0.00
81223	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	$299.40
81224	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	$101.25
81225	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) COMMON VA	$175.08
81226	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) COMMON VAR	$270.95
81228	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER VARIANTS	$540.00
81229	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHI	$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	BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS,	$105.24
81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUAT	$82.20
81235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS	$198.01
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, MYELODYSPL	$169.73
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, DIFFUSE LA	$105.24
81238	GENE ANALYSIS (COAGULATION FACTOR IX) FULL SEQUENCE ANALYSIS	$360.00
81239	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACT	$164.90

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81240	GENE ANALYSIS (PROTHROMBIN, COAGULATION FACTOR II) A VARIANT	$40.28
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI	$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	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	$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 SEQU	$0.00
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL	$0.00
81254	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON VARIANT	$21.00
81255	GENE ANALYSIS (HEXOSAMINIDASE A) COMMON VARIANTS	$30.87
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VAR	$53.50
81257	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) COMMON DELETION	$0.00
81258	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR KNOWN FAMILIAL VARIANT	$225.15
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, KI	$0.00
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	$162.07
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	$35.73
81263	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS), VARIABLE REGION	$241.07
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL	$122.23
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPAR	$176.03
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS OF PATIENT AND SPEC	$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 VARIA	$121.44
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617P	$75.04
81271	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT AB	$82.20
81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), T	$197.71
81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D	$74.92
81274	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALL	$164.90
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	$118.49
81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	$118.31
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMI	$0.00
81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BRE	$124.39
81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYS	$111.12
81283	GENE ANALYSIS (INTERFERON, LAMBDA 3) FOR RS12979860 VARIANT	$45.26
81284	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNOR	$82.20
81285	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELE	$164.90
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	$164.90
81287	GENE ANALYSIS (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) FOR PROMOTER METHYLATION	$49.81
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	$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 FAMILIAL	$155.44
81294	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) DUPLICATION OR	$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 FAMILIAL	$77.72

Procedure Code	Procedure Code Description	Maximum Allowable Charge
81297	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) DUPLICATION OR	$91.03
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	$172.70
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	$96.74
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	$97.01
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN	$237.02
81302	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) FULL SEQUENCE ANALYS	$0.00
81303	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) KNOWN FAMILIAL VARIA	$72.00
81304	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) DUPLICATION OR DELET	$90.00
81305	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WALDENSTROM'S MACROGLOB	$105.24
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(	$174.82
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A	$169.73
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A	$180.81
81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA)	$164.90
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT	$148.28
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS], ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINO	$159.84
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROP	$82.20
81314	GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) TARG	$197.71
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	$169.70
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	$258.83
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	$468.77
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	$110.77
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	$133.00
81320	PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS	$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
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	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	$82.20
81330	GENE ANALYSIS (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) COMMON VARIANT	$28.20
81331	METHYLATION ANALYSIS (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE	$0.00
81332	GENE ANALYSIS (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTI	$35.04
81333	TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL DYSTROPHY) GENE ANA	$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	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	$180.81
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	$111.12
81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORD	$90.20
81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORD	$111.12
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	$171.01
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	$40.59
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANG	$164.94
81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG, SPINOCEREBELLAR AT	$82.20
81344	TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALU	$82.20
81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MUL	$111.12
81346	GENE ANALYSIS (THYMIDYLATE SYNTHETASE) FOR COMMON VARIANT	$104.89
81347	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYEL	$0.00
81348	SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME	$0.00
81349	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIA	$0.00
81350	GENE ANALYSIS (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) FOR DETECTI	$140.40

Procedure Code	Procedure Code Description	Maximum Allowable Charge
81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQU	$385.11
81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUE	$0.00
81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL	$184.80
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COM	$52.92
81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, A	$0.00
81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG,	$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 (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-	$180.82
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA	$91.16
81374	HLA CLASS I TYPING, LOW RESOLUTION ONE ANTIGEN EQUIVALENT	$59.55
81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN	$180.69
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS	$100.04
81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV	$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 (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE	$274.52
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E	$145.09
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O	$77.42
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS	$101.24
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	$89.33
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	$0.00
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 ANALYSI	$302.40
81411	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE, DUPLICATION/DELETION ANA	$0.00
81412	TEST FOR DETECTING GENES FOR DISORDERS RELATED TO ASHKENAZI JEWS, GENOMIC SEQUEN	$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
81418	GENOMIC SEQUENCE ANALYSIS PANEL OF AT LEAST 6 GENES ASSOCIATED WITH DRUG METABOL	$0.00
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CAC	$0.00
81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE, ANEUPLOIDY GENOMIC SEQUE	$481.40
81430	TEST FOR DETECTING GENES CAUSING HEARING LOSS GENOMIC SEQUENCE ANALYSIS PANEL, A	$975.00
81431	TEST FOR DETECTING GENES CAUSING HEARING LOSS, DUPLICATION/DELETION ANALYSIS PAN	$0.00
81432	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED BREAST CANCER-RELATED DISORDE	$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
81441	GENE SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES ASSOCIATED WITH INHERITED BONE MA	$1,469.14
81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME,	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI	$1,469.14
81448	GENE ANALYSIS PANEL FOR HEREDITARY DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM	$433.26
81449	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 5-50 GENES ASSOCIATED WITH SO	$358.75
81451	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 5-50 GENES ASSOCIATED WITH BL	$455.72
81456	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 51 OR GREATER GENES ASSOCIATE	$1,751.76
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	$0.00
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS,	$126.94
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF	$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, HC	$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, H	$92.10
81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, T	$0.00
81513	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF	$0.00
81514	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, QUANTITATIVE REAL-TIME AM	$0.00
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GEN	$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 HOUS	$2,323.80
81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONT	$2,323.80
81523	NEXT-GENERATION SEQUENCING OF BREAST CANCER PROFILING 70 CONTENT GENES AND 31 HO	$2,323.80
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENE	$387.16
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIF	$300.76
81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-P	$4,315.80
81535	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, FIRST SI	$399.38
81536	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, EACH ADD	$21.31
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UT	$118.08
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME	$861.58
81541	GENE ANALYSIS OF PROSTATE TUMOR TISSUE, PROFILING BY REAL-TIME RT-PCR OF 46 GENE	$2,323.80
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GE	$0.00
81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FI	$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 NEEDL	$0.00
81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION A	$3,300.00
81560	MEASUREMENT OF DONOR AND THIRD-PARTY MEMORY CELLS FOR TRANSPLANTATION MEDICINE	$0.00
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUAN	$387.16
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL A	$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	$15.44
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	$11.62
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	$23.31
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	$53.38
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP) LEVEL	$21.63

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82035	ADENOSINE; 5'-TRIPHOSPHATE, BLOOD	$0.00
82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	$6.85
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	$7.15
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	$8.00
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	$6.33
82045	ALBUMIN; ISCHEMIA MODIFIED	$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	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT URINE AND BREATH, IMMUNOASSAY (EG, IA, EI	$10.36
82078	ALCOHOL; METHYL	$0.00
82085	ALDOLASE	$13.42
82086	ALDOLASE, BLOOD; COLORIMETRIC	$0.00
82087	ALDOSTERONE; DOUBLE ISOTOPE TECHNIQUE	$0.00
82088	ALDOSTERONE	$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); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	$62.99
82108	ALUMINUM	$21.73
82112	AMIKACIN	$0.00
82120	AMINES, VAGINAL FLUID, QUALITATIVE	$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, DELTA (ALA)	$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	$20.14
82141	AMMONIA; URINE	$0.00
82142	AMMONIUM CHLORIDE LOADING TEST	$0.00
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	$5.77
82150	AMYLASE	$8.96
82154	ANDROSTANEDIOL GLUCURONIDE	$24.17
82155	AMYLASE, SERUM;	$0.00
82156	AMYLASE, URINE (DIASTASE)	$0.00
82157	ANDROSTENEDIONE	$40.46
82159	ANDROSTERONE;	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82160	ANDROSTERONE	$20.96
82163	ANGIOTENSIN II	$17.21
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	$20.17
82165	ANILINE	$0.00
82168	ANTIHISTAMINES	$0.00
82170	ANTIMONY, URINE	$0.00
82172	APOLIPOPROTEIN, EACH	$21.41
82173	ARGININE TOLERANCE TEST	$0.00
82175	ARSENIC	$26.22
82180	ASCORBIC ACID (VITAMIN C) LEVEL, BLOOD	$13.66
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	$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	$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	BILIRUBIN; FECES, QUALITATIVE	$3.81
82260	BILIRUBIN; URINE, QUANTITATIVE	$0.00
82261	BIOTINIDASE, EACH SPECIMEN	$23.31
82265	BILIRUBIN; AMNIOTIC FLUID, QUANTITATIVE	$0.00
82268	BISMUTH	$0.00
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUT	$4.49
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	$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	$5.77
82290	BROMIDES; BLOOD	$0.00
82291	BROMIDES; URINE	$0.00
82300	CADMIUM	$19.40
82305	CAFFEINE	$0.00
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	$40.91
82308	CALCITONIN	$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	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	$8.34
82345	CALCIUM, FECES, QUANTITATIVE, TIMED SPECIMEN	$0.00
82355	CALCULUS; QUALITATIVE ANALYSIS	$15.99
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	$17.80

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82365	CALCULUS; INFRARED SPECTROSCOPY	$11.44
82370	CALCULUS; X-RAY DIFFRACTION	$17.32
82372	CARBAMAZEPINE, SERUM	$0.00
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	$25.23
82374	CARBON DIOXIDE (BICARBONATE)	$6.76
82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	$17.03
82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	$0.00
82376	CARBOXYHEMOGLOBIN; QUALITATIVE	$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	$26.22
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	$23.31
82380	CAROTENE	$12.75
82382	CATECHOLAMINES; TOTAL URINE	$14.41
82383	CATECHOLAMINES; BLOOD	$21.01
82384	CATECHOLAMINES; FRACTIONATED	$34.90
82387	CATHEPSIN-D	$17.44
82390	CERULOPLASMIN	$14.84
82397	CHEMILUMINESCENT ASSAY	$11.84
82400	CHLORAL HYDRATE; BLOOD	$0.00
82415	CHLORAMPHENICOL	$10.62
82418	CHLORAZEPATE DIPOTASSIUM	$0.00
82420	CHLORDIAZEPOXIDE; BLOOD	$0.00
82425	CHLORDIAZEPOXIDE; URINE	$0.00
82435	CHLORIDE; BLOOD	$6.35
82436	CHLORIDE; URINE	$6.95
82437	CHLORIDES; SWEAT (WITHOUT IONTOPHORESIS)	$0.00
82438	CHLORIDE; OTHER SOURCE	$6.76
82441	CHLORINATED HYDROCARBONS, SCREEN	$5.03
82443	CHLOROTHIAZIDE-HYDROCHLOROTHIAZIDE	$0.00
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	$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; RBC	$6.44
82484	CHOLINESTERASE; SERUM AND RBC	$0.00
82485	CHONDROITIN B SULFATE, QUANTITATIVE	$17.31
82490	CHROMIUM;	$0.00
82495	CHROMIUM	$28.03
82505	CHYMOTRYPSIN, DUODENAL CONTENTS	$0.00
82507	CITRATE	$38.43
82512	CLONAZEPAM	$0.00
82523	COLLAGEN CROSS LINKS TEST, (URINE TEST TO EVALUATE BONE HEALTH)	$25.83
82525	COPPER	$17.15
82526	COPPER; URINE	$0.00
82528	CORTICOSTERONE	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82539	CORTISOL; DEXAMETHASONE SUPPRESSION TEST, PLASMA AND/OR URINE	$0.00
82540	CREATINE	$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	CREATININE; BLOOD	$7.07
82570	CREATININE; OTHER SOURCE	$7.15
82575	CREATININE; CLEARANCE	$13.06
82585	CRYOFIBRINOGEN	$11.85
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	$8.95
82600	CYANIDE	$16.27
82601	CYANIDE; TISSUE	$0.00
82606	CYANOCOBALAMIN (VITAMIN B-12); BIOASSAY	$0.00
82607	CYANOCOBALAMIN (VITAMIN B-12);	$20.83
82608	CYANOCOBALAMIN (VITAMIN B-12) LEVEL, UNSATURATED BINDING CAPACITY	$19.80
82610	CYSTATIN C	$19.00
82614	CYSTINE, BLOOD, QUALITATIVE	$0.00
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	$11.29
82620	CYSTINE AND HOMOCYSTINE, URINE; QUANTITATIVE	$0.00
82624	CYSTINE AMINOPEPTIDASE	$0.00
82626	DEHYDROEPIANDROSTERONE (DHEA)	$34.93
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	$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	$10.27
82639	DICUMAROL	$0.00
82640	DIGITOXIN (DIGITALIS); BLOOD, RIA	$0.00
82641	DIGITOXIN (DIGITALIS); URINE	$0.00
82642	DIHYDROTESTOSTERONE (DHT)	$19.52
82652	DIHYDROXYVITAMIN D, 1, 25 LEVEL	$53.19
82653	MEASUREMENT OF PANCREATIC ELASTASE (ENZYME) IN STOOL	$13.78
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	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82677	ESTRIOL	$33.43
82678	ESTRONE; CHEMICAL	$0.00
82679	ESTRONE	$20.93
82681	ESTRADIOL; FREE, DIRECT MEASUREMENT (EG, EQUILIBRIUM DIALYSIS)	$0.00
82691	ETHCHLORVYNOL; URINE	$0.00
82692	ETHOSUXIMIDE	$0.00
82693	ETHYLENE GLYCOL	$20.59
82694	ETIOCHOLANOLONE	$0.00
82696	ETIOCHOLANOLONE	$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, NONESTERIFIED	$18.40
82726	VERY LONG CHAIN FATTY ACIDS	$25.23
82727	FERRIC CHLORIDE, URINE	$0.00
82728	FERRITIN	$15.81
82730	FIBRINOGEN, QUANTITATIVE	$0.00
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	$89.01
82735	FLUORIDE	$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
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	FRUCTOSE, SEMEN	$14.54
82759	GALACTOKINASE, RBC	$18.01
82760	GALACTOSE	$15.47
82763	GALACTOSE; TOLERANCE TEST	$0.00
82765	GALACTOSE; URINE	$0.00
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	$17.66
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	$11.59
82777	GALECTIN-3	$10.68
82780	GALLIUM	$0.00
82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	$10.55
82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	$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	GASES, BLOOD, PH ONLY	$11.71
82801	GASES, BLOOD; PCO2	$0.00
82802	GASES, BLOOD; PH, PCO2 BY ELECTRODE	$0.00
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82817	GASES, BLOOD; PH, PCO2 BY TONOMETRY	$0.00
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	$7.80
82929	GASTRIC ACID, FREE OR TOTAL; EACH ADDITIONAL SPECIMEN	$0.00
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	$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	$24.38
82942	GLOBULIN, SERUM	$0.00
82943	GLUCAGON	$19.75
82944	GLUCOSAMINE	$0.00
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	$5.42
82946	GLUCAGON TOLERANCE TEST	$20.83
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	$5.42
82948	GLUCOSE; BLOOD, REAGENT STRIP	$4.37
82949	GLUCOSE; FERMENTATION	$0.00
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES 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	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	$13.40
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	$8.38
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	$2.50
82963	GLUCOSIDASE, BETA	$18.01
82965	GLUTAMATE DEHYDROGENASE	$6.48
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	$9.95
82978	GLUTATHIONE	$11.95
82979	GLUTATHIONE REDUCTASE, RBC	$5.77
82985	GLYCATED PROTEIN	$20.83
82995	GOLD, BLOOD	$0.00
82996	GONADOTROPIN, CHORIONIC, BIOASSAY;	$0.00
82997	GONADOTROPIN, CHORIONIC, BIOASSAY;	$0.00
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	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	$23.04
83004	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN); AFTER GLUCOSE TOLERANCE TEST	$0.00
83005	GUANASE, BLOOD	$0.00
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	$56.47
83010	HAPTOGLOBIN; QUANTITATIVE	$17.38
83011	HAPTOGLOBIN; QUANTITATIVE, ELECTROPHORESIS	$0.00
83012	HAPTOGLOBIN; PHENOTYPES	$14.41
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	$93.09
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	$10.86
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	$19.80
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY);	$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; BY COPPER SULFATE METHOD, NON-AUTOMATED	$3.26
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	$11.43

Procedure Code	Procedure Code Description	Maximum Allowable Charge
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	$8.24
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	$13.42
83040	HEMOGLOBIN; METHEMOGLOBIN, ELECTROPHORETIC SEPARATION	$0.00
83045	METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUALITATIVE	$4.16
83050	METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUANTITATIVE	$10.12
83051	HEMOGLOBIN; PLASMA	$6.13
83052	HEMOGLOBIN; SICKLE, TURBIDIMETRIC	$0.00
83053	HEMOGLOBIN; SOLUBILITY, S-D, ETC	$0.00
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	$6.94
83065	HEMOGLOBIN; THERMOLABILE	$5.77
83068	HEMOGLOBIN; UNSTABLE, SCREEN	$7.10
83069	HEMOGLOBIN; URINE	$3.31
83070	HEMOSIDERIN; QUALITATIVE	$6.56
83080	B-HEXOSAMINIDASE, EACH ASSAY	$23.31
83086	HISTIDINE; BLOOD, QUALITATIVE	$0.00
83087	HISTIDINE; URINE, QUALITATIVE	$0.00
83088	HISTAMINE	$40.81
83090	HOMOCYSTINE	$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 (HVA)	$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, 5-(HIAA)	$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	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	$17.89
83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT CHAINS	$10.36
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	$13.33
83529	MEASUREMENT OF INTERLEUKIN-6	$10.36
83530	INULIN CLEARANCE	$0.00
83533	IODINE PROTEIN BOUND (PBI)	$0.00
83534	IODINE;TOTAL	$0.00
83540	IRON	$8.95
83545	IRON, SERUM; AUTOMATED	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 (IDH)	$7.42
83571	ISOCITRIC DEHYDROGENASE (IDH), BLOOD; COLORIMETRIC	$0.00
83576	ISONICOTINIC ACID HYDRAZIDE (INH)	$0.00
83578	KANAMYCIN	$0.00
83582	KETOGENIC STEROIDS, FRACTIONATION	$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	LACTATE (LACTIC ACID)	$14.76
83610	LACTIC DEHYDROGENASE (LDH), RIA	$0.00
83615	LACTATE DEHYDROGENASE (LD), (LDH);	$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 (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITATION	$10.73
83626	LACTIC DEHYDROGENASE (LDH), BLOOD; ISOENZYMES, CHEMICAL SEPARATION	$0.00
83628	LACTIC DEHYDROGENASE, LIVER (LLDH)	$45.23
83629	LACTIC DEHYDROGENASE (LDH), URINE	$0.00
83630	LACTOFERRIN, FECAL; QUALITATIVE	$16.45
83631	LACTOFERRIN, FECAL; QUANTITATIVE	$16.45
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	$16.94
83633	LACTOSE, URINE; QUALITATIVE	$4.61
83645	LEAD, SCREENING; BLOOD	$0.00
83650	LEAD, SCREENING; URINE	$0.00
83655	LEAD	$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 (LAP)	$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	$9.52
83695	LIPOPROTEIN (A)	$12.66
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	$47.43
83700	LIPOPROTEIN LEVEL, ELECTROPHORETIC SEPARATION AND QUANTITATION	$9.44
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	$24.28

