Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| 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 | $720.00 |
| 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 | $25.00 |
| 0003A | INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV | $0.00 |
| 0003U | MEASUREMENT OF PROTEINS ASSOCIATED WITH OVARIAN CANCER IN SERUM | $950.00 |
| 0004A | INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV | $43.68 |
| 0004M | SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI | $79.00 |
| 0005U | TEST FOR DETECTING GENES ASSOCIATED WITH PROSTATE CANCER IN URINE | $760.00 |
| 0006M | ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOC | $150.00 |
| 0006U | PRESCRIPTION DRUG MONITORING IN URINE | $0.00 |
| 0007M | ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANAL | $375.00 |
| 0007U | TESTING FOR PRESENCE OF DRUG IN URINE | $114.43 |
| 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 | $597.91 |
| 0009U | GENE ANALYSIS OF BREAST TUMOR TISSUE | $107.00 |
| 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 | $427.26 |
| 0011A | IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO | $18.59 |
| 0011U | PRESCRIPTION DRUG MONITORING IN ORAL FLUID | $114.43 |
| 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 | $760.00 |
| 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 | $760.00 |
| 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 | $163.96 |
| 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 | $91.66 |
| 0018U | ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILI | $3,002.09 |
| 00190 | ANESTHESIA FOR OTHER PROCEDURE ON FACE BONES OR SKULL | $22.80 |
| 00192 | ANESTHESIA FOR EXTENSIVE SURGERY ON FACE BONES OR SKULL | $22.80 |
| 0019M | ANALYSIS OF PROTEIN BIOMARKERS IN PLASMA WITH RESULTS REPORTED AS LIKELIHOOD FOR | $712.40 |
| 0019U | ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED | $3,675.00 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0020M | ANALYSIS OF DNA FROM TUMOR TISSUE WITH RESULTS REPORTED AS PROBABILITY OF MATCHI | $2,500.00 |
| 00210 | ANESTHESIA FOR OTHER PROCEDURE ON BRAIN | $22.80 |
| 00211 | ANESTHESIA FOR REMOVAL OF BLOOD COLLECTION FROM BRAIN | $22.80 |
| 00212 | ANESTHESIA FOR REMOVAL OF FLUID FROM BRAIN | $22.80 |
| 00214 | ANESTHESIA FOR 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, | $760.00 |
| 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 | $1,950.00 |
| 0023U | ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF INTERNAL TANDEM DUPLIC | $248.51 |
| 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 | $540.99 |
| 0036U | EXOME GENE ANALYSIS FOR SOMATIC MUTATION IN TUMOR TISSUE | $4,780.00 |
| 0037U | DNA GENE ANALYSIS OF 324 GENES IN SOLID ORGAN TUMOR TISSUE | $3,500.00 |
| 0038U | MEASUREMENT OF VITAMIN D IN SERUM | $29.60 |
| 0039U | TESTING FOR ANTI-DNA ANTIBODY | $13.74 |
| 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 | $409.90 |
| 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 | $17.21 |
| 0042A | INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV | $0.00 |
| 0042U | IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI | $17.21 |
| 0043U | IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP | $14.86 |
| 0044A | IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO | $43.32 |
| 0044U | IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP | $14.86 |
| 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 | $3,873.00 |
| 0046U | GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) FOR INTERNAL TANDEM DUPLICATION VA | $407.43 |
| 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 | $3,873.00 |
| 0048U | DNA GENE ANALYSIS OF 468 GENES IN SOLID ORGAN TUMOR TISSUE | $2,919.60 |
| 0049U | GENE ANALYSIS (NUCLEOPHOSMIN) | $407.43 |
| 00500 | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS | $22.80 |
| 0050U | DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS LEUKE | $2,916.60 |
| 0051A | INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV | $0.00 |
| 0051U | TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE | $246.92 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $33.86 |
| 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 | $105.87 |
| 0054U | MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD | $198.74 |
| 00550 | ANESTHESIA FOR STERNAL DEBRIDEMENT | $22.80 |
| 0055T | COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI | $222.83 |
| 0055U | DNA GENE ANALYSIS OF 96 TARGET SEQUENCES IN PLASMA FOR HEART TRANSPLANT | $3,240.00 |
| 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 LEUKEMI/ | $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 | $322.96 |
| 0059U | TEST FOR PRESENCE OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERU | $322.96 |
| 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 | $759.05 |
| 0061U | SPATIAL FREQUENCY DOMAIN IMAGING OF SKIN | $25.10 |
| 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 | $380.72 |
| 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 | $750.00 |
| 00640 | ANESTHESIA FOR MANIPULATION OR CLOSED PROCEDURE OF SPINE | $22.80 |
| 0064A | INTRAMUSCULAR ADMINISTRATION OF SINGLE SEVERE ACUTE RESPIRATORY SYNDROME CORONAV | $43.68 |
| 0064U | ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN (RPR), IMMUNOASSAY, | $31.33 |
| 0065U | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITATIVE (RPR) | $18.09 |
| 0066U | PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSER | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 00670 | ANESTHESIA FOR EXTENSIVE SURGERY ON SPINE | $22.80 |
| 0067U | ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMA | $1,897.00 |
| 0068U | CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSILOSIS, C. KRUSEII, C | $142.63 |
| 0069U | ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMA | $380.00 |
| 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 | $676.37 |
| 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 | $600.00 |
| 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 | $450.91 |
| 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 | $450.91 |
| 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 | $450.91 |
| 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 | $1,265.13 |
| 0075U | CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL | $450.91 |
| 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 | $450.91 |
| 00770 | ANESTHESIA FOR PROCEDURE ON LARGE BLOOD VESSELS IN ABDOMEN | $22.80 |
| 0077U | IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOPRECIPITATION AND MAS | $43.43 |
| 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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $720.00 |
| 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 | $200.00 |
| 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 | $3,159.42 |
| 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 | $3,159.42 |
| 0089U | GENE EXPRESSION PROFILING OF MELANOMA IN SUPERFICIAL SAMPLE COLLECTED BY ADHESIV | $760.00 |
| 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 | $1,950.00 |
| 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 | $2,488.00 |
| 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 |
| 0093A | IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATO | $0.00 |
| 0093U | PRESCRIPTION DRUG MONITORING FOR 65 COMMON DRUGS IN URINE | $62.14 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $7,582.20 |
| 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 | $989.84 |
| 0095U | TEST FOR MARKERS OF EOSINOPHILIC INFLAMMATION OF ESOPHAGUS | $771.98 |
| 0096U | TEST FOR DETECTION OF HIGH-RISK HUMAN PAPILLOMAVIRUS IN MALE URINE | $35.09 |
| 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 | $1,743.95 |
| 0102U | GENE SEQUENCE ANALYSIS PANEL OF 17 GENES ASSOCIATED WITH HEREDITARY BREAST CANCE | $1,303.95 |
| 0103U | GENE SEQUENCE ANALYSIS PANEL OF 24 GENES ASSOCIATED WITH HEREDITARY OVARIAN CANC | $1,743.95 |
| 0105U | MEASUREMENT OF TUMOR NECROSIS FACTOR RECEPTOR 1A, RECEPTOR SUPERFAMILY 2 (TNFR1, | $950.00 |
| 0106U | EVALUATION OF GASTRIC EMPTYING BY MEASUREMENT OF RADIOLABELED CARBON MONOXIDE IN | $874.49 |
| 0107U | ANTIGEN TEST FOR DETECTION OF CLOSTRIDIUM DIFFICILE TOXIN IN STOOL | $16.00 |
| 0108U | COMPUTER-ASSISTED DIGITAL IMAGING OF ESOPHAGUS SPECIMEN SLIDES TO EVALUATE RISK | $4,950.00 |
| 0109U | DNA TEST FOR DETECTION OF 4 ASPERGILLUS SPECIES | $142.63 |
| 0110U | MONITORING OF ANTI-CANCER DRUGS IN PATIENT BLOOD, SERUM, OR PLASMA | $27.11 |
| 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 | $682.29 |
| 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 | $356.13 |
| 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 | $760.00 |
| 01140 | ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION | $22.80 |
| 0114U | GENE ANALYSIS (VIM AND CCNA1 METHYLATION) IN ESOPHAGEAL CELLS TO EVALUATE LIKELI | $1,938.01 |
| 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 | $275.35 |
| 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 | $246.92 |
| 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 | $840.65 |
| 0118U | MEASUREMENT OF TRANSPLANT DONOR CELL-FREE DNA IN TRANSPLANT RECIPIENT PLASMA | $2,753.25 |
| 0119U | MEASUREMENT OF CERAMIDES FOR ASSESSMENT OF HEART DISEASE RISK | $83.76 |
| 01200 | ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT | $22.80 |
| 01202 | ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT | $22.80 |
| 0120U | MRNA, GENE EXPRESSION PROFILING OF 58 GENES IN TISSUE SAMPLE FOR B-CELL LYMPHOMA | $2,510.21 |
| 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 | $509.20 |
| 01220 | ANESTHESIA FOR CLOSED PROCEDURE ON UPPER 2/3RD OF THIGH BONE | $22.80 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0122U | BLOOD TEST FOR SICKLE CELLS USING P-SELECTIN | $526.23 |
| 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 | $357.63 |
| 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 | $1,303.95 |
| 0130U | TARGETED MRNA SEQUENCE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY COLON CANCER | $584.90 |
| 01320 | ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, AND TISSUE OF KNEE | $22.80 |
| 0133U | TARGETED MRNA SEQUENCE ANALYSIS OF 11 GENES ASSOCIATED WITH HEREDITARY PROSTATE | $690.29 |
| 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 | $748.39 |
| 01360 | ANESTHESIA FOR PROCEDURE ON LOWER 1/3RD OF THIGH BONE | $22.80 |
| 0136U | MRNA GENE ANALYSIS (ATAXIA TELANGIECTASIA MUTATED) | $407.43 |
| 0137U | MRNA GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2) | $282.88 |
| 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 | $468.33 |
| 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 | $156.75 |
| 0141U | INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGANISM IDENTIFICATION A | $156.75 |
| 01420 | ANESTHESIA FOR APPLICATION, REMOVAL, OR REPAIR OF CAST TO KNEE | $22.80 |
| 0142U | INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTERIAL IDENTIFICATION | $156.75 |
| 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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $2,126.20 |
| 0153U | ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING | $3,159.42 |
| 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 | $482.14 |
| 0155U | PIK3CA (PHOSPHATIDYLINOSITOL-4,5BISPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) | $274.83 |
| 0156U | COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS | $1,740.00 |
| 0157U | APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSI | $282.88 |
| 0158U | MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYN | $282.88 |
| 0159U | MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC | $282.88 |
| 0160U | MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC | $282.88 |
| 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 | $282.88 |
| 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 | $486.54 |
| 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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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) | $835.25 |
| 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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $1,982.81 |
| 0201T | INJECTIONS OF BOTH SIDES OF SACRUM FOR ENLARGEMENT, 2 OR MORE NEEDLES, ACCESSED | $299.29 |
| 0202T | POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT[S] REPLACEMENT), INCL | $2,109.95 |
| 0207T | EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND | $77.69 |
| 0208T | PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY | $0.00 |
| 0209T | PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE | $51.73 |
| 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 | $32.59 |
| 0213A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0213T | INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S | $125.46 |
| 0214A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0214T | INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S | $69.86 |
| 0215A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0215T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | $71.16 |
| 0216A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0216T | INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S | $106.19 |
| 0217A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0217T | INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASOUND GUIDANCE, S | $59.41 |
| 0218A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0218T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | $60.30 |
| 0219A | ADMINISTRATION OF CORONAVIRUS VACCINE 22, RESERVED | $0.00 |
| 0219T | PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI | $0.00 |
| 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 |

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|---|---|---|
| 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 | $76.45 |
| 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 | $639.07 |
| 0238A | ADMINISTRATION OF CORONAVIRUS VACCINE 24, RESERVED | $0.00 |
| 0238T | CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN | $750.74 |
| 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 | $5,000.00 |
| 0243A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0243U | OBSTETRICS (PREECLAMPSIA), BIOCHEMICAL ASSAY OF PLACENTAL-GROWTH FACTOR, TIME-RE | $64.41 |
| 0244A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0244U | ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERRO | $3,500.00 |
| 0245A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0245U | ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESS | $1,266.07 |
| 0246A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0246U | RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF AT LEAST 16 BLOOD GROUPS WITH | $720.00 |
| 0247A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0247U | OBSTETRICS (PRETERM BIRTH), INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 4 (IBP4), | $750.00 |
| 0248A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0248U | CULTURE OF BRAIN CANCER CELLS TO PREDICT TUMOR RESPONSE TO A 12-DRUG PANEL | $3,033.86 |
| 0249A | ADMINISTRATION OF CORONAVIRUS VACCINE 25, RESERVED | $0.00 |
| 0249U | ONCOLOGY (BREAST), SEMIQUANTITATIVE ANALYSIS OF 32 PHOSPHOPROTEINS AND PROTEIN A | $2,219.13 |
| 0250A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0250U | ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 G | $2,919.60 |
| 0251A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0251U | HEPCIDIN-25, ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA), SERUM OR PLASMA | $17.27 |
| 0252A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0252U | FETAL ANEUPLOIDY SHORT TANDEM?REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUC | $759.05 |
| 0253A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0253T | INSERTION OF EYE FLUID DRAINAGE DEVICE, INTERNAL APPROACH | $1,144.29 |
| 0254A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0254U | REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROM | $759.05 |
| 0255A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0255U | ANDROLOGY (INFERTILITY), SPERM-CAPACITATION ASSESSMENT OF GANGLIOSIDE GM1 DISTRI | $31.60 |
| 0256A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0256U | TRIMETHYLAMINE/TRIMETHYLAMINE N-OXIDE (TMA/TMAO) PROFILE, TANDEM MASS SPECTROMET | $159.95 |
| 0257A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0257U | VERY LONG CHAIN ACYL-COENZYME A (COA) DEHYDROGENASE (VLCAD), LEUKOCYTE ENZYME AC | $712.47 |
| 0258A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0258U | AUTOIMMUNE (PSORIASIS), MRNA, NEXTGENERATION SEQUENCING, GENE EXPRESSION PROFILI | $3,675.00 |
| 0259A | ADMINISTRATION OF CORONAVIRUS VACCINE 26, RESERVED | $0.00 |
| 0259U | NEPHROLOGY (CHRONIC KIDNEY DISEASE), NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY MEA | $52.71 |

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|---|---|---|
| 0260U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBE | $1,263.53 |
| 0261U | ONCOLOGY (COLORECTAL CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESS | $2,513.25 |
| 0262U | ONCOLOGY (SOLID TUMOR), GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 7 GENE | $3,200.00 |
| 0263T | INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED | $28.59 |
| 0263U | NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 16 CE | $750.00 |
| 0264T | INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED | $165.67 |
| 0264U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBE | $1,263.53 |
| 0265T | INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED | $364.94 |
| 0265U | RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, WHOLE GENOME AND MITOCHONDRIA | $5,475.80 |
| 0266U | UNEXPLAINED CONSTITUTIONAL OR OTHER HERITABLE DISORDERS OR SYNDROMES, TISSUESPEC | $3,200.00 |
| 0267U | RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, IDENTIFICATION OF COPY NUMBER | $6,739.33 |
| 0268U | HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSI | $608.17 |
| 0269U | HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE | $608.17 |
| 0270U | HEMATOLOGY (CONGENITAL COAGULATION DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 20 G | $608.17 |
| 0271U | HEMATOLOGY (CONGENITAL NEUTROPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOO | $608.17 |
| 0272U | HEMATOLOGY (GENETIC BLEEDING DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 51 GENES, | $608.17 |
| 0273U | HEMATOLOGY (GENETIC HYPERFIBRINOLYSIS, DELAYED BLEEDING), GENOMIC SEQUENCE ANALY | $608.17 |
| 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, | $608.17 |
| 0275U | HEMATOLOGY (HEPARIN-INDUCED THROMBOCYTOPENIA), PLATELET ANTIBODY REACTIVITY BY F | $18.37 |
| 0276U | HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, | $2,448.56 |
| 0277U | HEMATOLOGY (GENETIC PLATELET FUNCTION DISORDER), GENOMIC SEQUENCE ANALYSIS OF 31 | $608.17 |
| 0278T | TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), | $29.92 |
| 0278U | HEMATOLOGY (GENETIC THROMBOSIS), GENOMIC SEQUENCE ANALYSIS OF 12 GENES, BLOOD, B | $608.17 |
| 0279U | HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND FACTOR (VWF) AND COLLA | $11.53 |
| 0280U | HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND FACTOR (VWF) AND COLLA | $17.27 |
| 0281U | HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND PROPEPTIDE, ENZYME-LIN | $17.27 |
| 0282U | RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 12 BLOOD GROUP SYSTEM GENES TO | $720.00 |
| 0283U | VON WILLEBRAND FACTOR (VWF), TYPE 2B, PLATELET-BINDING EVALUATION, RADIOIMMUNOAS | $18.40 |
| 0284U | VON WILLEBRAND FACTOR (VWF), TYPE 2N, FACTOR VIII AND VWF BINDING EVALUATION, EN | $17.27 |
| 0285U | EVALUATION OF RESPONSE TO RADIATION IN CELL-FREE DNA BY QUANTITATIVE BRANCHED CH | $443.31 |
| 0286U | CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOP | $134.13 |
| 0287U | ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GEN | $3,600.00 |
| 0288U | ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, | $3,873.00 |
| 0289U | NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING | $760.00 |
| 0290U | PAIN MANAGEMENT, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 36 GENES, | $760.00 |
| 0291U | PSYCHIATRY (MOOD DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING 1 | $1,755.00 |
| 0292U | PSYCHIATRY (STRESS DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING | $1,755.00 |
| 0293U | PSYCHIATRY (SUICIDAL IDEATION), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCIN | $760.00 |
| 0294U | LONGEVITY AND MORTALITY RISK, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING | $760.00 |
| 0295U | ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), PROTEIN EXPRESSION PROFILING BY IMMU | $5,435.00 |
| 0296U | ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION PROFILING BY RNA SE | $1,950.00 |
| 0297U | ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DN | $2,919.60 |
| 0298U | ONCOLOGY (PAN TUMOR), WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NOF | $2,919.60 |
| 0299U | ONCOLOGY (PAN TUMOR), WHOLE GENOME OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AI | $1,863.22 |
| 0300U | ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAI | $4,183.13 |
| 0301U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND | $262.72 |
| 0302U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), BARTONELLA HENSELAE AND | $361.37 |
| 0303U | HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION | $2,201.62 |
| 0304U | HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION | $2,075.80 |
| 0305U | HEMATOLOGY, RED BLOOD CELL (RBC) FUNCTIONALITY AND DEFORMITY AS A FUNCTION OF SH | $662.58 |
| 0306U | ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING A | $3,878.45 |
| 0307U | ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING A | $794.49 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0308T | INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS | $1,698.60 |
| 0308U | CARDIOLOGY (CORONARY ARTERY DISEASE [CAD]), ANALYSIS OF 3 PROTEINS (HIGH SENSITI | $390.75 |
| 0309U | CARDIOLOGY (CARDIOVASCULAR DISEASE), ANALYSIS OF 4 PROTEINS (NT-PROBNP, OSTEOPON | $390.75 |