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	$11.31
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL	$9.76
83720	LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA	$0.00
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL	$13.18
83722	LIPOPROTEIN, DIRECT MEASUREMENT; SMALL DENSE LDL CHOLESTEROL	$21.04
83727	LUTEINIZING RELEASING FACTOR (LRH)	$14.41
83730	MACROGLOBULINS (SIA TEST)	$0.00
83735	MAGNESIUM	$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	$6.18
83785	MANGANESE	$20.62
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NOT	$24.96
83790	MANNITOL CLEARANCE	$0.00
83795	MELANIN, URINE, QUALITATIVE	$0.00
83799	MEPERIDINE, QUANTITATIVE	$0.00
83825	MERCURY, QUANTITATIVE	$22.47
83830	MERCURY, QUANTITATIVE; URINE	$0.00
83835	METANEPHRINES	$23.41
83842	METHAPYRILENE	$0.00
83845	METHAQUALONE	$0.00
83857	METHEMALBUMIN	$14.84
83859	METHYPRYLON	$0.00
83860	MORPHINE; SCREENING	$0.00
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE	$23.58
83862	MORPHINE; RIA	$0.00
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	$16.69
83865	MUCOPOLYSACCHARIDES, ACID, URINE; QUANTITATIVE	$0.00
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	$8.10
83873	MYELIN BASIC PROTEIN (NERVE PROTEIN) LEVEL, SPINAL FLUID	$14.42
83874	MYOGLOBIN	$17.84
83875	MYOGLOBIN, URINE	$0.00
83876	MYELOPEROXIDASE (MPO)	$0.00
83880	NATRIURETIC PEPTIDE	$28.46
83883	NEPHELOMETRY, TEST METHOD USING LIGHT	$18.79
83885	NICKEL	$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	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	$27.79
83917	ORGANIC ACIDS; SCREEN, QUALITATIVE	$0.00
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	$22.75
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	$22.75
83920	ORNITHINE CARBAMYL TRANSFERASE (OCT)	$0.00
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	$22.75
83930	OSMOLALITY; BLOOD	$9.13
83935	OSMOLALITY; URINE	$9.42

Procedure Code	Procedure Code Description	Maximum Allowable Charge
83937	OSTEOCALCIN (BONE G1A PROTEIN)	$41.26
83938	OUABAIN	$0.00
83945	OXALATE	$17.80
83946	OXAZEPAM	$0.00
83947	OXYBUTYRIC ACID, BETA	$0.00
83948	OXYCODINONE	$0.00
83949	OXYTOCINASE, RIA	$0.00
83950	ONCOPROTEIN; HER-2/NEU	$53.99
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	$0.00
83965	PARALDEHYDE, BLOOD, QUANTITATIVE	$0.00
83970	PARATHORMONE (PARATHYROID HORMONE)	$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	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	$4.95
83987	PH; EXHALED BREATH CONDENSATE	$22.74
83992	PHENCYCLIDINE (PCP)	$12.32
83993	CALPROTECTIN, FECAL	$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, QUALITATIVE	$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	$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	$8.65
84090	PHOSPHOLIPIDS, BLOOD	$0.00
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	$6.56
84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	$7.15
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	$3.59
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	$11.68
84112	CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN	$90.64
84118	PORPHYRINS, COPRO-, URINE; QUANTITATIVE	$0.00
84119	PORPHYRINS, URINE; QUALITATIVE	$11.90
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	$20.33

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84121	PORPHYRINS; URO-, COPRO- AND PORPHOBILINOGEN, URINE	$0.00
84126	PORPHYRINS, FECES; QUANTITATIVE	$21.35
84128	PORPHYRINS, PLASMA	$0.00
84132	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	$6.35
84133	POTASSIUM; URINE	$5.94
84134	PREALBUMIN	$20.16
84135	PREGNANEDIOL	$16.04
84136	PREGNANEDIOL; OTHER METHOD (SPECIFY)	$0.00
84138	PREGNANETRIOL	$15.88
84139	PREGNANETRIOL; OTHER METHOD (SPECIFY)	$0.00
84140	PREGNENOLONE	$28.58
84141	PRIMIDONE	$0.00
84142	PROCAINAMIDE	$0.00
84143	17-HYDROXYPREGNENOLONE	$19.13
84144	PROGESTERONE	$28.83
84145	PROCALCITONIN (PCT)	$27.76
84146	PROLACTIN	$26.78
84147	PROPOXYPHENE	$0.00
84149	PROPRANOLOL	$0.00
84150	PROSTAGLANDIN, EACH	$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	PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE	$2.80
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	$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; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	$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, RBC; QUANTITATIVE	$19.83
84203	PROTOPORPHYRIN, RBC; SCREEN	$7.22
84205	PROTRIPTYLENE	$0.00
84206	PROINSULIN	$23.03
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	$26.36
84208	PYROPHOSPHATE VS URATE, CRYSTALS (POLARIZATION)	$0.00
84210	PYRUVATE	$15.01
84220	PYRUVATE KINASE	$7.91
84228	QUININE	$9.76
84230	QUINIDINE, BLOOD	$0.00
84231	RADIOIMMUNOASSAY (RIA) NOT ELSEWHERE SPECIFIED	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84232	RELEASING FACTOR	$0.00
84233	RECEPTOR ASSAY; ESTROGEN	$53.99
84234	RECEPTOR ASSAY; PROGESTERONE	$54.38
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	$73.12
84236	RECEPTOR ASSAY; PROGESTERONE AND ESTROGEN	$0.00
84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	$50.53
84244	RENIN	$30.40
84246	RENIN (ANGIOTENSIN I); FUROSEMIDE TEST	$0.00
84252	RIBOFLAVIN (VITAMIN B-2)	$15.99
84255	SELENIUM	$35.28
84260	SEROTONIN	$42.81
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	$13.11
84275	SIALIC ACID	$11.26
84285	SILICA	$19.74
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD	$6.65
84300	SODIUM; URINE	$6.72
84302	SODIUM; OTHER SOURCE	$6.79
84305	SOMATOMEDIN	$29.38
84307	SOMATOSTATIN	$15.32
84310	SORBITOL DEHYDROGENASE, SERUM	$0.00
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	$9.66
84315	SPECIFIC GRAVITY (EXCEPT URINE)	$2.10
84317	STARCH, FECES, SCREENING	$0.00
84318	STERCOBILIN, QUALITATIVE, FECES	$0.00
84324	STRYCHNINE	$0.00
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	$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	SULFATE, URINE	$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; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	$43.53
84420	THEOPHYLLINE, BLOOD OR SALIVA	$0.00
84425	THIAMINE (VITAMIN B-1)	$26.36
84430	THIOCYANATE	$9.76
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$18.54
84432	THYROGLOBULIN	$22.20
84433	EVALUATION OF THIOPURINE S-METHYLTRANSFERASE (TPMT)	$13.30
84434	THIORIDAZINE	$0.00
84435	THYROXINE, (T-4), CPB OR RESIN UPTAKE	$0.00
84436	THYROXINE (THYROID CHEMICAL), TOTAL	$9.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84437	THYROXINE (THYROID CHEMICAL), REQUIRING ELUTION	$8.95
84439	THYROXINE (THYROID CHEMICAL), FREE	$12.46
84442	THYROXINE BINDING GLOBULIN (TBG)	$20.44
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	$23.21
84444	THYROTROPIN RELEASING FACTOR (TRF)	$0.00
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	$32.92
84446	TOCOPHEROL ALPHA (VITAMIN E)	$19.60
84447	TOXICOLOGY, SCREEN; GENERAL	$0.00
84448	TOXICOLOGY, SCREEN; SEDATIVE (ACID AND NEUTRAL DRUGS, VOLATILES)	$0.00
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	$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	$17.65
84472	TRICHLOROETHANOL	$0.00
84474	TRICHLOROACETIC ACID	$0.00
84476	TRIFLUOPERAZINE	$0.00
84478	TRIGLYCERIDES	$7.95
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	$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
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	$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; OTHER SOURCE	$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	VANILLYLMANDELIC ACID (VMA), URINE	$21.42
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	$46.25
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	$46.91
84589	VISCOSITY	$0.00
84590	VITAMIN A	$16.02
84591	VITAMIN, NOT OTHERWISE SPECIFIED	$9.72
84595	VITAMIN A, BLOOD; INCLUDING CAROTENE	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84597	VITAMIN K	$18.94
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE,	$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 ABSORPTION TEST, BLOOD AND/OR URINE	$9.93
84630	ZINC	$15.74
84635	ZINC, QUANTITATIVE; URINE	$0.00
84645	ZINC SULFATE TURBIDITY	$0.00
84681	C-PEPTIDE	$28.75
84695	GENTAMICIN	$0.00
84701	GONADOTROPIN, CHORIONIC, BETA SUBUNIT, RIA	$0.00
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	$20.80
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	$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, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING	$8.41
84999	UNLISTED CHEMISTRY PROCEDURE	$0.00
85000	BLEEDING TIME; DUKE	$0.00
85002	BLEEDING TIME	$6.22
85003	BLEEDING TIME;ADELSON-CRSBY IMMRSN MTHD	$0.00
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	$9.04
85005	BLOOD COUNT; BASOPHIL COUNT, DIRECT	$0.00
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC	$4.76
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL	$4.76
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	$5.14
85012	BLOOD COUNT; EOSINOPHIL COUNT, DIRECT	$0.00
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	$3.27
85014	BLOOD COUNT; HEMATOCRIT (HCT)	$3.27
85018	BLOOD COUNT, HEMOGLOBIN	$3.27
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE	$10.74
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE	$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	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	$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	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	$3.52
85049	PLATELET COUNT, AUTOMATED TEST	$6.25
85055	RETICULATED PLATELET ASSAY	$18.20
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	$14.81
85097	BONE MARROW, SMEAR INTERPRETATION	$29.69
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
85120	BONE MARROW TRANSPLNT	$0.00
85130	CHROMOGENIC SUBSTRATE ASSAY	$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), ONE STAGE	$24.75
85242	CLOTTING; FACTOR VIII (AHG), TWO STAGE	$0.00
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	$17.12
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	$31.72
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	$31.72
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS	$31.72
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	$26.31
85260	CLOTTING; FACTOR X (STUART-PROWER)	$24.75
85270	CLOTTING; FACTOR XI (PTA)	$24.75
85280	CLOTTING; FACTOR XII (HAGEMAN)	$22.58
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	$13.70
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	$7.45
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	$15.88
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	$15.88
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	$16.38
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	$9.07
85302	PROTEIN C, (CLOTTING INHIBITOR) ACTIVITY	$16.61
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	$19.11
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	$16.02
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	$21.18
85307	ACTIVATED PROTEIN C (APC) 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	FACTOR INHIBITOR TEST	$17.99
85337	THROMBOMODULIN	$8.74
85340	CLOTTING INHIBITORS OR ANTICOAGULANTS; CROSS RECALCIFICATION TIME (MIXTURES)	$0.00
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	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 SEMIQUANTITATIV	$14.22
85384	FIBRINOGEN; ACTIVITY	$11.74
85385	FIBRINOGEN; ANTIGEN	$7.12
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, 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 INTERPRE	$11.99
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	$0.00
85398	FIBRINOLYSIS, QUANTITATIVE	$0.00
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	$12.22
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	$10.66
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	$23.76
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	$5.48
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	$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 FETAL-MATERNAL	$10.69
85461	FETAL HEMOGLOBIN OR RED BLOOD CELLS MEASUREMENT FOR ASSESSMENT OF FETAL-MATERNAL	$5.56
85475	HEMOLYSIN, ACID	$12.26
85520	HEPARIN ASSAY	$15.81
85525	HEPARIN NEUTRALIZATION	$16.12
85530	HEPARIN-PROTAMINE TOLERANCE TEST	$11.89
85536	IRON STAIN, PERIPHERAL BLOOD	$5.42
85538	LEDER STAIN (ESTERASE) BLOOD OR BONE MARROW	$0.00
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	$11.88
85544	LUPUS ERYTHEMATOSUS (LE) CELL PREP	$0.00
85547	MECHANICAL FRAGILITY, RBC	$7.21
85548	MORPHOLOGY OF RED BLOOD CELLS, ONLY	$0.00
85549	MURAMIDASE	$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	PHOSPHOLIPID NEUTRALIZATION; PLATELET	$24.84
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	REPTILASE 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	SICKLING OF RBC, REDUCTION	$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, TISSUE	$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	VISCOSITY	$16.14
85820	VISCOSITY; SERUM OR PLASMA	$0.00
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	$12.34
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY M	$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, EAC	$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 COM	$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
86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE) ANTIBODY	$6.92
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; LEUKOCYTE 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86036	SCREENING TEST FOR ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	$7.23
86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY TITER	$7.23
86038	ANTINUCLEAR ANTIBODIES (ANA);	$16.70
86039	MEASUREMENT OF ANTIBODY FOR ASSESSMENT OF AUTOIMMUNE DISORDER, TITER	$15.43
86045	ANTISTREPTOCOCCAL CARBOHYDRATE, ANTI-A CHO	$0.00
86051	ELISA DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY	$6.92
86052	CELL-BASED IMMUNOFLUORESCENCE (CBA) DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTI	$7.23
86053	FLOW CYTOMETRY DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY	$7.23
86060	ANTISTREPTOLYSIN 0; TITER	$10.09
86063	ANTISTREPTOLYSIN 0; SCREEN	$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; DIFFICULT CROSS MATCH AND/OR EVALUATION OF	$30.39
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING	$30.39
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD	$30.62
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 COM	$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	C-REACTIVE PROTEIN;	$7.15
86141	MEASUREMENT C-REACTIVE PROTEIN FOR DETECTION OF INFECTION OR INFLAMMATION, HIGH	$17.20
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	$35.54
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	$35.16
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	$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 SPECIME	$0.00
86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME	$0.00
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	$13.40
86156	COLD AGGLUTININ; SCREEN	$9.26

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86157	COLD AGGLUTININ; TITER	$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	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	$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	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	$12.66
86202	CRYPRCPTATE PRPRTON;W/THWNG & POOLNG EA UNIT	$0.00
86209	CYTOTOXIC TESTING	$0.00
86215	DEOXYRIBONUCLEASE, ANTIBODY	$18.32
86225	MEASUREMENT OF DNA ANTIBODY, NATIVE OR DOUBLE STRANDED	$18.99
86226	MEASUREMENT OF DNA ANTIBODY, SINGLE STRANDED	$16.73
86227	ENZYME IMMUNOASSAY FOR INFECTIOUS AGENT ANTIAGENT	$0.00
86229	ENZYME IMMUNOASSAY FOR CHEMICAL CONSTITUENT	$0.00
86231	DETECTION OF ENDOMYSIAL ANTIBODY (EMA)	$7.25
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	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY	$16.66
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	$16.66
86258	DETECTION OF GLIADIN (DEAMIDATED) (DGP) ANTIBODY	$6.92
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	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	$13.19
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	$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 SEMIQUANTITA	$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	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	$29.81
86308	HETEROPHILE ANTIBODIES; SCREENING	$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	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4,	$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	IMMUNOELECTROPHORESIS; SERUM	$22.10

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH	$22.53
86327	IMMUNOLOGIC ANALYSIS TECHNIQUE, CROSSED	$19.02
86328	TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19)	$0.00
86329	IMMUNOLOGIC ANALYSIS TECHNIQUE, UNSPECIFIED	$11.77
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR	$10.05
86332	IMMUNE COMPLEX ASSAY	$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	$18.09
86337	INSULIN ANTIBODIES	$29.59
86338	INSULIN FACTOR ANTIBODIES, RIA	$0.00
86340	INTRINSIC FACTOR ANTIBODIES	$20.83
86341	ISLET CELL ANTIBODY	$25.15
86342	IRRADIATION OF BLOOD PRODUCTS, EACH	$0.00
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	$10.45
86344	LEUKOCYTE PHAGOCYTOSIS	$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	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETEC	$97.30
86353	WHITE BLOOD CELL FUNCTION MEASUREMENT, MITOGEN OR ANTIGEN INDUCED BLASTOGENESIS	$41.09
86355	B CELLS, TOTAL COUNT	$36.89
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI	$25.28
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	$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 CELLS; ABSOLUTE CD4 COUNT	$25.00
86362	CELL-BASED IMMUNOFLUORESCENCE (CBA) DETECTION OF MYELIN OLIGODENDROCYTE GLYCOPRO	$7.23
86363	FLOW CYTOMETRY DETECTION OF MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIB	$7.23
86364	MEASUREMENT OF TISSUE TRANSGLUTAMINASE	$6.92
86365	MAST CELL DEGRANULATION TEST	$0.00
86367	STEM CELLS COUNT, TOTAL	$36.89
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	$20.11
86377	MICROSOMAL ANTIBODY (THYROID); OTHER METHOD (SPECIFY)	$0.00
86381	MEASUREMENT OF MITOCHONDRIAL ANTIBODY	$15.27
86382	NEUTRALIZATION TEST, VIRAL	$14.17
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	$9.55
86385	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL);	$0.00
86386	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN S	$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	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	$14.08
86404	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	$0.00
86405	PRECIPITIN TEST FOR BLOOD (SPECIES IDENTIFICATION)	$0.00
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	$14.58

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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; QUALITATIVE	$7.85
86431	RHEUMATOID FACTOR; QUANTITATIVE	$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; CANDIDA	$13.04
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	$4.32
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	$54.18
86495	SKIN TEST;DIPHTHERIA (SCHICK)	$0.00
86500	SKIN TEST;ECHINOCOCCOSIS	$0.00
86510	SKIN TEST; HISTOPLASMOSIS	$5.02
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; TUBERCULOSIS, INTRADERMAL	$6.88
86590	STREPTOKINASE, ANTIBODY	$15.24
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	$5.90
86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	$6.09
86594	THYROID AUTOANTIBODIES	$0.00
86595	TISSUE CULTURE	$0.00
86596	MEASUREMENT OF VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY	$11.04
86597	TISSUE;TYPING	$0.00
86600	TOXOPLASMOSIS, DYE TEST	$0.00
86602	ANTIBODY; ACTINOMYCES	$8.53
86603	ANTIBODY; ADENOVIRUS	$10.79
86606	ANTIBODY; ASPERGILLUS	$20.80
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	$17.81
86611	ANTIBODY; BARTONELLA	$14.22
86612	ANTIBODY; BLASTOMYCES	$10.82
86615	ANTIBODY; BORDETELLA	$11.06
86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN	$21.40