| 0310U | PEDIATRICS (VASCULITIS, KAWASAKI DISEASE [KD]), ANALYSIS OF 3 BIOMARKERS (NT-PRO | $390.75 |
| 0311U | INFECTIOUS DISEASE (BACTERIAL), QUANTITATIVE ANTIMICROBIAL SUSCEPTIBILITY REPORT | $8.08 |
| 0312U | AUTOIMMUNE DISEASES (EG, SYSTEMIC LUPUS ERYTHEMATOSUS [SLE]), ANALYSIS OF 8 IGG | $840.65 |
| 0313U | ONCOLOGY (PANCREAS), DNA AND MRNA NEXT-GENERATION SEQUENCING ANALYSIS OF 74 GENE | $3,600.00 |
| 0314U | ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 35 GE | $1,950.00 |
| 0315U | ONCOLOGY (CUTANEOUS SQUAMOUS CELL CARCINOMA), MRNA GENE EXPRESSION PROFILING BY | $8,500.00 |
| 0316U | BORRELIA BURGDORFERI (LYME DISEASE), OSPA PROTEIN EVALUATION, URINE | $18.66 |
| 0317U | ONCOLOGY (LUNG CANCER), FOUR-PROBE FISH (3Q29, 3P22.1, 10Q22.3, 10CEN) ASSAY, WH | $2,030.00 |
| 0318U | PEDIATRICS (CONGENITAL EPIGENETIC DISORDERS), WHOLE GENOME METHYLATION ANALYSIS | $1,770.48 |
| 0319U | NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING | $2,650.00 |
| 0320U | NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING | $2,650.00 |
| 0321U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GENITOURINARY PATHOGENS | $634.84 |
| 0322U | NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 14 ACYL | $750.00 |
| 0323U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), CENTRAL NERVOUS SYSTEM | $2,126.20 |
| 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 | $5,000.00 |
| 0327U | FETAL ANEUPLOIDY (TRISOMY 13, 18, AND 21), DNA SEQUENCE ANALYSIS OF SELECTED REG | $795.00 |
| 0328U | DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS AND METABOLITES, URINE, QUANTITATIVE L | $114.43 |
| 0329T | MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER | $0.00 |
| 0329U | ONCOLOGY (NEOPLASIA), EXOME AND TRANSCRIPTOME SEQUENCE ANALYSIS FOR SEQUENCE VAR | $3,437.98 |
| 0330T | TEAR FILM IMAGING OF ONE OR BOTH EYES | $49.19 |
| 0330U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), VAGINAL PATHOGEN PANEL, | $416.78 |
| 0331T | IMAGING OF HEART MUSCLE | $0.00 |
| 0331U | ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), OPTICAL GENOME MAPPING FOR COPY NUMBER ALTE | $1,863.22 |
| 0332T | IMAGING OF HEART MUSCLE WITH SPECT | $0.00 |
| 0332U | ONCOLOGY (PAN-TUMOR), GENETIC PROFILING OF 8 DNA-REGULATORY (EPIGENETIC) MARKERS | $1,142.06 |
| 0333U | ONCOLOGY (LIVER), SURVEILLANCE FOR HEPATOCELLULAR CARCINOMA (HCC) IN HIGHRISK PA | $662.32 |
| 0334U | ONCOLOGY (SOLID ORGAN), TARGETED GENOMIC SEQUENCE ANALYSIS, FORMALIN-FIXED PARAF | $3,500.00 |
| 0335T | INSERTION OF IMPLANT INTO SUBTALAR (BELOW ANKLE) FOOT JOINT | $0.00 |
| 0335U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYS | $5,224.60 |
| 0336U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYS | $2,574.65 |
| 0337U | ONCOLOGY (PLASMA CELL DISORDERS AND MYELOMA), CIRCULATING PLASMA CELL IMMUNOLOGI | $2,435.00 |
| 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 | $2,435.00 |
| 0339T | DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH F | $234.57 |
| 0339U | ONCOLOGY (PROSTATE), MRNA EXPRESSION PROFILING OF HOXC6 AND DLX1, REVERSE TRANSC | $760.00 |
| 0340U | ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, W | $3,920.00 |
| 0341U | FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF | $1,900.20 |
| 0342T | THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION | $0.00 |
| 0342U | ONCOLOGY (PANCREATIC CANCER), MULTIPLEX IMMUNOASSAY OF C5, C4, CYSTATIN C, FACTO | $897.00 |
| 0343U | ONCOLOGY (PROSTATE), EXOSOME-BASED ANALYSIS OF 442 SMALL NONCODING RNAS (SNCRNAS | $760.00 |
| 0344U | HEPATOLOGY (NONALCOHOLIC FATTY LIVER DISEASE [NAFLD]), SEMIQUANTITATIVE EVALUATI | $792.17 |
| 0345T | TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS | $0.00 |
| 0345U | PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [A | $1,336.09 |
| 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 | $1,336.09 |
| 0348T | X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA) | $0.00 |
| 0348U | DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI | $742.27 |
| 0349T | X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA) | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0349U | DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI | $742.27 |
| 0350T | X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA) | $0.00 |
| 0350U | DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECI | $1,336.09 |
| 0351T | INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE | $0.00 |
| 0351U | INFECTIOUS DISEASE (BACTERIAL OR VIRAL), BIOCHEMICAL ASSAYS, TUMOR NECROSIS FACT | $260.50 |
| 0352T | INTERPRETATION AND REPORT OF TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE | $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) | $137.00 |
| 0356U | EVALUATION OF 17 DNA BIOMARKERS REPORTED AS A RISK SCORE FOR TONSIL OR ANAL CANC | $1,800.00 |
| 0357U | ONCOLOGY (MELANOMA), ARTIFICIAL INTELLIGENCE (AI)-ENABLED QUANTITATIVE MASS SPEC | $0.00 |
| 0358T | WHOLE BODY COMPOSITION TISSUE AND FLUID MEASUREMENTS WITH INTERPRETATION AND REP | $6.31 |
| 0358U | NEUROLOGY (MILD COGNITIVE IMPAIRMENT), ANALYSIS OF B-AMYLOID 1-42 AND 1-40, CHEM | $260.50 |
| 0359U | ONCOLOGY (PROSTATE CANCER), ANALYSIS OF ALL PROSTATE-SPECIFIC ANTIGEN (PSA) STRU | $760.00 |
| 0360U | ONCOLOGY (LUNG), ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) OF 7 AUTOANTIBODIES ( | $782.93 |
| 0362T | BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT FOR PATIENT EXHIBITING DESTRUCTIVE | $54.71 |
| 0362U | ONCOLOGY (PAPILLARY THYROID CANCER), GENE-EXPRESSION PROFILING VIA TARGETED HYBR | $3,600.00 |
| 0363U | ONCOLOGY (UROTHELIAL), MRNA, GENEEXPRESSION PROFILING BY REAL-TIME QUANTITATIVE | $760.00 |
| 0364U | ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (P | $2,007.25 |
| 0365U | ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8 | $897.00 |
| 0366U | ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8 | $897.00 |
| 0367U | ONCOLOGY (BLADDER), ANALYSIS OF 10 PROTEIN BIOMARKERS (A1AT, ANG, APOE, CA9, IL8 | $902.18 |
| 0368U | ONCOLOGY (COLORECTAL CANCER), EVALUATION FOR MUTATIONS OF APC, BRAF, CTNNB1, KRA | $416.78 |
| 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, | $416.78 |
| 0372U | INFECTIOUS DISEASE (GENITOURINARY PATHOGENS), ANTIBIOTIC-RESISTANCE GENE DETECTI | $416.78 |
| 0373T | ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FOR PATIENT EXHIBITING DE | $35.94 |
| 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 | $897.00 |
| 0376U | ONCOLOGY (PROSTATE CANCER), IMAGE ANALYSIS OF AT LEAST 128 HISTOLOGIC FEATURES A | $706.25 |
| 0377U | CARDIOVASCULAR DISEASE, QUANTIFICATION OF ADVANCED SERUM OR PLASMA LIPOPROTEIN P | $47.58 |
| 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 | $137.00 |
| 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) | $3,288.51 |
| 0381U | MAPLE SYRUP URINE DISEASE MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUA | $44.12 |
| 0382U | HYPERPHENYLALANINEMIA MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUANTIT | $51.64 |
| 0383U | TYROSINEMIA TYPE I MONITORING BY PATIENT-COLLECTED BLOOD CARD SAMPLE, QUANTITATI | $52.05 |
| 0384U | NEPHROLOGY (CHRONIC KIDNEY DISEASE), CARBOXYMETHYLLYSINE, METHYLGLYOXAL HYDROIMI | $750.00 |
| 0385U | NEPHROLOGY (CHRONIC KIDNEY DISEASE), APOLIPOPROTEIN A4 (APOA4), CD5 ANTIGEN-LIKE | $390.75 |
| 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 | $948.50 |
| 0388U | NEXT-GENERATION SEQUENCING IN PLASMA OF 37 CANCER-RELATED GENES, WITH REPORT FOR | $3,500.00 |
| 0389U | REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR) TESTING OF BLOOD FOR P | $70.20 |
| 0390U | IMMUNOASSAY OF SERUM FOR PROTEINS, REPORTED AS A RISK SCORE FOR PREECLAMPSIA | $64.41 |
| 0391U | DNA AND RNA NEXT-GENERATION SEQUENCING OF TISSUE FOR 437 GENES WITH ALGORITHM QU | $3,600.00 |
| 0392U | EVALUATION OF GENE-DRUG INTERACTIONS FOR 16 GENES REPORTED AS IMPACT OF GENE-DRU | $1,336.09 |
| 0393U | DETECTION OF PROTEIN BY SEED AMPLIFICATION ASSAY FOR NEUROLOGICAL DISORDERS | $540.99 |
| 0394U | TESTING OF PLASMA OR SERUM FOR 16 PERFLUOROALKYL SUBSTANCES (PFAS) COMPOUNDS | $198.74 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0395T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERNAL | $114.73 |
| 0395U | MULTI-OMICS TESTING OF PLASMA REPORTED AS RISK OF MALIGNANCY FOR LUNG NODULES IN | $797.45 |
| 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 |
| 0398U | DNA METHYLATION ANALYSIS USING POLYMERASE CHAIN REACTION TESTING OF TISSUE FOR G | $1,755.00 |
| 0399U | ENZYME-LINKED ASSAY DETECTION IN SERUM OF IGG-BINDING ANTIBODY AND BLOCKING AUTO | $300.00 |
| 0400U | NEXT-GENERATION SEQUENCING OF DNA FOR 145 GENES REPORTED AS CARRIER POSITIVE OR | $1,456.88 |
| 0401U | TARGETED VARIANT GENOTYPING USING BLOOD, SALIVA, OR BUCCAL SWAB OF 9 GENES FOR C | $489.68 |
| 0402T | COLLAGEN CROSS-LINKING TREATMENT OF DISEASE OF CORNEA | $537.01 |
| 0402U | INFECTIOUS AGENT (SEXUALLY TRANSMITTED INFECTION), CHLAMYDIA TRACHOMATIS, NEISSE | $142.63 |
| 0403T | HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES, | $0.00 |
| 0403U | ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING OF 18 GENES, FIRST-CATCH PO | $760.00 |
| 0404U | ONCOLOGY (BREAST), SEMIQUANTITATIVE MEASUREMENT OF THYMIDINE KINASE ACTIVITY BY | $322.96 |
| 0405U | ONCOLOGY (PANCREATIC), 59 METHYLATION HAPLOTYPE BLOCK MARKERS, NEXT-GENERATION S | $1,770.48 |
| 0406U | ONCOLOGY (LUNG), FLOW CYTOMETRY, SPUTUM, 5 MARKERS (MESO-TETRA [4-CARBOXYPHENYL] | $760.00 |
| 0407U | NEPHROLOGY (DIABETIC CHRONIC KIDNEY DISEASE [CKD]), MULTIPLEX ELECTROCHEMILUMINE | $950.00 |
| 0408T | INSERTION OR REPLACEMENT OF PULSE GENERATOR AND ELECTRODES OF HEART CONTRACTILIT | $996.68 |
| 0408U | INFECTIOUS AGENT ANTIGEN DETECTION BY BULK ACOUSTIC WAVE BIOSENSOR IMMUNOASSAY, | $14.13 |
| 0409T | INSERTION OR REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYS | $0.00 |
| 0409U | ONCOLOGY (SOLID TUMOR), DNA (80 GENES) AND RNA (36 GENES), BY NEXT-GENERATION SE | $2,919.60 |
| 0410T | INSERTION OR REPLACEMENT OF ELECTRODES IN UPPER CHAMBER OF HEART FOR HEART CONTR | $0.00 |
| 0410U | ONCOLOGY (PANCREATIC), DNA, WHOLE GENOME SEQUENCING WITH 5-HYDROXYMETHYLCYTOSINE | $1,160.00 |
| 0411T | INSERTION OR REPLACEMENT OF ELECTRODES IN LOWER CHAMBER OF HEART FOR HEART CONTR | $358.52 |
| 0411U | PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [A | $1,336.09 |
| 0412T | REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM | $288.20 |
| 0412U | BETA AMYLOID, AB42/40 RATIO, IMMUNOPRECIPITATION WITH QUANTITATION BY LIQUID CHR | $750.00 |
| 0413T | REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM | $843.01 |
| 0413U | ONCOLOGY (HEMATOLYMPHOID NEOPLASM), OPTICAL GENOME MAPPING FOR COPY NUMBER ALTE | $1,263.53 |
| 0414T | REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYSTEM | $0.00 |
| 0414U | ONCOLOGY (LUNG), AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE SLIDE IMAG | $706.25 |
| 0415T | REPOSITIONING OF ELECTRODE OF HEART CONTRACTILITY MODULATOR SYSTEM | $304.21 |
| 0415U | CARDIOVASCULAR DISEASE (ACUTE CORONARY SYNDROME [ACS]), IL-16, FAS, FASLIGAND, H | $390.75 |
| 0416T | RELOCATION OF SKIN POCKET FOR PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR S | $365.80 |
| 0416U | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA), GENITOURINARY PATHOGENS, IDENT | $0.00 |
| 0417T | PROGRAMMING EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM | $0.00 |
| 0417U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE MITOCHONDRIAL GENOME S | $2,842.53 |
| 0418T | INTERROGATION EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM | $60.31 |
| 0418U | ONCOLOGY (BREAST), AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE SLIDE IM | $706.25 |
| 0419T | DESTRUCTION OF MORE THAN 50 NEUROFIBROMAS OF SKIN OF HEAD AND NECK | $0.00 |
| 0419U | NEUROPSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC SEQUENCE ANALYSIS PANEL, VARI | $1,336.09 |
| 0420T | DESTRUCTION OF MORE THAN 100 NEUROFIBROMAS OF SKIN OF HEAD AND NECK | $207.54 |
| 0420U | MRNA EXPRESSION PROFILING OF 6 SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) IN URINE R | $1,328.32 |
| 0421U | SCREENING TEST FOR 8 RNA MARKERS AND BLOOD IN STOOL REPORTED AS POSITIVE OR NEGA | $508.87 |
| 0422T | TACTILE IMAGING OF ONE OR BOTH BREASTS | $0.00 |
| 0422U | ANALYSIS OF DNA BIOMARKER RESPONSE TO ANTI-CANCER THERAPY REPORTED AS A CHANGE F | $1,943.21 |
| 0423U | GENOMIC ANALYSIS PANEL OF 26 GENES FROM CHEEK SWAB, REPORT INCLUDING METABOLIZER | $416.78 |
| 0424U | EXOSOME-BASED ANALYSIS OF 53 SMALL NON CODING RNAS (SNCRNAS) IN URINE, REPORTED | $760.00 |
| 0425U | GENOME RAPID SEQUENCE ANALYSIS, EACH COMPARATOR GENE (EG, PARENTS, SIBLINGS) FOR | $4,094.39 |
| 0426U | GENOME ULTRA-RAPID SEQUENCE ANALYSIS FOR UNEXPLAINED CONSTITUTIONAL OR HERITABLE | $7,582.20 |
| 0427U | MONOCYTE DISTRIBUTION WIDTH IN WHOLE BLOOD | $4.48 |
| 0429U | TESTING FOR HUMAN PAPILLOMAVIRUS (HPV) FROM THROAT SWAB | $35.09 |
| 0430U | MALABSORPTION EVALUATION IN STOOL | $61.54 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0431U | GLYCINE RECEPTOR ALPHA1 IGG LIVE CELL-BINDING ASSAY IN SERUM OR CEREBRAL SPINAL | $36.57 |
| 0432U | KELCH-LIKE PROTEIN 11 (KLHL11) ANTIBODY CELL-BINDING ASSAY IN SERUM OR CEREBROSP | $36.57 |
| 0433U | TESTING FOR 5 DNA REGULATORY MARKERS BY QUANTITATIVE PCR IN WHOLE BLOOD, REPORTE | $760.00 |
| 0434U | GENOMIC ANALYSIS PANEL OF 25 GENES TO EVALUATION DRUG METABOLISM | $416.78 |
| 0435U | CHEMOTHERAPEUTIC DRUG CYTOTOXICITY ASSAY OF CANCER STEM CELLS (CSCS), REPORTED B | $3,033.86 |
| 0436U | PLASMA ANALYSIS OF 388 PROTEINS REPORTED AS CLINICAL BENEFIT FROM IMMUNE CHECKPO | $1,504.24 |
| 0437T | REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE | $46.03 |
| 0439T | ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING R | $58.24 |
| 0439U | QPCR AND DIGITAL PCR DNA ANALYSIS OF 5 SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) AN | $854.00 |
| 0440T | FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING G | $115.99 |
| 0440U | QPCR AND DIGITAL PCR DNA, ANALYSIS OF 10 SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) | $854.00 |
| 0441T | FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING G | $119.37 |
| 0441U | SEMIQUANTITATIVE BIOMECHANICAL ASSESSMENT (VIA DEFORMABILITY CYTOMETRY) IN WHOLE | $444.08 |
| 0442T | FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING G | $123.20 |
| 0442U | FINGERSTICK TEST OF WHOLE BLOOD, RESULT REPORTED AS PRESENT OR ABSENT FOR MYXOVI | $41.38 |
| 0443T | REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY | $0.00 |
| 0443U | ULTRA-SENSITIVE IMMUNOASSAY OF SERUM OR CEREBROSPINAL FLUID FOR EVALUATION OF NE | $116.23 |
| 0444T | INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS | $0.00 |
| 0444U | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL OF 361 GENES USING DNA FROM FORMALIN-FI | $2,919.60 |
| 0445T | REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS | $0.00 |
| 0445U | ELECTROCHEMILUMINESCENT IMMUNOASSAY (ECLIA) OF CEREBRAL SPINAL FLUID FOR B-AMYLO | $260.50 |
| 0446T | CREATION OF SKIN POCKET AND INSERTION OF GLUCOSE SENSOR, WITH PATIENT TRAINING | $55.79 |
| 0446U | ANALYSIS OF 10 CYTOKINE SOLUBLE MEDIATOR BIOMARKERS BY IMMUNOASSAY IN PLASMA, RE | $840.65 |
| 0447T | REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA | $65.06 |
| 0447U | ANALYSIS OF 11 CYTOKINE SOLUBLE MEDIATOR BIOMARKERS BY IMMUNOASSAY IN PLASMA, RE | $840.65 |
| 0448T | REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS | $92.95 |
| 0449T | INSERTION OF INITIAL AQUEOUS FLUID DRAINAGE DEVICE INTO EYE | $815.16 |
| 0449U | GENOMIC SEQUENCE ANALYSIS PANEL THAT MUST INCLUDE ANALYSIS OF 5 GENES (CFTR, SMN | $1,824.88 |
| 0450T | INSERTION OF EACH ADDITIONAL AQUEOUS FLUID DRAINAGE DEVICE INTO EYE | $0.00 |
| 0450U | TEST FOR MONOCLONAL PARAPROTEINS IN BLOOD, RESULTS REPORTED AS A BASELINE PRESEN | $0.00 |
| 0451U | TESTING PARAPROTEINS IN BLOOD, RESULTS COMPARED TO BASELINE RESULTS TO DETERMINE | $0.00 |
| 0452U | TESTING TO DETECT METHYLATED PENK DNA IN URINE, REPORTED AS LIKELIHOOD OF BLADDE | $192.00 |
| 0453U | TESTING FOR CELL-FREE DNA IN PLASMA, REPORTED AS THE PRESENCE OR ABSENCE OF CIRC | $192.00 |
| 0454U | TESTING BY OPTICAL GENOME MAPPING FOR CONSTITUTIONAL/HERITABLE DISORDERS | $1,263.53 |
| 0455U | TESTING FOR SEXUALLY TRANSMITTED INFECTIONS IN VAGINAL, ENDOCERVICAL, GYNECOLOGI | $142.63 |
| 0457U | TESTING FOR 9 PERFLUOROALKYL COMPOUNDS IN PLASMA OR SERUM | $198.74 |
| 0458U | TESTING FOR S100A8 AND S100A9 IN TEAR FLUID WITH AGE, REPORTED AS A RISK SCORE F | $260.50 |
| 0459U | TESTING FOR B-AMYLOID AND TOTAL TAU IN SPINAL FLUID, RATIO REPORTED AS POSITIVE | $260.50 |
| 0460U | DNA TESTING OF 24 GENES IN WHOLE BLOOD OR SALIVA IN CANCER | $917.08 |
| 0461U | ANALYSIS OF 24 GENES IN WHOLE BLOOD OR SALIVA FOR GENE-DRUG INTERACTIONS IN CANC | $917.08 |
| 0462U | SCREENING TESTING OF MELATONIN LEVELS IN SALIVA DURING SLEEP STUDY | $17.27 |
| 0463U | GENE EXPRESSION PROFILING OF HIGH-RISK HPV TYPES IN CERVICAL CELLS, REPORTED AS | $249.00 |
| 0464U | SCREENING TEST FOR DNA MARKERS IN STOOL REPORTED AS A POSITIVE OR NEGATIVE RESUL | $591.92 |
| 0465U | DNA TESTING FOR 2 GENES REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR BLADDER CA | $1,938.01 |
| 0466U | DNA GENOME STUDY WITH PATIENT LIFESTYLE AND CLINICAL DATA, USING SALIVA, RESULTS | $345.43 |
| 0467U | DNA SEQUENCING OF 60 GENES IN URINE, RESULTS REPORTED AS MINIMAL RESIDUAL DISUSE | $1,519.06 |
| 0468U | TESTING IN SERUM AND WHOLE BLOOD REPORTED AS A SINGLE SCORE FOR NONALCOHOLIC STE | $251.70 |
| 0469U | WHOLE GENOME SEQUENCING IN AMNIOTIC FLUID, CHORIONIC VILLUS SAMPLE, OR PRODUCTS | $1,197.94 |
| 0470U | NEXT-GENERATION SEQUENCING OF 8 DNA TARGETS IN PLASMA FOR DETECTION OF MINIMAL R | $597.91 |
| 0471U | TESTING FOR 35 VARIANTS OF KRAS AND NRAS GENES IN TISSUE SAMPLE, REPORTED AS PRE | $760.00 |
| 0472T | EVALUATION AND INITIAL PROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING, | $0.00 |
| 0472U | TESTING FOR PROTEINS AND ANTIBODIES IN BLOOD REPORTED AS PREDICTIVE EVIDENCE OF | $27.90 |
| 0473T | EVALUATION AND REPROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING, REVIEW | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0473U | NEXT-GENERATION SEQUENCING OF DNA FROM TISSUE SAMPLE OF 648 GENES WITH COMPARATI | $4,500.00 |
| 0474T | INSERTION OF DRAINAGE DEVICE AND CREATION OF FLUID RESERVOIR IN FRONT CHAMBER OF | $233.64 |
| 0474U | NEXT-GENERATION SEQUENCING OF 88 GENES IN BLOOD OR SALIVA, RESULTS REPORTED AS P | $1,303.95 |
| 0475U | NEXT-GENERATION SEQUENCING OF 23 GENES REPORTED AS PATHOLOGIC MUTATIONS WITH A G | $1,303.95 |
| 0476U | PHARMACOGENOMIC GENOTYPING OF 14 GENES INCLUDING REPORTED PHENOTYPES TO EVALUATE | $416.78 |
| 0477U | PHARMACOGENOMIC GENOTYPING OF 14 GENES INCLUDING GENE-DRUG INTERACTIONS AND REPO | $416.78 |
| 0478U | DNA AND RNA ANALYSIS OF 9 GENES TO DETERMINE THERAPY SELECTION IN NON-SMALL CELL | $552.99 |
| 0479T | LASER DESTRUCTION OF SCAR TISSUE, FIRST 100 CM2, OR 1% OF BODY SURFACE AREA OF I | $244.67 |
| 0479U | TESTING FOR PHOSPHORYLATED TAU | $17.27 |
| 0480T | LASER DESTRUCTION OF SCAR TISSUE, EACH ADDITIONAL 100 CM2, OR 1% OF BODY SURFACE | $48.99 |
| 0480U | DNA AND RNA NEXT GENERATION SEQUENCING FOR IDENTIFYING PATHOGENS IN BACTERIA, VI | $2,126.20 |
| 0481T | INJECTION OF PATIENT'S OWN WHITE BLOOD CELL CONCENTRATE | $0.00 |
| 0481U | NEXT-GENERATION SEQUENCING OF GENES IN CENTRAL NERVOUS SYSTEM TUMORS | $674.24 |
| 0482U | TESTING OF SPECIFIC PROTEIN AND FACTORS TO DETERMINE RISK OF PROGRESSION OF PREE | $128.82 |
| 0483T | INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, ACCESSED THROUGH THE | $1,441.45 |
| 0483U | TESTING FOR PROBABILITY OF FLUOROQUINOLONE RESISTANCE IN GONORRHEA | $35.09 |
| 0484T | INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, OPEN CHEST PROCEDURE | $1,889.80 |
| 0484U | TESTING FOR PROBABILITY OF MACROLIDE RESISTANCE IN IN MYCOPLASMA GENITALIUM | $35.09 |
| 0485T | OCT SCAN OF ONE EAR | $0.00 |
| 0485U | RNA NEXT-GENERATION SEQUENCING IN SOLID TUMOR CANCER | $3,649.48 |
| 0486T | OCT SCAN OF BOTH EARS | $0.00 |
| 0486U | DNA NEXT-GENERATION SEQUENCING OF TUMOR METHYLATION MARKERS PRESENT IN CELL-FREE | $1,644.25 |
| 0487U | GENOMIC SEQUENCE ANALYSIS OF 84 GENES IN SOLID TUMORS | $2,919.60 |
| 0488T | ONLINE/ELECTRONIC PROGRAM FOR PREVENTION OF DIABETES USING STANDARDIZED DIABETES | $0.00 |
| 0488U | DNA SEQUENCE ANALYSIS FOR DETECTION OF FETAL PRESENCE OF ANTIGEN(S) | $759.05 |
| 0489T | HARVESTING AND PREPARATION OF PATIENT'S OWN FAT CELLS FOR CELL THERAPY FOR SCLER | $0.00 |
| 0489U | SINGLE-GENE NONINVASIVE PRENATAL TEST TO DETERMINE FETAL RISK SCORE FOR INHERITE | $1,153.62 |
| 0490T | CELL THERAPY FOR SCLERODERMA OF HANDS USING PATIENT'S OWN FAT CELLS | $0.00 |
| 0490U | TESTING FOR ANTIGEN AND PROTEIN BIOMARKERS IN MELANOMA(S) | $2,435.00 |
| 0491U | TESTING FOR PROTEIN BIOMARKERS AND QUANTIFICATION OF ESTROGEN RECEPTOR PROTEIN B | $2,435.00 |
| 0492U | TESTING FOR PROTEIN BIOMARKERS AND QUANTIFICATION OF PD-L1 PROTEIN BIOMARKER EXP | $2,435.00 |
| 0493U | TESTING OF DONOR-DERIVED CELL-FREE DNA, REPORTED AS PERCENTAGE OF DONOR-DERIVED | $2,753.25 |
| 0494T | PREPARATION AND STORAGE OF DONOR LUNG | $0.00 |
| 0494U | RED BLOOD CELL ANTIGEN TESTING IN PREGNANT INDIVIDUALS KNOWN TO BE RHD NEGATIVE | $759.05 |
| 0495T | INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG, FIRST TWO HOURS | $0.00 |
| 0495U | ANALYSIS OF PROTEINS TO DETERMINE RISK OF CLINICALLY SIGNIFICANT PROSTATE CANCER | $760.00 |
| 0496T | INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG, EACH ADDITIONAL HOUR | $0.00 |
| 0496U | ANALYSIS OF GENES AND PROTEINS TO DETERMINE RISK OF COLORECTAL CANCER OR ADVANCE | $485.86 |
| 0497U | MRNA GENE-EXPRESSION PROFILING OF 6 GENES TO DETERMINE RISK FOR PROSTATE CANCER | $3,873.00 |
| 0498U | NEXT-GENERATION SEQUENCING FOR MUTATION DETECTION IN 43 GENES AND METHYLATION PA | $1,345.31 |
| 0499U | NEXT-GENERATION SEQUENCING FOR MUTATION DETECTION IN 8 GENES IN COLORECTAL CANCE | $597.91 |
| 0500U | TESTING FOR GENE MUTATIONS IN VEXAS SYNDROME | $175.40 |
| 0501U | MEASUREMENT OF CELL-FREE DNA IN COLORECTAL CANCER | $192.00 |
| 0502U | HUMAN PAPILLOMAVIRUS (HPV), E6/E7 MARKERS FOR HIGH-RISK TYPES (16, 18, 31, 33, 3 | $35.09 |
| 0503U | TESTING FOR BETA-AMYLOID AND TAU-PROTEIN TO DETERMINE LIKELIHOOD FOR AMYLOID PLA | $750.00 |
| 0504U | TESTING FOR DETECTION OF 17 PATHOLOGIC ORGANISM FOR URINARY TRACT INFECTION | $416.78 |
| 0505T | ENDOVENOUS FEMORAL-POPLITEAL ARTERIAL REVASCULARIZATION, WITH TRANSCATHETER PLAC | $918.43 |
| 0505U | DETECTION OF 32 PATHOGENIC ORGANISMS IN VAGINAL INFECTION | $679.77 |
| 0506T | MACULAR PIGMENT OPTICAL DENSITY MEASUREMENT BY HETEROCHROMATIC FLICKER PHOTOMETR | $0.00 |
| 0506U | NEXT-GENERATION SEQUENCING OF AT LEAST 89 GENOMIC REGIONS TO DETERMINE LIKELIHOO | $1,938.01 |
| 0507T | NEAR-INFRARED DUAL IMAGING (IE, SIMULTANEOUS REFLECTIVE AND TRANS-ILLUMINATED LI | $19.90 |
| 0507U | WHOLE-GENOME DNA SEQUENCING FOR DETECTION OF OVARIAN CANCER | $1,160.00 |
| 0509T | PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER | $81.69 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0510T | REMOVAL OF SINUS TARSI IMPLANT | $0.00 |
| 0510U | AUGMENTATIVE ALGORITHMIC ANALYSIS OF 16 GENES USING PREVIOUSLY SEQUENCED RNA DAT | $473.91 |
| 0511T | REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT | $0.00 |
| 0511U | TESTING OF TUMOR CELL CULTURE FOR A 36 OR MORE DRUG PANEL TO DETERMINE TUMOR-RES | $3,033.86 |
| 0512T | EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDIN | $16.41 |
| 0512U | AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE-SLIDE IMAGING OF TISSUE FEA | $706.25 |
| 0513U | AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE-SLIDE IMAGING OF TISSUE FEA | $706.25 |
| 0514U | TESTING FOR ADALIMUMAB LEVELS IN PATIENTS UNDERGOING ADALIMUMAB THERAPY FOR IRRI | $38.57 |
| 0515T | INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING | $0.00 |
| 0515U | TESTING FOR INFLIXIMAB PATIENTS UNDERGOING INFLIXIMAB THERAPY FOR IRRITABLE BOWE | $38.57 |
| 0516T | INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING | $0.00 |
| 0516U | PHARMACOGENOMIC GENOTYPING OF 40 GENES REPORTED AS METABOLIZER STATUS FOR DRUG M | $416.78 |
| 0517T | INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING | $0.00 |
| 0517U | TESTING FOR 80 OR MORE PSYCHOACTIVE DRUGS OR SUBSTANCES, MINIMALLY AND MAXIMALLY | $246.92 |
| 0518T | REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIR | $0.00 |
| 0518U | TESTING FOR 90 OR MORE PAIN AND MENTAL HEALTH DRUGS OR SUBSTANCES, MINIMALLY EFF | $246.92 |
| 0519T | REMOVAL AND REPLACEMENT OF PULSE GENERATOR BATTERY AND TRANSMITTER OF WIRELESS H | $0.00 |
| 0519U | TESTING FOR 110 OR MORE MEDICATIONS FOR PAIN, DEPRESSION, AND ANXIETY, MINIMALLY | $246.92 |
| 0520T | REMOVAL AND REPLACEMENT OF PULSE GENERATOR BATTERY OF WIRELESS HEART STIMULATOR | $0.00 |
| 0520U | TESTING FOR 200 OR MORE DRUGS OR SUBSTANCES, MINIMALLY EFFECTIVE RANGE OF PRESCR | $246.92 |
| 0521T | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, IN | $0.00 |
| 0521U | RHEUMATOID FACTOR IGA AND IGM, CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODIES, AN | $0.00 |
| 0522T | PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA | $0.00 |
| 0522U | CARBONIC ANHYDRASE VI, PAROTID SPECIFIC/SECRETORY PROTEIN AND SALIVARY PROTEIN 1 | $0.00 |
| 0523T | INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D FUNCTIONAL MAPPIN | $632.82 |
| 0523U | ONCOLOGY (SOLID TUMOR), DNA, QUALITATIVE, NEXT-GENERATION SEQUENCING (NGS) OF SI | $0.00 |
| 0524T | ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPE | $0.00 |
| 0524U | OBSTETRICS (PREECLAMPSIA), SFLT-1/PLGF RATIO, IMMUNOASSAY, UTILIZING SERUM OR PL | $0.00 |
| 0525T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T | $459.50 |
| 0525U | ONCOLOGY, SPHEROID CELL CULTURE, 11-DRUG PANEL (CARBOPLATIN, DOCETAXEL, DOXORUBI | $0.00 |
| 0526T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T | $0.00 |
| 0526U | NEPHROLOGY (RENAL TRANSPLANT), QUANTIFICATION OF CXCL10 CHEMOKINES, FLOW CYTOMET | $0.00 |
| 0527T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T | $363.12 |
| 0527U | HERPES SIMPLEX VIRUS (HSV) TYPES 1 AND 2 AND VARICELLA ZOSTER VIRUS (VZV), AMPLI | $0.00 |
| 0528T | PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SY | $32.66 |
| 0528U | LOWER RESPIRATORY TRACT INFECTIOUS AGENT DETECTION, 18 BACTERIA, 8 VIRUSES, AND | $0.00 |
| 0529T | INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING | $57.15 |
| 0529U | HEMATOLOGY (VENOUS THROMBOEMBOLISM [VTE]), GENOME-WIDE SINGLE-NUCLEOTIDE POLYMO | $0.00 |
| 0530T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV | $362.18 |
| 0530U | ONCOLOGY (PAN-SOLID TUMOR), CTDNA, UTILIZING PLASMA, NEXT-GENERATION SEQUENCING | $0.00 |
| 0531T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV | $0.00 |
| 0531U | INFECTIOUS DISEASE (ACID-FAST BACTERIA AND INVASIVE FUNGI), DNA (673 ORGANISMS), | $0.00 |
| 0532T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV | $0.00 |
| 0532U | RARE DISEASES (CONSTITUTIONAL DISEASE/HEREDITARY DISORDERS), RAPID WHOLE GENOME | $0.00 |
| 0533U | DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), GENOTYPING OF 16 GEN | $0.00 |
| 0534U | ONCOLOGY (PROSTATE), MICRORNA, SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) ANALYSIS B | $0.00 |
| 0535U | PERFLUOROALKYL SUBSTANCES (PFAS) (EG, PERFLUOROOCTANOIC ACID, PERFLUOROOCTANE SU | $0.00 |
| 0536U | RED BLOOD CELL ANTIGEN (FETAL RHD), PCR ANALYSIS OF EXON 4 OF RHD GENE AND HOUSE | $0.00 |
| 0537U | ONCOLOGY (COLORECTAL CANCER), ANALYSIS OF CELL-FREE DNA FOR EPIGENOMIC PATTERNS, | $1,495.00 |
| 0538U | ONCOLOGY (SOLID TUMOR), NEXTGENERATION TARGETED SEQUENCING ANALYSIS, FORMALIN-FI | $0.00 |
| 0539U | ONCOLOGY (SOLID TUMOR), CELLFREE CIRCULATING TUMOR DNA (CTDNA), 152 GENES, NEXTG | $0.00 |
| 0540U | TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONORDERIVED CELL-FREE DNA USING NEX | $0.00 |
| 0541T | MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0541U | CARDIOVASCULAR DISEASE (HDL REVERSE CHOLESTEROL TRANSPORT), CHOLESTEROL EFFLUX C | $0.00 |
| 0542T | MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI | $0.00 |
| 0542U | NEPHROLOGY (RENAL TRANSPLANT), URINE, NUCLEAR MAGNETIC RESONANCE (NMR) SPECTROSC | $0.00 |
| 0543T | REPAIR OF VALVE BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART (MITRAL VALV | $0.00 |
| 0543U | ONCOLOGY (SOLID TUMOR), NEXTGENERATION SEQUENCING OF DNA FROM FORMALIN-FIXED PAR | $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 | $1,923.83 |
| 0545U | ACETYLCHOLINE RECEPTOR (ACHR), ANTIBODY IDENTIFICATION BY IMMUNOFLUORESCENCE, US | $0.00 |
| 0546T | RADIOFREQUENCY SPECTROSCOPY EVALUATION OF SURGICAL MARGINS DURING PARTIAL MASTEC | $0.00 |
| 0546U | LOW-DENSITY LIPOPROTEIN RECEPTOR-RELATED PROTEIN 4 (LRP4), ANTIBODY IDENTIFICATI | $0.00 |
| 0547T | BONE MATERIAL QUALITY TESTING BY MICROINDENTATIONS OF SHIN BONE | $0.00 |
| 0547U | NEUROFILAMENT LIGHT CHAIN (NFL), CHEMILUMINESCENT ENZYME IMMUNOASSAY, PLASMA, QU | $0.00 |
| 0548U | GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP), CHEMILUMINESCENT ENZYME IMMUNOASSAY, USI | $0.00 |
| 0549U | ONCOLOGY (UROTHELIAL), DNA, QUANTITATIVE METHYLATED REALTIME PCR OF TRNA-CYS, SI | $0.00 |
| 0552T | LOW-LEVEL LASER THERAPY | $7.20 |
| 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 | $126.57 |
| 0556U | INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SP | $0.00 |
| 0557T | BONE STRENGTH AND FRACTURE RISK ASSESSMENT: INTERPRETATION AND REPORT | $0.00 |
| 0557U | INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS), REAL-TIME AMPLIFICATION | $0.00 |
| 0558T | CT SCAN FOR BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS | $0.00 |
| 0558U | ONCOLOGY (COLORECTAL), QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) FO | $0.00 |
| 0559U | ONCOLOGY (BREAST), QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) FOR SE | $0.00 |
| 0560U | ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), GENOMIC SEQUENCE ANALYSIS, CELL-FREE | $0.00 |
| 0561U | ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), GENOMIC SEQUENCE ANALYSIS, CELL-FREE | $0.00 |
| 0562U | ONCOLOGY (SOLID TUMOR), TARGETED GENOMIC SEQUENCE ANALYSIS, 33 GENES, DETECTION | $0.00 |
| 0563T | EVACUATION OF MEIBOMIAN TEAR GLANDS OF EYELIDS OF BOTH EYES | $18.56 |
| 0563U | INFECTIOUS DISEASE (BACTERIAL AND/OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGE | $0.00 |
| 0564U | INFECTIOUS DISEASE (BACTERIAL AND/OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGE | $0.00 |
| 0565T | HARVESTING OF FATTY TISSUE AND CREATION OF CELLULAR IMPLANT FOR TREATMENT OF OST | $0.00 |
| 0565U | ONCOLOGY (HEPATOCELLULAR CARCINOMA), NEXT-GENERATION SEQUENCING METHYLATION PATT | $0.00 |
| 0566T | INJECTION OF FATTY TISSUE CELLULAR IMPLANT FOR TREATMENT OF OSTEOARTHRITIS IN KN | $0.00 |
| 0566U | ONCOLOGY (LUNG), QPCR-BASED ANALYSIS OF 13 DIFFERENTIALLY METHYLATED REGIONS (CC | $0.00 |
| 0567U | RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE-GENOME SEQUENCE ANALYS | $0.00 |
| 0568U | NEUROLOGY (DEMENTIA), BETA AMYLOID (AB40, AB42, AB42/40 RATIO), TAU-PROTEIN PHOS | $0.00 |
| 0569T | REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART (TRICUSPID | $1,221.33 |
| 0569U | ONCOLOGY (SOLID TUMOR), NEXT-GENERATION SEQUENCING ANALYSIS OF TUMOR METHYLATION | $0.00 |
| 0570T | REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART (TRICUSPID | $611.04 |
| 0570U | NEUROLOGY (TRAUMATIC BRAIN INJURY), ANALYSIS OF GLIAL FIBRILLARY ACIDIC PROTEIN | $0.00 |
| 0571T | INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH E | $917.01 |
| 0571U | ONCOLOGY (SOLID TUMOR), DNA (80 GENES) AND RNA (10 GENES), BY NEXT-GENERATION SE | $0.00 |
| 0572T | INSERTION OF IMPLANTABLE DEFIBRILLATOR ELECTRODE UNDER BREASTBONE | $0.00 |
| 0572U | ONCOLOGY (PROSTATE), HIGH-THROUGHPUT TELOMERE LENGTH QUANTIFICATION BY FISH, WHO | $0.00 |
| 0573T | REMOVAL OF IMPLANTABLE DEFIBRILLATOR ELECTRODE FROM UNDER BREASTBONE | $0.00 |
| 0573U | ONCOLOGY (PANCREAS), 3 BIOMARKERS (GLUCOSE, CARCINOEMBRYONIC ANTIGEN, AND GASTRI | $0.00 |
| 0574T | REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE UNDER BREASTBONE | $0.00 |
| 0574U | MYCOBACTERIUM TUBERCULOSIS, CULTURE FILTRATE PROTEIN?10-KDA (CFP-10), SERUM OR P | $0.00 |
| 0575T | IN-PERSON PROGRAMMING DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATO | $80.35 |
| 0575U | MIRNA GENE EXPRESSION PROFILING BY RT-PCR OF 4 GENES IN SERUM REPORTED AS RISK O | $0.00 |
| 0576T | IN-PERSON INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLA | $81.44 |
| 0576U | WHOLE GENOME NEXT-GENERATION SEQUENCING IN PLASMA AND MRNA GENE EXPRESSION PROFI | $0.00 |
| 0577T | ELECTROPHYSIOLOGICAL EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM | $247.68 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0577U | ANALYSIS OF PROTEINS REPORTED AS LIKELIHOOD OF MALIGNANCY IN OVARIAN CANCER | $0.00 |
| 0578T | REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR | $37.64 |
| 0578U | RNA GENE EXPRESSION PROFILING OF 10 GENES RESULTS REPORTED AS EITHER LOW-RISK OR | $0.00 |
| 0579T | REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR | $25.84 |
| 0579U | TEST FOR PROTEINS IN PLASMA COMBINED WITH ESTIMATED GLOMERULAR FILTRATION RATE A | $0.00 |
| 0580T | REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR FROM UNDER BREASTBONE | $0.00 |
| 0580U | ANTIBODY DETECTION TEST FOR BORRELIA | $0.00 |
| 0581T | FREEZING DESTRUCTION OF MALIGNANT BREAST TUMORS IN ONE BREAST, ACCESSED THROUGH | $198.86 |
| 0581U | ANTIBODY TEST IN BLOOD, RESULTS REPORTED AS POSITIVE FOR ANTIBODIES TESTED IN TR | $0.00 |
| 0582T | HIGH-ENERGY WATER VAPOR HEAT DESTRUCTION OF MALIGNANT PROSTATE TISSUE, INCLUDING | $0.00 |
| 0582U | RAPID WHOLE GENOME SEQUENCE ANALYSIS OF BLOOD, SALIVA, TISSUE SAMPLE FOR DETECTI | $0.00 |
| 0583T | INSERTION OF VENTILATING TUBE IN EARDRUM USING AN AUTOMATED TUBE DELIVERY SYSTEM | $221.40 |
| 0583U | RAPID WHOLE GENOME COMPARATOR SEQUENCING OF BLOOD, SALIVA, TISSUE SAMPLE FOR DET | $0.00 |
| 0584U | TESTING FOR PROTEIN TO DETECT PRION DISEASE | $0.00 |
| 0585U | TARGETED GENOMIC TESTING FOR SOLID ORGAN CANCER | $0.00 |
| 0586U | MRNA GENE EXPRESSION PROFILING OF 216 GENES IN CANCER | $0.00 |
| 0587T | IMPLANTATION OR REPLACEMENT OF POSTERIOR TIBIAL NERVE STIMULATING SYSTEM FOR BLA | $29.88 |
| 0587U | TESTING FOR DRUG METABOLITES IN URINE AND SALIVA REPORTED AS A RISK SCORE FOR PR | $0.00 |
| 0588T | REVISION OR REMOVAL OF POSTERIOR TIBIAL NERVE STIMULATING SYSTEM FOR BLADDER DYS | $0.00 |
| 0588U | MRNA GENE EXPRESSION PROFILING OF 32 GENES IN WHOLE BLOOD, REPORTED AS RISK SCOR | $0.00 |
| 0589T | ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF POSTERIOR NERVE STIMULATING SYSTE | $0.00 |
| 0589U | TESTING OF PLASMA OR SERUM FOR 24 PERFLUOROALKYL SUBSTANCES (PFAS) COMPOUNDS | $0.00 |
| 0590T | ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF POSTERIOR TIBIAL NERVE STIMULATI | $38.67 |
| 0590U | INFECTIOUS DISEASE (BACTERIAL AND FUNGAL), DNA OF 44 ORGANISMS (34 BACTERIA, 10 | $0.00 |
| 0591U | ANALYSIS OF PROTEINS IN PLASMA REPORTED AS A PROBABILITY SCORE FOR PROSTATE CANC | $0.00 |
| 0592U | TARGETED GENOMIC TESTING FOR BLOOD/LYMPH TUMORS | $0.00 |
| 0593U | MEASUREMENT OF DNA OF PATHOGENS IN URINE, RESULTS REPORTED AS DETECTED OR NOT DE | $0.00 |
| 0594U | MEASUREMENT OF PROTEIN IN BLOOD, REPORTED AS RISK OF BLOOD INFECTION | $0.00 |
| 0595U | MEASUREMENT OF TROPICAL FEVER PATHOGENS IN BLOOD, RESULTS REPORTED AS DETECTED O | $0.00 |
| 0596U | MEASUREMENT OF PEPTIDES IN PLASMA IN ALZHEIMER DISEASE REPORTED AS AN APOLIPOPRO | $0.00 |
| 0597U | RNA GENE EXPRESSION PROFILING OF 329 GENES AND TESTING OF 20 PROTEINS TO DETERMI | $0.00 |
| 0598U | TESTING FOR IGG ANTIBODIES TO 18 FOOD ITEMS IN BLOOD OR SERUM, RESULTS REPORTED | $0.00 |
| 0599U | TESTING FOR BIOMARKERS FOR PANCREATIC CANCER | $0.00 |
| 0600U | INFECTIOUS DISEASE (WOUND INFECTION), IDENTIFICATION OF 65 ORGANISMS AND 30 ANTI | $0.00 |
| 0601U | INFECTIOUS DISEASE (PERIPROSTHETIC JOINT INFECTION), ANALYSIS OF 11 BIOMARKERS ( | $0.00 |
| 0602U | ENDOCRINOLOGY (DIABETES), INSULIN (INS) GENE METHYLATION USING DIGITAL DROPLET P | $0.00 |
| 0603U | DRUG ASSAY, PRESUMPTIVE, 77 DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY W | $0.00 |
| 0604U | ALLERGY AND IMMUNOLOGY (CHRONIC RECURRENT ANGIOEDEMA), 4 BRADYKININ PEPTIDES, LI | $0.00 |
| 0605U | ALLERGY AND IMMUNOLOGY (HEREDITARY ALPHA TRYPTASEMIA), DNA, ANALYSIS OF TPSAB1 G | $0.00 |
| 0606U | HEMATOLOGY (RED CELL MEMBRANE DISORDERS), RBCS, OSMOTIC GRADIENT EKTACYTOMETRY, | $0.00 |
| 0607U | REPRODUCTIVE MEDICINE (ENDOMETRIAL MICROBIOME ASSESSMENT), REAL-TIME PCR ANALYSI | $0.00 |
| 0608U | REPRODUCTIVE MEDICINE (ENDOMETRIAL MICROBIOME ASSESSMENT), REAL-TIME PCR ANALYSI | $0.00 |
| 0609U | ONCOLOGY (PROSTATE), IMMUNOASSAY FOR TOTAL PROSTATE-SPECIFIC ANTIGEN (PSA) AND F | $0.00 |
| 0610U | INFECTIOUS DISEASE (ANTIMICROBIAL SUSCEPTIBILITY), PHENOTYPIC ANTIMICROBIAL SUSC | $0.00 |
| 0611U | ONCOLOGY (LIVER), ANALYSIS OF OVER 1,000 METHYLATED REGIONS, CELL-FREE DNA FROM | $0.00 |
| 0612U | ONCOLOGY (LIVER), ANALYSIS OF OVER 1,000 METHYLATED REGIONS, CELL-FREE DNA FROM | $0.00 |
| 0613U | ONCOLOGY (UROTHELIAL CARCINOMA), DNA METHYLATION AND MUTATION ANALYSIS OF 6 BIOM | $0.00 |
| 0614U | INBORN ERROR OF METABOLISM (PRIMARY MITOCHONDRIAL DISEASE), MITOCHONDRIAL ANALYS | $0.00 |
| 0615U | BORRELIA BURGDORFERI (LYME DISEASE), ANTIBODY DETECTION OF 26 RECOMBINANT PROTEI | $0.00 |
| 0616U | NEUROLOGY (DEMENTIA), DNA METHYLATION ANALYSIS OF MORE THAN 30,000 SITES, WHOLE | $0.00 |
| 0617U | CARDIOVASCULAR (ATHEROSCLEROTIC CARDIOVASCULAR DISEASE [ASCVD]), DNA METHYLATION | $0.00 |
| 0618U | PSYCHIATRY (BIPOLAR DISORDER), DNA METHYLATION ANALYSIS OF MORE THAN 10,000 SITE | $0.00 |
| 0619U | PULMONARY (CHRONIC OBSTRUCTIVE PULMONARY DISEASE [COPD]), DNA METHYLATION ANALYS | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0620U | ONCOLOGY (HEPATOCELLULAR CARCINOMA), DNA METHYLATION ANALYSIS OF MORE THAN 5,000 | $0.00 |
| 0621U | INFECTIOUS DISEASE (LYME BORRELIOSIS), DNA METHYLATION ANALYSIS OF MORE THAN 10, | $0.00 |
| 0622U | PSYCHIATRY (MAJOR DEPRESSIVE DISORDER), DNA METHYLATION ANALYSIS OF MORE THAN 20 | $0.00 |
| 0623U | AUTOIMMUNE (MULTIPLE SCLEROSIS), DNA METHYLATION ANALYSIS OF MORE THAN 5,000 SIT | $0.00 |
| 0624U | HEPATOLOGY (NONALCOHOLIC STEATOHEPATITIS [NASH]), DNA METHYLATION ANALYSIS OF 5, | $0.00 |
| 0625U | ENDOCRINOLOGY (OSTEOPOROSIS), DNA METHYLATION ANALYSIS OF MORE THAN 5,000 SITES, | $0.00 |
| 0626U | NEUROLOGY (PARKINSON DISEASE), DNA METHYLATION ANALYSIS OF MORE THAN 20,000 SITE | $0.00 |
| 0627U | PSYCHIATRY (SCHIZOPHRENIA), DNA METHYLATION ANALYSIS OF MORE THAN 15,000 SITES, | $0.00 |
| 0628U | NEPHROLOGY (KIDNEY DISEASERELATED GENETIC CONDITIONS), GENOMIC ANALYSIS, RENAL D | $0.00 |
| 0629U | INFECTIOUS DISEASE (TUBERCULOSIS), DNA, ANALYSIS OF 1 TARGET BY PCR WITH CLUSTER | $0.00 |
| 0630U | ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY MICROARRAY OF 80 GENES (80 | $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 | $411.47 |
| 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 | $842.46 |
| 0647T | INSERTION OF TUBE INTO STOMACH THROUGH SKIN USING ULTRASOUND GUIDANCE | $183.51 |
| 0648T | QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITHOUT DIAGNOSTI | $66.83 |
| 0649T | QUANTITATIVE MAGNETIC RESONANCE ANALYSIS OF TISSUE COMPOSITION WITH DIAGNOSTIC M | $21.99 |
| 0650T | REMOTE PROGRAMMING DEVICE EVALUATION OF SUBCUTANEOUS (UNDER SKIN) HEART RHYTHM M | $66.93 |
| 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 | $128.33 |
| 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 | $704.49 |
| 0672T | RADIOFREQUENCY REMODELING OF TISSUES SURROUNDING FEMALE BLADDER NECK AND PROXIMA | $0.00 |
| 0673T | LASER DESTRUCTION OF BENIGN GROWTH OF THYROID USING IMAGING GUIDANCE | $207.78 |
| 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 DIAPHRAGM/ | $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 IMPLANTAB | $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 | $717.53 |
| 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 |
| 0690T | QUANTITATIVE ULTRASOUND TISSUE CHARACTERIZATION WITH INTERPRETATION AND REPORT, | $40.65 |
| 0691T | AUTOMATED ANALYSIS OF EXISTING CT STUDY FOR FRACTUE OF SPINE, WITH DATA PREPARAT | $0.00 |
| 0692T | THERAPEUTIC ULTRAFILTRATION | $86.10 |
| 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 | $93.29 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $487.03 |
| 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 | $259.45 |
| 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 |
| 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 |
| 0721T | QUANTITATIVE COMPUTED TOMOGRAPHY (CT SCAN) TISSUE CHARACTERIZATION WITH INTERPRE | $0.00 |
| 0722T | QUANTITATIVE COMPUTED TOMOGRAPHY (CT SCAN) TISSUE CHARACTERIZATION WITH INTERPRE | $200.32 |
| 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 | $988.80 |
| 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 RECOMMENDAT | $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 | $234.70 |
| 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 | $179.46 |
| 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 |
| 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 | $281.75 |
| 0767T | TRANSCUTANEOUS MAGNETIC STIMULATION OF PERIPHERAL NERVE BY FOCUSED LOW-FREQUENCY | $281.75 |
| 0776T | THERAPEUTIC INDUCTION OF LOW TEMPERATURE IN BRAIN, 30 MINUTES OF TREATMENT | $0.00 |
| 0777T | REAL-TIME PRESSURE-SENSING EPIDURAL GUIDANCE SYSTEM | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 0784T | INSERTION OR REPLACEMENT OF SPINAL INTEGRATED NERVE STIMULATING SYSTEM WITH ELEC | $0.00 |
| 0785T | REVISION OR REMOVAL OF SPINAL INTEGRATED NERVE STIMULATING SYSTEM WITH ELECTRODE | $0.00 |
| 0786T | INSERTION OR REPLACEMENT OF SACRAL INTEGRATED NEVER STIMULATING SYSTEM WITH ELEC | $0.00 |
| 0787T | REVISION OR REMOVAL OF SACRAL INTEGRATED NERVE STIMULATING SYSTEM WITH ELECTRODE | $0.00 |
| 0788T | ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF SPINAL OR SACRAL INTEGRATED NERVE | $0.00 |
| 0789T | ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF SPINAL OR SACRAL INTEGRATED NERV | $0.00 |
| 0790T | REVISION, REPLACEMENT, OR REMOVAL OF LOWER SPINE TETHERING | $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 | $465.19 |
| 0796T | TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER PACEMAKER USING FLUOROSCOPY AN | $465.19 |
| 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 | $487.57 |
| 0799T | TRANSCATHETER REMOVAL OF THE RIGHT ATRIAL COMPONENT OF A PERMANENT DUAL-CHAMBER | $487.57 |
| 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 PACEMA | $0.00 |
| 0802T | TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMA | $0.00 |
| 0803T | TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMA | $0.00 |
| 0804T | IN-PERSON PROGRAMMING DEVICE EVALUATION OF DUAL-CHAMBER LEADLESS PACEMAKER WITH | $85.47 |
| 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 |
| 0810T | SUBRETINAL INJECTION OF A DRUG, INCLUDING VITRECTOMY AND RETINOTOMY | $938.04 |
| 0813T | VOLUME ADJUSTMENT OF INTRAGASTRIC BARIATRIC BALLOON USING A FLEXIBLE ENDOSCOPE T | $0.00 |
| 0815T | ULTRASOUND-BASED RADIOFREQUENCY ECHOGRAPHIC MULTI-SPECTROMETRY SCAN FOR MEASURIN | $0.00 |
| 0816T | INSERTION OR REPLACEMENT OF INTEGRATED POSTERIOR TIBIAL NERVE STIMULATING SYSTEM | $29.88 |
| 0823T | INSERTION OF PERMANENT SINGLE-CHAMBER LEADLESS PACEMAKER FOR PACING THE RIGHT UP | $292.70 |
| 0824T | REMOVAL OF PERMANENT SINGLE-CHAMBER LEADLESS PACEMAKER FOR PACING THE RIGHT UPPE | $0.00 |
| 0825T | REMOVAL AND REPLACEMENT OF SINGLE-CHAMBER PERMANENT LEADLESS PACEMAKER FOR PACIN | $0.00 |
| 0827T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY OF FLUIDS, WASHINGS, O | $0.00 |
| 0828T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY OF FLUIDS, WASHINGS, O | $0.00 |