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86618	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	$23.54
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	$11.21
86622	ANTIBODY; BRUCELLA	$12.35
86625	ANTIBODY; CAMPYLOBACTER	$11.00
86628	ANTIBODY; CANDIDA	$16.60
86630	TRANSFER FACTOR TEST (TFT)	$0.00
86631	ANTIBODY; CHLAMYDIA	$16.35
86632	ANTIBODY; CHLAMYDIA, IGM	$17.55
86635	ANTIBODY; COCCIDIOIDES	$9.62
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	$10.16
86641	ANTIBODY; CRYPTOCOCCUS	$12.08
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	$19.89
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	$23.28
86648	ANTIBODY; DIPHTHERIA	$21.02
86650	TREPONEMA ANTIBODIES, FLUORESCENT, ABSORBED (FTA-ABS)	$0.00
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	$11.06
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	$11.06
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	$11.06
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	$11.06
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	$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 ANTIG	$21.14
86665	ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), VIRAL CAPSID	$25.07
86666	ANTIBODY; EHRLICHIA	$8.53
86668	ANTIBODY; FRANCISELLA TULARENSIS	$8.72
86670	WASHD RED CELLS TRNSFUS, NO UNIT CLCT/PRCSS	$0.00
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	$16.95
86674	ANTIBODY; GIARDIA LAMBLIA	$20.34
86677	ANTIBODY; HELICOBACTER PYLORI	$20.05
86681	ADRENAL CORTEX ANTIBODIES, RIA	$0.00
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	$12.60
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	$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	ANTIBODY; HEPATITIS, DELTA AGENT	$23.72
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	$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	ANTIBODY; HISTOPLASMA	$10.48
86701	ANTIBODY; HIV-1	$12.28
86702	ANTIBODY; HIV-2	$18.69
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	$18.96
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	$16.66
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	$16.27
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	$14.84
86707	HEPATITIS BE ANTIBODY (HBEAB)	$15.98
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	$17.12
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	$15.55

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86710	ANTIBODY; INFLUENZA VIRUS	$11.36
86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	$11.87
86713	ANTIBODY; LEGIONELLA	$21.15
86717	ANTIBODY; LEISHMANIA	$10.27
86720	ANTIBODY; LEPTOSPIRA	$18.23
86723	ANTIBODY; LISTERIA MONOCYTOGENES	$11.06
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	$10.79
86732	ANTIBODY; MUCORMYCOSIS	$11.06
86735	ANTIBODY; MUMPS	$18.03
86738	ANTIBODY; MYCOPLASMA	$18.31
86741	ANTIBODY; NEISSERIA MENINGITIDIS	$11.06
86744	ANTIBODY; NOCARDIA	$11.06
86747	ANTIBODY; PARVOVIRUS	$20.77
86750	ANTIBODY; PLASMODIUM (MALARIA)	$11.06
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	$10.39
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	$10.81
86757	ANTIBODY; RICKETTSIA	$26.75
86759	ANTIBODY; ROTAVIRUS	$11.06
86762	ANTIBODY; RUBELLA	$19.89
86765	ANTIBODY; RUBEOLA	$17.81
86768	ANTIBODY; SALMONELLA	$11.06
86769	MEASURE OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY	$42.13
86771	ANTIBODY; SHIGELLA	$11.06
86774	ANTIBODY; TETANUS	$12.41
86777	ANTIBODY; TOXOPLASMA	$19.89
86778	ANTIBODY; TOXOPLASMA, IGM	$19.90
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM	$18.97
86784	ANTIBODY; TRICHINELLA	$17.36
86787	ANTIBODY; VARICELLA-ZOSTER	$17.81
86788	ANTIBODY; WEST NILE VIRUS, IGM	$23.54
86789	ANTIBODY; WEST NILE VIRUS	$20.11
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	$17.81
86793	ANTIBODY; YERSINIA	$11.06
86794	ANALYSIS FOR ANTIBODY TO ZIKA VIRUS	$12.48
86800	THYROGLOBULIN ANTIBODY	$21.98
86803	HEPATITIS C ANTIBODY;	$19.73
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	$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 SAMPL	$25.92
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	$27.77
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	$24.48
86830	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC	$66.59

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86831	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC	$57.08
86832	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU	$104.64
86833	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU	$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 ASSAYS	$266.36
86849	UNLISTED IMMUNOLOGY PROCEDURE	$18.98
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	$19.65
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	$16.20
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	$55.70
86880	RED BLOOD CELL ANTIBODY DETECTION TEST, DIRECT	$7.42
86885	RED BLOOD CELL ANTIBODY DETECTION TEST, INDIRECT	$7.90
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER	$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 SALVA	$0.00
86900	BLOOD TYPING; ABO	$4.12
86901	BLOOD TYPING; RH (D)	$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; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	$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	FRESH FROZEN PLASMA, THAWING, EACH UNIT	$5.35
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	$9.00
86931	FROZEN BLOOD, EACH UNIT; THAWING	$0.00
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	$0.00
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	$11.32
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	$16.73
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	$54.60
86950	LEUKOCYTE TRANSFUSION	$0.00
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	$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 AND	$0.00
86971	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBODY ANALYSIS AND	$0.00
86972	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBODY ANALYSIS AND	$0.00
86975	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND MEASUREMEN	$0.00
86976	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND MEASUREMEN	$0.00
86977	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND MEASUREMEN	$0.00
86978	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS AND MEASUREMEN	$0.00
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	$9.00
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	$21.15
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	$14.11
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	$9.23
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE	$14.27
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION	$13.04
87046	STOOL CULTURE, ADDITIONAL PATHOGENS	$7.91
87070	BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC	$11.90
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE	$7.91

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE	$7.91
87075	BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC	$13.08
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	$11.16
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	$11.16
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	$9.16
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY	$11.90
87086	BACTERIAL COLONY COUNT, URINE	$11.16
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLAT	$10.55
87101	FUNGAL CULTURE (MOLD OR YEAST) OF SKIN, HAIR, OR NAIL	$10.66
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	$11.61
87103	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	$12.46
87106	FUNGAL CULTURE, YEAST	$14.27
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	$14.42
87109	CULTURE, MYCOPLASMA, ANY SOURCE	$21.26
87110	CULTURE, CHLAMYDIA, ANY SOURCE	$27.08
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY	$13.63
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	$15.13
87140	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, IMMUNOFLUORESCENT METHOD	$7.71
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID	$10.51
87147	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN IMMUNOFLUORESCEN	$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	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	$4.39
87153	IDENTIFICATION OF ORGANISMS BY NUCLEIC ACID SEQUENCING METHOD	$165.22
87154	AMPLIFED NUCLEIC ACID PROBE TYPING OF DISEASE AGENT IN BLOOD CULTURE SPECIMEN	$130.84
87158	CULTURE, TYPING; OTHER METHODS	$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; ARTHROPOD	$5.40
87169	MACROSCOPIC EXAMINATION; PARASITE	$5.90
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	$5.90
87173	ENDOTOXIN, BACTERIAL (PYROGENS);	$0.00
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	$4.93
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	$12.30
87181	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), AGAR DILUT	$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), MICRODILUT	$11.94
87187	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUT	$8.69
87188	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MACROBROTH	$5.56
87190	ANTIMICROBIAL STUDY, MYCOBACTERIA (TB ORGANISM FAMILY)	$7.81
87197	SERUM BACTERICIDAL TITER (SCHLICTER TEST)	$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	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	$17.57
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	$5.90
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI	$5.90
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	$27.28
87250	INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL FOR VIRUS ISOLATION	$27.02
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE	$36.02
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	$12.39

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87254	VIRUS ISOLATION, CENTRIFUGE ENHANCED	$16.39
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	$42.92
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS	$10.06
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA	$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 (WATER	$16.58
87279	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PARAINFLUENZA VIRUS	$10.06
87280	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RESPIRATORY SYNCYTIAL VIRUS (R	$16.58
87281	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PNEUMOCYSTIS CARINII (RESPIRAT	$10.06
87283	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RUBEOLA (MEASLES VIRUS)	$10.06
87285	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR TREPONEMA PALLIDUM (SYPHILIS O	$10.06
87290	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR VARICELLA (CHICKEN POX) ZOSTER	$10.06
87299	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR ORGANISM	$16.58
87300	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR MULTIPLE ORGANISMS	$10.06
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87320	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS	$16.58
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87327	DETECTION TEST BY IMMUNOASSAY TECHNIQUE, MULTISTEP METHOD, FOR CRYPTOCOCCUS NEOF	$16.58
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$12.02
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87335	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ESCHERICHIA COLI 0157 (E. COLI)	$16.58
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87338	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HELICOBACTER PYLORI (GI TRACT BACTER	$16.58
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$14.27
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$14.43
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$15.92
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$13.76
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$10.06
87389	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN AND HIV-1 AND HIV-2 AN	$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	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$16.58
87426	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CO	$35.33
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 CO	$63.59
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	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	$13.25

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87451	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR MULTIPLE ORGANISMS, EACH POLYVALENT	$8.03
87467	MEASUREMENT OF HEPATITIS B SURFACE ANTIGEN (HBSAG	$9.03
87468	DETECTION OF ANAPLASMA PHAGOCYTOPHILUM BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE	$21.05
87469	DETECTION OF BABESIA MICROTIM BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE	$21.05
87471	DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA (BACTERIA)	$29.42
87472	DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA (BACTERIA)	$35.91
87475	DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), DIRECT PROBE TECH	$16.81
87476	DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), AMPLIFIED PROBE T	$29.42
87478	DETECTION OF BABESIA BORRELIA MIYAMOTOI BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQU	$21.05
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	CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MANGITIDIS, STREPTOCOCCUS PNEUMON	$343.03
87484	DETECTION OF EHRLICHIA CHAFFEENSIS BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE	$21.05
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 TECHNIQ	$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 TECHNI	$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 TECHNI	$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 TECHNI	$48.50
87497	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION	$59.20
87498	DETECTION TEST BY NUCLEIC ACID FOR ENTEROVIRUS (INTESTINAL VIRUS), AMPLIFIED PRO	$49.04
87500	DETECTION TEST BY NUCLEIC ACID FOR VANCOMYCIN RESISTANCE STREP (VRE), AMPLIFIED	$49.04
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 ADDITION	$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 TECHNIQ	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87540	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA)	$16.81
87541	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA)	$29.42
87542	DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA)	$35.00
87550	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), DIRECT PROBE	$16.81
87551	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), AMPLIFIED PR	$29.42
87552	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), QUANTIFICATI	$35.91
87555	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), DIRE	$27.71
87556	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), AMPL	$48.50
87557	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), QUAN	$35.91
87560	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA),	$27.71
87561	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA),	$29.42
87562	DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA),	$35.91
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM,	$21.05
87580	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), DIRECT PROB	$16.81
87581	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), AMPLIFIED P	$29.42
87582	DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), QUANTIFICAT	$35.00
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA),	$27.71
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA),	$48.50
87592	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA),	$35.91
87593	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ORTHOPOXVIRUS (EG MONKE	$0.00
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 O	$28.68
87631	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE	$105.80
87632	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE	$176.02
87633	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE	$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 CORONAV	$51.31
87636	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATO	$142.63
87637	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATO	$142.63
87640	DETECTION TEST BY NUCLEIC ACID FOR STAPHYLOCOCCUS AUREUS (BACTERIA), AMPLIFIED P	$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 PRO	$29.42
87652	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), QUANTIFICATIO	$35.00
87653	DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP B), AMPLIFIED PRO	$49.04
87660	DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE), DIR	$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) TECHNI	$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 DIF	$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 SYN	$16.58
87808	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR TRICHOMONAS VAG	$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 TRACH	$16.58
87811	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE RE	$41.38

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87850	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA GONOR	$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 PHENOTYPE PREDICTION USING REGULARLY UPDATE	$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 OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	$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	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	$0.00
88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	$0.00
88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD	$0.00
88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN	$0.00
88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	$0.00
88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	$0.00
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	$0.00
88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	$0.00
88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD	$0.00
88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	$0.00
88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	$0.00
88036	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY	$0.00
88037	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY, SINGLE ORGAN	$0.00
88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	$0.00
88045	CORONER'S SERVICES	$0.00
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	$0.00
88104	CELL EXAMINATION OF BODY FLUID, SMEARS	$46.05
88106	CELL EXAMINATION OF BODY FLUID, SIMPLE FILTER METHOD	$47.18
88108	CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE	$44.41
88109	88104 SMEARS & CELLS BLOCK W/INTERPRETATION	$0.00
88112	CELL EXAMINATION OF SPECIMEN, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	$44.53
88120	CELL EXAMINATION OF URINE, MANUAL	$411.09
88121	CELL EXAMINATION OF URINE, COMPUTER-ASSISTED	$288.50
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	$18.60
88130	SEX IDENTIFICATION, BARR BODIES	$12.61
88140	SEX IDENTIFICATION, PERIPHERAL BLOOD SMEAR	$11.05
88141	PAP TEST	$14.98
88142	PAP TEST, MANUAL SCREENING	$28.00
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 PHYSICIAN	$0.00
88160	SCREENING EXAMINATION OF SPECIMEN CELLS, SCREENING AND INTERPRETATION	$50.42
88161	SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND INTERPRETATI	$51.58

Procedure Code	Procedure Code Description	Maximum Allowable Charge
88162	SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY	$79.95
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 BETHES	$8.86
88167	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL	$8.86
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	$36.23
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	$107.39
88174	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM	$29.85
88175	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREEN	$37.01
88177	PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL EVALUAT	$18.94
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	$108.60
88184	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, FIRST MARKER	$51.51
88185	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, EACH ADDITIONAL MARKER	$16.54
88187	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 2 TO 8 MARKERS	$21.65
88188	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 9 TO 15 MARKERS	$38.27
88189	FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 16 OR MORE MARKERS	$51.52
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	$15.32
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	$161.00
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY	$117.98
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS	$146.52
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	$125.68
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS	$3.76
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	$3.76
88245	CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, BASELINE SISTER CHROMATID EXCHANGE (SCE	$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, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1	$178.88
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12	$139.43
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	$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 TECHNIQU	$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	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	$20.64
88299	UNLISTED CYTOGENETIC STUDY	$0.00
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	$10.74
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	$22.24
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	$28.74
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	$47.00
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	$195.84
88309	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY	$294.61
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	$13.30
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E	$76.27

Procedure Code	Procedure Code Description	Maximum Allowable Charge
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON	$55.94
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN	$61.39
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	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP III, FOR ENZYME CONSTIT	$92.27
88321	SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	$51.49
88323	SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPAR	$73.22
88325	SURGICAL PATHOLOGY CONSULTATION AND REPORT, COMPREHENSIVE	$81.76
88329	PATHOLOGY CONSULTATION DURING SURGERY;	$21.86
88331	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, FIRST TISSUE BLOCK	$66.82
88332	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL TISSUE BLOCK	$36.05
88333	PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, INITIAL SITE	$60.50
88334	PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL SITE	$36.68
88341	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH ADDITIONAL PROCEDURE	$58.15
88342	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, INITIAL PROCEDURE	$67.19
88344	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH MULTIPLEX PROCEDURE	$114.28
88346	ANTIBODY EVALUATION, INITIAL SINGLE ANTIBODY STAIN PROCEDURE	$103.19
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	$323.08
88350	ANTIBODY EVALUATION, EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE	$78.92
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	$91.93
88356	MORPHOMETRIC ANALYSIS; NERVE	$152.92
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)	$93.61
88360	MICROSCOPIC GENETIC ANALYSIS OF TUMOR, MANUAL	$79.33
88361	MICROSCOPIC GENETIC ANALYSIS OF TUMOR, USING COMPUTER-ASSISTED TECHNOLOGY	$79.04
88362	NERVE TEASING PREPARATIONS	$151.28
88363	EXAMINATION OF ARCHIVAL TISSUE FOR GENETIC ANALYSIS	$11.99
88364	GENETIC SEQUENCING LOCALIZATION, EACH ADDITIONAL PROCEDURE	$92.58
88365	GENETIC SEQUENCING LOCALIZATION, INITIAL PROCEDURE	$122.48
88366	GENETIC SEQUENCING LOCALIZATION, EACH MULTIPLEX PROCEDURE	$189.60
88367	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL PR	$76.65
88368	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, INITIAL PROCEDURE	$95.91
88369	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL PROCEDURE	$82.57
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, 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 ADDIT	$45.85
88374	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL PR	$207.72
88375	MICROSCOPIC IMAGING USING AN ENDOSCOPE, INTERPRETATION AND REPORT, REAL-TIME OR	$29.55
88377	MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL MULTIPLEX STAIN	$270.79
88380	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L	$81.64
88381	PREPARATION OF SPECIMEN, MANUAL	$138.19
88387	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE	$21.52
88388	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE DURING SURGERY	$23.87
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	$22.00
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	$0.00
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	$0.00
88740	HEMOGLOBIN MEASUREMENT, PER DAY	$0.00
88741	HEMOGLOBIN MEASUREMENT, PER DAY, METHEMOGLOBIN	$0.00
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) 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	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	$36.74

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EX	$6.53
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),	$7.61
89055	WHITE BLOOD CELL MEASURE, STOOL SPECIMEN	$5.96
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALY	$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	MEAT FIBERS, FECES	$5.09
89190	NASAL SMEAR FOR EOSINOPHILS	$6.56
89205	OCCULT BLOOD, ANY SOURCE EXCEPT FECES	$0.00
89210	PHARMACOKINETIC ANALYS, SPCFY DRUG/FLUID TISS	$0.00
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	$12.48
89230	SWEAT COLLECTION BY IONTOPHORESIS	$1.76
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	$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, MICROTECHNIQUES (ANY METHOD)	$0.00
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	$0.00
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	$0.00
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	$0.00
89258	CRYOPRESERVATION; EMBRYO(S)	$0.00
89259	CRYOPRESERVATION; SPERM	$0.00
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR	$0.00
89261	SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR	$0.00
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	$0.00
89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST	$12.32
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)	$7.22
89320	SEMEN EVALUATION VOLUME, SPERM COUNT, MOTILITY AND ANALYSIS	$16.66
89321	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	$16.66
89322	SEMEN EVALUATION, VOLUME, SPERM COUNT, MOTILITY, AND ANALYSIS	$21.65
89325	SPERM ANTIBODIES	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
90280	SUBSEQUENT HOSPITAL CARE, EACH DAY; COMPREHENSIVE SERVICES	$0.00
90282	SUBSEQUENT HOSPITAL CARE, EACH DAY; NORMAL NEWBORN SERVICES	$0.00
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE	$0.00
90285	NEWBORN CARE IN HOSPITAL, INCLUDING PHYSICAL	$0.00
90287	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE	$0.00
90292	HOSPITAL DISCHARGE DAY MANAGEMENT	$0.00
90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	$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
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO	$0.00
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
90584	DENGUE VACCINE, QUADRIVALENT, LIVE, 2 DOSE SCHEDULE FOR SUB CUTANEOUS USE	$0.00
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90605	INITIAL CONSULTATION; INTERMEDIATE	$0.00
90610	INITIAL CONSULTATION; EXTENDED	$0.00
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING	$43.32
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP	$0.00
90622	VACCINIA (SMALLPOX) VIRUS VACCINE, LIVE, LYOPHILIZED, 0.3 MLDOSAGE, FOR PERCUT	$43.32
90625	CHOLERA VACCINE	$0.00
90626	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.25 ML DOSAGE, FOR INTRAMUSC	$0.00
90627	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.5 ML DOSAGE, FOR INTRAMUSCU	$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
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 ANT	$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
90678	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSCULAR	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 TYPE	$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 (HEPB), CPG-ADJUVANTED, ADULT DOSAGE, 2 DOSE OR 4 DOSE SCHED	$4.00
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 SCHEDUL	$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	$13.37
90790	CHEMOTHERAPY MALIGNANT DISEASE;PARENTERAL	$0.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$152.42
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	$173.90

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$67.16
90833	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES	$62.73
90834	PSYCHOTHERAPY, 45 MINUTES	$89.04
90836	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 45 MINUTES	$79.46
90837	PSYCHOTHERAPY, 1 HOUR	$130.88
90838	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 1 HOUR	$105.53
90839	PSYCHOTHERAPY FOR CRISIS, FIRST HOUR	$126.34
90840	PSYCHOTHERAPY FOR CRISIS, EACH ADDITIONAL 30 MINUTES	$63.14
90841	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	$25.36
90842	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	$0.00
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	$84.67
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT, 50 MINUTES	$96.24
90847	FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES	$100.42
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	$29.79
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	$23.58
90855	INTERACTIVE INDIVIDUAL MEDICAL PSYCHOTHERAPY	$0.00
90869	TREATMENT USING MAGNETIC FIELD TO STIMULATE NERVE CELLS IN BRAIN, SUBSEQUENT MOT	$69.49
90870	THERAPY USING ELECTRICAL CURRENTS	$106.87
90880	GUIDED HYPNOSIS	$88.51
90899	OTHER PSYCHIATRIC SERVICE OR PROCEDURE	$0.00
90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDI	$43.85
90913	BIOFEEDBACK TRAINING FOR BOWEL OR BLADDER CONTROL, EACH ADDITIONAL 15 MINUTES	$24.82
90935	HEMODIALYSIS PROCEDURE WITH PHYSICIAN EVALUATION	$72.98
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION	$104.13
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	$88.51
90947	DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION	$124.76
90951	DIALYSIS SERVICES, 4 OR MORE VISITS PER MONTH (YOUNGER THAN 2 YEARS)	$1,199.92
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)	$1,028.30
90955	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (2-11 YEARS)	$535.16
90956	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (2-11 YEARS OF AGE)	$358.30
90957	DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (12-19 YEARS)	$789.07
90958	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (12-19 YEARS)	$514.25
90959	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (12-19 YEARS)	$335.24
90960	DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER)	$364.31
90961	DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER)	$303.48
90962	DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (20 YEARS OR OLDER)	$210.22
90963	HOME DIALYSIS SERVICES PER MONTH (YOUNGER THAN 2 YEARS)	$623.14

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90964	HOME DIALYSIS SERVICES PER MONTH (2-11 YEARS)	$535.20
90965	HOME DIALYSIS SERVICES PER MONTH (12-19 YEARS)	$513.21
90966	HOME DIALYSIS SERVICES PER MONTH (20 YEARS OR OLDER)	$303.09
90967	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (YOUNGER THAN 2 YEARS)	$18.14
90968	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (2-11 YEARS)	$17.80
90969	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (12-19 YEARS)	$17.46
90970	DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (20 YEARS OR OLDER)	$9.82
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	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	$89.70
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	$249.84
91013	STUDY OF ESOPHAGUS TO ASSESS MOVEMENT WITH STIMULATION OR TUBE	$28.85
91020	STUDY OF STOMACH TO ASSESS MOVEMENT	$311.56
91022	STUDY OF UPPER SMALL BOWEL TO ASSESS MOVEMENT	$191.17
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	$162.28
91034	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE	$217.94
91035	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH A CAPSULE ATTACHED TO TH	$528.22
91037	MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE WITH ELECTROD	$190.34
91038	PROLONGED MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE WIT	$469.71
91040	STUDY OF ESOPHAGEAL SENSATION BY BALLOON DISTENSION	$607.46
91065	MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR STOMACH AND BOWEL SYMPTOMS	$96.54
91090	GASTROINTESTINAL STRING TEST FOR UPPER GASTROINTESTINAL BLEEDING,	$0.00
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	$854.89
91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	$1,035.13
91112	MEASUREMENT OF COMPLEX STOMACH AND BOWEL MOTOR FUNCTION	$1,907.64
91113	IMAGING OF COLON USING CAPSULE ENDOSCOPE, WITH INTERPRETATION AND REPORT	$1,049.05
91117	STUDY OF LARGE INTESTINE TO ASSESS MOVEMENT	$140.25
91120	TEST FOR TONE AND SENSATION OF RECTUM AND ANUS	$589.35
91122	STUDY OF RECTUM SENSITIVITY AND FUNCTION	$308.50
91132	RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY	$515.78
91133	RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY WITH DRUG ADMINISTRA	$542.28
91200	MEASUREMENT OF LIVER STIFFNESS	$33.96
91299	OTHER DIAGNOSTIC PROCEDURE FOR GASTROINTESTINE	$0.00
92002	NEW PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	$47.80
92004	NEW PATIENT COMPLETE EXAM OF VISUAL SYSTEM	$98.04
92012	ESTABLISHED PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	$52.69

Procedure Code	Procedure Code Description	Maximum Allowable Charge
92014	ESTABLISHED PATIENT COMPLETE EXAM OF VISUAL SYSTEM	$79.39
92015	TEST TO DETERMINE IF PRESCRIPTION EYE WEAR IS NEEDED	$19.16
92018	COMPLETE EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	$144.54
92019	LIMITED EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	$74.88
92020	EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE	$21.33
92025	CT SCAN OF CORNEA	$39.89
92060	EXAM TO MEASURE EYE DEVIATION AND RANGE OF MOTION	$69.31
92066	EYE TRAINING EXERCISE UNDER SUPERVISION OF HEALTH CARE PROFESSIONAL	$29.72
92071	FITTING OF CONTACT LENS FOR TREATMENT OF EYE SURFACE DISEASE	$33.58
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL CONDITION	$98.06
92081	EXAM OF VISUAL FIELD WITH LIMITED TESTING	$36.63
92082	EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING	$51.68
92083	EXAM OF VISUAL FIELD WITH EXTENDED TESTING	$69.45
92100	MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD	$33.58
92132	IMAGING OF FRONT THIRD OF EYE	$34.69
92133	IMAGING OF OPTIC NERVE	$40.03
92134	IMAGING OF RETINA	$44.06
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	$51.39
92145	MEASUREMENT OF CORNEAL PRESSURE	$13.91
92201	EXTENDED EXAM OF THE BACK PART OF THE EYE WITH RETINAL DRAWING	$23.33
92202	EXTENDED EXAM OF THE BACK PART OF THE EYE WITH OPTIC NERVE DRAWING	$15.26
92227	IMAGING OF RETINA WITH REMOTE REVIEW BY CLINICAL STAFF	$19.24
92228	IMAGING OF RETINA WITH REMOTE REVIEW BY PHYSICIAN	$31.88
92229	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE; POINT-OF-CARE AUTOMATE	$52.25
92230	EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE	$35.99
92235	EXAM OF RETINAL BLOOD VESSELS USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	$154.84
92240	EXAM OF BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AND RETINA USING A SPECIAL C	$215.48
92242	EXAM OF RETINAL BLOOD VESSELS AND BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AN	$294.31
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	$40.81
92260	MEASUREMENT OF EYE ARTERY PRESSURE	$10.89
92265	MEASUREMENT OF EYE MUSCLE ELECTRICAL ACTIVITY AND THEIR NERVE CELLS WITH NEEDLE	$95.91
92270	MEASUREMENT OF EYE MOVEMENT	$121.75
92273	MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION	$142.91
92274	MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE SEPARATE LOCA	$99.60
92283	EXTENDED EXAM INVOLVING COLOR VISION TESTING	$61.34
92284	EVALUATION OF EYE ADAPTATION TO LIGHT AND DARK WITH INTERPRETATION AND REPORT	$53.41
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	$26.20
92286	IMAGING OF FRONT THIRD OF EYE USING A SPECIAL MICROSCOPE	$42.75
92287	IMAGING OF FRONT THIRD OF EYE USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	$165.08
92310	CONTACT LENS SERVICES BOTH EYES	$58.71
92311	CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT	$54.00
92312	CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT	$62.45
92313	CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA	$44.68
92314	CONTACT LENS SERVICES BOTH EYES WITH FITTING BY INDEPENDENT TECHNICIAN	$34.78
92315	CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT WITH FITTING BY INDEPEN	$21.72
92316	CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT WITH FITTING BY IND	$32.64
92317	CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA WITH FITTING BY INDEPENDEN	$21.72
92325	MODIFICATION OF CONTACT LENS	$52.25
92326	REPLACEMENT OF CONTACT LENS	$44.87
92340	FITTING OF MONOFOCAL SPECTACLES	$18.43
92341	FITTING OF BIFOCAL SPECTACLES	$23.80
92342	FITTING OF MULTIFOCAL SPECTACLES	$27.01

Procedure Code	Procedure Code Description	Maximum Allowable Charge
92352	FITTING OF MONOFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	$18.43
92353	FITTING OF MULTIFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	$25.21
92358	FITTING AND PROVISION OF TEMPORARY CONTACT LENS WHERE NATURAL LENS IS ABSENT	$12.64
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	$15.96
92371	REPAIR AND REFITTING OF SPECTACLE WHERE NATURAL LENS IS ABSENT	$13.41
92499	OTHER SERVICE OR PROCEDURE ON EYE	$65.23
92502	EXAM OF HEAD, NECK, INCLUDING EARS, NOSE AND THROAT UNDER GENERAL ANESTHESIA	$100.02
92504	EXAM OF EAR USING A MICROSCOPE	$9.82
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING D	$81.53
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING D	$25.79
92511	EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE	$39.82
92512	STUDY OF NASAL FUNCTION	$28.08
92516	STUDY OF FACIAL NERVE FUNCTION	$23.61
92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP	$43.95
92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP	$44.34
92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP	$66.87
92520	STUDY OF VOICE BOX FUNCTION	$41.47
92521	EVALUATION OF SPEECH CONTINUITY, SMOOTHNESS, RATE, AND EFFORT	$141.86
92522	EVALUATION OF SPEECH SOUND PRODUCTION	$117.99
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	$243.29
92524	ANALYSIS OF VOICE AND RESONANCE PRODUCTION	$116.43
92526	TREATMENT OF SWALLOWING AND FEEDING DISORDER	$91.04
92537	TEST TO ASSESS BALANCE DURING WARM AND COOL IRRIGATION IN BOTH EARS	$43.34
92538	TEST TO ASSESS BALANCE DURING WARM OR COOL IRRIGATION IN BOTH EARS	$24.21
92540	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	$117.66
92541	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	$26.83
92542	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	$30.71
92544	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	$18.92
92545	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH W	$17.85
92546	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	$145.24
92547	USE OF ELECTRODES DURING BALANCE TESTING	$12.43
92548	TEST FOR BALANCE AND POSTURE	$50.97
92549	TEST FOR BALANCE AND POSTURE WITH MOTOR CONTROL AND ADAPTION TEST	$70.38
92550	TEST FOR EARDRUM AND MUSCLE FUNCTION	$23.76
92551	TEST FOR SCREENING HEARING	$13.80
92552	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	$40.99
92553	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BO	$50.31
92555	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	$31.67
92556	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	$49.14
92557	COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	$33.24
92562	TEST TO DETECT LOUDNESS DIFFERENCES	$55.35
92563	TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS	$38.27
92565	TEST TO ASSESS HEARING LOSS	$23.12
92566	IMPEDANCE TESTING	$0.00
92567	TEST TO ASSESS MIDDLE EAR FUNCTION	$11.28
92568	TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	$15.71
92570	COMPREHENSIVE HEARING TEST	$30.37
92571	TEST TO ASSESS BY HEARING BY EXAMINING THE REPETITION OF REAL WORDS VERSUS NONSE	$34.77
92572	TEST TO ASSESS HEARING USING 2 SYLLABLE WORDS	$54.58
92575	TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES	$86.24
92576	TEST TO ASSESS HEARING LOSS USING GRAMMATICALLY INCORRECT SENTENCES	$46.03
92577	TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAM	$23.51

Procedure Code	Procedure Code Description	Maximum Allowable Charge
92579	TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	$38.97
92581	EVOKED RESPONSE (EEG) AUDIOMETRY	$0.00
92582	TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	$94.97
92583	TEST TO ASSESS HEARING USING PICTURES	$62.73
92584	TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF S	$125.70
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM	$23.19
92588	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTE	$36.20
92590	EXAM FOR HEARING AID, 1 EAR	$82.87
92591	EXAM FOR HEARING AID, BOTH EARS	$100.00
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	$84.87
92601	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	$128.75
92602	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	$72.98
92603	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	$125.11
92604	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	$69.73
92605	EVALUATION AND PRESCRIPTION OF NONSPEECH-GENERATING AND ALTERNATIVE COMMUNICATIO	$88.19
92606	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	$70.23
92607	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION	$133.62
92608	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION	$52.56
92609	THERAPY SERVICE FOR USE OF SPEECH-GENERATING DEVICE WITH PROGRAMMING	$111.63
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	$73.76
92611	EVALUATION OF SWALLOWING FUNCTION IMAGE	$98.09
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	$69.28
92613	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE	$38.17
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	$68.32
92615	EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING AN	$33.90
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	$102.89
92617	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY FU	$42.06
92620	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	$82.92
92621	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	$19.48
92625	EVALUATION OF HEARING RINGING IN EAR	$64.00
92626	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, F	$78.32
92627	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, E	$18.42
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	$98.33
92651	AUDITORY EVOKED POTENTIALS; FOR HEARING STATUS DETERMINATION, BROADBAND STIMULI,	$92.69
92652	AUDITORY EVOKED POTENTIALS; FOR THRESHOLD ESTIMATION AT MULTIPLE FREQUENCIES, WI	$122.56
92653	AUDITORY EVOKED POTENTIALS; NEURODIAGNOSTIC, WITH INTERPRETATION AND REPORT REP	$91.70
92700	OTHER PROCEDURE ON EAR, NOSE, OR THROAT	$0.00
92920	BALLOON DILATION OF SINGLE CORONARY ARTERY OR BRANCH	$511.29
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	$610.40
92925	REMOVAL OF PLAQUE WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, EACH ADDIT	$0.00
92928	INSERTION OF STENTS WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, SINGLE A	$569.64
92929	INSERTION OF STENTS WITH BALLOON DILATION OF CORONARY ARTERY OR BRANCH, EACH ADD	$0.00
92933	REMOVAL OF PLAQUE, INSERTION OF STENT AND BALLOON DILATION OF SINGLE CORONARY AR	$638.39
92934	REMOVAL OF PLAQUE, INSERTION OF STENT AND BALLOON DILATION OF CORONARY ARTERY OR	$0.00
92937	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY	$568.91
92938	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF CORONARY VESSEL	$0.00
92941	REMOVAL OF PLAQUE AND BLOOD CLOT, INSERTION OF STENT AND/OR BALLOON DILATION OF	$639.43

Procedure Code	Procedure Code Description	Maximum Allowable Charge
92943	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY	$639.67
92944	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION, EACH ADDITIONAL C	$0.00
92950	MANUAL ATTEMPT TO RESTORE BLOOD CIRCULATION AND BREATHING	$182.75
92953	TEMPORARY TRANSCUTANEOUS PACING	$0.94
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	$111.15
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	$240.74
92970	PLACEMENT OF INTERNAL DEVICE TO ASSIST CIRCULATION	$182.06
92971	PLACEMENT OF EXTERNAL DEVICE TO ASSIST CIRCULATION	$98.05
92973	REMOVAL OF BLOOD CLOT IN HEART ARTERY	$170.06
92974	INSERTION OF RADIATION DELIVERY DEVICE INTO HEART ARTERY	$155.79
92978	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY RADIOLOGIST,	$229.41
92979	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY RADIOLOGIST,	$138.64
92986	BALLOON DILATION REPAIR OF AORTIC VALVE	$1,302.55
92987	BALLOON DILATION REPAIR OF MITRAL VALVE	$1,346.84
92990	BALLOON DILATION REPAIR OF PULMONARY VALVE	$1,077.56
92997	BALLOON DILATION OF PULMONARY ARTERY, SINGLE VESSEL	$621.66
92998	BALLOON DILATION OF PULMONARY ARTERY, EACH ADDITIONAL VESSEL	$308.43
93000	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND	$15.52
93005	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH TRACING	$7.20
93010	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND	$8.32
93015	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH SUP	$77.20
93016	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH SUP	$21.72
93017	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG)	$41.20
93018	EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH REV	$14.29
93024	ERGONOVINE PROVOCATION TEST	$119.89
93025	ELECTROCARDIOGRAM (ECG) ASSESSMENT OF IRREGULAR HEART BEATS	$136.23
93040	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN	$13.67
93041	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS	$6.81
93042	ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN ONLY	$6.86
93045	RHYTHM ECG, ONE TO THREE LEADS	$0.00
93050	ANALYSIS OF CENTRAL ARTERIAL PRESSURE WITH REVIEW BY PHYSICIAN	$17.07
93201	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; WITH SUPERVISION DURING RECORDING WITH	$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 P	$81.84
93225	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS	$21.18
93226	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REPORT	$41.76
93227	ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REVIEW BY HEALTH CARE PROFESSIONAL	$18.90
93228	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH REVIEW AND REPORT BY HEALT	$26.08
93229	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH TRANSMISSION OF PATIENT TR	$971.80
93240	BALLISTOCARDIOGRAM	$0.00
93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY C	$303.27
93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY C	$13.80
93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY C	$265.45
93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY C	$24.02

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CO	$319.34
93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CO	$13.80
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CO	$279.04
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CO	$26.49
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	$83.92
93261	EVALUATION OF IMPLANTABLE DEFIBRILLATOR SYSTEM	$77.43
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	$35.74
93266	ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NON-CONTINUOUS	$0.00
93268	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND REV	$203.75
93269	PATIENT DEMAND SINGLE EVENT ECG RECORDING	$0.00
93270	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING	$9.53
93271	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND TRA	$169.53
93272	ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING, TRANSM	$24.69
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	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	$31.83
93279	PROGRAMMING OF SINGLE LEAD PACEMAKER SYSTEM	$75.15
93280	PROGRAMMING OF DUAL LEAD PACEMAKER SYSTEM	$88.16
93281	PROGRAMMING OF MULTIPLE LEAD PACEMAKER SYSTEM	$93.63
93282	PROGRAMMING OF SINGLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$88.97
93283	PROGRAMMING OF DUAL LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$108.10
93284	PROGRAMMING OF MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$116.54
93285	PROGRAMMING OF CARDIAC RHYTHM MONITOR SYSTEM	$67.62
93286	PROGRAMMING OF SINGLE, DUAL, OR MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM BEFOR	$51.78
93287	PROGRAMMING OF SINGLE, DUAL OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM BE	$59.60
93288	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM	$63.19
93289	EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM	$80.13
93290	EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM	$59.90
93291	EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM	$55.71
93292	EVALUATION OF WEARABLE DEFIBRILLATOR SYSTEM	$56.80
93293	TELEPHONIC RHYTHM STRIP EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PA	$50.96
93294	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM, REMOTE U	$30.55
93295	EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM, R	$37.64
93296	EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM OR IMPLAN	$25.84
93297	EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM, REMOTE UP TO	$26.28
93298	EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM, REMOTE UP TO 30 DAYS	$26.67
93300	ECHOCARDIOGRAPHY, M-MODE	$0.00
93303	ULTRASOUND OF HEART FOR CONGENITAL DEFECT	$248.19
93304	ULTRASOUND OF HEART FOR CONGENITAL DEFECT, FOLLOW-UP	$175.87
93305	ECHOCARDIOGRAPHY, M-MODE	$0.00
93306	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE, DIRECTION AND VALVE FU	$219.07
93307	ULTRASOUND OF HEART	$153.30
93308	ULTRASOUND OF HEART, FOLLOW-UP	$110.89
93309	ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE DOCUMENTATION (2D)	$0.00
93312	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS, WITH REPORT	$261.24