| 0829T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY, CONCENTRATION TECHNIQ | $0.00 |
| 0830T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY, SELECTIVE-CELLULAR EN | $0.00 |
| 0831T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY OF CERVICAL OR VAGINAL | $0.00 |
| 0832T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY, SMEARS REQUIRING SCRE | $0.00 |
| 0833T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY, SMEARS REQUIRING PREP | $0.00 |
| 0834T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY, SMEARS REQUIRING EXTE | $0.00 |
| 0835T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY EVALUATION OF FINE NEE | $0.00 |
| 0836T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY EVALUATION OF FINE NEE | $0.00 |
| 0837T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CYTOPATHOLOGY EVALUATION OF FINE NEE | $0.00 |
| 0838T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CONSULTATION AND REPORT ON SLIDES PR | $0.00 |
| 0839T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CONSULTATION AND REPORT REQUIRING PR | $0.00 |
| 0840T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR CONSULTATION, COMPREHENSIVE REVIEW | $0.00 |
| 0841T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR PATHOLOGY CONSULTATION DURING SURGER | $0.00 |
| 0842T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR PATHOLOGY CONSULTATION DURING SURGER | $0.00 |
| 0843T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR PATHOLOGY CONSULTATION DURING SURGER | $0.00 |
| 0844T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR PATHOLOGY CONSULTATION DURING SURGER | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0845T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IMMUNOFLUORESCENCE, INITIAL SINGLE A | $0.00 |
| 0846T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IMMUNOFLUORESCENCE, EACH ADDITIONAL | $0.00 |
| 0847T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR EXAMINATION AND SELECTION OF RETRIEV | $0.00 |
| 0848T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IN SITU HYBRIDIZATION, INITIAL SINGL | $0.00 |
| 0849T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IN SITU HYBRIDIZATION, EACH ADDITION | $0.00 |
| 0850T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR IN SITU HYBRIDIZATION, EACH MULTIPLE | $0.00 |
| 0851T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR MORPHOMETRIC ANALYSIS, IN SITU HYBRI | $0.00 |
| 0852T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR MORPHOMETRIC ANALYSIS, IN SITU HYBRI | $0.00 |
| 0853T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR MORPHOMETRIC ANALYSIS, IN SITU HYBRI | $0.00 |
| 0854T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR PERIPHERAL BLOOD SMEAR | $0.00 |
| 0855T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR BONE MARROW SMEAR | $0.00 |
| 0856T | DIGITIZATION OF GLASS MICROSCOPE SLIDES FOR DIAGNOSTIC ELECTRON MICROSCOPY | $0.00 |
| 0857T | OPTO-ACOUSTIC IMAGING OF THE BREAST USING SOFTWARE PROCESSING OF IMAGING DATA | $0.00 |
| 0858T | EXTERNAL APPLICATION OF MAGNETIC FIELD TO STIMULATE NERVE CELLS IN THE BRAIN WIT | $0.00 |
| 0859T | NONCONTACT NEAR-INFRARED SPECTROSCOPY WITH IMAGE ACQUISITION, INTERPRETATION AND | $15.09 |
| 0861T | REMOVAL OF BATTERY AND TRANSMITTER OF WIRELESS CARDIAC STIMULATOR FOR PACING OF | $0.00 |
| 0862T | RELOCATION OF BATTERY OF WIRELESS CARDIAC STIMULATOR FOR PACING OF LEFT LOWER CH | $0.00 |
| 0863T | RELOCATION OF TRANSMITTER OF WIRELESS CARDIAC STIMULATOR FOR PACING OF LEFT LOWE | $0.00 |
| 0864T | LOW ENERGY SHOCKWAVE THERAPY OF PENIS | $229.66 |
| 0865T | QUANTITATIVE MRI OF THE BRAIN WITH COMPARISON TO PREVIOUS MRI SCAN WITHOUT MRI S | $129.49 |
| 0866T | QUANTITATIVE MRI OF THE BRAIN WITH COMPARISON TO PREVIOUS MRI SCAN WITH MRI SCAN | $133.26 |
| 0867T | TRANSPERINEAL LASER DESTRUCTION OF BENIGN PROSTATIC ENLARGEMENT USING IMAGING GU | $0.00 |
| 0868T | HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPPING WITH SIMULTANEOUS PATIENT-SYMP | $0.00 |
| 0869T | INJECTION(S) OF BONE-SUBSTITUTE MATERIAL FOR BONE AND/OR SOFT TISSUE HARDWARE FI | $389.27 |
| 0870T | IMPLANTATION OF SUBCUTANEOUS PERITONEAL ASCITES PUMP SYSTEM THROUGH THE SKIN, IN | $0.00 |
| 0871T | REPLACEMENT OF A PERITONEAL ASCITES PUMP UNDER THE SKIN, INCLUDING RECONNECTION | $0.00 |
| 0872T | REPLACEMENT OF PERMANENT BLADDER AND PERITONEAL CATHETERS, INCLUDING TUNNELING O | $0.00 |
| 0873T | REVISION OF A PERITONEAL ASCITES PUMP SYSTEM UNDER THE SKIN, ANY COMPONENT (ASCI | $0.00 |
| 0874T | REMOVAL OF A PERITONEAL ASCITES PUMP SYSTEM, INCLUDING IMPLANTED PERITONEAL ASCI | $0.00 |
| 0875T | PROGRAMMING OF PERITONEAL ASCITES PUMP SYSTEM IMPLANTED UNDER THE SKIN, BY PHYSI | $0.00 |
| 0876T | DUPLEX SCAN OF HEMODIALYSIS FISTULA, COMPUTER-AIDED, LIMITED (VOLUME FLOW, DIAME | $0.00 |
| 0877T | AUGMENTATIVE ANALYSIS OF CHEST COMPUTED TOMOGRAPHY (CT) IMAGING DATA TO PROVIDE | $0.00 |
| 0878T | AUGMENTATIVE ANALYSIS OF CHEST COMPUTED TOMOGRAPHY (CT) IMAGING DATA TO PROVIDE | $0.00 |
| 0879T | AUGMENTATIVE ANALYSIS OF CHEST COMPUTED TOMOGRAPHY (CT) IMAGING DATA TO PROVIDE | $0.00 |
| 0880T | AUGMENTATIVE ANALYSIS OF CHEST COMPUTED TOMOGRAPHY (CT) IMAGING DATA TO PROVIDE | $0.00 |
| 0881T | COLD THERAPY OF THE MOUTH USING TEMPERATURE REGULATED FLUID COOLING SYSTEM, INCL | $0.00 |
| 0882T | INTRAOPERATIVE THERAPEUTIC ELECTRICAL STIMULATION OF PERIPHERAL NERVE TO PROMOTE | $37.84 |
| 0883T | INTRAOPERATIVE THERAPEUTIC ELECTRICAL STIMULATION OF PERIPHERAL NERVE TO PROMOTE | $37.84 |
| 0884T | FLEXIBLE TRANSORAL ESOPHAGOSCOPY, WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATI | $0.00 |
| 0885T | FLEXIBLE COLONOSCOPY WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATION FOLLOWED B | $0.00 |
| 0886T | FLEXIBLE SIGMOIDOSCOPY WITH INITIAL TRANSENDOSCOPIC MECHANICAL DILATION FOLLOWED | $0.00 |
| 0888T | NON-THERMAL DESTRUCTION VIA ACOUSTIC ENERGY DELIVERY TO MALIGNANT RENAL TISSUE, | $1,320.34 |
| 0889T | PERSONALIZED TARGET DEVELOPMENT FOR ACCELERATED, REPETITIVE HIGH-DOSE FUNCTIONAL | $489.89 |
| 0890T | ACCELERATED, REPETITIVE HIGH-DOSE FUNCTIONAL CONNECTIVITY MRI-GUIDED THETA-BURST | $489.89 |
| 0891T | ACCELERATED, REPETITIVE HIGH-DOSE FUNCTIONAL CONNECTIVITY MRI-GUIDED THETA-BURST | $489.89 |
| 0892T | ACCELERATED, REPETITIVE HIGH-DOSE FUNCTIONAL CONNECTIVITY MRI-GUIDED THETA-BURST | $0.00 |
| 0893T | NONINVASIVE ASSESSMENT OF BLOOD OXYGENATION, GAS EXCHANGE EFFICIENCY, AND CARDIO | $0.00 |
| 0894T | INSERTION OF A TUBE INTO THE LIVER ALLOGRAFT IN PREPARATION FOR CONNECTION TO TH | $356.10 |
| 0895T | CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, BLOOD CL | $356.10 |
| 0896T | CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, BLOOD CL | $356.10 |
| 0897T | NONINVASIVE AUGMENTATIVE ARRHYTHMIA ANALYSIS DERIVED FROM QUANTITATIVE COMPUTATI | $521.81 |
| 0898T | NONINVASIVE PROSTATE CANCER ESTIMATION MAP, DERIVED FROM AUGMENTATIVE ANALYSIS O | $575.37 |
| 0899T | NONINVASIVE DETERMINATION OF ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQM | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0900T | NONINVASIVE ESTIMATE OF ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), | $0.00 |
| 0901T | PLACEMENT OF BONE MARROW SAMPLING PORT | $0.00 |
| 0902T | AUGMENTATIVE ALGORITHMIC ANALYSIS OF INPUT FROM AN EXTERNAL, PATIENT-ACTIVATED M | $0.00 |
| 0903T | ALGORITHMICALLY GENERATED 12-LEAD ECG FROM A REDUCED-LEAD ECG | $0.00 |
| 0904T | ALGORITHMICALLY GENERATED 12-LEAD ECG FROM A REDUCED-LEAD ECG, TRACING ONLY | $0.00 |
| 0905T | ALGORITHMICALLY GENERATED 12-LEAD ECG FROM A REDUCED-LEAD ECG, INTERPRETATION AN | $0.00 |
| 0908T | IMPLANTATION OF INTEGRATED VAGUS NERVE NEUROSTIMULATOR | $0.00 |
| 0909T | REPLACEMENT OF INTEGRATED VAGUS NERVE NEUROSTIMULATOR | $0.00 |
| 0910T | REMOVAL OF INTEGRATED VAGUS NERVE NEUROSTIMULATOR | $0.00 |
| 0911T | ELECTRONIC ANALYSIS OF IMPLANTED INTEGRATED VAGUS NERVE NEUROSTIMULATOR WITHOUT | $0.00 |
| 0912T | ELECTRONIC ANALYSIS OF IMPLANTED INTEGRATED VAGUS NERVE NEUROSTIMULATOR WITH SIM | $0.00 |
| 0913T | TRANSCATHETER THERAPEUTIC DRUG DELIVERY BY INTRACORONARY DRUG-DELIVERY BALLOON, | $486.01 |
| 0914T | TRANSCATHETER THERAPEUTIC DRUG DELIVERY BY INTRACORONARY DRUG-DELIVERY BALLOON, | $293.35 |
| 0915T | INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0916T | INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0917T | INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0918T | INSERTION OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0919T | REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0920T | REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0921T | REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0922T | REMOVAL OF A PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATION SYSTEM CO | $0.00 |
| 0923T | REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION-DEFIBRILLA | $0.00 |
| 0924T | REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION-DEFIBRILL | $0.00 |
| 0925T | RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION-DEFIBRI | $0.00 |
| 0926T | IN PERSON PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANT | $0.00 |
| 0927T | IN PERSON INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIAC CONTRACTILITY M | $0.00 |
| 0928T | REMOTE INTERROGATION DEVICE EVALUATION, UP TO 90 DAYS, CARDIAC CONTRACTILITY MOD | $0.00 |
| 0929T | REMOTE INTERROGATION DEVICE EVALUATION, UP TO 90 DAYS, CARDIAC CONTRACTILITY MOD | $0.00 |
| 0930T | ELECTROPHYSIOLOGIC EVALUATION OF CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATOR | $0.00 |
| 0931T | ELECTROPHYSIOLOGIC EVALUATION OF CARDIAC CONTRACTILITY MODULATION-DEFIBRILLATOR | $0.00 |
| 0932T | DETECTION OF HEART FAILURE DERIVED FROM AUGMENTATIVE ANALYSIS OF AN ECHOCARDIOGR | $0.00 |
| 0933T | TRANSCATHETER IMPLANTATION OF WIRELESS LEFT ATRIAL PRESSURE SENSOR FOR LONG-TERM | $0.00 |
| 0934T | REMOTE MONITORING OF A WIRELESS LEFT ATRIAL PRESSURE SENSOR FOR UP TO 30 DAYS | $0.00 |
| 0935T | BLADDER EXAM USING A FLEXIBLE SCOPE WITH RENAL PELVIC SYMPATHETIC DENERVATION US | $0.00 |
| 0936T | LIGHT THERAPY OF RETINA, SINGLE SESSION | $0.00 |
| 0937T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 15 DAYS UP TO 30 DAYS BY C | $0.00 |
| 0938T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 15 DAYS UP TO 30 DAYS BY C | $0.00 |
| 0939T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 15 DAYS UP TO 30 DAYS BY C | $0.00 |
| 0940T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 15 DAYS UP TO 30 DAYS BY C | $0.00 |
| 0941T | BLADDER EXAM USING A FLEXIBLE SCOPE WITH INSERTION AND EXPANSION OF PROSTATIC UR | $0.00 |
| 0942T | BLADDER EXAM OF A FLEXIBLE SCOPE WITH INSERTION AND EXPANSION OF PROSTATIC URETH | $0.00 |
| 0943T | BLADDER EXAM USING A FLEXIBLE SCOPE WITH REMOVAL OF PROSTATIC URETHRAL SCAFFOLD | $0.00 |
| 0944T | 3D CONTOUR SIMULATION OF TARGET LIVER LESION(S) AND MARGIN(S) FOR IMAGE-GUIDED M | $0.00 |
| 0945T | ASSESSMENT FOR ABNORMAL TISSUE, DURING SURGERY FOLLOWING PARTIAL MASTECTOMY USIN | $0.00 |
| 0946T | ORTHOPEDIC IMPLANT MOVEMENT ANALYSIS USING PAIRED CT EXAMINATION OF THE TARGET S | $0.00 |
| 0947T | INTRACRANIAL MAGNETIC RESONANCE IMAGE GUIDED LOW INTENSITY FOCUSED ULTRASOUND, S | $0.00 |
| 0948T | REMOTE EVALUATION OF CARDIAC CONTRACTILITY MODULATION SYSTEM, WITH ANALYSIS, REV | $0.00 |
| 0949T | REMOTE EVALUATION OF CARDIAC CONTRACTILITY MODULATION SYSTEM, WITH DATA ACQUISIT | $0.00 |
| 0950T | DESTRUCTION OF BENIGN PROSTATE TISSUE USING HIGH INTENSITY-FOCUSED ULTRASOUND (H | $0.00 |
| 0951T | INITIAL PLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT | $0.00 |
| 0952T | REVISION OR REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT WIT | $0.00 |
| 0953T | REVISION OR REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT, WI | $0.00 |
| 0954T | REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT, SOUND PROCESSO | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 0955T | REMOVAL OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT | $0.00 |
| 0956T | PARTIAL REMOVAL OF SKULL FOR PLACEMENT OF CONTINUOUS BILATERAL ELECTROENCEPHALOG | $0.00 |
| 0957T | REVISION OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT FO | $0.00 |
| 0958T | REMOVAL OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT FOR | $0.00 |
| 0959T | REMOVAL OR REPLACEMENT OF MAGNET FROM COIL ASSEMBLY CONNECTED TO CONTINUOUS BILA | $0.00 |
| 0960T | REPLACEMENT OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT | $0.00 |
| 0961T | SHORTWAVE INFRARED RADIATION IMAGING TO ASSIST IN FINDING LYMPH NODES IS CONNECT | $0.00 |
| 0962T | ASSISTIVE ALGORITHMIC ANALYSIS OF ACOUSTIC AND ELECTROCARDIOGRAM RECORDING FOR D | $0.00 |
| 0963T | ANOSCOPY INJECTION OF BULKING AGENT INTO ANAL CANAL | $0.00 |
| 0964T | IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTI | $0.00 |
| 0965T | IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTI | $0.00 |
| 0966T | IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTI | $0.00 |
| 0967T | INSERTION OF ENDOLUMINAL TEMPORARY COLORECTAL ANASTOMOSIS PROTECTION DEVICE, INC | $0.00 |
| 0968T | INSERTION OR REPLACEMENT OF EPICRANIAL NEUROSTIMULATOR SYSTEM, INCLUDING ELECTRO | $0.00 |
| 0969T | REMOVAL OF EPICRANIAL NEUROSTIMULATOR SYSTEM | $0.00 |
| 0970T | DESTRUCTION OF BENIGN BREAST TUMOR USING LASER | $0.00 |
| 0971T | DESTRUCTION OF MALIGNANT BREAST TUMOR(S) USING LASER | $0.00 |
| 0972T | ASSISTIVE ALGORITHMIC CLASSIFICATION OF BURN HEALING BY NONINVASIVE MULTISPECTRA | $0.00 |
| 0973T | SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ES | $0.00 |
| 0974T | SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ES | $0.00 |
| 0975T | SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ES | $0.00 |
| 0976T | SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ES | $0.00 |
| 0977T | DETECTION OF UPPER GASTROINTESTINAL BLOOD WITH SENSOR CAPSULE, WITH INTERPRETATI | $0.00 |
| 0978T | SUBMUCOSAL CRYOLYSIS THERAPY, SOFT PALATE, BASE OF TONGUE, AND LINGUAL TONSIL | $0.00 |
| 0979T | SUBMUCOSAL CRYOLYSIS THERAPY, SOFT PALATE ONLY | $0.00 |
| 0980T | SUBMUCOSAL CRYOLYSIS THERAPY, BASE OF TONGUE AND LINGUAL TONSIL ONLY | $0.00 |
| 0981T | IMPLANTATION OF WIRELESS INFERIOR VENA CAVA SENSOR FOR LONG-TERM BLOOD CIRCULATI | $0.00 |
| 0982T | INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE MONITORING O | $0.00 |
| 0983T | REMOTE MONITORING OF AN IMPLANTED INFERIOR VENA CAVA SENSOR FOR UP TO 30 DAYS WI | $0.00 |
| 0984T | INTRAVASCULAR IMAGING OF INITIAL EXTRACRANIAL CEREBRAL VESSEL USING OPTICAL COHE | $0.00 |
| 0985T | INTRAVASCULAR IMAGING OF EACH ADDITIONAL EXTRACRANIAL CEREBRAL VESSEL USING OPTI | $0.00 |
| 0986T | INTRAVASCULAR IMAGING OF INITIAL INTRACRANIAL CEREBRAL VESSELS USING OPTICAL COH | $0.00 |
| 0987T | INTRAVASCULAR IMAGING OF EACH ADDITIONAL INTRACRANIAL CEREBRAL VESSELS USING OPT | $0.00 |
| 0988T | INSERTION OR REPLACEMENT OF POSTERIOR TIBIAL NERVE INTEGRATED NEUROSTIMULATOR FO | $0.00 |
| 0989T | REVISION OR REMOVAL OF POSTERIOR TIBIAL NERVE INTEGRATED NEUROSTIMULATOR FOR BLA | $0.00 |
| 0990T | INSTILLATION OF HYDROGEL MATERIAL INTO UTERUS THROUGH CERVIX | $0.00 |
| 0991T | BREAKING UP OF BLADDER STONES USING AN ENDOSCOPE | $0.00 |
| 0992T | NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYS | $0.00 |
| 0993T | NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYS | $0.00 |
| 0994T | DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED W | $0.00 |
| 0995T | DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED W | $0.00 |
| 0996T | INSERTION AND SCLERAL FIXATION OF A CAPSULAR BAG PROSTHESIS CONTAINING AN INTRAO | $0.00 |
| 0997T | TREATMENT PLANNING USING MAGNETIC RESONANCE IMAGING-GUIDED NEURONAVIGATION FOR F | $0.00 |
| 0998T | PERSONALIZED TREATMENT DELIVERY OF PRECUNEUS MAGNETIC STIMULATION THERAPY PER DA | $0.00 |
| 0999T | HARVESTING OF MUSCLE PROGENITOR CELLS FOR AUTOLOGOUS MUSCLE CELL THERAPY | $0.00 |
| 10004 | FINE NEEDLE ASPIRATION BIOPSY, EACH ADDITIONAL GROWTH | $41.99 |
| 10005 | FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, FIRST GROWTH | $70.57 |
| 10006 | FINE NEEDLE ASPIRATION BIOPSY USING ULTRASOUND GUIDANCE, EACH ADDITIONAL GROWTH | $48.28 |
| 10007 | FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, FIRST GROWTH | $85.76 |
| 10008 | FINE NEEDLE ASPIRATION BIOPSY USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL GROWT | $48.88 |
| 10009 | FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, FIRST GROWTH | $104.23 |
| 1000T | ADMINISTRATION OF MUSCLE PROGENITOR CELLS INTO URETHRAL SPHINCTER | $0.00 |
| 10010 | FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING CT GUIDANCE, EACH ADDITIONAL GROWT | $67.96 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 10011 | FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING MRI GUIDANCE, FIRST GROWTH | $102.00 |
| 10012 | FINE NEEDLE ASPIRATION BIOPSY OF GROWTH USING MRI GUIDANCE, EACH ADDITIONAL GROW | $66.56 |
| 1001T | INJECTION OF MUSCLE PROGENITOR CELLS INTO EXTERNAL ANAL SPHINCTER | $0.00 |
| 10021 | FINE NEEDLE ASPIRATION BIOPSY, FIRST GROWTH | $53.51 |
| 1002T | WHOLE-BODY COMPOSITION ASSESSMENT USING AIR DISPLACEMENT PLETHYSMOGRAPHY, WITH I | $0.00 |
| 10030 | DRAINAGE OF FLUID COLLECTION IN SOFT TISSUE USING IMAGING GUIDANCE | $129.52 |
| 10035 | PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, FIRST GROWTH | $80.94 |
| 10036 | PLACEMENT OF SOFT TISSUE LOCATING DEVICE USING X-RAY, EACH ADDITIONAL GROWTH | $40.83 |
| 1003T | FUSION OF JOINT AT BASE OF THUMB WITH WRIST USING PROSTHETIC | $0.00 |
| 10040 | REMOVAL OF ACNE | $51.69 |
| 1004T | ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALO | $0.00 |
| 1005T | ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALO | $0.00 |
| 10060 | SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS | $112.07 |
| 10061 | COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS | $189.13 |
| 1006T | ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALO | $0.00 |
| 1007T | ELECTROENCEPHALOGRAM FROM IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPH | $0.00 |
| 10080 | SIMPLE DRAINAGE OF CYST OF TAILBONE | $108.88 |
| 10081 | COMPLICATED DRAINAGE OF CYST OF TAILBONE | $170.96 |
| 1008T | REMOTE MONITORING OF SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALOGR | $0.00 |
| 1009T | REMOTE MONITORING OF A SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALO | $0.00 |
| 1011T | PHOTOBIOMODULATION (PBM) THERAPY OF ORAL CAVITY, INCLUDING PLACEMENT OF AN ORAL | $0.00 |
| 10120 | REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, SIMPLE | $110.20 |
| 10121 | REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN, COMPLEX | $185.65 |
| 1012T | REMOVAL OF CIRCULAR SECTION OF SCLERA OR TRABECULAR MESHWORK OF EYE | $0.00 |
| 1013T | LAPAROSCOPIC IMPLANTATION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULAT | $0.00 |
| 10140 | INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION | $122.19 |
| 1014T | LAPAROSCOPIC REVISION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR E | $0.00 |
| 1015T | REVISION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATO | $0.00 |
| 10160 | ASPIRATION OF ABSCESS, BLOOD, OR CYST | $99.83 |
| 1016T | INTRAOPERATIVE ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR | $0.00 |
| 1017T | SUBSEQUENT ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR PUL | $0.00 |
| 10180 | COMPLEX DRAINAGE OF WOUND INFECTION AFTER SURGERY | $181.21 |
| 1018T | SUBSEQUENT ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR PUL | $0.00 |
| 1019T | LYMPHOVENOUS BYPASS PER EXTREMITY | $0.00 |
| 1021T | ACTIVE THORACIC IRRIGATION | $0.00 |
| 1022T | PERCUTANEOUS TISSUE DISPLACEMENT OF INTRA-ABDOMINAL/PELVIC STRUCTURES | $0.00 |
| 1023T | PERCUTANEOUS TISSUE DISPLACEMENT OF INTRATHORACIC STRUCTURES | $0.00 |
| 1024T | PERCUTANEOUS TISSUE DISPLACEMENT OF SOFT TISSUE | $0.00 |
| 1025T | ALTERNATING ELECTRIC FIELDS DOSIMETRY AND DELIVERY-SIMULATION MODELING, CREATION | $0.00 |
| 11000 | REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE | $26.08 |
| 11001 | REMOVAL OF INFLAMED OR INFECTED SKIN, EACH ADDITIONAL 10% OF BODY SURFACE OR LES | $14.34 |
| 11004 | REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS | $537.25 |
| 11005 | REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF ABDOMEN | $722.65 |
| 11006 | REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS, PERINEUM, OR ABDOMEN | $660.38 |
| 11008 | REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CH | $253.92 |
| 11010 | REMOVAL OF FOREIGN MATERIAL FROM SKIN AND TISSUE AT OPEN BROKEN AND/OR DISLOCATE | $275.32 |
| 11011 | REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN BROKEN AND/OR | $291.12 |
| 11012 | REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN BROKEN A | $405.43 |
| 11042 | REMOVAL OF SKIN AND TISSUE, 20.0 SQ CM OR LESS | $60.30 |
| 11043 | REMOVAL OF MUSCLE AND/OR TISSUE, 20.0 SQ CM OR LESS | $150.71 |
| 11044 | REMOVAL OF BONE, 20.0 SQ CM OR LESS | $218.19 |
| 11045 | REMOVAL OF SKIN AND TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS | $23.76 |
| 11046 | REMOVAL OF MUSCLE AND/OR TISSUE, EACH ADDITIONAL 20.0 SQ CM OR LESS | $51.82 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 11047 | REMOVAL OF BONE, EACH ADDITIONAL 20.0 SQ CM OR LESS | $92.08 |
| 11055 | REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 1 GROWTH | $14.84 |
| 11056 | REMOVAL OF NONCANCER THICKENED SKIN GROWTH, 2-4 GROWTHS | $21.36 |
| 11057 | REMOVAL OF NONCANCER THICKENED SKIN GROWTH, MORE THAN 4 GROWTHS | $27.33 |
| 11102 | BIOPSY OF RELATED SKIN GROWTH, FIRST GROWTH | $37.30 |
| 11103 | BIOPSY OF RELATED SKIN GROWTH, EACH ADDITIONAL GROWTH | $21.57 |
| 11104 | PUNCH BIOPSY, FIRST SKIN GROWTH | $46.13 |
| 11105 | PUNCH BIOPSY, EACH ADDITIONAL SKIN GROWTH | $24.94 |
| 11106 | INCISION BIOPSY, FIRST SKIN GROWTH | $55.47 |
| 11107 | INCISION BIOPSY, EACH ADDITIONAL SKIN GROWTH | $30.08 |
| 11200 | REMOVAL OF SKIN TAG, 1-15 SKIN TAGS | $81.12 |
| 11201 | REMOVAL OF SKIN TAG, EACH ADDITIONAL 10 SKIN TAGS | $15.87 |
| 11300 | SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS | $33.50 |