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93313	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND	$11.20
93314	INTERPRETATION AND REPORT OF ULTRASOUND OF HEART	$251.92
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	$25.50
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
93319	3D ULTRASOUND IMAGING OF HEART FOR EVALUATION OF HEART STRUCTURE PERFORMED DURIN	$24.43
93320	ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS	$56.44
93321	ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS, FOLLOW-UP	$28.22
93325	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE AND VALVE FUNCTION	$26.85
93350	ULTRASOUND OF HEART DURING REST, EXERCISE AND/OR DRUG-INDUCED STRESS WITH REPORT	$207.00
93351	ULTRASOUND OF HEART WITH CONTINUOUS ELECTROCARDIOGRAM (ECG) DURING REST, EXERCIS	$258.86
93352	INJECTION OF X-RAY CONTRAST DURING ULTRASOUND OF HEART	$37.94
93355	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS DURING SURGERY ON HEART OR GREAT BLO	$227.02
93356	HEART MUSCLE STRAIN IMAGING	$11.68
93451	INSERTION OF TUBE IN RIGHT HEART CHAMBERS FOR MEASUREMENT	$989.32
93452	INSERTION OF TUBE IN LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIS	$1,011.70
93453	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY	$1,283.98
93454	INSERTION OF TUBE IN CORONARY ARTERY FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST	$1,015.24
93455	INSERTION OF TUBE IN BYPASS GRAFT FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST	$1,129.10
93456	INSERTION OF TUBE IN RIGHT HEART CHAMBERS AND CORONARY ARTERY FOR DIAGNOSIS WITH	$1,261.27
93457	INSERTION OF TUBE IN RIGHT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS GRAFT FOR	$1,372.63
93458	INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER AND CORONARY ARTERY FOR DIAGNOSIS	$1,163.42
93459	INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER, CORONARY ARTERY AND BYPASS GRAFT	$1,248.93
93460	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS AND CORONARY ARTERY FOR DIAGN	$1,386.87
93461	INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS	$1,529.11
93462	INSERTION OF TUBE IN LEFT HEART CHAMBER THROUGH HEART SEPTUM	$204.53
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI	$98.72
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE	$243.11
93503	INSERTION OF TUBE IN PULMONARY ARTERY FOR MONITORING	$87.28
93505	BIOPSY OF HEART MUSCLE	$716.93
93535	PERCUTANEOUS INSERTION AND REMOVAL OF INTRA-AORTIC BALLOON CATHETER	$0.00
93546	COMBINED LEFT HEART CATHETERIZATION AND LEFT VENTRICULAR ANGIOGRAPHY	$0.00
93547	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	$0.00
93548	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	$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 ART	$0.00
93552	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	$0.00
93553	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	$0.00
93563	INJECTION FOR IMAGING OF CORONARY BLOOD VESSEL DURING EVALUATION OF CONGENITAL A	$51.14
93564	INJECTION FOR IMAGING OF HEART VESSEL GRAFTS DURING EVALUATION OF CONGENITAL ABN	$53.42
93565	INJECTION FOR IMAGING OF LEFT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST	$26.11
93566	INJECTION FOR IMAGING OF RIGHT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST	$26.08
93567	INJECTION FOR IMAGING OF AORTA ABOVE HEART VALVE WITH REVIEW BY RADIOLOGIST	$36.67
93568	INJECTION FOR NONSELECTIVE IMAGING OF PULMONARY ARTERY DURING HEART CATHETERIZAT	$45.93
93569	INJECTION FOR SELECTIVE IMAGING OF PULMONARY ARTERY DURING HEART CATHETERIZATION	$38.25
93571	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT, INITI	$219.12
93572	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT, EACH	$170.28
93573	INJECTION FOR SELECTIVE IMAGING OF PULMONARY ARTERY DURING HEART CATHETERIZATION	$63.76
93574	INJECTION FOR SELECTIVE IMAGING OF PULMONARY VEIN DURING HEART CATHETERIZATION	$70.46
93575	INJECTION FOR SELECTIVE IMAGING OF MAJOR AORTOPULMONARY COLLATERAL ARTERIES DURI	$94.21

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93580	REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN UPPER HEART CHAMBERS WITH IMPLA	$946.05
93581	REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN LOWER HEART CHAMBERS WITH IMPLA	$1,280.87
93582	REPAIR OF CONGENITAL ABNORMALITY OF PULMONARY ARTERY TO AORTA	$639.52
93583	REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS INCLUDING PACEMAKER INSERTION	$717.60
93590	REPAIR OF LEAK ADJACENT TO MITRAL VALVE, FIRST CLOSURE DEVICE	$1,077.89
93591	REPAIR OF LEAK ADJACENT TO AORTIC VALVE, FIRST CLOSURE DEVICE	$889.71
93592	REPAIR OF LEAD ADJACENT TO HEART VALVE, EACH ADDITIONAL CLOSURE DEVICE	$391.54
93593	INSERTION OF CATHETER INTO RIGHT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEAR	$0.00
93594	INSERTION OF CATHETER INTO RIGHT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEAR	$0.00
93595	INSERTION OF CATHETER INTO LEFT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEART	$0.00
93596	INSERTION OF CATHETER INTO RIGHT AND LEFT SIDES OF HEART FOR EVALUATION OF CONGE	$0.00
93597	INSERTION OF CATHETER INTO RIGHT AND LEFT SIDES OF HEART FOR EVALUATION OF CONGE	$0.00
93598	MEASUREMENT OF OUTPUT OF BLOOD FROM HEART, PERFORMED DURING CARDIAC CATHETERIZAT	$0.00
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 OR	$380.28
93610	INTRA-ATRIAL PACING	$186.21
93612	INTRAVENTRICULAR PACING	$195.76
93613	INSERTION OF TUBE FOR 3D MAPPING OF ELECTRICAL IMPULSES TO HEART MUSCLE	$288.06
93614	BUNDLE OF HIS PACING	$0.00
93615	INSERTION OF PROBE IN ESOPHAGUS FOR RECORDING ELECTRICAL IMPULSES TO UPPER AND L	$49.26
93616	INSERTION OF PROBE IN ESOPHAGUS FOR RECORDING ELECTRICAL IMPULSES TO UPPER AND L	$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 A	$900.80
93621	INSERTION OF CATHETERS FOR RECORDING AND PACING OF LEFT UPPER HEART CHAMBER RHYT	$0.00
93622	INSERTION OF CATHETERS FOR RECORDING AND PACING OF LEFT LOWER HEART CHAMBER RHYT	$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 RH	$278.41
93630	LEFT VENTRICULAR ENDOCARDIAL RESECTION, WITH OR WITHOUT	$0.00
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	$565.96
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	$421.81
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	$547.26
93642	PROGRAMMING OF PACING CARDIOVERTER-DEFIBRILLATOR	$344.16
93644	PROGRAMMING OF IMPLANTABLE DEFIBRILLATOR	$203.88
93650	DESTRUCTION OF HEART CONDUCTION TISSUE TO CREATE HEART BLOCK	$577.54
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA	$826.95
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA	$996.47
93655	INSERTION OF CATHETERS AND DESTRUCTION OF TISSUE TO TREAT ABNORMAL HEART RHYTHM	$303.54
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA	$937.75
93657	DESTRUCTION OF TISSUE OF UPPER HEART CHAMBER THROUGH TUBE TO TREAT ABNORMAL HEAR	$303.54
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	$174.68
93662	ULTRASOUND EVALUATION OF HEART BLOOD VESSEL WITH REVIEW BY RADIOLOGIST	$0.00
93668	PERIPHERAL ARTERIAL DISEASE REHABILITATION, EACH SESSION	$16.52
93700	PERIPHERAL VASCULAR DISEASE	$0.00
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS	$30.50
93702	MEASUREMENT OF LYMPHEDEMA EXTRACELLULAR FLUID	$148.77

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93710	PHONOANGIOGRPHY, CAROTID	$0.00
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	$298.57
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	$40.04
93780	CIRCULATION TIME;	$0.00
93781	CIRCULATION TIME;	$0.00
93784	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING, SCANNING	$50.44
93786	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING	$25.84
93788	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH SCANNING ANALYSIS AN	$6.03
93790	AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH REVIEW, INTERPRETATI	$18.56
93791	ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYS;	$0.00
93792	PATIENT/CAREGIVER TRAINING FOR MONITORING OF ANTICOAGULANT THERAPY	$80.84
93793	ANTICOAGULANT MANAGEMENT OF PATIENT TAKING WARFARIN	$12.15
93794	ELECTRONIC ANALYSIS OF SINGLE-CHAMBER INTERNAL PACEMAKER SYS	$0.00
93795	ELECTRONIC PACEMAKER TESTING	$0.00
93796	TELEPHONE PACEMAKER ANALYSIS	$0.00
93797	OUTPATIENT HEART REHABILITATION, QUALIFIED HEALTH CARE PROFESSIONAL SERVICES	$9.05
93798	OUTPATIENT HEART REHABILITATION WITH ELECTROCARDIOGRAM (ECG) MONITORING, QUALITY	$13.82
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	$216.68
93882	ULTRASOUND OF ONE SIDE OF HEAD AND NECK BLOOD FLOW	$140.43
93886	COMPLETE ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	$308.33
93888	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	$181.75
93890	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOLLOWING MEDICATION	$316.83
93892	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS	$363.12
93893	ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS WITH MICROBUBBLE INJEC	$451.70
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	$93.25
93923	COMPLETE ULTRASOUND STUDY OF ARM AND LEG ARTERIES	$145.51
93924	ULTRASOUND OF LEG ARTERIES AT REST AND AFTER EXERCISE	$179.09
93925	ULTRASOUND OF LEG ARTERIES OR ARTERY GRAFTS	$273.94
93926	ULTRASOUND OF ONE LEG ARTERIES OR ARTERY GRAFTS	$162.72
93930	ULTRASOUND OF ARM ARTERIES OR ARTERY GRAFTS	$221.94
93931	ULTRASOUND OF ONE ARM ARTERIES OR ARTERY GRAFTS	$140.19
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 CAL	$0.00
93970	ULTRASOUND STUDY OF ARM OR LEG VEINS WITH COMPRESSION AND MANEUVERS	$214.23
93971	ULTRASOUND STUDY OF ONE ARM OR LEG VEINS WITH COMPRESSION AND MANEUVERS	$135.77
93975	COMPLETE ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW	$301.78
93976	ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW	$179.51
93978	COMPLETE ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS	$203.71
93979	ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS	$132.81
93980	COMPLETE ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW	$127.42
93981	ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW	$78.53

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93985	COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON BOTH SIDE	$282.19
93986	COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON SIDE OF B	$168.00
93990	ULTRASOUND OF HEMODIALYSIS ACCESS	$166.27
93998	OTHER NONINVASIVE VASCULAR DIAGNOSTIC STUDY	$0.00
94002	INITIAL HOSPITAL INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT	$92.17
94003	FOLLOW-UP INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT	$64.79
94004	NURSING FACILITY VENTILATION ASSISTANCE AND MANAGEMENT	$48.09
94005	EVALUATION OF HOME VENTILATOR MANAGEMENT CARE PLAN, 30 MINUTES	$94.63
94010	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME	$29.89
94011	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME (2 YEARS OR YOUNGER)	$86.85
94012	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME BEFORE AND AFTER MEDICATION ADMINI	$140.85
94013	TEST TO MEASURE REMAINING AIR OR LUNG CAPACITY AFTER EXHALATION (2 YEARS OR YOUN	$19.04
94014	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING TRA	$60.63
94015	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING TRA	$35.55
94016	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT AND EVALUATED	$25.08
94060	TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME CHANGES BEFORE AND AFTER MEDICATIO	$43.24
94070	TEST TO MEASURE LUNG AIRWAY SENSITIVITY	$67.23
94150	TEST TO MEASURE THE TOTAL VOLUME OF AIR THAT CAN BE EXHALED AFTER INHALING	$28.04
94200	TEST TO MEASURE LARGEST AMOUNT OF AIR BREATHED IN AN OUT	$16.49
94375	TEST TO MEASURE RATE OF AIRFLOW	$42.41
94450	TEST TO MEASURE LUNG FUNCTION RESPONSE TO LOW OXYGEN	$92.49
94452	TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE	$54.45
94453	TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE WITH EVALUATION OF OXYGEN NEEDS A	$74.24
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALT	$57.41
94617	TEST FOR EXERCISE-INDUCED SPASM OF LUNG AIRWAYS	$97.04
94618	TEST FOR EXERCISE-INDUCED LUNG STRESS	$35.97
94619	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY AND PULSE OXI	$85.45
94621	TEST FOR EXERCISE-INDUCED HEART AND LUNG STRESS	$168.06
94625	PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION, PER SESSION	$16.96
94626	PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION WITH CONTINUOUS MO	$27.64
94640	INHALATION TREATMENT FOR AIRWAY OBSTRUCTION OR SPUTUM PRODUCTION	$10.31
94642	INHALATION TREATMENT FOR PNEUMONIA	$5.50
94644	INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, FIRST HOUR	$68.95
94645	INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, EACH ADDITIONAL HOUR	$18.07
94660	THERAPY PROCEDURE USING A POSITIVE PRESSURE VENTILATOR	$37.57
94662	THERAPY PROCEDURE USING A NEGATIVE PRESSURE VENTILATOR	$35.24
94664	EVALUATION OF USE OF BREATHING DEVICE	$19.63
94667	INITIAL THERAPY SERVICE TO FACILITATE LUNG FUNCTION	$26.83
94668	FOLLOW-UP THERAPY SERVICE TO FACILITATE LUNG FUNCTION	$41.97
94669	THERAPY PROCEDURE TO CLEAR AIRWAY USING AN INFLATABLE VEST	$22.17
94680	TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION DURING REST AND EXER	$58.99
94681	TEST TO MEASURE EXHALED AIR AND CARBON DIOXIDE FOR EVALUATION OF LUNG FUNCTION	$52.86
94690	TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION AT REST	$54.45
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	$61.12
94727	TEST TO DETERMINE LUNG VOLUMES USING GAS DILUTION OR WASHOUT	$48.87
94728	TEST TO MEASURE RESISTANCE OF THE AIRWAYS AND LUNGS TO DIFFERING FREQUENCIES	$44.21
94729	TEST TO EXAMINE HOW WELL THE LUNGS EXCHANGE GASES	$64.35
94760	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE	$2.54

Procedure Code	Procedure Code Description	Maximum Allowable Charge
94761	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE MULTIPLE TIMES	$4.09
94762	TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE CONTINUOUSLY OV	$29.34
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 A	$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 A	$0.00
94780	TEST OF CAR SEAT OR BED (1 YEAR OR YOUNGER), 1 HOUR	$24.14
94781	TEST OF CAR SEAT OR BED (1 YEAR OR YOUNGER), EACH ADDITIONAL 30 MINUTES	$8.32
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	$4.43
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	$21.57
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	$3.75
95018	TEST FOR ALLERGY USING COMBINATION OF METHODS WITH DRUG OR BIOLOGICAL	$7.30
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	$0.94
95027	TEST FOR ALLERGY USING AIRBORNE ALLERGENIC EXTRACT INJECTED INTO SKIN	$5.60
95028	TEST FOR ALLERGY USING ALLERGENIC EXTRACT INJECTED INTO SKIN WITH DELAYED REACTI	$14.58
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	$5.65
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	$7.20
95056	TEST FOR ALLERGY USING ULTRAVIOLET LIGHT	$58.67
95060	TEST FOR ALLERGY USING ALLERGENIC EXTRACT APPLIED TO EYE	$43.32
95065	TEST FOR ALLERGY USING ALLERGENIC EXTRACT BY SNIFFING	$32.05
95070	TEST FOR ALLERGY USING DRUGS	$39.64
95076	TEST FOR ALLERGY USING INGESTED ITEMS, INITIAL 2 HOURS	$75.93
95077	FOOD ALLERGENIC EXTRACT IMMUNOTHERAPY	$0.00
95079	TEST FOR ALLERGY USING INGESTED ITEMS, EACH ADDITIONAL HOUR	$69.91
95080	PASSIVE TRANSFER TESTS; UP TO 10 TESTS	$0.00
95081	PASSIVE TRANSFER TESTS; 11-20 TESTS	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$11.47
95117	PROFESSIONAL SERVICE FOR MULTIPLE INJECTIONS OF ALLERGEN	$13.41
95120	PROFESSIONAL SERVICE FOR SINGLE INJECTION OF ALLERGEN INCLUDING PROVISION OF EXT	$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 ALLERG	$3.41
95145	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 1 STINGING INSECT VENOM	$3.03
95146	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 2 STINGING INSECT VENOM	$3.03
95147	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 3 STINGING INSECT VENOM	$3.03
95148	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 4 STINGING INSECT VENOM	$3.03
95149	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 5 STINGING INSECT VENOM	$3.03
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
95165	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 1 OR MORE ANTIGENS	$3.41
95170	PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF WHOLE BODY EXTRACT OF BITI	$3.03
95180	INJECTION FOR RAPID DESENSITIZATION TO ALLERGEN	$105.72
95199	OTHER ALLERGY OR CLINICAL IMMUNOLOGY SERVICE OR PROCEDURE	$0.00
95249	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER SK	$69.96
95250	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER SK	$167.83
95251	CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER SK	$35.50
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 MONITORIN	$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 MONITORI	$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 INTERMITTE	$0.00
95713	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH CONTINUOUS	$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 INTERMITT	$0.00
95716	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH CONTINUOU	$0.00
95717	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH HEALTH CARE PROFESSION	$103.50
95718	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH REVIEW AND	$135.94
95719	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH HEALTH CARE PROFESSIO	$160.17
95720	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH REVIEW AN	$210.10
95721	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 37-60 HOURS WITH HEALTH CARE PROFESSIO	$209.11
95722	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 37-60 HOURS WITH REVIEW AN	$254.49
95723	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-84 HOURS WITH HEALTH CARE PROFESSIO	$255.77
95724	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 61-84 HOURS WITH REVIEW AN	$322.66
95725	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), MORE THAN 84 HOURS WITH REVIEW AND REP	$291.93
95726	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), MORE THAN 84 HOURS WITH RE	$409.59