| 11301 | SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM | $51.00 |
| 11302 | SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM | $59.18 |
| 11303 | SHAVING OF SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 2.0 CM | $70.66 |
| 11305 | SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS | $36.26 |
| 11306 | SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM | $47.74 |
| 11307 | SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0 CM | $60.32 |
| 11308 | SHAVING OF SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE THAN 2.0 C | $67.05 |
| 11310 | SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR L | $44.80 |
| 11311 | SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM | $62.10 |
| 11312 | SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM | $73.76 |
| 11313 | SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE THAN 2 | $94.77 |
| 11400 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS | $88.71 |
| 11401 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM | $110.09 |
| 11402 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM | $120.04 |
| 11403 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM | $155.66 |
| 11404 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM | $169.93 |
| 11406 | REMOVAL OF NONCANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM | $251.47 |
| 11420 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 C | $86.04 |
| 11421 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1 | $112.89 |
| 11422 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2 | $142.15 |
| 11423 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-3 | $163.52 |
| 11424 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-4 | $186.16 |
| 11426 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE | $271.76 |
| 11440 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0 | $113.82 |
| 11441 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0 | $139.35 |
| 11442 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1 | $153.23 |
| 11443 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2 | $185.00 |
| 11444 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 3 | $231.57 |
| 11446 | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, M | $322.40 |
| 11450 | REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH SIMPLE OR | $268.67 |
| 11451 | REMOVAL OF SKIN AND TISSUE OF UNDERARMS FOR INFLAMED SWEAT GLANDS WITH COMPLEX R | $337.44 |
| 11462 | REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH SIMPLE OR INT | $258.80 |
| 11463 | REMOVAL OF SKIN AND TISSUE OF GROIN FOR INFLAMED SWEAT GLANDS WITH COMPLICATED R | $336.55 |
| 11470 | REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH SIMPL | $292.90 |
| 11471 | REMOVAL OF SKIN AND TISSUE OF ANUS OR NAVEL FOR INFLAMED SWEAT GLANDS WITH COMPL | $356.24 |
| 11600 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.5 CM OR LESS | $125.29 |
| 11601 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 0.6-1.0 CM | $151.77 |
| 11602 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 1.1-2.0 CM | $165.30 |
| 11603 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 2.1-3.0 CM | $196.25 |
| 11604 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, 3.1-4.0 CM | $214.78 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 11606 | REMOVAL OF CANCER SKIN GROWTH OF BODY, ARMS, OR LEGS, MORE THAN 4.0 CM | $312.72 |
| 11620 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM O | $126.17 |
| 11621 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 | $152.83 |
| 11622 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1-2.0 | $172.61 |
| 11623 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1-3.0 | $211.55 |
| 11624 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1-4.0 | $238.59 |
| 11626 | REMOVAL OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE THA | $288.34 |
| 11640 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 | $130.30 |
| 11641 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6- | $158.90 |
| 11642 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1- | $184.77 |
| 11643 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.1- | $229.35 |
| 11644 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 3.1- | $281.90 |
| 11646 | REMOVAL OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE | $384.73 |
| 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 | $7.17 |
| 11720 | REMOVAL OF FINGERNAILS OR TOENAILS, 1-5 NAILS | $13.87 |
| 11721 | REMOVAL OF FINGERNAILS OR TOENAILS, 6 OR MORE NAILS | $23.02 |
| 11730 | SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, FIRST NAIL | $53.26 |
| 11732 | SIMPLE SEPARATION OF FINGERNAIL OR TOENAIL FROM NAIL BED, EACH ADDITIONAL NAIL | $16.18 |
| 11740 | REMOVAL OF BLOOD ACCUMULATION UNDER FINGERNAIL OR TOENAIL | $34.44 |
| 11750 | PERMANENT REMOVAL FINGERNAIL OR TOENAIL | $104.01 |
| 11755 | BIOPSY OF FINGERNAIL OR TOENAIL | $59.34 |
| 11760 | REPAIR OF FINGERNAIL OR TOENAIL BED | $111.37 |
| 11762 | REPAIR OF FINGERNAIL OR TOENAIL BED WITH GRAFT | $190.84 |
| 11765 | REMOVAL OF SKIN OF FINGERNAIL OR TOENAIL | $97.03 |
| 11770 | SIMPLE REMOVAL OF CYST OF TAILBONE | $183.90 |
| 11771 | EXTENSIVE REMOVAL OF CYST OF TAILBONE | $453.01 |
| 11772 | COMPLICATED REMOVAL OF CYST OF TAILBONE | $586.37 |
| 11900 | INJECTION INTO SKIN GROWTH, 1-7 GROWTHS | $29.25 |
| 11901 | INJECTION INTO SKIN GROWTH, MORE THAN 7 GROWTHS | $44.99 |
| 11920 | TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.0 SQ CM OR LESS | $114.58 |
| 11921 | TATTOOING OF SKIN TO CORRECT COLOR ISSUE, 6.1-20.0 SQ CM | $130.48 |
| 11922 | TATTOOING OF SKIN TO CORRECT COLOR ISSUE, EACH ADDITIONAL 20.0 SQ CM | $27.71 |
| 11950 | INJECTION OF FILLING MATERIAL UNDER SKIN, 1.0 CC OR LESS | $51.26 |
| 11951 | INJECTION OF FILLING MATERIAL UNDER SKIN, 1.1-5.0 CC | $71.29 |
| 11952 | INJECTION OF FILLING MATERIAL UNDER SKIN, 5.1-10.0 CC | $100.07 |
| 11954 | INJECTION OF FILLING MATERIAL UNDER SKIN, MORE THAN 10.0 CC | $109.87 |
| 11960 | INSERTION OF TISSUE EXPANDER | $1,056.88 |
| 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT | $573.94 |
| 11971 | REMOVAL OF TISSUE EXPANDER | $568.25 |
| 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | $88.48 |
| 11980 | PLACEMENT OF HORMONE PELLET UNDER SKIN | $53.17 |
| 11981 | INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | $60.76 |
| 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | $70.19 |
| 11983 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | $99.54 |
| 12001 | SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $42.71 |
| 12002 | SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $55.73 |
| 12004 | SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $69.13 |
| 12005 | SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $87.90 |
| 12006 | SIMPLE REPAIR OF SURFACE WOUND OF SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $108.68 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 12007 | SIMPLE REPAIR OF SURFACE WOUND TO SCALP, NECK, UNDERARMS, TRUNK, ARMS, OR LEGS, | $135.73 |
| 12011 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5 | $52.92 |
| 12013 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.6 | $53.85 |
| 12014 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 5.1 | $69.24 |
| 12015 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 7.6 | $87.29 |
| 12016 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 12. | $118.23 |
| 12017 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 20. | $142.89 |
| 12018 | SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MOR | $161.59 |
| 12020 | SIMPLE CLOSURE OF SURFACE WOUND REOPENING | $191.54 |
| 12021 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING | $143.14 |
| 12031 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.5 CM O | $155.65 |
| 12032 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 2.6-7.5 | $196.04 |
| 12034 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 7.6-12.5 | $208.33 |
| 12035 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 12.6-20. | $242.46 |
| 12036 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, 20.1-30. | $280.65 |
| 12037 | INTERMEDIATE REPAIR OF WOUND OF SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS, MORE THA | $323.69 |
| 12041 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.5 CM OR LESS | $148.27 |
| 12042 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 2.6-7.5 CM | $199.93 |
| 12044 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 7.6-12.5 CM | $216.70 |
| 12045 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 12.6-20.0 CM | $275.25 |
| 12046 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, 20.1-30.0 CM | $316.64 |
| 12047 | INTERMEDIATE REPAIR OF WOUND OF NECK, HANDS, FEET, OR GENITALS, MORE THAN 30.0 C | $349.11 |
| 12051 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5 C | $172.80 |
| 12052 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.6-5 | $203.25 |
| 12053 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 5.1-7 | $218.51 |
| 12054 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 7.6-1 | $219.84 |
| 12055 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 12.6- | $300.56 |
| 12056 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 20.1- | $388.43 |
| 12057 | INTERMEDIATE REPAIR OF WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE | $421.98 |
| 13100 | COMPLICATED REPAIR OF WOUND OF TRUNK, 1.1-2.5 CM | $202.61 |
| 13101 | COMPLICATED REPAIR OF WOUND OF TRUNK, 2.6-7.5 CM | $249.98 |
| 13102 | COMPLICATED REPAIR OF WOUND OF TRUNK, EACH ADDITIONAL 5.0 CM OR LESS | $69.76 |
| 13120 | COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 1.1-2.5 CM | $234.39 |
| 13121 | COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, 2.6-7.5 CM | $259.44 |
| 13122 | COMPLICATED REPAIR OF WOUND OF SCALP, ARMS, OR LEGS, EACH ADDITIONAL 5.0 CM OR L | $80.12 |
| 13131 | COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G | $243.46 |
| 13132 | COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G | $303.23 |
| 13133 | COMPLICATED REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, G | $122.75 |
| 13151 | COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 1.1-2.5 CM | $278.96 |
| 13152 | COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, 2.6-7.5 CM | $334.87 |
| 13153 | COMPLICATED REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIP, EACH ADDITIONAL 5.0 | $133.68 |
| 13160 | EXTENSIVE OR COMPLICATED REPAIR OF SURFACE WOUND REOPENING | $799.24 |
| 14000 | REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS | $518.30 |
| 14001 | REPAIR OF WOUND OF TRUNK BY TRANSFERRING SKIN, 10.1-30.0 SQ CM | $662.93 |
| 14020 | REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.0 SQ CM OR LESS | $585.24 |
| 14021 | REPAIR OF WOUND OF SCALP, ARMS, OR LEGS BY TRANSFERRING SKIN, 10.1-30.0 SQ CM | $725.42 |
| 14040 | REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN | $639.88 |
| 14041 | REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN | $779.18 |
| 14060 | REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.0 SQ CM | $682.00 |
| 14061 | REPAIR OF WOUND OF EYELIDS, NOSE, EARS, OR LIPS BY TRANSFERRING SKIN, 10.1-30.0 | $836.41 |
| 14301 | REPAIR OF WOUND BY TRANSFERRING SKIN, 30.1-60.0 SQ CM | $875.46 |
| 14302 | REPAIR OF WOUND BY TRANSFERRING SKIN, EACH ADDITIONAL 30.0 SQ CM | $208.45 |
| 14350 | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE | $674.75 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 15002 | PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY A | $215.34 |
| 15003 | PREPARATION OF SKIN GRAFT SITE OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ | $42.34 |
| 15004 | PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUN | $256.21 |
| 15005 | PREPARATION OF SKIN GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUN | $85.43 |
| 15011 | HARVEST OF SKIN FOR SKIN CELL SUSPENSION SELF SKIN GRAFT, FIRST 25 SQ CM OR LESS | $73.42 |
| 15012 | HARVEST OF SKIN FOR SKIN CELL SUSPENSION SELF SKIN GRAFT, EACH ADDITIONAL 25 SQ | $34.44 |
| 15013 | PREPARATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT, FIRST 25 SQ CM OR LESS OF H | $80.91 |
| 15014 | PREPARATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT, EACH ADDITIONAL 25 SQ CM OR | $80.91 |
| 15015 | APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO | $732.63 |
| 15016 | APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO | $123.72 |
| 15017 | APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO | $843.03 |
| 15018 | APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO | $170.43 |
| 15040 | RELOCATION OF SKIN FOR SELF SKIN GRAFT, 100.0 SQ CM OR LESS | $124.36 |
| 15050 | SKIN GRAFT TO TIP OF FINGER OR TOE, 2.0 CM OR LESS | $472.98 |
| 15100 | PARTIAL THICKNESS SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BOD | $721.53 |
| 15101 | PARTIAL THICKNESS SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 | $107.31 |
| 15110 | OUTER LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY AREA | $708.66 |
| 15111 | OUTER LAYER SELF SKIN GRAFT TO TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM | $96.26 |
| 15115 | OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E | $699.54 |
| 15116 | OUTER LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E | $130.80 |
| 15120 | PARTIAL THICKNESS SELF SKIN GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AR | $695.92 |
| 15121 | PARTIAL THICKNESS SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AR | $128.44 |
| 15130 | DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, 100.0 SQ CM OR 1% BODY AREA | $612.03 |
| 15131 | DEEP LAYER SELF SKIN GRAFT OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM | $87.42 |
| 15135 | DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EY | $768.09 |
| 15136 | DEEP LAYER SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EY | $87.42 |
| 15150 | TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, 25.0 SQ CM OR LESS | $629.19 |
| 15151 | TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 1.0-75.0 SQ | $101.82 |
| 15152 | TISSUE SKIN GRAFT FROM SELF OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL 100.0 SQ CM | $138.99 |
| 15155 | TISSUE SELF SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND EYES, | $736.74 |
| 15156 | TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E | $140.49 |
| 15157 | TISSUE SKIN GRAFT FROM SELF OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, AROUND E | $153.01 |
| 15200 | FULL THICKNESS SKIN GRAFT TO TRUNK, 20.0 SQ CM OR LESS | $683.29 |
| 15201 | FULL THICKNESS SKIN GRAFT TO TRUNK, EACH ADDITIONAL 20.0 SQ CM | $73.62 |
| 15220 | FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, 20.0 SQ CM OR LESS | $624.85 |
| 15221 | FULL THICKNESS SKIN GRAFT TO SCALP, ARMS, OR LEGS, EACH ADDITIONAL 20.0 SQ CM | $66.83 |
| 15240 | FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GEN | $818.34 |
| 15241 | FULL THICKNESS SKIN GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GEN | $104.08 |
| 15260 | FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, 20.0 SQ CM OR LESS | $868.36 |
| 15261 | FULL THICKNESS SKIN GRAFT TO NOSE, EARS, EYELIDS, OR LIPS, EACH ADDITIONAL 20.0 | $132.76 |
| 15271 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, 25.0 SQ C | $82.44 |
| 15272 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK, ARMS, OR LEGS, EACH ADDI | $16.23 |
| 15273 | SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS, 100. | $186.34 |
| 15274 | SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF TRUNK, ARMS, OR LEGS, EACH | $41.79 |
| 15275 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH, NE | $91.82 |
| 15276 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF FACE, SCALP, EYELIDS, MOUTH, NE | $23.95 |
| 15277 | SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS, MOUT | $215.12 |
| 15278 | SKIN SUBSTITUTE GRAFT TO WOUND 100.0 SQ CM OR MORE OF FACE, SCALP, EYELIDS, MOUT | $53.25 |
| 15570 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK | $732.84 |
| 15572 | CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS | $747.28 |
| 15574 | CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITA | $731.39 |
| 15576 | CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH | $662.54 |
| 15600 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK | $222.43 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 15610 | TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS | $257.29 |
| 15620 | TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS, HAND | $341.06 |
| 15630 | TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS | $358.81 |
| 15650 | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING | $418.35 |
| 15730 | CREATION OF FLAP GRAFT TO MIDFACE | $926.05 |
| 15731 | CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP | $1,008.13 |
| 15733 | CREATION OF FLAP GRAFT TO HEAD AND/OR NECK | $1,029.00 |
| 15734 | CREATION OF MUSCLE GRAFT TO TRUNK | $1,479.93 |
| 15736 | CREATION OF MUSCLE GRAFT TO ARM | $1,222.08 |
| 15738 | CREATION OF MUSCLE GRAFT TO LEG | $1,255.59 |
| 15740 | FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY | $856.04 |
| 15750 | FLAP; NEUROVASCULAR PEDICLE | $939.33 |
| 15756 | MUSCLE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL | $2,252.24 |
| 15757 | SKIN GRAFT WITH REPAIR OF SMALL BLOOD VESSEL | $2,238.69 |
| 15758 | TISSUE GRAFT WITH REPAIR OF SMALL BLOOD VESSEL | $2,231.00 |
| 15760 | GRAFT WITH CLOSURE OF WOUND | $711.37 |
| 15769 | SELF SOFT TISSUE GRAFT | $486.47 |
| 15770 | CREATION OF SKIN, FAT AND MUSCLE GRAFT | $689.28 |
| 15771 | GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREAST | $523.95 |
| 15772 | GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREAST | $144.95 |
| 15773 | GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS | $512.74 |
| 15774 | GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS | $140.37 |
| 15777 | IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R | $207.89 |
| 15778 | IMPLANTATION OF ARTIFICIAL MATERIAL FOR DELAYED CLOSURE OF DEFECTS DUE TO SOFT T | $370.38 |
| 15780 | DERMABRASION OF SKIN OF TOTAL FACE | $687.29 |
| 15781 | REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS | $435.63 |
| 15782 | DERMABRASION OF SKIN OTHER THAN FACE | $387.59 |
| 15783 | DERMABRASION OF SUPERFICIAL SCARS OR TATTOOS FROM SKIN | $372.50 |
| 15785 | ABRSN SKN RMVL SCRS TATTS ACTNC CHNGS PRMRY OR SEC | $0.00 |
| 15786 | SCRAPING OF SKIN GROWTH, FIRST GROWTH | $137.62 |
| 15787 | SCRAPING OF SKIN GROWTH, EACH ADDITIONAL 1-4 GROWTHS | $16.79 |
| 15788 | CHEMICAL PEEL OF OUTER LAYER OF SKIN OF FACE | $230.48 |
| 15789 | CHEMICAL PEEL OF DEEP LAYER OF SKIN OF FACE | $430.25 |
| 15792 | CHEMICAL PEEL OF OUTER LAYER OF NONFACIAL SKIN | $224.71 |
| 15793 | CHEMICAL PEEL OF DEEP LAYER OF NONFACIAL SKIN | $376.52 |
| 15820 | REPAIR OF LOWER EYELID DEFECT | $534.12 |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD | $567.55 |
| 15822 | BLEPHAROPLASTY, UPPER EYELID; | $412.17 |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | $568.26 |
| 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 | $1,176.56 |
| 15832 | REMOVAL OF EXTRA SKIN AND TISSUE OF THIGH | $939.19 |
| 15833 | REMOVAL OF EXTRA SKIN AND TISSUE OF LEG | $891.85 |
| 15834 | REMOVAL OF EXTRA SKIN AND TISSUE OF HIP | $907.80 |
| 15835 | REMOVAL OF EXTRA SKIN AND TISSUE OF BUTTOCK | $943.56 |
| 15836 | REMOVAL OF EXTRA SKIN AND TISSUE OF ARM | $812.68 |
| 15837 | REMOVAL OF EXTRA SKIN AND TISSUE OF FOREARM OR HAND | $731.28 |
| 15838 | REMOVAL OF EXTRA SKIN AND TISSUE OF CHIN | $666.85 |
| 15839 | REMOVAL OF EXTRA SKIN AND TISSUE OF OTHER AREA | $747.07 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 15840 | TISSUE GRAFT TO TREAT FACIAL PARALYSIS | $1,014.06 |
| 15841 | MUSCLE GRAFT TO TREAT FACIAL PARALYSIS | $1,782.45 |
| 15842 | MICROSURGICAL MUSCLE GRAFT TO TREAT FACIAL PARALYSIS | $2,680.00 |
| 15845 | MUSCLE TRANSFER TO TREAT FACIAL PARALYSIS | $1,079.57 |
| 15847 | EXTENSIVE REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN | $709.01 |
| 15851 | REMOVAL OF SUTURES OR STAPLES UNDER ANESTHESIA | $65.44 |
| 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL) | $42.81 |
| 15853 | REMOVAL OF SUTURES OR STAPLES | $12.45 |
| 15854 | REMOVAL OF SUTURES AND STAPLES | $15.79 |
| 15860 | INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP | $101.93 |
| 15875 | SUCTION ASSISTED LIPECTOMY, ANY SITE(S) | $0.00 |
| 15920 | REMOVAL OF PRESSURE SORE TISSUE AND TAILBONE WITH CLOSURE | $638.70 |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE | $814.74 |
| 15931 | REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH CLOSURE | $702.30 |
| 15933 | REMOVAL OF PRESSURE SORE TISSUE AND SACRUM BONE WITH CLOSURE | $877.23 |
| 15934 | REMOVAL OF PRESSURE SORE TISSUE OF SACRUM WITH SKIN GRAFT | $996.49 |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | $1,171.28 |
| 15936 | REMOVAL OF PRESSURE SORE TISSUE OF SACRUM IN PREPARATION OF MUSCLE FLAP OR SKIN | $884.02 |
| 15937 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP | $982.36 |
| 15940 | REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH CLOSURE | $710.85 |
| 15941 | REMOVAL OF PRESSURE SORE TISSUE AND LOWER PELVIC BONE WITH CLOSURE | $965.91 |
| 15944 | REMOVAL OF PRESSURE SORE TISSUE OF LOWER PELVIC BONE WITH SKIN GRAFT | $951.08 |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | $1,036.47 |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR | $1,592.25 |
| 15950 | REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH CLOSURE | $653.25 |
| 15951 | REMOVAL OF PRESSURE SORE TISSUE AND HEAD OF THIGH BONE WITH CLOSURE | $917.57 |
| 15952 | REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE WITH SKIN GRAFT | $932.40 |
| 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | $1,026.02 |
| 15956 | REMOVAL OF PRESSURE SORE TISSUE OF HEAD OF THIGH BONE IN PREPARATION OF MUSCLE F | $1,164.53 |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | $1,165.89 |