Procedure Code	Procedure Code Description	Maximum Allowable Charge
95782	SLEEP STUDY IN SLEEP LAB (YOUNGER THAN 6 YEARS)	$1,084.40
95783	SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (YOUNGER THAN 6 YEARS)	$1,148.38
95800	SLEEP STUDY INCLUDING HEART RATE, BREATHING, AND SLEEP TIME	$167.62
95801	SLEEP STUDY INCLUDING HEART RATE AND BREATHING	$102.38
95803	SLEEP STUDY AND WAKE PATTERNS, 3-14 DAYS WITH REPORT	$156.27
95805	SLEEP STUDY, MULTIPLE TRIALS	$476.55
95807	SLEEP STUDY INCLUDING HEART RATE AND BREATHING ATTENDED BY TECHNICIAN	$439.83
95808	SLEEP STUDY IN SLEEP LAB	$625.63
95810	SLEEP STUDY IN SLEEP LAB (6 YEARS OR OLDER)	$688.44
95811	SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (6 YEARS OR OLDER)	$720.04
95812	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 41-60 MINUTES	$394.11
95813	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-119 MINUTES	$487.99
95816	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND DROWSY	$437.60
95819	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND ASLEEP	$508.67
95822	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), IN COMA OR ASLEEP	$476.05
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	$2,016.53
95830	INSERTION OF ELECTRODES FOR MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG)	$93.72
95836	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH IMPLANTED BRAIN NEUROSTIMULATOR GE	$108.35
95851	MEASUREMENT OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION	$7.98
95852	MEASUREMENT OF RANGE OF MOTION OF HAND	$5.50
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	$29.34
95860	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	$124.55
95861	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	$177.12
95863	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	$230.88
95864	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	$259.07
95865	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN VOICE BOX MUSCLES	$164.34
95866	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN HALF OF DIAPHRAGM MUSCLES	$139.84
95867	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	$119.55
95868	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON BOTH SIDES OF BODY	$154.94
95869	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	$109.13
95870	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LI	$94.37
95872	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE, INCLUDING JITTER, BLOCKING	$211.17
95873	ELECTRICAL STIMULATION FOR GUIDANCE WITH INJECTION OF CHEMICAL FOR PARALYSIS OF	$81.52
95874	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE WITH INJECTION OF CHEMICAL F	$87.74
95875	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY OF MUSCLES WITH LOW BLOOD FLOW WITH SP	$152.22
95885	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, LIMITED STUDY	$69.97
95886	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, COMPLETE STUDY	$108.13
95887	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN TRUNK OR HEAD MUSCLES	$92.93
95905	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REP	$39.40
95907	NERVE CONDUCTION, 1-2 STUDIES	$97.95
95908	NERVE CONDUCTION, 3-4 STUDIES	$121.98
95909	NERVE CONDUCTION, 5-6 STUDIES	$146.43
95910	NERVE CONDUCTION, 7-8 STUDIES	$191.42
95911	NERVE CONDUCTION, 9-10 STUDIES	$230.58
95912	NERVE CONDUCTION, 11-12 STUDIES	$269.17
95913	NERVE CONDUCTION, 13 OR MORE STUDIES	$310.37
95919	MEASUREMENT OF PUPIL WITH HEALTHCARE PROFESSIONAL INTERPRETATION AND REPORT	$16.63
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION AND HEART RATE RESPONSE TO DEEP BRE	$96.10
95922	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, HEART RATE RESPONSE	$106.51
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	$137.66

Procedure Code	Procedure Code Description	Maximum Allowable Charge
95924	TESTING OF AUTONOMIC (SYMPATHETIC AND PARASYMPATHETIC) NERVOUS SYSTEM FUNCTION,	$165.39
95925	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN ARMS	$202.55
95926	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN LEGS	$176.50
95927	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN TRUNK OR HEA	$188.93
95928	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN ARM	$264.52
95929	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN LEG	$268.97
95930	MEASUREMENT OF NERVE CONDUCTION USING VISUAL STIMULATION TESTING WITH REPORT	$74.84
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	$91.78
95937	TESTING OF NERVE-MUSCLE JUNCTION	$118.28
95938	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES ON ARMS AND LEG	$416.92
95939	PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN ARM	$619.99
95940	CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES	$33.27
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	$453.25
95955	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) OUTSIDE THE BRAIN DURING SURGERY	$217.51
95957	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), DIGITAL ANALYSIS	$307.48
95958	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) IN SPECIFIC AREA OF BRAIN	$752.09
95961	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE SEI	$342.00
95962	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE SEI	$293.37
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 LOCALIZAT	$0.00
95970	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULAT	$18.95
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH SIMPLE SPINAL CO	$39.63
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX SPINAL C	$40.94
95976	ELECTRONIC ANALYSIS OF NEUROSTIMULATOR GENERATOR WITH SIMPLE CRANIAL NERVE STIMU	$39.87
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX CRANIAL	$53.32
95980	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR DURING SURGER	$45.15
95981	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR	$18.06
95982	ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR WITH PROGRAMM	$36.64
95983	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULAT	$50.50
95984	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULAT	$44.40
95990	MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP	$103.36
95991	MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP BY HEALTH CARE PROFESSIO	$40.69
95992	REPOSITIONING EXERCISES OF HEAD FOR TREATMENT OF DIZZINESS, EACH DAY	$37.20
95999	OTHER DIAGNOSTIC NEUROLOGICAL OR NEUROMUSCULAR PROCEDURE	$0.00
96020	TEST OF NEUROLOGICAL FUNCTION DURING FUNCTIONAL MRI	$0.00
96040	COUNSELING FOR GENETIC TESTING	$55.98
96105	TEST TO ASSESS THE LOSS OF THE ABILITY TO SPEAK, WRITE, AND UNDERSTAND LANGUAGE	$102.35
96112	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	$128.78
96113	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	$57.77
96116	EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR	$81.59
96121	EXAM OF NEUROBEHAVIORAL STATUS, EACH ADDITIONAL HOUR	$67.89
96125	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO E	$109.13
96127	ASSESSMENT OF EMOTIONAL OR BEHAVIORAL PROBLEMS	$5.26
96130	EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR	$110.46
96131	EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR	$77.55
96132	EVALUATION OF NEUROPSYCHOLOGICAL TEST, FIRST HOUR	$107.36
96133	EVALUATION OF NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR	$77.55
96136	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES	$23.77
96137	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30 M	$18.17
96138	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST	$39.04

Procedure Code	Procedure Code Description	Maximum Allowable Charge
96139	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH A	$40.21
96146	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY SINGLE STANDARDIZE	$2.54
96156	ASSESSMENT OF HEALTH BEHAVIOR	$85.45
96158	TREATMENT OF BEHAVIOR IMPACTING HEALTH, INITIAL 30 MINUTES	$57.89
96159	TREATMENT OF BEHAVIOR IMPACTING HEALTH, EACH ADDITIONAL 15 MINUTES	$19.92
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH	$3.11
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRE	$3.11
96164	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, INITIAL 30 MINUTES	$8.90
96165	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, EACH ADDITIONAL 30 MINU	$4.18
96167	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, INITIAL 30 MINUT	$61.29
96168	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, EACH ADDITIONAL	$21.62
96170	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, INITIAL 30 MINUTES	$75.60
96171	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, EACH ADDITIONAL 30 MINUTES	$27.35
96199	IMMUNOSUPPRESSION THERAPY	$0.00
96202	MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT/MODIFICATION TRAINING, FACE-TO-FACE, I	$22.05
96203	MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT/MODIFICATION TRAINING, FACE-TO-FACE, E	$6.23
96360	INFUSION INTO A VEIN FOR HYDRATION, 31-60 MINUTES	$22.00
96361	INFUSION INTO A VEIN FOR HYDRATION, EACH ADDITIONAL HOUR	$8.49
96365	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, 1 HOUR OR LESS	$43.46
96366	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, EACH ADDITIONAL HOUR	$13.58
96367	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, ADDITIONAL SEQUENTIA	$19.38
96368	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS CONCURRENT WITH ANOTH	$13.15
96369	INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, 1 HOUR OR LESS	$96.36
96370	INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, EACH ADDITIONAL HOUR	$10.09
96371	ESTABLISHMENT OF NEW INFUSION SITE INTO TISSUE WITH PUMP SET UP	$39.15
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE	$9.18
96373	INJECTION OF DRUG OR SUBSTANCE INTO ARTERY	$11.98
96374	INJECTION OF DRUG OR SUBSTANCE INTO VEIN	$25.13
96375	INJECTION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN	$10.32
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	$12.21
96379	INJECTION OR INFUSION INTO A VEIN OR ARTERY FOR THERAPY, PREVENTION, OR DIAGNOSI	$0.00
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOS	$25.30
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOS	$21.91
96401	ADMINISTRATION OF NON-HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO M	$49.52
96402	ADMINISTRATION OF HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO MUSCL	$22.77
96405	ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, 1-7	$18.10
96406	ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, MORE THAN 7	$27.79
96409	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN USING PUSH TECHNIQUE	$68.79
96411	ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN USING PUSH TECHNIQU	$37.44
96413	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, 1 HOUR OR LESS	$89.31
96415	ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, EACH ADDITIONAL HOUR	$18.81
96416	ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO VEIN	$87.88
96417	ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN, 1 HOUR OR LESS	$43.70
96420	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY USING PUSH TECHNIQUE	$70.40
96422	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, 1 HOUR OR LESS	$108.41
96423	ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, EACH ADDITIONAL HOUR	$49.87
96425	ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO ARTERY	$116.23
96440	ADMINISTRATION OF CHEMOTHERAPY INTO CHEST CAVITY	$84.14
96446	ADMINISTRATION OF CHEMOTHERAPY INTO ABDOMINAL CAVITY	$14.57
96450	ADMINISTRATION OF CHEMOTHERAPY INTO FLUID-FILLED SPACE BETWEEN THE TISSUE THAT C	$46.94
96500	CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT,	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$86.48
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	$79.72
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	$17.48
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	$26.07
96549	OTHER CHEMOTHERAPY PROCEDURE	$41.60
96567	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH	$163.32
96570	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE, INITIA	$54.18
96571	APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE, EACH A	$25.36
96573	APPLICATION OF LIGHT BY QUALIFIED HEALTH CARE PROFESSIONAL TO DESTROY PRECANCER	$265.28
96574	APPLICATION OF LIGHT WITH DEBRIDEMENT TO DESTROY PRECANCER SKIN GROWTH	$321.77
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	$28.17
96904	PHOTOGRAPH OF ENTIRE BODY	$81.37
96910	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION WITH TAR OR PETROLEUM JELLY APPLIC	$136.73
96912	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION	$116.71
96913	THERAPY PROCEDURE USING ULTRAVIOLET RADIATION, 4-8 HOURS	$176.73
96920	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, LESS THAN 250.0 SQ CM	$66.33
96921	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, 250.0-500.0 SQ CM	$74.96
96922	TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, MORE THAN 500.0 SQ CM	$121.24
96931	IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, FIRST GR	$194.45
96932	IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST GROWTH	$148.56
96933	INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST GROW	$45.89
96934	IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, EACH ADD	$133.85
96935	IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH ADDITIONAL GROWTH	$90.48
96936	INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH ADDIT	$43.37
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	$6.91
97012	APPLICATION OF MECHANICAL TRACTION	$15.31
97014	APPLICATION OF ELECTRICAL STIMULATION	$13.32
97016	APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE	$12.54
97018	APPLICATION OF HOT WAX BATH	$6.13
97022	APPLICATION OF WHIRLPOOL THERAPY	$18.80
97024	APPLICATION OF HEAT WAVE THERAPY	$8.07
97026	APPLICATION OF LOW ENERGY HEAT	$7.30
97028	APPLICATION OF ULTRAVIOLET LIGHT	$9.14
97032	APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES	$15.31
97033	APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES	$21.47
97034	APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES	$15.50
97035	APPLICATION OF ULTRASOUND, EACH 15 MINUTES	$15.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
97036	APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES	$38.85
97039	OTHER PHYSICAL MEDICINE SERVICE OR PROCEDURE	$10.37
97110	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION	$31.81
97112	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUT	$36.62
97113	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	$40.21
97116	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	$31.81
97124	THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES	$33.08
97129	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	$23.03
97130	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	$22.35
97139	OTHER THERAPEUTIC PROCEDURE	$12.02
97140	THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES	$29.19
97150	THERAPY PROCEDURE IN A GROUP SETTING	$19.00
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 MIN	$31.25
97154	ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN WITH MULTIPLE PATIENTS USING AN ESTABL	$12.50
97155	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL USING AN ESTABLISHED PLAN, EACH 15 M	$31.25
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLA	$15.63
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS U	$15.63
97158	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH GROUP USING AN ESTABLISHED PLAN	$15.63
97161	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$108.33
97162	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES	$108.33
97163	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES	$108.33
97164	RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$75.41
97165	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$108.33
97166	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	$108.33
97167	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR	$108.33
97168	RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$75.02
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	$40.80
97533	THERAPY PROCEDURE USING SENSORY EXPERIENCES	$71.28
97535	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	$35.70
97542	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	$34.39
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	$35.97
97598	REMOVAL OF TISSUE FROM WOUND, EACH ADDITIONAL 20.0 SQ CM	$24.85
97602	REMOVAL OF TISSUE FROM WOUND GRADUALLY	$20.46
97605	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA 50.0 SQ	$25.51
97606	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA MORE THA	$27.59
97607	THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL EQ	$22.00
97608	THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL EQ	$25.11
97610	THERAPY PROCEDURE USING ULTRASOUND	$18.47
97750	TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES	$36.86
97755	EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES	$41.30
97760	TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG AND/OR TRUNK, EACH 15 MINU	$53.71
97761	TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES	$45.94
97763	FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG AND/OR	$59.24
97799	OTHER PHYSICAL MEDICINE OR REHABILITATION SERVICE OR PROCEDURE	$0.00

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$23.85
98926	OSTEOPATHIC MANIPULATIVE TREATMENT, 3-4 BODY REGIONS	$35.84
98927	OSTEOPATHIC MANIPULATIVE TREATMENT, 5-6 BODY REGIONS	$47.06
98928	OSTEOPATHIC MANIPULATIVE TREATMENT, 7-8 BODY REGIONS	$59.68
98929	OSTEOPATHIC MANIPULATIVE TREATMENT, 9-10 BODY REGIONS	$71.49
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	$33.43
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES	$11.43
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTE	$22.46
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTE	$31.74
98975	SET-UP AND PATIENT EDUCATION FOR REMOTE MONITORING OF THERAPY	$21.78
98976	DEVICE SUPPLY WITH SCHEDULED RECORDING AND TRANSMISSION FOR REMOTE MONITORING OF	$57.30
98977	DEVICE SUPPLY WITH SCHEDULED RECORDING AND TRANSMISSION FOR REMOTE MONITORING OF	$57.30
98978	DEVICE SUPPLY WITH SCHEDULED RECORDING AND TRANSMISSION FOR REMOTE MONITORING OF	$0.00
98980	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHE	$31.62
98981	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHE	$30.89
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 (EG, TRANSPORTATION AND ESCORT OF PATIENT)	$22.00
99151	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR	$24.82
99152	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR	$12.44
99153	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR	$12.46
99154	DAILY HOSPITAL MGMT OF EPIDURAL OR SUBARACHNOID DRUG ADMIN.	$0.00
99155	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$81.97
99156	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$75.77
99157	USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING	$63.04
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	$86.85
99171	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; BRIEF EXAMINATION, EVALUATION AND/OR	$0.00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	$34.77
99180	HYPERBARIC OXYGEN THERAPY; INITIAL	$0.00
99182	HYPERBARIC OXYGEN THERAPY; SUBSEQUENT	$0.00
99183	MANAGEMENT OF OXYGEN CHAMBER THERAPY	$107.06
99184	TREATMENT BY LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE	$218.65
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	$111.55
99199	OTHER SPECIAL SERVICE, PROCEDURE, OR REPORT	$0.00
99202	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES	$49.21

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-44 MINUTES	$84.35
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES	$136.29
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60-74 MINUTES	$185.26
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHE	$9.05
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 10-19 MINUTES	$36.31
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	$67.64
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	$100.04
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 40-54 MINUTES	$147.12
99221	INITIAL HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKI	$84.41
99222	INITIAL HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW-LEVEL MEDICAL DECISION MAKING,	$132.98
99223	INITIAL HOSPITAL CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING T	$177.61
99231	SUBSEQUENT HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION M	$50.45
99232	SUBSEQUENT HOSPITAL CARE WITH MODERATE LEVELOF MEDICAL DECISION MAKING, IF USING	$81.02
99233	SUBSEQUENT HOSPITAL CARE WITH MODERATE LEVELOF MEDICAL DECISION MAKING, IF USING	$121.85
99234	INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH STRAIGHTFORWARD	$100.49
99235	INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH MODERATE LEVEL	$163.10
99236	INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH HIGH LEVEL OF M	$213.41
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	$83.58
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	$118.19
99281	EMERGENCY DEPARTMENT VISIT FOR PROBLEM THAT MAY NOT REQUIRE HEALTH CARE PROFESSI	$11.66
99282	EMERGENCY DEPARTMENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING	$41.86
99283	EMERGENCY DEPARTMENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING	$71.74
99284	EMERGENCY DEPARTMENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING	$120.92
99285	EMERGENCY DEPARTMENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING	$175.43
99291	CRITICAL CARE, FIRST 30-74 MINUTES	$215.73
99292	CRITICAL CARE, EACH ADDITIONAL 30 MINUTES	$108.27
99304	INITIAL NURSING FACILITY CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECIS	$83.19
99305	INITIAL NURSING FACILITY CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PE	$137.67
99306	INITIAL NURSING FACILITY CARE WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DA	$188.03
99307	SUBSEQUENT NURSING FACILITY CARE WITH STRAIGHTFORWARD LEVEL OF MEDICAL DECISION	$41.33
99308	SUBSEQUENT NURSING FACILITY CARE WITH STRAIGHTFORWARD LEVEL OF MEDICAL DECISION	$77.35
99309	SUBSEQUENT NURSING FACILITY CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING,	$110.88
99310	SUBSEQUENT NURSING FACILITY CARE WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER	$158.95
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	$84.53
99316	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES	$135.34
99341	RESIDENCE VISIT FOR NEW PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PE	$50.36
99342	RESIDENCE VISIT FOR NEW PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER D	$79.89
99344	RESIDENCE VISIT FOR NEW PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING,	$147.92
99345	RESIDENCE VISIT FOR NEW PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER	$208.96
99347	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MA	$46.18
99348	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKIN	$78.68
99349	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION	$131.54
99350	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKI	$191.67
99358	EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, FIRST HOUR	$92.52
99359	EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, EACH ADDITIONAL 30 MINU	$44.43
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (YOUNGER THAN 1 YEAR)	$75.60
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)	$80.55
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)	$85.51
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)	$100.39
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	$96.51
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	$117.08
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (65 YEARS OR OLDER)	$125.81

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (YOUNGER THAN 1 YEA	$68.82
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (1-4 YEARS)	$75.60
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (5-11 YEARS)	$75.60
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (12-17 YEARS)	$85.51
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)	$88.19
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)	$95.62
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (65 YEAR OLD OR OLD	$100.39
99406	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES	$12.07
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES	$25.60
99415	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, FIRST HOUR	$21.57
99416	EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH ADDITIONAL 3	$9.92
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$13.19
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$25.99
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR	$41.26
99424	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, FIRST 30 MINU	$75.46
99425	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, EACH ADDITION	$52.15
99426	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, FIRST 30 MINU	$50.03
99427	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, EACH ADDITION	$35.49
99437	CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, ADDITIONAL	$51.77
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	$35.89
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	$35.89
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES	$67.64
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES	$99.62
99451	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH	$36.67
99452	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S	$33.95
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE	$21.78
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE	$57.30
99456	WORK-RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSIC	$0.00
99457	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH,	$30.89
99458	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH,	$30.89
99460	INITIAL EVALUATION AND MANAGEMENT OF NEWBORN PER DAY	$94.96
99461	INITIAL EVALUATION AND MANAGEMENT OF NEWBORN NOT IN HOSPITAL OR BIRTHING CENTER	$62.78
99462	FOLLOW-UP HOSPITAL CARE OF NEWBORN PER DAY	$41.85
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	$111.68
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUAL	$74.44
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	$144.73
99466	CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, FIRST 30-74 MINUTES (2 YEARS	$236.87
99467	CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, EACH ADDITIONAL 30 MINUTES (2	$119.52
99468	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER)	$913.98
99469	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGE	$395.50
99471	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29 DA	$790.97
99472	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29	$400.64
99473	EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE	$14.58
99474	SELF MEASURED BLOOD PRESSURE MEASUREMENTS	$9.05
99475	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (2-5 Y	$568.99
99476	FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (2-5	$343.08
99477	INITIAL INTENSIVE CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER)	$346.58
99478	FOLLOW-UP INTENSIVE CARE OF RECOVERING VERY LOW BIRTH WEIGHT INFANT PER DAY	$136.28
99479	FOLLOW-UP INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT PER DAY	$124.08
99480	FOLLOW-UP INTENSIVE CARE OF RECOVERING MEDIUM BIRTH WEIGHT INFANT PER DAY	$119.52
99483	ASSESSMENT OF AND CARE PLANNING FOR PATIENT WITH IMPAIRED THOUGHT PROCESSING, TY	$199.26

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99490	CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MINUTES OF CLINICAL STAFF TIME DIRECT	$51.77
99491	CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, FIRST 30 MI	$77.54
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST CALENDAR MONTH, FIRST 7	$95.15
99493	FOLLOW-UP PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, SUBSEQUENT CALENDAR MONTH,	$104.03
99494	PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT PER CALENDAR MONTH, EACH ADDITIONAL 30	$41.55
99497	ADVANCE CARE PLANNING, FIRST 30 MINUTES	$77.54
99498	ADVANCE CARE PLANNING, EACH ADDITIONAL 30 MINUTES	$73.37
99499	OTHER EVALUATION AND MANAGEMENT SERVICE	$32.99
99500	HOME VISIT FOR ASSESSMENT AND MONITORING OF PREGNANCY, FETAL HEART RATE, AND DIA	$0.00
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	$0.00
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	$0.00
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY,	$0.00
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	$0.00
99505	HOME VISIT FOR CARE OF LARGE BOWEL OR BLADDER SURGICALLY CREATED OPENING	$0.00
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	$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
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING"	$0.00
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	$0.00
99512	HOME VISIT FOR HEMODIALYSIS	$0.00
99513	LARK, PER DIEM	$0.00
99514	IV ANTIBIOTIC THERAPY	$0.00
99518	ENTERAL THERAPY-GROUP II	$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 P	$0.00
99607	MEDICATION THERAPY MANAGEMENT SERVICES PROVIDED BY A PHARMACIST, EACH ADDITIONAL	$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
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	$5.25
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
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR 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	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
A2001	INNOVAMATRIX AC, PER SQUARE CENTIMETER	$0.00
A2002	MIRRAGEN ADVANCED WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
A2003	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
A2004	XCELLISTEM, PER SQUARE CENTIMETER	$0.00
A2005	MICROLYTE MATRIX, PER SQUARE CENTIMETER	$0.00
A2006	NOVOSORB SYNPATH DERMAL MATRIX, PER SQUARE CENTIMETER	$0.00
A2007	RESTRATA, PER SQUARE CENTIMETER	$0.00
A2008	THERAGENESIS, PER SQUARE CENTIMETER	$0.00
A2009	SYMPHONY, PER SQUARE CENTIMETER	$0.00
A2010	APIS, PER SQUARE CENTIMETER	$0.00
A2011	SUPRA SDRM, PER SQUARE CENTIMETER	$0.00
A2012	SUPRATHEL, PER SQUARE CENTIMETER	$0.00
A2013	INNOVAMATRIX FS, PER SQUARE CENTIMETER	$0.00
A2014	OMEZA COLLAGEN MATRIX, PER 100 MG	$0.00
A2015	PHOENIX WOUND MATRIX, PER SQUARE CENTIMETER	$0.00
A2016	PERMEADERM B, PER SQUARE CENTIMETER	$0.00
A2017	PERMEADERM GLOVE, EACH	$0.00
A2018	PERMEADERM C, PER SQUARE CENTIMETER	$0.00
A2019	KERECIS OMEGA3 MARIGEN SHIELD, PER SQUARE CENTIMETER	$0.00
A2020	AC5 ADVANCED WOUND SYSTEM (AC5)	$0.00
A2021	NEOMATRIX, PER SQUARE CENTIMETER	$0.00
A4100	SKIN SUBSTITUTE, FDA CLEARED AS A DEVICE, NOT OTHERWISE SPECIFIED	$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 2CC, EACH	$0.16
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	$0.16
A4209	SYRINGE WITH NEEDLE, STERILE 5CC 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, EA	$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, 3CC	$2.61
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	$0.72
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	$3.27
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	$2.11
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	$1.51
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM),	$0.00
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (C	$255.01
A4244	ALCOHOL OR PEROXIDE, PER PINT	$0.73
A4245	ALCOHOL WIPES, PER BOX	$0.01

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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, EG; COUDE, MUSHROOM, WING, ETC.), EACH	$18.18
A4341	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEME	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4342	ACCESSORIES FOR PATIENT INSERTED INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH V	$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 CLAMP	$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 POUCH,	$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
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 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV	$4.52
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), 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 4X4 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, WTIH 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 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	$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
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 SYST	$6.64
A4436	IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH	$0.00
A4437	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	$0.00
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, REPLACEMENT	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
A4560	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES), DISPOSABLE, REPLACEMENT ONLY	$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 AN	$0.00
A4565	SLINGS	$10.40
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONT	$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 VO	$0.00
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEV	$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
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	$3.81
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATO	$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	$6.10
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	$0.00
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 PI	$5.01
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONV	$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 SUPPLY	$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 AFTER	$25.26
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT	$37.69
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TEC	$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
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	$5.90

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 TH	$17.62
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	$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 ADHESIVE	$3.90
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA	$7.27
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESI	$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. IN	$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 ADHESI	$7.83
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	$16.82
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE	$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 THAN	$10.39
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZ	$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 ADHE	$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 AD	$4.16
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	$2.22
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	$2.53
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	$3.78
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS	$3.88
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. I	$3.88
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. I	$3.88
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ.	$4.46
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATE	$6.57
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE T	$18.30
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOU	$6.81
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	$17.25
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	$29.16
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH A	$8.48
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	$23.76
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	$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 AD	$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 S	$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 ANY	$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 LESS	$2.10
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	$4.05

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	$6.85
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS	$1.30
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	$3.22
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	$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 SQ.	$4.48
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, ANY	$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 YA	$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, WITHO	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 AL	$24.82
A6590	EXTERNAL URINARY CATHETERS; DISPOSABLE, WITH WICKING MATERIAL, FOR USE WITH SUCT	$0.00
A6591	EXTERNAL URINARY CATHETER; NON-DISPOSABLE, FOR USE WITH SUCTION PUMP, PER MONTH	$0.00
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
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 ONL	$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 DEVIC	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	$0.00
A7049	EXPIRATORY POSITIVE AIRWAY PRESSURE INTRANASAL RESISTANCE VALVE	$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 ACCESSO	$15.33
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	$15.33
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, AN	$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 MILLICURI	$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 MICROCURI	$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

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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 MILLICURIE	$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 MILLIC	$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 MICROCURIE	$0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	$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 MILLI	$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
A9574	AIR POLYMER-TYPE A INTRAUTERINE FOAM, 0.1 ML	$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
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
A9595	PIFLUFOLASTAT F-18, DIAGNOSTIC, 1 MILLICURIE	$0.00
A9596	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	$0.00
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	$892.46
A9601	FLORTAUCIPIR F 18 INJECTION, DIAGNOSTIC, 1 MILLICURIE	$0.00
A9602	FLUORODOPA F-18, DIAGNOSTIC, PER MILLICURIE	$0.00
A9603	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI	$0.00
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE	$0.00
A9800	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (LOCAMETZ), 1 MILLICURIE	$0.00
A9998	CONV. NO PROCEDURE	$0.00
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	$5.20
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEED	$10.26
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	$6.78
B4081	NASOGASTRIC TUBING WITH STYLET	$19.17
B4082	NASOGASTRIC TUBING WITHOUT STYLET	$13.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, I	$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) - HOMEMIX	$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 ELECT	$10.40
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	$4.06
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	$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	$34.56
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	$32.10
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	$40.92
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	$0.00
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	$60.54
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	$12.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	$10.86
D0240	INTRAORAL - 0CCLUSAL RADIOGRAPHIC IMAGE	$22.32
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	$36.40

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	$12.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	$19.32
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	$19.11
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	$31.38
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	$56.34
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	$66.60
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN O	$0.00
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL AR	$0.00
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL AR	$0.00
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR	$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	$43.20
D1120	PROPHYLAXIS-CHILD	$29.28
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$24.66
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	$22.92
D1351	SEALANT-PER TOOTH	$28.14
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	$9.80
D1510	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	$151.38
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	$211.86
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	$211.86
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	$41.52
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	$41.52
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	$41.04
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	$166.50
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$51.48
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$66.66
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$80.46
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$98.10
D2330	RESIN-ONE SURFACE, ANTERIOR	$63.60
D2331	RESIN-TWO SURFACES, ANTERIOR	$81.18
D2332	RESIN-THREE SURFACES, ANTERIOR	$101.44
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$117.36
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	$95.10
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	$124.44
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	$154.56
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	$189.36
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	$0.00
D2740	CROWN - PORCELAIN/CERAMIC	$543.72
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$536.52
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	$499.50

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$511.62
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$525.96
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$498.36
D2792	CROWN-FULL CAST NOBLE METAL	$507.48
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	$43.68
D2920	RE-CEMENT OR RE-BOND CROWN	$44.76
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	$120.54
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	$136.26
D2932	PREFABRICATED RESIN CROWN	$145.38
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	$166.50
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	$166.50
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	$112.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$26.04
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$148.74
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$125.88
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	$74.46
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	$75.66
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	$78.78
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	$96.84
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$308.76
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$378.36
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$469.20
D3340	FOUR OR MORE CANALS (EXCLUDING FINAL RESTORATION)	$0.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	$411.72
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	$484.44
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	$599.52
D3350	APEXIFICATION (PER TREATMENT VISIT)	$0.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	$175.62
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	$78.78
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	$242.22
D3355	PULPAL REGENERATION - INITIAL VISIT	$0.00
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	$0.00
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	$0.00
D3410	APICOECTOMY - ANTERIOR	$348.12
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	$387.48
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	$439.02
D3440	APICAL CURETTAGE	$0.00
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	$86.55
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 S	$187.20
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	$20.68
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	$49.92
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE	$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	$0.00
D4340	PERIODONTAL SCALING AND ROOT PLANING-ENTIRE MOUTH	$0.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	$100.68
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	$58.26
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	$36.40
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAG	$82.02
D4910	PERIODONTAL MAINTENANCE	$83.16
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	$0.00

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D5110	COMPLETE DENTURE - MAXILLARY	$663.66
D5120	COMPLETE DENTURE - MANDIBULAR	$663.66
D5130	IMMEDIATE DENTURE - MAXILLARY	$723.60
D5140	IMMEDIATE DENTURE - MANDIBULAR	$723.60
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	$560.16
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	$651.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLU	$733.26
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCL	$733.26
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 M	$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 BA	$0.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	$0.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS	$610.98
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, REST	$709.62
D5280	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE HIGH NOBLE CASTING, CLASP ATTACHM	$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$51.30
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$51.30
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$51.30
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$51.30
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$123.06
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$123.06
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	$84.36
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$133.32
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$133.32
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$143.58
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$143.58
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	$145.26
D5640	REPLACE BROKEN TEETH-PER TOOTH	$87.90
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$115.62
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	$132.24
D5710	REBASE COMPLETE MAXILLARY DENTURE	$275.46
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$275.34
D5720	REBASE MAXILLARY PARTIAL DENTURE	$303.18
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$303.18
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	$158.22
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	$158.22
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	$149.16
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	$149.16
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	$224.22
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	$224.22
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	$216.18
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	$216.18
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE ? INDIRECT	$216.18
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	$104.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	$104.00
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEET	$248.22
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEET	$263.34
D5850	TISSUE CONDITIONING, MAXILLARY	$40.77
D5911	FACIAL MOULAGE (SECTIONAL)	$0.00
D5912	FACIAL MOULAGE (COMPLETE)	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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 SINGLE	$0.00
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBU	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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)	$67.60
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)	$148.80
D7260	ORAL ANTRAL FISTULA CLOSURE	$650.58
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	$302.76
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	$227.04
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND	$98.80
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$211.86
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	$105.96
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	$103.86
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$423.84
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	$181.62
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	$136.56
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$105.96
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	$196.74
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$166.50
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	$0.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE	$0.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	$363.24
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$575.28
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 T0 1.25 CM	$104.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$104.00
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	$130.20
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$0.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	$0.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	$0.00
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	$166.50
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	$166.50
D7963	FRENULOPLASTY	$0.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$242.22
D7971	EXCISION OF PERICORONAL GINGIVA	$92.28
D7980	SURGICAL SIALOLITHOTOMY	$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	$0.00
D7982	SIALODOCHOPLASTY	$0.00
D7990	EMERGENCY TRACHEOTOMY	$0.00

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 TRE	$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	$0.00
D9001	PROVIDER ADJUSTMENT FOR DENTAL CLAIM	$0.00
D9002	MEDICARE COINSURANCE	$0.00
D9004	MEDICARE PAID	$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 TREATMENT OF DENTAL PAIN - PER VISIT	$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	$69.72
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	$57.12
D9330	EPSDT, DENTAL SCREENING	$0.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$179.28
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	$87.30
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
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	$0.00
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	$0.00
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	$0.00
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, HANDGRIP,	$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, INCLUDES	$33.28
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$30.12
E0183	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY D	$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 OWNED	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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, F	$0.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES,	$0.00
E0330	URINAL, MALE, DAY/NIGHT	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0370	AIR PRESSURE ELEVATOR FOR HEEL	$0.00
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS	$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 LIQU	$0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	$32.08
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 A	$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 TUB	$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 SUPPL	$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	$0.00
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	$0.00
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES	$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 TREATM	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
E0620	SEAT LIFT CHAIR, MOTORIZED TO ASSIST PATIENT IN STANDING AND SITTING	$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 PAD	$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 PRESSURE	$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 F	$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 S	$0.00
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 S	$487.78
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, F	$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	OSTOGENESIS 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 ACCESSORIE	$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 THERAPE	$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
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, (E.G., BUCK'S)	$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, AT	$49.85
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 MO	$8.03
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDW	$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 ON	$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
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 ELEVA	$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	ROLLABOUT CHAIR, WITHOUT ARMS	$0.00
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	$54.41

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE	$613.20
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPER	$0.00
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	$97.64
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	$40.01
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 30	$40.01
E1040	ROLLABOUT CHAIR, WITH FIXED OR REMOVABLE ARMS	$0.00
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT	$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 ELEVATI	$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 FOOT	$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 LEGR	$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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 DETACH	$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, A	$0.00
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, A	$0.00
E1355	STAND/RACK	$22.40
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, RE	$0.00
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, RE	$0.00
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEME	$0.00
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEM	$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 RECIRCULAT- ING, AIR REMOV	$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
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 PERITIONEAL DIALYSIS SYSTEM	$5.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
E1629	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE	$0.00
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 MATER	$138.27
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITH	$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 WITHO	$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 WITHO	$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 WITHO	$128.23
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOU	$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
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	$0.00
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT	$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 ADJU	$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
E2102	ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	$0.00
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	$28.12
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 EQUAL	$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 OR	$3.19
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EA	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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), A	$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
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, R	$3.21
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	$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, REPLACEME	$7.34
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O	$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), INCL	$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 CONTROLLER	$0.00
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	$0.00
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL RE	$201.67
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUD	$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
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$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 CE	$0.00
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 COMBINATIO	$0.00
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, A	$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 JOYST	$0.00
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYS	$16.92
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELE	$0.00
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	$0.00
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	$0.00
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	$55.41
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ON	$0.00
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLA	$0.00
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), A	$0.00
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, E	$0.00
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMEN	$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 ONLY,	$0.00
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, E	$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, R	$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 W	$0.00
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONL	$0.00
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ON	$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 TH	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 GREATER,	$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 IN	$0.00
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	$0.00
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	$0.00
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	$0.00
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	$0.00
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND	$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 A	$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 SYMPTO	$332.28
G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN	$30.42
G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	$45.28
G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	$75.24
G0079	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE	$99.15
G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONL	$129.66
G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE O	$29.75
G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE	$48.43
G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR US	$76.68
G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. F	$108.48
G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR U	$129.66
G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A	$47.02
G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONL	$65.50
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	$28.41
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	$9.05
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	$25.42
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	$58.04
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	$187.17
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	$253.64
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30	$57.84
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR	$16.47
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	$70.86
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	$47.54
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	$253.64
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	$187.38

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	$373.51
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$28.00
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	$24.97
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$7.54
G0129	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL T	$0.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	$24.08
G0133	ULTRASOUND BONE MINERAL DENSITY STUDY, ONE OR MORE SITES APPENDICULAR SKELETON	$0.00
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	$24.97
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 HOSPI	$0.00
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR H	$0.00
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH	$0.00
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 M	$0.00
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15	$0.00
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALT	$0.00
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME H	$0.00
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING	$0.00
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SET	$0.00
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALT	$0.00
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE	$0.00
G0165	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF MELANOMA OR	$2,400.36
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	$120.45
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	$14.51
G0181	PHYSICIAN OR ALLOWED PRACTITIONER SUPERVISION OF A PATIENT RECEIVING MEDICARE-CO	$109.26
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT	$110.04
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	$12.25
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY	$11.86
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR	$14.58
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	$40.46
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	$20.37
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	$22.07
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	$112.29
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WIT	$77.88
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	$9.05
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; ARTHROGRAPY	$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	$34.09
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 DECOMPR	$376.87
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	$196.92
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	$7.95

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATEL	$34.64
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	$12.93
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)	$12.93
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING	$26.89
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	$85.89
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE	$26.28
G0298	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	$0.00
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR	$0.00
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSE PRACTICAL NURSE (LPN) IN THE HOME H	$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
G0310	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$9.17
G0311	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$24.13
G0312	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$9.17
G0313	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$24.13
G0314	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$24.13
G0315	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	$9.17
G0316	PROLONGED HOSPITAL INPATIENT OR OBSERVATION CARE EVALUATION AND MANAGEMENT SERVI	$31.28
G0317	PROLONGED NURSING FACILITY EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTA	$31.28
G0318	PROLONGED HOME OR RESIDENCE EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTA	$30.50
G0323	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES O	$29.73
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	$12.35
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	$32.25
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	$66.50
G0406	FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES	$42.29
G0407	FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MI	$74.22
G0408	FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES	$108.25
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	$756.23
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCAT	$1,105.46
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	$1,044.34
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR	$1,413.89
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOP	$238.24
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	$113.02
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	$27.15
G0425	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 30	$94.27
G0426	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 50	$133.32
G0427	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 70	$189.85
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (L	$70.14
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1	$0.00
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	$0.00
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2,	$0.00
G0438	ANNUAL WELLNESS VISIT; INCLDUES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	$174.86
G0439	ANNUAL WELLNESS VISIT; INCLDUES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	$137.67
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 5 TO 15 MINUTES	$9.43
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	$23.51