| 15999 | OTHER REMOVAL OF PRESSURE ULCER | $0.00 |
| 16000 | INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI | $43.78 |
| 16020 | DRESSING CHANGE OR REMOVAL OF BURN TISSUE, LESS THAN 5% OF TOTAL BODY SURFACE | $56.92 |
| 16025 | DRESSING CHANGE OR REMOVAL OF BURN TISSUE, 5-10% OF TOTAL BODY SURFACE | $110.23 |
| 16030 | DRESSING CHANGE OR REMOVAL OF BURN TISSUE, MORE THAN 10% OF TOTAL BODY SURFACE | $129.70 |
| 16035 | INITIAL INCISION OF DEAD BURN TISSUE | $188.36 |
| 16036 | ADDITIONAL INCISION OF BURN TISSUE | $78.10 |
| 17000 | DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH | $57.80 |
| 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 | $2.04 |
| 17004 | DESTRUCTION OF PRECANCER SKIN GROWTH, 15 OR MORE GROWTHS | $101.11 |
| 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 | $285.67 |
| 17107 | DESTRUCTION OF BIRTHMARK, 10.0-50.0 SQ CM | $373.43 |
| 17108 | DESTRUCTION OF BIRTHMARK, MORE THAN 50.0 SQ CM | $539.17 |
| 17110 | DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS | $73.16 |
| 17111 | DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS | $88.20 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 17250 | APPLICATION OF CHEMICAL TO STOP TISSUE REGROWTH IN WOUND | $38.26 |
| 17260 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.5 CM OR LESS | $73.01 |
| 17261 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 0.6-1.0 CM | $90.51 |
| 17262 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 1.1-2.0 CM | $113.24 |
| 17263 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 2.1-3.0 CM | $124.85 |
| 17264 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, 3.1-4.0 CM | $133.59 |
| 17266 | DESTRUCTION OF CANCER SKIN GROWTH OF TRUNK, ARMS, OR LEGS, MORE THAN 4.0 CM | $155.81 |
| 17270 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 | $98.88 |
| 17271 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6- | $108.09 |
| 17272 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 1.1- | $123.83 |
| 17273 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 2.1- | $139.75 |
| 17274 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 3.1- | $170.38 |
| 17276 | DESTRUCTION OF CANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, MORE | $203.83 |
| 17280 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $90.14 |
| 17281 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $121.10 |
| 17282 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $139.06 |
| 17283 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $172.74 |
| 17284 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $201.11 |
| 17286 | DESTRUCTION OF CANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, | $273.29 |
| 17311 | REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS, | $351.91 |
| 17312 | REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF HEAD, NECK, HANDS, FEET, OR GENITALS, | $187.43 |
| 17313 | REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, 1-5 TISSUE BLOCK | $315.80 |
| 17314 | REMOVAL AND MICROSCOPIC EXAM OF GROWTH OF TRUNK, ARMS, OR LEGS, EACH ADDITIONAL | $173.18 |
| 17315 | REMOVAL AND MICROSCOPIC EXAM OF GROWTH, EACH ADDITIONAL BLOCK AFTER 5 TISSUE BLO | $49.29 |
| 17340 | COLD TREATMENT OF ACNE | $49.77 |
| 17360 | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID) | $94.73 |
| 17380 | HAIR REMOVAL BY ELECTROLYSIS, EACH 30 MINUTES | $0.00 |
| 17999 | OTHER PROCEDURE ON SKIN, MUCOUS MEMBRANE, AND TISSUE | $329.32 |
| 19000 | ASPIRATION OF CYST OF BREAST, FIRST CYST | $40.87 |
| 19001 | ASPIRATION OF CYST OF BREAST, EACH ADDITIONAL CYST | $19.89 |
| 19020 | DRAINAGE OF ABSCESS OF BREAST | $319.55 |
| 19030 | INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM | $73.03 |
| 19081 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE, FIRST | $157.01 |
| 19082 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING X-RAY WITH NEEDLE, EACH | $78.57 |
| 19083 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, FIRST GROWTH | $147.72 |
| 19084 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING ULTRASOUND, EACH ADDITIO | $74.23 |
| 19085 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, FIRST GROWTH | $173.16 |
| 19086 | BIOPSY OF BREAST AND PLACEMENT OF LOCATING DEVICE USING MRI, EACH ADDITIONAL GRO | $86.30 |
| 19100 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT | $64.55 |
| 19101 | BIOPSY OF BREAST THROUGH INCISION | $221.57 |
| 19105 | REMOVAL OF GROWTH OF BREAST USING ULTRASOUND, EACH GROWTH | $198.86 |
| 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR | $358.32 |
| 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | $331.69 |
| 19120 | REMOVAL OF GROWTH AND TISSUE OF BREAST, DUCT, OR NIPPLE | $417.94 |
| 19125 | REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, FIRST GROWTH | $460.03 |
| 19126 | REMOVAL OF GROWTH OF BREAST IDENTIFIED BY X-RAY MARKER, EACH ADDITIONAL GROWTH | $149.84 |
| 19281 | PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, FIRST GROWTH | $94.91 |
| 19282 | PLACEMENT OF LOCATING DEVICE IN BREAST USING IMAGING GUIDANCE, EACH ADDITIONAL G | $47.55 |
| 19283 | PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, FIRST G | $95.45 |
| 19284 | PLACEMENT OF LOCATING DEVICE IN BREAST USING X-RAY WITH NEEDLE GUIDANCE, EACH AD | $47.54 |
| 19285 | PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, FIRST GROWTH | $80.94 |
| 19286 | PLACEMENT OF LOCATING DEVICE IN BREAST USING ULTRASOUND GUIDANCE, EACH ADDITIONA | $40.47 |
| 19287 | PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, FIRST GROWTH | $121.04 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 19288 | PLACEMENT OF LOCATING DEVICE IN BREAST USING MRI GUIDANCE, EACH ADDITIONAL GROWT | $61.05 |
| 19294 | PLACEMENT OF RADIATION THERAPY DEVICE IN BREAST FOR RADIATION THERAPY DURING SUR | $153.94 |
| 19296 | INSERTION OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING GUI | $200.47 |
| 19297 | PLACEMENT OF EXPANDABLE TUBE IN BREAST FOR RADIATION TREATMENT USING IMAGING GUI | $87.79 |
| 19298 | PLACEMENT OF TUBES IN BREAST FOR RADIATION TREATMENT USING IMAGING GUIDANCE DURI | $321.81 |
| 19300 | REMOVAL OF EXTRA BREAST TISSUE IN MALE | $442.35 |
| 19301 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); | $647.13 |
| 19302 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); | $887.70 |
| 19303 | SIMPLE COMPLETE REMOVAL OF BREAST | $936.99 |
| 19305 | EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, AND UNDERARM LYMPH NODES | $1,121.84 |
| 19306 | EXTENSIVE REMOVAL OF BREAST, CHEST MUSCLE, UNDERARM LYMPH NODES, AND BREAST LYMP | $1,200.09 |
| 19307 | MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE | $1,154.91 |
| 19316 | REPAIR FOR SAGGING OF THE BREAST | $799.87 |
| 19318 | BREAST REDUCTION | $1,097.93 |
| 19325 | INSERTION OF BREAST IMPLANT | $629.20 |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | $565.24 |
| 19330 | REMOVAL OF RUPTURED BREAST IMPLANT AND IMPLANT MATERIAL | $654.60 |
| 19331 | REMOVAL MANNARY IMPLNT MAT;BILAT | $0.00 |
| 19340 | PLACEMENT OF IMPLANT ON SAME DAY OF BREAST RECONSTRUCTION | $768.67 |
| 19342 | PLACEMENT OF IMPLANT ON SEPARATE DAY OF BREAST RECONSTRUCTION | $773.37 |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | $685.67 |
| 19351 | RECONST. NIPPLE &/OR AREOLA,INCL GRFT.; BILAT | $0.00 |
| 19355 | CORRECTION OF INVERTED NIPPLE | $627.25 |
| 19357 | RECONSTRUCTION OF BREAST USING TISSUE EXPANDER | $1,186.65 |
| 19360 | BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP | $0.00 |
| 19361 | RECONSTRUCTION OF BREAST WITH SHOULDER MUSCLE TISSUE GRAFT | $1,555.57 |
| 19364 | RECONSTRUCTION OF BREAST WITH TISSUE GRAFT | $2,685.79 |
| 19367 | RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE FLAP | $1,765.09 |
| 19368 | RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND SKIN FLAP GRAFT | $2,147.13 |
| 19369 | RECONSTRUCTION OF BREAST WITH ABDOMINAL MUSCLE AND 2 SKIN FLAP GRAFTS | $1,996.84 |
| 19370 | REVISION OF CAPSULE AROUND BREAST IMPLANT | $683.52 |
| 19371 | REMOVAL OF CAPSULE AROUND BREAST IMPLANT | $722.28 |
| 19380 | SURGICAL CHANGE TO RECONSTRUCTED BREAST | $819.22 |
| 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT | $142.31 |
| 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 | $580.67 |
| 20101 | EXPLORATION OF WOUND OF CHEST | $204.10 |
| 20102 | EXPLORATION OF WOUND OF ABDOMEN, BACK, OR FLANK | $250.61 |
| 20103 | EXPLORATION OF WOUND OF ARM OR LEG | $342.51 |
| 20150 | EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH | $1,006.71 |
| 20200 | BIOPSY, MUSCLE; SUPERFICIAL | $93.52 |
| 20205 | BIOPSY, MUSCLE; DEEP | $150.44 |
| 20206 | NEEDLE BIOPSY OF MUSCLE | $56.88 |
| 20220 | BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS | $85.26 |
| 20225 | BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) | $126.53 |
| 20240 | BIOPSY OF SURFACE BONE | $138.00 |
| 20245 | BIOPSY OF DEEP BONE | $334.13 |
| 20250 | BIOPSY OF MIDDLE SPINE BONE | $391.54 |
| 20251 | BIOPSY OF UPPER OR LOWER SPINE BONE | $429.03 |
| 20500 | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) | $92.62 |
| 20501 | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) | $34.96 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 20520 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE | $152.95 |
| 20525 | COMPLICATED REMOVAL OF FOREIGN BODY IN DEEP MUSCLE OR TENDON | $251.55 |
| 20526 | INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL | $55.98 |
| 20527 | INJECTION OF MEDICATION INTO PALM | $65.72 |
| 20550 | INJECTION INTO TENDON OR LIGAMENT | $37.97 |
| 20551 | INJECTION INTO TENDON AT ATTACHMENT TO BONE OR MUSCLE | $37.60 |
| 20552 | INJECTION OF TRIGGER POINTS, 1-2 MUSCLES | $36.00 |
| 20553 | INJECTION OF TRIGGER POINTS, 3 OR MORE MUSCLES | $40.95 |
| 20555 | INSERTION OF NEEDLES OR TUBES INTO MUSCLE OR TISSUE FOR RADIATION TREATMENT | $340.86 |
| 20600 | ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT | $35.07 |
| 20604 | ASPIRATION AND/OR INJECTION OF FLUID FROM SMALL JOINT USING ULTRASOUND GUIDANCE | $45.09 |
| 20605 | ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT | $36.08 |
| 20606 | ASPIRATION AND/OR INJECTION OF FLUID FROM MEDIUM JOINT USING ULTRASOUND GUIDANCE | $50.69 |
| 20610 | ASPIRATION AND/OR INJECTION OF FLUID FROM LARGE JOINT | $44.27 |
| 20611 | ASPIRATION AND/OR INJECTION OF FLUID LARGE JOINT USING ULTRASOUND GUIDANCE | $57.44 |
| 20612 | ASPIRATION AND/OR INJECTION OF CYST OF TENDON | $40.81 |
| 20615 | ASPIRATION AND INJECTION OF CYST OF BONE | $163.14 |
| 20650 | INSERTION OF WIRE OR PIN TO BONE FOR TRACTION | $172.82 |
| 20660 | PLACEMENT OF DEVICE TO SKULL | $226.19 |
| 20661 | PLACEMENT OF STABILIZING DEVICE TO SKULL | $532.10 |
| 20662 | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC | $542.53 |
| 20663 | PLACEMENT OF STABILIZING DEVICE TO THIGH | $501.45 |
| 20664 | APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN | $892.98 |
| 20665 | REMOVAL OF STABILIZING DEVICE FROM HEAD ORIGINALLY APPLIED BY OTHER PROVIDER | $103.03 |
| 20670 | REMOVAL OF SURFACE IMPLANT FROM BONE | $150.32 |
| 20680 | REMOVAL OF DEEP IMPLANT FROM BONE | $427.41 |
| 20690 | PLACEMENT OF SINGLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG | $601.76 |
| 20692 | PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG | $1,146.99 |
| 20693 | REVISION OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA | $464.66 |
| 20694 | REMOVAL OF EXTERNAL BONE STABILIZING DEVICE UNDER ANESTHESIA | $356.45 |
| 20696 | PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG U | $1,168.61 |
| 20697 | PLACEMENT OF MULTIPLE DIRECTION EXTERNAL BONE STABILIZING DEVICE TO ARM OR LEG U | $1,885.98 |
| 20700 | INSERTION OF DRUG-DELIVERY DEVICE IN DEEP TISSUE | $80.73 |
| 20701 | REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN AD | $61.55 |
| 20702 | INSERTION OF DRUG-DELIVERY DEVICE IN BONE | $137.51 |
| 20703 | REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION | $100.80 |
| 20704 | INSERTION OF DRUG-DELIVERY DEVICE IN JOINT | $144.83 |
| 20705 | REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION | $119.53 |
| 20802 | REATTACHMENT OF CUTOFF ARM | $2,705.55 |
| 20805 | REATTACHMENT OF CUTOFF FOREARM | $3,203.47 |
| 20808 | REATTACHMENT OF CUTOFF HAND | $3,851.97 |
| 20816 | REATTACHMENT OF CUTOFF FINGER | $2,025.19 |
| 20822 | REATTACHMENT OF PART OF CUTOFF FINGER | $1,761.08 |
| 20824 | REATTACHMENT OF CUTOFF THUMB | $2,030.02 |
| 20827 | REATTACHMENT OF PART OF CUTOFF THUMB | $1,807.40 |
| 20838 | REATTACHMENT OF CUTOFF FOOT | $2,748.11 |
| 20900 | HARVEST OF GRAFT FROM SMALL BONE | $177.47 |
| 20902 | HARVEST OF GRAFT FROM LARGE BONE | $268.21 |
| 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | $497.45 |
| 20912 | GRAFT OF NOSE CARTILAGE | $494.13 |
| 20920 | REMOVAL OF DEEP THIGH TISSUE FOR GRAFT | $410.91 |
| 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET | $502.41 |
| 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS) | $519.74 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 20930 | PLACEMENT OF FRAGMENTED BONE GRAFT OR MATERIAL TO SPINE TO PROMOTE BONE GROWTH | $138.47 |
| 20931 | GRAFT OF DONOR BONE TO SPINE | $103.63 |
| 20932 | GRAFT OF DONOR BONE AND JOINT TISSUE | $725.17 |
| 20933 | GRAFT OF DONOR BONE TO PART OF LONG BONE BETWEEN JOINTS | $665.20 |
| 20934 | GRAFT OF DONOR BONE TO LONG BONE BETWEEN JOINTS | $724.67 |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB | $138.47 |
| 20937 | HARVEST OF BONE FRAGMENT FOR SPINE BONE GRAFT | $157.91 |
| 20938 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI | $171.61 |
| 20939 | ASPIRATION OF BONE MARROW FOR SPINE BONE GRAFT | $65.99 |
| 20950 | PLACEMENT OF DEVICE IN MUSCLE TO MONITOR FLUID PRESSURE | $89.53 |
| 20955 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA | $2,410.60 |
| 20956 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST | $2,599.62 |
| 20957 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | $2,710.80 |
| 20962 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR | $2,661.88 |
| 20969 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC | $2,675.38 |
| 20970 | PLACEMENT OF BONE AND SKIN FLAP FROM HIP BONE WITH CONNECTION OF SMALL BLOOD VES | $2,803.88 |
| 20972 | PLACEMENT OF BONE AND SKIN FLAP FROM FOOT BONE WITH CONNECTION OF SMALL BLOOD VE | $2,794.37 |
| 20973 | PLACEMENT OF BONE AND SKIN FLAP FROM BIG TOE WITH CONNECTION OF SMALL BLOOD VESS | $2,947.71 |
| 20974 | PLACEMENT OF ELECTRICAL STIMULATION DEVICE FOR BONE HEALING | $52.32 |
| 20975 | PLACEMENT OF ELECTRICAL STIMULATION DEVICE AT BROKEN BONE FOR HEALING | $174.66 |
| 20976 | ELECTRICAL STIMULATION TO AID BONE HEALING PERCUTANEOUS INSERTION OF ELECTRODES | $0.00 |
| 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT | $30.24 |
| 20982 | DESTRUCTION OF GROWTHS AND ADJACENT SOFT TISSUE | $351.48 |
| 20983 | FREEZING OF GROWTH OF BONE AND ADJACENT SOFT TISSUE | $330.35 |
| 20985 | COMPUTER-ASSISTED SURGERY FOR MUSCLE AND BONE PROCEDURE | $139.18 |
| 20999 | OTHER PROCEDURE ON MUSCLE OR BONE | $0.00 |
| 21010 | INCISION OF JAW JOINT | $758.19 |
| 21011 | REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, LESS THAN 2.0 CM | $273.58 |
| 21012 | REMOVAL OF GROWTH UNDER SKIN OF FACE OR SCALP, 2.0 CM OR MORE | $347.04 |
| 21013 | REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, LESS THAN 2.0 CM | $410.35 |
| 21014 | REMOVAL OF GROWTH OF MUSCLE OF FACE OR SCALP, 2.0 CM OR MORE | $530.72 |
| 21015 | EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, LESS THAN 2.0 CM | $710.33 |
| 21016 | EXTENSIVE REMOVAL OF GROWTH OF FACE OR SCALP, 2.0 CM OR MORE | $1,002.47 |
| 21025 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE | $685.04 |
| 21026 | REMOVAL OF FACE BONE | $455.61 |
| 21029 | REMOVAL OF GROWTH OF FACE BONE | $643.01 |
| 21030 | REMOVAL OF GROWTH OR CYST OF JAW OR UPPER CHEEK | $376.40 |
| 21031 | EXCISION OF TORUS MANDIBULARIS | $284.99 |
| 21032 | EXCISION OF MAXILLARY TORUS PALATINUS | $273.64 |
| 21034 | REMOVAL OF GROWTH OF UPPER JAW OR UPPER CHEEK BONE | $1,130.32 |
| 21040 | REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE | $377.88 |
| 21044 | REMOVAL OF GROWTH OF LOWER JAW BONE | $873.37 |
| 21045 | EXTENSIVE REMOVAL OF GROWTH OF LOWER JAW BONE | $1,206.14 |
| 21046 | REMOVAL OF GROWTH OR CYST OF LOWER JAW BONE THROUGH MOUTH | $1,010.36 |
| 21047 | REMOVAL OF GROWTH OR CYST OF PART OF LOWER JAW BONE | $1,221.32 |
| 21048 | REMOVAL OF GROWTH OR CYST OF UPPER JAW BONE THROUGH MOUTH | $1,021.88 |
| 21049 | REMOVAL OF GROWTH OR CYST OF PART OF UPPER JAW BONE | $1,157.13 |
| 21050 | REMOVAL OF ROUNDED ENDS OF LOWER JAW JOINT BONE | $888.11 |
| 21060 | REMOVAL OF LOWER JAW JOINT BONE TISSUE | $802.64 |
| 21070 | PARTIAL REMOVAL OF LOWER JAW BONE | $621.69 |
| 21071 | CORONOIDECTOMY (SEPARATE PROCEDURE) | $0.00 |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES | $254.53 |
| 21076 | PREPARATION OF TEMPORARY PROSTHESIS TO CLOSE AN OPENING IN MOUTH | $712.53 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 21077 | IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS | $1,741.50 |
| 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS | $1,177.12 |
| 21080 | PREPARATION OF PERMANENT PROSTHESIS TO CLOSE MOUTH OPENING | $1,323.74 |
| 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS | $1,213.68 |
| 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS | $1,127.76 |
| 21083 | PREPARATION OF PROSTHESIS TO LIFT ROOF OF MOUTH | $1,041.38 |
| 21084 | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS | $1,202.31 |
| 21085 | IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT | $486.65 |
| 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS | $1,284.30 |
| 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS | $1,284.30 |
| 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 | $376.53 |
| 21110 | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE | $747.64 |
| 21116 | INJECTION FOR X-RAY OF HINGED JOINT OF UPPER AND LOWER JAW BONES | $43.82 |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) | $527.31 |
| 21121 | ENLARGEMENT OF CHIN BY MOVEMENT OF BONE | $549.26 |
| 21122 | ENLARGEMENT OF CHIN BY MOVEMENT OF MULTIPLE BONES | $766.99 |
| 21123 | INSERTION OF SLIDING BONE GRAFT TO ENLARGE CHIN BONE, ADDITIONAL BONE GRAFT | $865.26 |
| 21125 | ENLARGEMENT OF LOWER JAW WITH IMPLANT | $685.43 |
| 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR | $791.55 |
| 21137 | REDUCTION FOREHEAD; CONTOURING ONLY | $763.95 |
| 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE | $924.82 |
| 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL | $1,099.00 |
| 21141 | RECONSTRUCTION OF UPPER JAW AND MIDFACE BONES | $1,356.71 |
| 21142 | REPAIR OF MIDFACE BONES, 2 BONES | $1,390.79 |
| 21143 | REPAIR OF MIDFACE BONES, 3 OR MORE BONES | $1,432.57 |
| 21145 | RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT, SINGLE PIECE (LEFORT I) | $1,568.11 |
| 21146 | REPAIR OF MIDFACE BONES WITH BONE GRAFT, 2 BONES | $1,638.66 |
| 21147 | REPAIR OF MIDFACE BONES WITH BONE GRAFT, 3 OR MORE BONES | $1,721.01 |
| 21150 | RECONSTRUCTION OF MIDFACE BONES (LEFORT II) | $1,633.81 |
| 21151 | RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT (LEFORT II) | $1,794.66 |
| 21154 | RECONSTRUCTION OF NOSE, CHEEK, AND MOUTH BONES WITH BONE GRAFTS | $1,932.24 |
| 21155 | RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT WITH LEFORT I (LEFORT III) | $2,138.83 |
| 21159 | RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS | $2,555.07 |
| 21160 | RECONSTRUCTION OF NOSE, CHEEK, MOUTH, AND FOREHEAD BONES WITH BONE GRAFTS AND RE | $2,767.40 |
| 21172 | RECONSTRUCTION OF OUTER SIDE OF EYE AND LOWER FOREHEAD BONES | $2,035.10 |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, | $2,190.42 |
| 21179 | RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT OR IMPLANT | $1,515.23 |
| 21180 | RECONSTRUCTION OF FOREHEAD AND/OR UPPER EYE BONES WITH BONE GRAFT | $1,689.68 |
| 21181 | RECONSTRUCTION OF SKULL BONES WITH REMOVAL OF BONE GROWTH | $751.86 |
| 21182 | RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE | $2,097.28 |
| 21183 | RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE | $2,278.24 |
| 21184 | RECONSTRUCTION OF EYE, FOREHEAD, AND NOSE BONES WITH REMOVAL OF GROWTH WITH BONE | $2,447.54 |
| 21188 | RECONSTRUCTION OF MIDFACE BONES WITH BONE GRAFT | $1,602.98 |
| 21193 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; | $1,248.28 |
| 21194 | RECONSTRUCTION OF LOWER JAW BONE WITH BONE GRAFT | $1,442.39 |
| 21195 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL | $1,362.97 |
| 21196 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL | $1,453.52 |
| 21198 | INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE | $1,021.77 |
| 21199 | INCISION OR PARTIAL REMOVAL OF LOWER JAW BONE AND MOVEMENT OF TONGUE MUSCLE | $1,024.50 |
| 21200 | OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT | $0.00 |
| 21202 | OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $991.24 |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC | $758.60 |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION | $625.00 |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT) | $782.93 |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT) | $813.94 |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES | $751.14 |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT) | $587.98 |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES | $1,068.96 |
| 21241 | ARTHRPLSTY TMJ JOINT;BILATERAL | $0.00 |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT | $1,035.29 |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT | $1,644.02 |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, | $1,024.40 |
| 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL | $968.84 |
| 21246 | COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT (SUBPER | $863.52 |
| 21247 | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS | $1,600.40 |
| 21248 | RECONSTRUCTION OF PART OF LOWER OR UPPER JAW BONE WITH IMPLANT | $811.82 |
| 21249 | COMPLETE RECONSTRUCTION OF LOWER OR UPPER JAW BONE WITH JAW BONE IMPLANT (ENDOST | $1,128.17 |
| 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 | $1,364.70 |
| 21256 | RECONSTRUCTION OF EYE SOCKET BONE WITH BONE GRAFT | $1,250.53 |
| 21260 | REPOSITIONING OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT | $1,385.01 |
| 21261 | REPOSITIONING OF EYE SOCKET BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT | $2,432.65 |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH | $2,254.58 |
| 21267 | RECONSTRUCTION OF EYE BONE FROM OUTSIDE SKULL WITH BONE GRAFT | $1,621.65 |
| 21268 | REPOSITIONING OF EYE BONE FROM INSIDE AND OUTSIDE SKULL WITH BONE GRAFT | $2,025.98 |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL | $756.46 |
| 21275 | SECONDARY REVISION OF RECONSTRUCTION OF EYE, SKULL, AND FACE BONES | $852.59 |
| 21280 | TIGHTENING OF TENDON OF INNER PORT OF LOWER EYELID | $610.89 |
| 21282 | TIGHTENING OF TENDON OF OUTER EDGE OF LOWER EYELID | $419.42 |
| 21295 | REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM OUTSIDE MOUTH | $210.37 |
| 21296 | REDUCTION OF MUSCLE USED FOR CHEWING AND LOWER JAW BONE FROM INSIDE MOUTH | $422.47 |
| 21299 | OTHER PROCEDURE ON SKULL, FACE, AND UPPER JAW BONES | $0.00 |
| 21315 | CLOSED TREATMENT OF BROKEN NOSE BONE WITH MANIPULATION | $59.60 |
| 21320 | CLOSED TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE | $94.26 |
| 21325 | TREATMENT OF BROKEN NOSE BONE | $467.21 |
| 21330 | TREATMENT OF BROKEN NOSE BONE WITH PLACEMENT OF STABILIZING DEVICE | $555.80 |
| 21335 | TREATMENT OF BROKEN NOSE BONE AND TISSUE SEPARATING NOSE AIRWAYS | $733.82 |
| 21336 | TREATMENT OF BROKEN BONE AND TISSUE SEPARATING NOSE AIRWAYS | $663.06 |
| 21337 | CLOSED TREATMENT OF BROKEN BONE SEPARATING NOSE AIRWAYS | $316.81 |
| 21338 | TREATMENT OF BROKEN NOSE AND EYE BONES | $702.34 |
| 21339 | TREATMENT OF BROKEN NOSE AND EYE BONES WITH PLACEMENT OF OUTSIDE STABILIZING DEV | $788.04 |
| 21340 | TREATMENT OF BROKEN NOSE BONES WITH PLACEMENT OF STABILIZING DEVICE | $761.73 |
| 21343 | TREATMENT OF DEPRESSED BROKEN FRONT SINUS BONE | $1,111.03 |
| 21344 | TREATMENT OF COMPLICATED BROKEN FRONT SINUS BONE | $1,395.26 |
| 21345 | CLOSED TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF STABILIZIN | $654.86 |
| 21346 | TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH PLACEMENT OF STABILIZING DEVIC | $1,041.42 |
| 21347 | TREATMENT OF COMPLEX BROKEN NOSE AND UPPER JAW BONES THROUGH MULTIPLE OPENINGS | $1,063.04 |
| 21348 | TREATMENT OF BROKEN NOSE AND UPPER JAW BONES WITH BONE GRAFT | $1,093.56 |
| 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 | $337.86 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 21356 | TREATMENT OF DEPRESSED BROKEN UPPER PORTION OF CHEEK BONE | $416.38 |
| 21360 | TREATMENT OF DEPRESSED BROKEN CHEEK BONE | $539.11 |
| 21365 | TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH PLACEMENT OF INTERNAL STABILIZIN | $1,091.25 |
| 21366 | TREATMENT OF COMPLICATED BROKEN CHEEK BONE WITH BONE GRAFT | $1,280.48 |
| 21380 | ORB FLOOR "BLOWOUT" FX W/O MANIP. | $0.00 |
| 21385 | TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK | $746.42 |
| 21386 | TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA | $703.31 |
| 21387 | TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH CHEEK AND EYE AREA | $778.33 |
| 21390 | TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH IMPLANT | $815.12 |
| 21395 | TREATMENT OF BROKEN FLOOR OF EYE BONE THROUGH EYE AREA WITH BONE GRAFT | $1,008.40 |
| 21400 | CLOSED TREATMENT OF BROKEN EYE BONE | $182.94 |
| 21401 | CLOSED TREATMENT OF BROKEN EYE BONE WITH MANIPULATION | $346.39 |
| 21406 | TREATMENT OF BROKEN EYE BONE | $599.74 |
| 21407 | TREATMENT OF BROKEN EYE BONE WITH IMPLANT | $664.19 |
| 21408 | TREATMENT OF BROKEN EYE BONE WITH BONE GRAFT | $910.58 |
| 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 | $575.61 |
| 21422 | TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE | $646.43 |
| 21423 | COMPLICATED TREATMENT OF BROKEN ROOF OF MOUTH OR UPPER JAW BONE | $805.01 |
| 21431 | CLOSED TREATMENT OF BROKEN BONES OF CHEEK, NOSE, AND FACE WITH PLACEMENT OF STAB | $725.73 |
| 21432 | TREATMENT OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING DEVICE | $731.14 |
| 21433 | COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES | $1,726.52 |
| 21435 | COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING | $1,415.44 |
| 21436 | COMPLICATED REPAIR OF BROKEN FACE AND SKULL BONES WITH PLACEMENT OF STABILIZING | $2,035.05 |
| 21440 | CLOSED TREATMENT OF BROKEN UPPER OR LOWER JAW BONE | $644.45 |
| 21445 | TREATMENT OF BROKEN UPPER OR LOWER JAW BONE | $655.83 |
| 21450 | CLOSED TREATMENT OF BROKEN LOWER JAW BONE | $512.32 |
| 21451 | CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH MANIPULATION | $679.06 |
| 21452 | TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE | $487.10 |
| 21453 | CLOSED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE T | $976.30 |
| 21454 | TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF EXTERNAL STABILIZING DEVICE | $510.37 |
| 21455 | CLOSED MANIPULATIVE TREATMENT BY INTERDENTAL FIXATION OF CLOSED OR OPEN MANDIBUL | $0.00 |
| 21461 | TREATMENT OF BROKEN LOWER JAW BONE | $1,092.78 |
| 21462 | TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEVICE TO TEETH | $1,210.51 |
| 21465 | TREATMENT OF BROKEN HINGED END OF LOWER JAW BONE | $821.51 |
| 21470 | COMPLICATED TREATMENT OF BROKEN LOWER JAW BONE WITH PLACEMENT OF STABILIZING DEV | $1,179.20 |
| 21480 | CLOSED TREATMENT OF DISLOCATED JAW JOINT | $29.90 |
| 21485 | COMPLICATED REPAIR OF DISLOCATED JAW JOINT WITH PLACEMENT OF STABILIZING DEVICE | $827.52 |
| 21490 | TREATMENT OF DISLOCATED JAW JOINT | $810.26 |
| 21497 | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE | $627.28 |
| 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 | $350.26 |
| 21502 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION IN SOFT TISSUE OF NECK OR CHEST W | $500.77 |
| 21510 | DEEP INCISION OF CHEST BONE | $451.87 |
| 21511 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR | $0.00 |
| 21550 | BIOPSY, SOFT TISSUE OF NECK OR THORAX | $159.18 |
| 21552 | REMOVAL OF GROWTH OF SOFT TISSUE UNDER SKIN OF NECK OR FRONT OF CHEST, 3.0 CM OR | $447.88 |
| 21554 | REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE | $727.67 |
| 21555 | REMOVAL OF GROWTH UNDER SKIN OF NECK OR FRONT OF CHEST, LESS THAN 3.0 CM | $315.61 |
| 21556 | REMOVAL OF GROWTH OF MUSCLE OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM | $534.61 |
| 21557 | EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, LESS THAN 5.0 CM | $943.51 |
| 21558 | EXTENSIVE REMOVAL OF GROWTH OF NECK OR FRONT OF CHEST, 5.0 CM OR MORE | $1,312.63 |
| 21600 | PARTIAL REMOVAL OF RIB | $582.71 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 21601 | REMOVAL OF GROWTH OF CHEST WALL AND RIB | $1,112.31 |
| 21602 | REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION | $1,518.04 |
| 21603 | REMOVAL OF GROWTH OF CHEST WALL AND RIB WITH RECONSTRUCTION AND REMOVAL OF LYMPH | $1,634.15 |
| 21610 | PARTIAL REMOVAL OF RIB AND SPINE BONE AT JOINT | $1,177.42 |
| 21615 | EXCISION FIRST AND/OR CERVICAL RIB; | $599.87 |
| 21616 | EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY | $675.22 |
| 21620 | OSTECTOMY OF STERNUM, PARTIAL | $498.99 |
| 21627 | REMOVAL OF CHEST BONE TISSUE | $552.42 |
| 21630 | EXTENSIVE REMOVAL OF CHEST BONE | $1,319.46 |
| 21685 | REPOSITIONING OF BONE AND MUSCLES IN NECK | $985.65 |
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | $336.48 |
| 21705 | DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB | $497.09 |
| 21720 | RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE | $539.83 |
| 21725 | RELEASE OF NECK MUSCLE AND PLACEMENT OF A CAST TO TREAT TILTING HEAD | $557.69 |
| 21740 | REPAIR OF ABNORMAL POSITION OF CHEST BONE | $975.46 |
| 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 | $648.56 |
| 21811 | TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 1-3 RIBS | $557.34 |
| 21812 | TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 4-6 RIBS | $676.19 |
| 21813 | TREATMENT OF BROKEN RIBS ON SIDE WITH PLACEMENT OF STABILIZING DEVICE, 7 OR MORE | $920.93 |
| 21820 | CLOSED TREATMENT OF STERNUM FRACTURE | $163.17 |
| 21825 | TREATMENT OF BROKEN CHEST BONE | $553.13 |
| 21899 | OTHER PROCEDURE ON NECK OR CHEST | $307.00 |
| 21920 | BIOPSY OF SURFACE SOFT TISSUE TO BACK OR LOWER SIDES | $158.04 |
| 21925 | DEEP BIOPSY OF SOFT TISSUE OF BACK OR LOWER SIDES | $390.16 |
| 21930 | REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, LESS THAN 3.0 CM | $371.18 |
| 21931 | REMOVAL OF GROWTH UNDER SKIN OF BACK OR LOWER SIDES, 3.0 CM OR MORE | $469.73 |
| 21932 | REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, LESS THAN 5.0 CM | $663.42 |
| 21933 | REMOVAL OF GROWTH OF MUSCLE OF BACK OR LOWER SIDES, 5.0 CM OR MORE | $731.10 |
| 21935 | EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, LESS THAN 5.0 CM | $1,000.65 |
| 21936 | EXTENSIVE REMOVAL OF GROWTH OF BACK OR LOWER SIDE, 5.0 CM OR MORE | $1,375.25 |
| 22010 | DRAINAGE OF ABSCESS OF DEEP TISSUE OF UPPER OR MIDDLE SPINE | $972.26 |
| 22015 | DRAINAGE OF ABSCESS OF DEEP TISSUE OF LOWER SPINE OR SACRUM | $952.54 |
| 22100 | REMOVAL OF REAR PIECE OF UPPER SPINE BONE | $946.27 |
| 22101 | REMOVAL OF REAR PIECE OF MIDDLE SPINE BONE | $893.30 |
| 22102 | REMOVAL OF REAR PIECE OF LOWER SPINE BONE | $768.53 |
| 22103 | PARTIAL REMOVAL OF BONE AT BACK OF SPINE, EACH ADDITIONAL SEGMENT | $126.36 |
| 22110 | PARTIAL REMOVAL OF UPPER SPINE BONE | $1,047.91 |
| 22111 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE | $0.00 |
| 22112 | PARTIAL REMOVAL OF MIDDLE SPINE BONE | $1,124.55 |
| 22113 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE | $0.00 |
| 22114 | PARTIAL REMOVAL OF LOWER SPINE BONE | $1,124.55 |
| 22115 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE | $0.00 |
| 22116 | PARTIAL REMOVAL OF SPINE BONE, EACH ADDITIONAL SEGMENT | $132.86 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $2,368.22 |
| 22207 | INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT TO CORRECT DEFORMITY | $2,321.92 |
| 22208 | INCISION OR REMOVAL OF SPINE BONE SEGMENT TO CORRECT DEFORMITY, EACH ADDITIONAL | $552.09 |
| 22210 | INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT | $1,754.51 |
| 22212 | INCISION OR REMOVAL OF MIDDLE SPINE BONE SEGMENT | $1,502.25 |
| 22214 | INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT | $1,500.64 |
| 22216 | INCISION OR REMOVAL OF SPINE BONE SEGMENT, EACH ADDITIONAL SEGMENT | $342.19 |
| 22220 | INCISION OR REMOVAL OF UPPER SPINE BONE SEGMENT AND REMOVAL OF DISC | $1,603.08 |
| 22222 | INCISION OR REMOVAL OF MIDDLE SPINE BONE AND REMOVAL OF DISC | $1,718.90 |
| 22224 | INCISION OR REMOVAL OF LOWER SPINE BONE SEGMENT AND REMOVAL OF DISC | $1,572.01 |
| 22226 | INCISION OR REMOVAL OF SPINE BONE SEGMENT AND REMOVAL OF DISC, EACH ADDITIONAL S | $339.99 |
| 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 | $309.91 |
| 22315 | CLOSED TREATMENT OF BROKEN OR DISLOCATED SPINE BONE WITH CAST OR BRACE AND TRACT | $796.64 |
| 22318 | TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF STABILI | $1,599.78 |
| 22319 | TREATMENT OF BROKEN OR DISLOCATED UPPERMOST SPINE BONE WITH PLACEMENT OF STABILI | $1,766.98 |
| 22325 | TREATMENT OF BROKEN OR DISLOCATED LOWER SPINE BONE | $1,460.37 |
| 22326 | TREATMENT OF BROKEN OR DISLOCATED UPPER SPINE BONE | $1,477.95 |
| 22327 | TREATMENT OF BROKEN OR DISLOCATED MIDDLE SPINE BONE | $1,514.41 |
| 22328 | TREATMENT OF BROKEN OR DISLOCATED SPINE BONE, EACH ADDITIONAL SEGMENT | $263.32 |
| 22330 | OPEN TREATMENT AND FUSION, CERVICAL SPINE; | $0.00 |
| 22335 | OPEN TREATMENT AND FUSION, CERVICAL SPINE; | $0.00 |
| 22345 | OPEN TREATMENT AND FUSION, CERVICAL SPINE; | $0.00 |
| 22355 | OPEN TREATMENT AND FUSION, POSTERIOR APPROACH, WITH | $0.00 |
| 22356 | OPEN TREATMENT AND FUSION, POSTERIOR APPROACH, WITH | $0.00 |
| 22360 | OPEN TREATMENT AND FUSION, POSTERIOR APPROACH | $0.00 |
| 22361 | OPEN TREATMENT AND FUSION, POSTERIOR APPROACH | $0.00 |
| 22370 | OPEN TREATMENT AND FUSION, POSTEROLATERAL OR | $0.00 |
| 22371 | OPEN TREATMENT AND FUSION, POSTEROLATERAL OR | $0.00 |
| 22379 | HARRINGTON ROD TECHNIQUE | $0.00 |
| 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION | $146.56 |
| 22510 | STABILIZATION OF UPPER SPINE BONE | $420.62 |
| 22511 | STABILIZATION OF LOWER SPINE BONE | $397.20 |
| 22512 | STABILIZATION OF SPINE BONE, EACH ADDITIONAL BONE | $196.16 |
| 22513 | TREATMENT OF BROKEN MIDDLE SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE USING | $495.04 |
| 22514 | TREATMENT OF BROKEN LOWER SPINE BONE WITH PLACEMENT OF STABILIZING DEVICE | $463.15 |
| 22515 | TREATMENT OF BROKEN SPINE BONE WITH STABILIZING DEVICE, EACH ADDITIONAL SEGMENT | $206.34 |
| 22526 | TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, SINGLE LEVEL | $325.74 |
| 22527 | TREATMENT OF SPINE DISC USING FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL BONE LEVEL | $147.50 |
| 22532 | FUSION OF MIDDLE SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE | $1,746.20 |
| 22533 | FUSION OF LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, 1 BONE | $1,636.05 |
| 22534 | FUSION OF MIDDLE OR LOWER SPINE BONE THROUGH SIDE WITH PARTIAL REMOVAL OF DISC, | $339.78 |
| 22548 | FUSION OF SPINE BONES AT BASE OF NECK, ORAL APPROACH | $1,896.59 |
| 22550 | ARTHRODESIS WITH DISKECTOMY, CERVICAL, | $0.00 |
| 22551 | FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR NE | $1,646.71 |
| 22552 | FUSION OF UPPER SPINE BONE WITH REMOVAL OF DISC AND RELEASE OF SPINAL CORD OR NE | $371.00 |
| 22554 | FUSION OF UPPER SPINE BONES THROUGH FRONT OF NECK WITH PARTIAL REMOVAL OF DISC | $1,238.50 |
| 22555 | ARTHRODESIS WITH DISKECTOMY, CERVICAL, ANTERIOR | $0.00 |
| 22556 | FUSION OF MIDDLE SPINE BONE THROUGH SIDE OF CHEST WITH PARTIAL REMOVAL OF DISC | $1,643.02 |
| 22558 | FUSION OF LOWER SPINE BONE THROUGH ABDOMEN WITH PARTIAL REMOVAL OF DISC | $1,484.90 |
| 22560 | ARTHRODESIS WITH DISKECTOMY, LUMBAR OR THORACIC, | $0.00 |

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|---|---|---|
| 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 | $304.22 |
| 22586 | FUSION OF LOWER SPINE OR SACRAL BONE WITH REMOVAL OF DISC USING IMAGE GUIDANCE | $1,959.49 |
| 22590 | FUSION OF SKULL AND FIRST 2 UPPER SPINE BONES THROUGH BACK | $1,554.60 |
| 22595 | FUSION OF FIRST 2 SPINE BONES THROUGH BACK OF NECK | $1,487.72 |
| 22600 | FUSION OF SPINE IN NECK BY POSTERIOR APPROACH | $1,286.60 |
| 22610 | FUSION OF SPINE IN UPPER BACK | $1,269.66 |
| 22612 | FUSION OF SPINE IN LOWER BACK | $1,545.39 |
| 22614 | FUSION OF ADDITIONAL SEGMENT OF SPINE | $366.71 |
| 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 | $1,518.54 |
| 22632 | FUSION OF LOWER BACK SPINE BONE AND PARTIAL REMOVAL OF SPINE BONE OR DISC THROUG | $298.89 |
| 22633 | FUSION OF SPINE IN LOWER BACK WITH PARTIAL REMOVAL OF SPINE BONE AND DISC | $1,757.82 |
| 22634 | FUSION OF ADDITIONAL SEGMENT OF SPINE WITH PARTIAL REMOVAL OF SPINE BONE AND DIS | $454.08 |
| 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 | $1,351.77 |
| 22802 | FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, 7 TO 12 V | $2,054.88 |
| 22804 | FUSION TO REPAIR SPINE DEFORMITY THROUGH BACK, 13 OR MORE BONES | $2,354.47 |
| 22808 | FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 2 TO 3 VER | $1,763.97 |
| 22810 | FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 4 TO 7 VER | $1,980.94 |
| 22812 | FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 8 OR MORE | $2,173.34 |
| 22818 | REMOVAL OF 1-2 SPINE BONES TO CORRECT OUTWARD CURVING SPINE DEFORMITY | $2,112.36 |
| 22819 | REMOVAL OF PARTS OF 3 OR MORE SPINE BONES TO CORRECT OUTWARD CURVING SPINE DEFOR | $2,432.48 |
| 22830 | EXPLORATION OF SPINE FUSION | $819.17 |
| 22836 | TETHERING OF 7 OR FEWER MIDDLE SPINE BONES | $1,698.02 |
| 22837 | TETHERING OF 8 OR MORE MIDDLE SPINE BONES | $1,869.05 |
| 22838 | REVISION, REPLACEMENT, OR REMOVAL OF MIDDLE SPINE TETHERING | $1,893.38 |
| 22840 | PLACEMENT OF STABILIZING DEVICE TO BACK OF 1 SPINE BONE IN NECK | $709.59 |
| 22841 | INSERTION OF WIRE TO STABILIZE SPINE BONES | $88.50 |
| 22842 | PLACEMENT OF STABILIZING DEVICE TO BACK, 3-6 SPINE BONE SEGMENTS | $715.61 |
| 22843 | PLACEMENT OF STABILIZING DEVICE TO BACK, 7-12 SPINE BONE SEGMENTS | $766.43 |
| 22844 | PLACEMENT OF STABILIZING DEVICE TO BACK, 13 OR MORE SPINE BONE SEGMENTS | $930.45 |
| 22845 | PLACEMENT OF STABILIZING DEVICE TO FRONT, 2-3 SPINE BONE SEGMENTS | $679.83 |
| 22846 | PLACEMENT OF STABILIZING DEVICE TO FRONT, 4-7 SPINE BONE SEGMENTS | $707.63 |
| 22847 | PLACEMENT OF STABILIZING DEVICE TO FRONT, 8 OR MORE SPINE BONE SEGMENTS | $767.49 |
| 22848 | PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU | $339.44 |
| 22849 | REINSERTION OF SPINAL FIXATION DEVICE | $1,277.09 |
| 22850 | REMOVAL OF STABILIZING DEVICE FROM BACK OF SPINE | $735.76 |
| 22852 | REMOVAL OF SEGMENTAL STABILIZING DEVICE FROM BACK OF SPINE | $709.57 |
| 22853 | INSERTION OF CAGE OR MESH DEVICE TO SPINE BONE AND DISC SPACE DURING SPINE FUSIO | $241.70 |
| 22854 | INSERTION OF CAGE OR MESH DEVICE IN DISC SPACE DURING SPINE FUSION | $313.70 |
| 22855 | REMOVAL OF STABILIZING DEVICE FROM FRONT OF SPINE | $1,085.64 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 22856 | INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH | $1,578.99 |
| 22857 | INSERTION OF ARTIFICIAL DISC BETWEEN BONES OF LOWER SPINE, SINGLE SPACE | $1,727.35 |
| 22858 | INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH | $476.86 |
| 22859 | PLACEMENT OF MESH OR CAGE DEVICE INTO SPINE DISC SPACE | $313.52 |
| 22860 | INSERTION OF ARTIFICIAL DISC BETWEEN BONES OF LOWER SPINE, ADDITIONAL SPACE | $389.11 |
| 22861 | REVISION OF TOTAL DISC REPLACEMENT IN UPPER BACK | $2,210.18 |
| 22862 | REVISION OF TOTAL DISC REPLACEMENT IN LOWER BACK | $2,220.90 |
| 22864 | REVISION OF ARTIFICIAL UPPER SPINE DISC, CERVICAL | $1,979.67 |
| 22865 | REVISION OF ARTIFICIAL LOWER SPINE DISC, LUMBAR | $2,170.10 |
| 22867 | PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN 1 DISC SPA | $1,045.42 |
| 22868 | PLACEMENT OF DEVICE TO STABILIZE OR REDUCE PRESSURE IN LOWER SPINE IN SECOND DIS | $226.58 |
| 22869 | PLACEMENT OF STABILIZING DEVICE TO LOWER SPINE LEVEL | $436.91 |
| 22870 | PLACEMENT OF STABILIZING DEVICE TO SECOND LOWER SPINE LEVEL | $114.25 |
| 22899 | OTHER PROCEDURE ON SPINE | $555.11 |
| 22900 | REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, LESS THAN 5.0 CM | $566.55 |
| 22901 | REMOVAL OF GROWTH OF MUSCLE OF ABDOMEN, 5.0 CM OR MORE | $660.47 |
| 22902 | REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 3.0 CM | $339.69 |
| 22903 | REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 3.0 CM OR MORE | $439.98 |
| 22904 | EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 5.0 CM | $1,023.46 |
| 22905 | EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE OF ABDOMINAL WALL, 5.0 CM OR MORE | $1,299.82 |
| 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 | $373.90 |
| 23020 | RELEASE OF TENDON OF SHOULDER JOINT | $707.61 |
| 23030 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF SHOULDER | $260.05 |
| 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA | $230.11 |
| 23035 | INCISION OF SHOULDER BONE FOR REMOVAL OF INFECTED TISSUE | $695.93 |
| 23036 | INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR | $0.00 |
| 23040 | INCISION OF SHOULDER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIG | $733.40 |
| 23042 | ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, | $0.00 |
| 23044 | INCISION OF COLLAR BONE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOR | $572.43 |
| 23065 | BIOPSY OF SURFACE TISSUE OF SHOULDER | $161.77 |
| 23066 | BIOPSY OF DEEP TISSUE OF SHOULDER | $388.08 |
| 23071 | REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, 3.0 CM OR MORE | $424.16 |
| 23073 | REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, 5.0 CM OR MORE | $699.10 |
| 23075 | REMOVAL OF GROWTH UNDER SKIN OF SHOULDER AREA, LESS THAN 3.0 CM | $338.53 |
| 23076 | REMOVAL OF GROWTH OF MUSCLE OF SHOULDER, LESS THAN 5.0 CM | $555.08 |
| 23077 | EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, LESS THAN 5.0 CM | $1,111.90 |
| 23078 | EXTENSIVE REMOVAL OF GROWTH OF SHOULDER, 5.0 CM OR MORE | $1,416.83 |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY | $528.73 |
| 23101 | INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES | $476.27 |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY | $659.70 |
| 23106 | ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY | $524.80 |
| 23107 | INCISION OF SHOULDER JOINT FOR EXAM | $682.51 |
| 23110 | EXCISION, SUBACROMIAL (SUBDELTOID) BURSA | $0.00 |
| 23120 | CLAVICULECTOMY; PARTIAL | $609.87 |
| 23125 | CLAVICULECTOMY; TOTAL | $726.66 |
| 23130 | PARTIAL REMOVAL OR REPAIR OF SHOULDER BONE NEAR COLLAR BONE | $641.08 |
| 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; | $575.12 |
| 23145 | REMOVAL OF CYST OR GROWTH OF COLLAR BONE OR SHOULDER BLADE WITH SELF BONE GRAFT | $712.98 |
| 23146 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH | $645.12 |
| 23150 | REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE | $685.84 |
| 23155 | REMOVAL OF CYST OR GROWTH OF TOP PART OF UPPER ARM BONE WITH SELF BONE GRAFT | $815.07 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 23156 | REMOVAL OF CYST OR GROWTH OF TOP OF UPPER ARM BONE WITH DONOR BONE GRAFT | $697.85 |
| 23170 | REMOVAL OF DEAD BONE FRAGMENT FROM COLLAR BONE | $585.10 |
| 23171 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 23172 | REMOVAL OF DEAD BONE FRAGMENT FROM SHOULDER BLADE | $590.73 |
| 23173 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 23174 | REMOVAL OF DEAD BONE FRAGMENT FROM TOP OF UPPER ARM BONE | $786.16 |
| 23175 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 23180 | PARTIAL REMOVAL OF INFECTED COLLAR BONE | $710.71 |