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0444	ANNUAL DEPRESSION SCREENING, 5 TO 15 MINUTES	$9.43
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION;	$23.12
G0446	INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL,	$23.51
G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	$23.51
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM	$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	$31.23
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	$32.88
G0454	PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETE	$9.05
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSES	$72.41
G0459	INPATIENT TELHEALTH PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND R	$42.45
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 MEDICALLY-NECESSA	$0.00
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, ESTABLISHED PATIENT; A MEDICALLY	$0.00
G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, IPPE OR AWV; A FQHC VISIT THAT I	$0.00
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATIENT; A ME	$0.00
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, ESTABLISHED PATIE	$0.00
G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FR	$0.00
G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	$11.91
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	$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 DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	$47.96
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	$73.79
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	$99.62
G0483	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	$129.14
G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERAL	$0.00
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY	$0.00
G0492	DIALYSIS PROCEDURE WITH A SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALUFIED HE	$0.00
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT O	$0.00
G0494	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASS	$0.00
G0495	SKILLED SERVICES OF A REGISTERED NIRSE (RN), IN THE TRAINING AND/OR EDUCATION OF	$0.00
G0496	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE TRAINING AND/OR EDUC	$0.00
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B	$0.00
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALUFIED HEA	$5.37
G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60	$211.04
G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 5	$193.01
G0513	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	$60.86
G0514	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	$61.25
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S	$100.28
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB	$113.89
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S	$186.60
G2001	BRIEF (20 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONL	$30.42
G2002	LIMITED (30 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONL	$45.28
G2003	MODERATE (45 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE O	$75.24
G2004	COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCARGE. FOR U	$99.15
G2005	EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR US	$129.66
G2006	BRIEF (20 MINUTES) IN HOME FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY	$29.75
G2007	LIMITED (30 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR U	$48.43
G2008	MODERATE (45 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR	$76.68

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G2009	COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE.	$108.48
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PA	$9.43
G2011	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	$17.07
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSIC	$12.80
G2013	EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENTPOST-DISCHARGE. FOR	$129.66
G2014	LIMITED (30 MINUTES) CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CM	$78.37
G2015	COMPREHENSIVE (60 MINUTES) HOME CARE PLAN OVERSIGHT. FOR USEONLY IN A MEDICARE-	$109.16
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	$1.63
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CO	$25.46
G2025	PAYMENT FOR A TELEHEALTH DISTANT SITE SERVICE FURNISHED BY ARURAL HEALTH CLINIC	$103.85
G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	$0.00
G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING AND	$0.00
G2076	INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS A COMPLETE, FUL	$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 S	$0.00
G2079	TAKE-HOME SUPPLY OF BUPRENORPHINE (ORAL); UP TO 7 ADDITIONAL DAY SUPPLY (PROVISI	$0.00
G2080	EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDICATION ASSISTED TREATM	$0.00
G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	$35.74
G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	$35.74
G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TRE	$288.84
G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND	$309.02
G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND	$35.70
G2211	VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT ASSOCIATED WITH MEDICAL C	$0.00
G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND	$32.06
G2213	INITIATION OF MEDICATION FOR THE TREATMENT OF OPIOID USE DISORDER IN THE EMERGEN	$62.53
G2214	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 30 MINUTE	$39.05
G2215	TAKE-HOME SUPPLY OF NASAL NALOXONE; 2-PACK OF 4MG PER 0.1 ML NASAL SPRAY (PROVIS	$0.00
G2216	TAKE-HOME SUPPLY OF INJECTABLE NALOXONE (PROVISION OF THE SERVICES BY A MEDICARE	$0.00
G2250	REMOTE ASSESSMENT OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PA	$9.43
G2251	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A QUALIF	$12.80
G2252	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSIC	$25.99
G3002	CHRONIC PAIN MANAGEMENT AND TREATMENT, MONTHLY BUNDLE INCLUDING, DIAGNOSIS; ASSE	$75.46
G3003	EACH ADDITIONAL 15 MINUTES OF CHRONIC PAIN MANAGEMENT AND TREATMENT BY A PHYSICI	$25.99
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	$123.58
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	$50.50
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	$106.38
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	$89.83
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	$90.07
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	$89.60
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	$165.79
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	$123.98
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	$123.51
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	$122.81
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	$165.45
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	$163.59
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	$164.06
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	$163.12
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARRO	$250.52
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMEN	$250.14
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELI	$0.00
G6030	AMITRIPTYLINE	$14.62
G6031	BENZODIAZEPINES	$15.10

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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	$17.57
G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$33.29
G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$51.82
G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$87.41
G9485	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE	$114.24
G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$17.57
G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$35.06
G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$53.92
G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$75.90
G9490	COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL, HOME VISIT FOR PATIENT ASSESSMEN	$30.61
G9668	DOCUMENTATION OF MEDICAL REASON (S) FOR NOT CURRENTLY BEING A STATIN THERAPY USE	$0.00
G9868	RECEIPT AND ANALYSIS OF REMOTE, ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND/OR OPTH	$27.19

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G9869	RECEIPT AND ANALYSIS OF REMOTE, ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND/OR OPTH	$36.37
G9870	RECEIPT AND ANALYSIS OF REMOTE, ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND/OR OPHT	$45.55
G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE	$28.83
G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE	$49.21
G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE	$78.23
G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE	$130.52
G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE	$174.04
G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	$28.83
G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	$56.42
G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	$85.76
G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	$123.67
G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT	$51.23
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-MEDIAL, 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
H0049	ALCOHOL AND/OR DRUG SCREENING	$24.00
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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
H2038	SKILLS TRAINING AND DEVELOPMENT, PER DIEM	$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
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	$0.00
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	$0.00
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	$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 INJEC	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	$0.00
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CO	$0.00
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CO	$0.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	$0.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	$0.00
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	$0.00
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	$0.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	$0.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	$0.00
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	$0.00
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	$0.00
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	$0.00
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	$0.00
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	$0.00
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	$0.00
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED TH	$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED TH	$0.00
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	$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, 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

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	$9.36
K0065	SPOKE PROTECTORS, EACH	$4.36
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ON	$9.84
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	$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, EAC	$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
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 CO	$25.00
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	$0.00
K0733	PWR WHEELCHAIR ACC, 12-24 AMP HR BATTERY, EACH	$0.00
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OX	$34.34
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQU	$14.00
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHN	$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 S	$0.00
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	$0.00
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	$0.00
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCL	$0.00
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 P	$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, PATIENT	$241.24
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	$308.78
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CA	$351.63
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	$336.74
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEI	$257.66

Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	$330.77
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	$399.75
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	$402.37
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	$484.27
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	$443.32
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$626.93
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	$533.09
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	$690.82
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 P	$634.37
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIEN	$442.59
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGH	$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, PATIENT	$420.75
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	$484.27
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	$433.23
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/	$626.93
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEA	$807.36
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	$431.86
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIE	$431.86
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	$519.96
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	$528.44
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	$508.07
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	$521.03
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	$500.96
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	$708.26
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	$727.56
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	$963.86
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPAC	$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, PATIENT	$578.60
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	$703.76
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	$671.17
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT	$1,005.41
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	$568.14
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	$703.76
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SE	$1,005.41
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID S	$1,196.45
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	$0.00
K1001	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES A	$0.00
K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND ACCES	$0.00
K1003	WHIRLPOOL TUB, WALK-IN, PORTABLE	$0.00
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL C	$0.00
K1005	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	$0.00
K1013	ENEMA TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	$0.00
K1014	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWIN	$0.00
K1015	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE.	$0.00
K1016	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI	$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
K1021	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
K1022	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOV	$0.00
K1023	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES	$0.00
K1024	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSUR	$0.00
K1025	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	$0.00
K1026	MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL	$0.00
K1027	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, WITHOUT FIXED	$0.00
K1028	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUS	$0.00
K1029	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUS	$0.00
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC	$0.00
K1031	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	$0.00
K1032	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	$0.00
K1033	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG	$0.00
K1034	PROVISION OF COVID-19 TEST, NONPRESCRIPTION SELF ADMINISTERED AND SELF-COLLECTED	$12.00
K1035	MOLECULAR DIAGNOSTIC TEST READER, NONPRESCRIPTION SELF-ADMINISTERED AND SELF-COL	$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 WITH	$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, OF	$85.95
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	$412.90
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-T	$78.38
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENS	$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
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	$39.80
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV	$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 A	$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 A	$468.91
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	$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 SHEL	$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 W	$245.42
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	$479.12
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	$280.16
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	$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 PLAST	$362.08

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLA	$41.12
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	$58.10
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	$193.11
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	$9.68
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	$32.18
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 T	$43.27
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	$36.75
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	$193.79
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	$39.55
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	$32.29
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	$76.36
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	$483.98
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	$84.13
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	$135.19
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	$21.15
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	$844.18
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	$1,070.07
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	$624.97
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	$621.81
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	$624.97
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	$493.33
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	$71.73
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	$378.34
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	$149.07
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	$944.87
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	$263.93
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	$1,220.12
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	$1,220.12
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CON	$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 A	$528.06
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 FURNI	$1,596.75
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATE	$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 ORTHOS	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 ORTHOSIS	$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 COVER,	$79.47
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PR	$29.65
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFA	$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, BE	$65.53
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	$127.95
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 OR	$342.56
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR	$668.79
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	$483.72
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFAB	$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 EXTEN	$849.37
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	$403.56
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	$744.02

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	$271.16
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	$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,	$780.56
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICAT	$146.01
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATE	$45.66
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRI	$389.39
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHEL	$125.17
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUST	$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 CONTROL	$1,931.89
L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STA	$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 MOT	$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 MOT	$1,088.63
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	$1,106.81
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-	$761.44
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC	$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,	$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
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 JO	$106.64

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	$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 BEARI	$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,	$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 POSITION	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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, EA	$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 ROTATATION BAR, WITHOUT SHOES	$38.38
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	$3.01
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, O	$41.53
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	$386.62
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	$0.00
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	$13.08
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRI	$123.89
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	$67.12
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION,	$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, I	$214.57
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, O	$0.00
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABR	$46.13
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, ST	$550.16
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS	$582.59
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF	$550.16
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTI	$582.59
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	$30.49
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN T	$107.29
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT	$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 TORSION	$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, TURN	$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, PREFABRICATED,	$49.46
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRIC	$67.78
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$116.21
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	$35.68
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	$445.26
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TR	$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 FABRIC	$116.21
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR	$137.83
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	$16.69
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	$71.00
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NO	$51.93
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WI	$0.00
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	$91.24
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	$99.77

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	$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 FABRICATED	$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, PREF	$503.26
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INC	$720.88
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN,	$458.11
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	$851.12
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NO	$807.91
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	$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 DESIG	$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 DESIG	$851.12
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND	$232.34
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP	$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
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 EXTREMITIE	$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 (E.G.,	$81.51
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	$157.58
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	$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 M	$74.75
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M	$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, ADJUST	$77.80
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST	$151.87
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	$35.81

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, SHI	$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 CONSTA	$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 FR	$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 DRESSING,	$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, SA	$882.99
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE	$1,182.52
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COV	$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, LAM	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, P	$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	$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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	ALL LOWER EXTREMITY PROSTHESES,FOOT,EXTERNAL KEEL,SACH FOOT	$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	$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, CARBON	$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 FEA	$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
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED A	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	$477.00
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CON	$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 TY	$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, REPLACEMEN	$137.00
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	$288.47
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION	$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 PROTHESES, 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 POWE	$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, INT	$2,711.83
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	$2,186.69
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTER	$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 DRESSING,	$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 TISSU	$1,665.84
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTH	$1,955.43
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU	$1,777.67
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PRO	$2,929.10
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROST	$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

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, ANY	$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	$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	NO DESCRIPTION FOUND	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	$38.91
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	$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, LI	$0.00
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	$0.00
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE	$0.00
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE	$0.00
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA	$0.00
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA	$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 DEV	$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 P	$2,933.03
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL,	$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 FO	$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 SHOULDER	$8,161.18
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER	$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 DEVICE	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, ULTRA	$144.77
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	$162.07
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	$175.03
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYL	$173.96
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MAT	$262.55
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	$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
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, AN	$34.21
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILA	$98.74
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILAT	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 CA	$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
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, R	$561.58
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER	$48.63
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DE	$0.00
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY	$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, R	$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
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULAT	$0.00
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	$0.00
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	$349.23
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULA	$92.36
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	$4,532.45
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR R	$3,989.59
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEURO	$569.58
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDE	$9,941.84
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INC	$6,343.69
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES	$12,938.31
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLU	$8,255.68
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEURO	$1,416.44
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$3,515.70
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/A	$1,970.66
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT	$0.00
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	$0.00
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEURO	$12.53
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULAT	$0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	$0.00
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH S	$0.00
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGE	$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	$0.00
M0220	INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FO	$0.00
M0221	INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FO	$0.00
M0222	INTRAVENOUS INJECTION, BEBTELOVIMAB, INCLUDES INJECTION AND POST ADMINISTRATION	$0.00
M0223	INTRAVENOUS INJECTION,BEBTELOVIMAB, INCLUDES INJECTION AND POST ADMINISTRATION M	$0.00
M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUD	$0.00
M0241	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUD	$0.00
M0244	INTRAVENOUS INFUSION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION AND POST ADMIN	$0.00
M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST AD	$0.00
M0246	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST AD	$0.00
M0260	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH UNILATERAL MYRINGOTOMY AND TU	$0.00
M0261	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUB	$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 THR	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 O	$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 INI	$0.00
M1004	DOCUMENTATION OF MEDICAL REASON FOR NOT SCREENING FOR TB OR INTERPRETING RESULTS	$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
M1100	RADIATION THERAPY FOR PROSTATE CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$0.00
M1101	RADIATION THERAPY FOR PROSTATE CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$0.00
M1102	RADIATION THERAPY FOR UPPER GI CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$0.00
M1103	RADIATION THERAPY FOR UPPER GI CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$0.00
M1104	RADIATION THERAPY FOR UTERINE CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$0.00
M1105	RADIATION THERAPY FOR UTERINE CANCER UNDER THE RADIATION ONCOLOGY MODEL, 90 DAY	$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 TECHNI	$14.60
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	$24.97
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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
P9025	PLASMA, CRYOPRECIPITATE REDUCED, PATHOGEN REDUCED, EACH UNIT	$0.00
P9026	CRYOPRECIPITATED FIBRINOGEN COMPLEX, PATHOGEN REDUCED, EACH UNIT	$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%, 250ML	$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 SPECI	$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 WAVEFORM	$0.00
Q0020	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00
Q0021	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORGINAL ECG WAVEFORM	$0.00
Q0022	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00
Q0023	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0024	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00
Q0025	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00
Q0026	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	$0.00
Q0027	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0028	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0029	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0030	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0031	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0032	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	$0.00
Q0035	CARDIOKYMOGRAPHY	$19.01
Q0036	OXYGEN CONCENTRATOR, HIGH HUMIDITY	$0.00
Q0037	OXYGEN AND WATER VAPOR ENRICING SYSTEM	$0.00
Q0038	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEM	$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 (EG	$5.00
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	$48.31
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(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	$17.14

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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 FEATUR	$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
Q0158	IMMUNIZATION ACTIVE HEPATITIS B AND HEMOPHILUS INFLUENZA TYPE B (HIB) VACCINE	$0.00
Q0159	ADENOSINE INJECTION 90 MG	$0.00
Q0162	CATHERIZATION FOR COLLECTION OF SPECIMEN(S), SINGLE PATIENT,ALL POS	$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 VENTRICUL	$81.40
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	$0.00
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	$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, REP	$0.00
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICU	$0.00
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	$0.00
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR A	$0.00
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEME	$0.00
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	$0.00
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULA	$0.00
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONL	$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLA	$0.00
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	$0.00
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	$0.00
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, RE	$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 ASSI	$0.00

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICUL	$0.00
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VEN	$0.00
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	$0.00
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	$0.00
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRI	$0.00
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	$0.00
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	$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, VEHICLE	$0.00
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR AS	$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 PAP-GM	$0.00
Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (	$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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 REGENERAT	$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
Q4112	CYMETRA, INJECTABLE, 1CC	$0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	$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, 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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, 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, 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, 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
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
Q4199	CYGNUS MATRIX, 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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 XPL	$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
Q4224	HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P), PER SQUARE CENTIMETER	$0.00
Q4225	AMNIOBIND, PER SQUARE CENTIMETER	$0.00
Q4226	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE CENTIMETE	$0.00
Q4236	CAREPATCH, PER SQUARE CENTIMETER	$0.00
Q4251	VIM, PER SQUARE CENTIMETER	$0.00
Q4252	VENDAJE, PER SQUARE CENTIMETER	$0.00
Q4253	ZENITH AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4256	MLG-COMPLETE, PER SQUARE CENTIMETER	$0.00
Q4257	RELESE, PER SQUARE CENTIMETER	$0.00
Q4258	ENVERSE, PER SQUARE CENTIMETER	$0.00
Q4259	CELERA DUAL LAYER OR CELERA DUAL MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4260	SIGNATURE APATCH, PER SQUARE CENTIMETER	$0.00
Q4261	TAG, PER SQUARE CENTIMETER	$0.00
Q4262	DUAL LAYER IMPAX MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4263	SURGRAFT TL, PER SQUARE CENTIMETER	$0.00
Q4264	COCOON MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	$0.00
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	$0.00
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	$0.00
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	$0.00
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	$0.00
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	$0.00
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	$0.00
Q4272	ESANO A, PER SQUARE CENTIMETER	$0.00
Q4273	ESANO AAA, PER SQUARE CENTIMETER	$0.00
Q4274	ESANO AC, PER SQUARE CENTIMETER	$0.00
Q4275	ESANO ACA, PER SQUARE CENTIMETER	$0.00
Q4276	ORION, PER SQUARE CENTIMETER	$0.00
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER	$0.00
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	$0.00
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	$0.00
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	$0.00
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	$0.00
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER	$0.00
Q4284	DERMABIND SL, PER SQUARE CENTIMETER	$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 NU	$0.00
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	$0.00
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	$0.00

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 M	$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 S	$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 HOME	$67.71
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	$28.68
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
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	$424.51
S0209	WHEELCHAIR VAN, MILEAGE, PER MILE	$0.00
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	$2.75
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREAT	$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

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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 AND	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 RESPIRATOR	$75.00
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	$75.00
U0005	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATOR	$25.00
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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 28MM	$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 4.00.D, 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
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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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(FOLLOWING INITIAL EXAM AND SELECTION	$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

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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;CHILD:DIGITAL OR ANALOG	$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;ADULTS: DIGITAL OR ANALOG	$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 SE	$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 HEARI	$0.00
V5330	TREATMENT FOR SPEECH, LANGUAGE, ORAL/PHARYNGEAL AND/OR COMMUNICATION DISORDER, P	$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 SUPPLI	$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

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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 TOMOGRA	$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

Disclaimer: The Medicaid Fee Schedule may change without notice.

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 03/04/2024

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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

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