| 23181 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR | $0.00 |
| 23182 | PARTIAL REMOVAL OF INFECTED SHOULDER BLADE | $694.55 |
| 23183 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR | $0.00 |
| 23184 | PARTIAL REMOVAL OF INFECTED TOP OF UPPER ARM BONE | $757.92 |
| 23185 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR | $0.00 |
| 23190 | PARTIAL REMOVAL OF SHOULDER BLADE | $594.60 |
| 23195 | RESECTION, HUMERAL HEAD | $764.41 |
| 23200 | EXTENSIVE REMOVAL OF GROWTH OF COLLAR BONE | $1,498.38 |
| 23210 | EXTENSIVE REMOVAL OF GROWTH OF SHOULDER BLADE | $1,749.63 |
| 23220 | EXTENSIVE REMOVAL OF GROWTH OF UPPER END OF UPPER ARM | $1,912.20 |
| 23330 | REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN | $175.20 |
| 23333 | REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE | $492.72 |
| 23334 | REMOVAL OF BALL OR SOCKET PROSTHESIS FROM SHOULDER | $1,070.36 |
| 23335 | REMOVAL OF BALL AND SOCKET PROSTHESIS FROM SHOULDER | $1,265.60 |
| 23350 | INJECTION OF CONTRAST FOR IMAGING OF SHOULDER JOINT | $48.28 |
| 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 | $1,293.10 |
| 23397 | RELOCATION OF MULTIPLE MUSCLES OF SHOULDER OR UPPER ARM | $1,140.51 |
| 23400 | SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS) | $982.24 |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON | $628.84 |
| 23406 | INCISION OF SHOULDER MULTIPLE TENDONS THROUGH SAME INCISION | $753.87 |
| 23410 | REPAIR OF ACUTE TORN SHOULDER ROTATOR CUFF | $834.06 |
| 23412 | REPAIR OF CHRONIC TORN SHOULDER ROTATOR CUFF | $865.41 |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY | $719.75 |
| 23420 | REPAIR OF COMPLETE TEAR OF SHOULDER ROTATOR CUFF WITH RELEASE OF PRESSURE ON COL | $990.36 |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS | $760.34 |
| 23440 | REMOVAL OR RELOCATION OF BICEPS TENDON | $768.41 |
| 23450 | REATTACHMENT OF SHOULDER JOINT CAPSULE WITHOUT BONE TRANSFER | $952.78 |
| 23455 | REATTACHMENT OF SHOULDER JOINT CAPSULE AND CARTILAGE WITHOUT BONE TRANSFER WITH | $976.37 |
| 23460 | REPAIR OF SHOULDER JOINT CAPSULE AND SHOULDER BLADE WITH BONE BLOCK | $1,096.24 |
| 23462 | REATTACHMENT OF SHOULDER JOINT CAPSULE WITH BONE TRANSFER (CORACOID BONE) | $1,070.53 |
| 23465 | REPAIR OF SHOULDER JOINT CAPSULE IN THE BACK OF THE JOINT | $1,123.06 |
| 23466 | REPAIR AND TIGHTENING OF SHOULDER JOINT CAPSULE | $1,131.86 |
| 23470 | PARTIAL REPLACEMENT OF SHOULDER JOINT | $1,198.20 |
| 23472 | PROSTHETIC REPAIR OF SHOULDER JOINT, TOTAL SHOULDER | $1,436.44 |
| 23473 | REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM | $1,593.90 |
| 23474 | REVISION OF TOTAL SHOULDER REPAIR, TOTAL SHOULDER | $1,717.78 |
| 23480 | INCISION OR PARTIAL REMOVAL OF COLLAR BONE | $832.74 |
| 23485 | INCISION OR PARTIAL REMOVAL OF COLLAR BONE WITH BONE GRAFT | $959.76 |
| 23490 | STABILIZATION OF COLLAR BONE WITH DEVICE | $872.26 |
| 23491 | STABILIZATION OF TOP OF UPPER ARM BONE WITH DEVICE | $1,025.02 |
| 23500 | CLOSED TREATMENT OF BROKEN COLLAR BONE | $251.72 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 23505 | CLOSED TREATMENT OF BROKEN COLLAR BONE WITH MANIPULATION | $358.99 |
| 23510 | TREATMENT OF OPEN CLAVICULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 23515 | TREATMENT OF BROKEN COLLAR BONE | $738.71 |
| 23520 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE | $262.85 |
| 23525 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONE WITH MANIPULA | $393.38 |
| 23530 | TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES | $595.10 |
| 23532 | TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR AND CHEST BONES WITH TISSUE GRAFT | $646.76 |
| 23540 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER | $257.68 |
| 23545 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH MANIP | $350.36 |
| 23550 | TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER | $589.21 |
| 23552 | TREATMENT OF DISLOCATED JOINT BETWEEN COLLAR BONE AND SHOULDER WITH TISSUE GRAFT | $663.67 |
| 23570 | CLOSED TREATMENT OF BROKEN SHOULDER BLADE | $266.97 |
| 23575 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT | $407.39 |
| 23580 | TREATMENT OF OPEN SCAPULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 23585 | TREATMENT OF BROKEN SHOULDER BLADE | $983.49 |
| 23600 | CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE | $347.28 |
| 23605 | CLOSED TREATMENT OF BROKEN TOP OF UPPER ARM BONE WITH MANIPULATION | $452.19 |
| 23610 | TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLIC | $0.00 |
| 23615 | TREATMENT OF BROKEN TOP OF UPPER ARM BONE | $898.54 |
| 23616 | TREATMENT OF BROKEN UPPER ARM BONE WITH REPLACEMENT | $1,235.40 |
| 23620 | CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT | $284.82 |
| 23625 | CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT SHOULDER JOINT WITH MANIPULATION | $372.92 |
| 23630 | TREATMENT OF UPPER ARM BONE, BROKEN AT SHOULDER JOINT | $800.17 |
| 23650 | CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION | $322.74 |
| 23655 | CLOSED TREATMENT OF DISLOCATED SHOULDER WITH MANIPULATION UNDER ANESTHESIA | $430.25 |
| 23658 | TREATMENT OF OPEN SHOULDER DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 23660 | TREATMENT OF DISLOCATED SHOULDER | $604.28 |
| 23665 | CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN UPPER ARM BONE AT SHOULDER JO | $426.28 |
| 23670 | TREATMENT OF DISLOCATED SHOULDER AND UPPER ARM BONE, BROKEN AT SHOULDER JOINT | $887.49 |
| 23675 | CLOSED TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE WITH M | $525.05 |
| 23680 | TREATMENT OF DISLOCATED SHOULDER AND BROKEN NECK OF UPPER ARM BONE | $943.22 |
| 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION | $201.84 |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT; | $1,035.25 |
| 23802 | FUSION OF SHOULDER JOINT BONE WITH SELF BONE GRAFT | $1,291.79 |
| 23810 | FOLLOW UP FAMILY PLANNING VISIT | $0.00 |
| 23900 | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER) | $1,381.02 |
| 23920 | REMOVAL OF ARM AND SHOULDER BLADE AT SHOULDER JOINT | $1,130.65 |
| 23921 | REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF ARM AND SHOULDER BLADE AT | $492.25 |
| 23929 | OTHER PROCEDURE ON SHOULDER | $313.82 |
| 23930 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF UPPER ARM OR ELBOW | $219.27 |
| 23931 | DRAINAGE OF FLUID FILLED SAC IN ELBOW JOINT | $168.08 |
| 23935 | INCISION OF UPPER ARM OR ELBOW BONE | $534.92 |
| 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 | $498.48 |
| 24001 | ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR | $0.00 |
| 24006 | INCISION OF ELBOW WITH RELEASE OF JOINT CAPSULE | $733.27 |
| 24065 | BIOPSY OF SURFACE TISSUE OF UPPER ARM OR ELBOW | $167.82 |
| 24066 | BIOPSY OF DEEP TISSUE OF UPPER ARM OR ELBOW | $439.03 |
| 24071 | REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, 3.0 CM OR MORE | $409.97 |
| 24073 | REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, 5.0 CM OR MORE | $695.75 |
| 24075 | REMOVAL OF GROWTH UNDER SKIN OF UPPER ARM OR ELBOW, LESS THAN 3.0 CM | $340.06 |
| 24076 | REMOVAL OF GROWTH OF MUSCLE OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM | $559.39 |
| 24077 | EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, LESS THAN 5.0 CM | $1,013.52 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 24079 | EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM OR ELBOW, 5.0 CM OR MORE | $1,305.53 |
| 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY | $440.62 |
| 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR | $525.29 |
| 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY | $636.10 |
| 24105 | EXCISION, OLECRANON BURSA | $385.08 |
| 24110 | REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE | $612.08 |
| 24115 | REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND SELF BONE GRAFT | $753.30 |
| 24116 | REMOVAL OF CYST OR GROWTH OF UPPER ARM BONE AND DONOR BONE GRAFT | $870.61 |
| 24120 | REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE | $555.07 |
| 24125 | REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE AND SELF BONE GRAFT | $643.34 |
| 24126 | REMOVAL OF CYST OR GROWTH OF ELBOW OR UPPER FOREARM BONE WITH BONE GRAFT | $670.34 |
| 24130 | EXCISION, RADIAL HEAD | $535.29 |
| 24134 | REMOVAL OF DEAD UPPER ARM BONE FOR BONE INFECTION IN THE MAIN PORTION AND LOWER | $764.32 |
| 24135 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 24136 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK | $651.54 |
| 24137 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS | $714.98 |
| 24139 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), | $0.00 |
| 24140 | PARTIAL REMOVAL OF INFECTED UPPER ARM BONE | $720.61 |
| 24144 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR | $0.00 |
| 24145 | PARTIAL REMOVAL OF INFECTED FOREARM BONE AT ELBOW | $613.37 |
| 24146 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR | $0.00 |
| 24147 | PARTIAL REMOVAL OF INFECTED ELBOW BONE | $653.77 |
| 24148 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR | $0.00 |
| 24149 | EXTENSIVE REMOVAL OF BONY GROWTH AND TISSUE FROM ELBOW TO INCREASE ELBOW MOTION | $1,202.69 |
| 24150 | EXTENSIVE REMOVAL OF GROWTH OF UPPER ARM BONE | $1,534.83 |
| 24152 | EXTENSIVE REMOVAL OF GROWTH OF INNER FOREARM BONE | $1,341.87 |
| 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY) | $862.57 |
| 24160 | REMOVAL OF ELBOW JOINT PROSTHESIS | $1,257.31 |
| 24164 | REMOVAL OF FOREARM BONE PROSTHESIS AT ELBOW JOINT | $740.13 |
| 24200 | REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN | $148.16 |
| 24201 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA | $419.76 |
| 24220 | INJECTION OF CONTRAST FOR IMAGING OF ELBOW JOINT | $64.43 |
| 24300 | MANIPULATION, ELBOW, UNDER ANESTHESIA | $477.86 |
| 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING | $765.41 |
| 24305 | TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON | $601.35 |
| 24310 | INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE | $489.03 |
| 24320 | RELOCATION OF TENDON FROM ELBOW TO SHOULDER WITH MUSCLE TRANSFER | $794.63 |
| 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); | $734.66 |
| 24331 | RELOCATION OF FOREARM TENDONS WITH ADVANCEMENT OF THE EXTENSOR TENDONS | $799.58 |
| 24332 | RELEASE OF UPPER ARM TENDON | $638.15 |
| 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) | $624.91 |
| 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR | $775.75 |
| 24342 | REINSERTION OF TORN UPPER ARM TENDON | $788.74 |
| 24343 | REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW | $742.24 |
| 24344 | REPAIR OF LIGAMENT OF THUMB SIDE OF ELBOW WITH TENDON GRAFT | $1,123.01 |
| 24345 | REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW | $734.44 |
| 24346 | REPAIR OF LIGAMENT OF SMALL FINGER SIDE OF ELBOW WITH TENDON GRAFT | $1,123.01 |
| 24357 | INCISION OF ELBOW TENDON | $434.53 |
| 24358 | INCISION OF ELBOW TENDON WITH REMOVAL OF TISSUE | $553.82 |
| 24359 | INCISION AND REPAIR OF ELBOW TENDON WITH REMOVAL OF TISSUE OR BONE | $682.38 |
| 24360 | REPAIR OF ELBOW JOINT WITH TISSUE GRAFT | $915.09 |
| 24361 | REPAIR OF ELBOW JOINT WITH REPLACEMENT OF LOWER PORTION OF UPPER ARM BONE | $1,017.48 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 24362 | REPAIR OF ELBOW JOINT WITH IMPLANT WITH AND REPAIR OF LIGAMENT | $1,068.02 |
| 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC | $1,445.63 |
| 24365 | JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE ELBOW | $658.45 |
| 24366 | JOINT REPAIR (ARTHROPLASTY) FOREARM BONE ON THE THUMB SIDE (RADIUS) AT THE ELBOW | $698.72 |
| 24370 | REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM OR FOREARM COMPONENTS | $1,532.47 |
| 24371 | REVISION OF TOTAL ELBOW REPAIR (ARTHROPLASTY), UPPER ARM AND FOREARM COMPONENTS | $1,750.55 |
| 24400 | INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE | $843.99 |
| 24410 | INCISION OR PARTIAL REMOVAL OF UPPER ARM BONE WITH INSERTION OF ROD | $1,067.76 |
| 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876) | $1,082.90 |
| 24430 | REPAIR OF NONHEALED BROKEN UPPER ARM BONE | $1,065.24 |
| 24435 | REPAIR OF NONHEALED BROKEN UPPER ARM BONE WITH SELF BONE GRAFT | $1,097.00 |
| 24470 | REPAIR OF GROWTH PLATE OF UPPER ARM BONE | $691.50 |
| 24495 | INCISION OF TISSUE OF FOREARM MUSCLE WITH EXPLORATION OF ARTERY | $956.25 |
| 24498 | STABILIZATION OF UPPER ARM BONE WITH DEVICE | $874.65 |
| 24500 | CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE | $363.67 |
| 24505 | CLOSED TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH MANIPULATION | $477.89 |
| 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 | $897.00 |
| 24516 | TREATMENT OF BROKEN MIDDLE PART OF UPPER ARM BONE WITH PLACEMENT OF STABILIZING | $869.71 |
| 24530 | CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW | $380.32 |
| 24531 | TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MA | $0.00 |
| 24535 | CLOSED TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW WITH MANIPULATION | $600.64 |
| 24536 | TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPU | $0.00 |
| 24538 | PLACEMENT OF STABILIZING DEVICE TO UPPER ARM BROKEN AT ELBOW | $813.00 |
| 24540 | TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPL | $0.00 |
| 24542 | TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPL | $0.00 |
| 24545 | TREATMENT OF UPPER ARM BONE BROKEN AT ELBOW | $942.12 |
| 24546 | TREATMENT OF BROKEN UPPER ARM BONE AT ELBOW WITH EXTENSION | $1,048.88 |
| 24560 | CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW | $321.36 |
| 24565 | CLOSED TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW WITH MANIPULATI | $525.22 |
| 24566 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN OUTER PART OF UPPER ARM AT ELBOW | $747.71 |
| 24575 | TREATMENT OF BROKEN OUTER PART OF UPPER ARM BONE AT ELBOW | $756.08 |
| 24576 | CLOSED TREATMENT OF BROKEN ELBOW | $343.08 |
| 24577 | CLOSED TREATMENT OF BROKEN ELBOW WITH MANIPULATION | $538.39 |
| 24578 | TREATMENT OF OPEN HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLICAT | $0.00 |
| 24579 | TREATMENT OF BROKEN ELBOW | $854.64 |
| 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 | $846.85 |
| 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 | $1,091.48 |
| 24587 | TREATMENT OF BROKEN OR DISLOCATED UPPER OR FOREARM BONES AT ELBOW WITH IMPLANT | $1,094.16 |
| 24588 | OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME | $0.00 |
| 24600 | REPAIR OF DISLOCATED ELBOW | $362.66 |
| 24605 | REPAIR OF DISLOCATED ELBOW UNDER ANESTHESIA | $501.37 |
| 24610 | TREATMENT OF OPEN ELBOW DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 24615 | TREATMENT OF DISLOCATED ELBOW | $729.47 |
| 24620 | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE | $615.90 |
| 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 | $700.70 |
| 24640 | CLOSED TREATMENT OF DISLOCATED FOREARM BONE ON THUMB SIDE AT ELBOW WITH MANIPULA | $81.28 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 24650 | CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW | $272.23 |
| 24655 | CLOSED TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH MANIPULATION | $432.99 |
| 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 | $682.99 |
| 24666 | TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE AT ELBOW WITH PROSTHESIS | $751.63 |
| 24670 | CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW | $292.87 |
| 24675 | CLOSED TREATMENT OF BROKEN FOREARM BONE ON SMALL FINGER SIDE AT ELBOW WITH MANIP | $442.71 |
| 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 | $676.80 |
| 24700 | MANIPULATION UNDER GENERAL ANESTHESIA (INCLUDES | $0.00 |
| 24800 | FUSION OF ELBOW JOINT WITHOUT BONE GRAFT FROM THE PATIENT | $850.29 |
| 24802 | FUSION OF ELBOW JOINT WITH BONE GRAFT FROM THE PATIENT | $1,012.54 |
| 24900 | AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH CLOSURE | $782.17 |
| 24920 | AMPUTATION OF ARM THROUGH UPPER ARM BONE LEAVING WOUND | $747.66 |
| 24925 | SECONDARY CLOSURE OR REVISION OF SCAR OF PREVIOUS UPPER ARM BONE AMPUTATION | $590.04 |
| 24930 | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION | $786.42 |
| 24931 | AMPUTATION OF ARM THROUGH UPPER ARM BONE WITH IMPLANT | $938.62 |
| 24935 | LENGTHENING OF REMAINING AMPUTATED ARM BONE | $1,234.93 |
| 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 | $371.36 |
| 25001 | INCISION OR THE TENDON COVERING ON THE PALM SIDE OF THE WRIST | $373.34 |
| 25020 | INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON ONE SIDE OF THE | $774.75 |
| 25023 | INCISION TO RELIEVE PRESSURE IN TOP OR PALM SIDE OF WRIST COMPARTMENT WITH REMOV | $1,349.29 |
| 25024 | INCISION OF TISSUE OF FOREARM AND/OR WRIST MUSCLE COMPARTMENT ON BOTH SIDES OF T | $791.84 |
| 25025 | INCISION TO RELIEVE PRESSURE IN TOP AND PALM SIDE OF WRIST COMPARTMENT WITH REMO | $1,231.71 |
| 25028 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF FOREARM OR WRIST | $725.98 |
| 25031 | DRAINAGE OF FLUID FILLED SAC IN WRIST JOINT | $389.22 |
| 25035 | INCISION OF FOREARM OR WRIST BONE | $609.51 |
| 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 | $577.20 |
| 25041 | ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, | $0.00 |
| 25065 | BIOPSY OF SURFACE TISSUE OF FOREARM OR WRIST | $162.68 |
| 25066 | BIOPSY OF DEEP TISSUE OF FOREARM AND/OR WRIST | $391.98 |
| 25071 | REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, 3.0 CM OR MORE | $431.26 |
| 25073 | REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, 3.0 CM OR MORE | $551.29 |
| 25075 | REMOVAL OF GROWTH UNDER SKIN OF FOREARM OR WRIST, LESS THAN 3.0 CM | $328.07 |
| 25076 | REMOVAL OF GROWTH OF MUSCLE OF FOREARM OR WRIST, LESS THAN 3.0 CM | $537.82 |
| 25077 | EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, LESS THAN 3.0 CM | $846.63 |
| 25078 | EXTENSIVE REMOVAL OF GROWTH OF FOREARM OR WRIST, 3.0 CM OR MORE | $1,157.54 |
| 25085 | INCISION TO REPAIR OR RELEASE CAPSULE OF WRIST JOINT | $469.83 |
| 25100 | ARTHROTOMY, WRIST JOINT; WITH BIOPSY | $370.14 |
| 25101 | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH | $428.82 |
| 25105 | INCISION INTO WRIST JOINT WITH REMOVAL OF JOINT LINING TISSUE | $511.06 |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, | $648.16 |
| 25109 | EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH | $559.16 |
| 25110 | REMOVAL OF GROWTH OF TENDON COVERING OF FOREARM OR WRIST | $366.16 |
| 25111 | REMOVAL OF FIRST CYST OF WRIST | $348.04 |
| 25112 | REMOVAL OF RECURRENT CYST OF WRIST | $413.07 |
| 25115 | EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN PALM SIDE OF WRIST | $782.88 |
| 25116 | EXTENSIVE REMOVAL OF GROWTH OF SOFT TISSUE STRUCTURES IN TOP SIDE OF WRIST | $632.12 |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; | $405.87 |
| 25119 | REMOVAL OF TENDON LINING ON TOP SIDE OF WRIST AND END OF FOREARM BONE AT WRIST | $524.22 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 25120 | REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE | $524.33 |
| 25125 | REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH SELF BONE GRAFT | $617.03 |
| 25126 | REMOVAL OF CYST OR GROWTH OF LOWER FOREARM BONE WITH BONE GRAFT | $620.96 |
| 25130 | REMOVAL OF CYST OR GROWTH OF WRIST BONE | $476.80 |
| 25135 | REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH SELF BONE GRAFT | $584.06 |
| 25136 | REMOVAL OF CYST OR GROWTH OF WRIST BONE WITH BONE GRAFT | $519.92 |
| 25145 | REMOVAL OF FRAGMENT OF DEAD FOREARM OR WRIST BONE ON SMALL FINGER SIDE | $542.66 |
| 25146 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); | $0.00 |
| 25150 | REMOVAL OF DISEASED PART OF FOREARM BONE ON SMALL FINGER SIDE | $589.12 |
| 25151 | REMOVAL OF DISEASED PART OF FOREARM BONE ON THUMB SIDE | $606.25 |
| 25153 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR | $0.00 |
| 25170 | EXTENSIVE REMOVAL OF GROWTH OF FOREARM BONE (RADIUS OR ULNA) | $1,460.32 |
| 25210 | REMOVAL OF WRIST BONE | $516.90 |
| 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW | $642.66 |
| 25230 | PARTIAL REMOVAL OF WRIST BONE NEAR THUMB | $455.35 |
| 25240 | REMOVAL OR PARTIAL REMOVAL OF LOWER END OF FOREARM BONE ON SMALL FINGER SIDE AT | $452.30 |
| 25246 | INJECTION OF CONTRAST FOR IMAGING OF WRIST | $70.44 |
| 25248 | REMOVAL OF DEEP FOREIGN BODY IN FOREARM OR WRIST | $433.31 |
| 25250 | REMOVAL OF WRIST PROSTHESIS | $554.92 |
| 25251 | REMOVAL OF WRIST PROSTHESIS, COMPLICATED | $736.00 |
| 25259 | MANIPULATION, WRIST, UNDER ANESTHESIA | $453.92 |
| 25260 | PRIMARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST | $661.53 |
| 25263 | SECONDARY REPAIR OF TENDON OR MUSCLE OF PALM SIDE OF FOREARM OR WRIST | $657.77 |
| 25265 | REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE UNDERSIDE OF THE WRIST (F | $772.72 |
| 25270 | PRIMARY REPAIR OF TENDON OR MUSCLE OF TOP SIDE OF FOREARM OR WRIST | $517.59 |
| 25272 | REPAIR OF FOREARM AND/OR WRIST TENDON OR MUSCLE ON THE TOP OF THE WRIST (EXTENSO | $579.89 |
| 25274 | REPAIR OF TENDON OR MUSCLE ON TOP SIDE OF FOREARM OR WRIST WITH GRAFT | $688.37 |
| 25275 | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT | $695.32 |
| 25280 | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, | $587.98 |
| 25290 | INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE | $458.22 |
| 25295 | REMOVAL OF SCAR TISSUE TO RELEASE TENDON OF FOREARM OR WRIST | $549.64 |
| 25300 | ANCHORING OF FLEXING TENDON OF FINGERS TO WRIST BONE | $712.23 |
| 25301 | ANCHORING OF EXTENDING TENDON OF FINGERS TO WRIST BONE | $664.61 |
| 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, | $740.28 |
| 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, | $737.35 |
| 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM | $784.00 |
| 25316 | RELEASE AND RELOCATION OF TENDONS OF FOREARM OR WRIST | $928.64 |
| 25320 | RECONSTRUCTION OF WRIST JOINT | $1,025.17 |
| 25332 | REPAIR OF WRIST JOINT | $864.35 |
| 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) | $955.97 |
| 25337 | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR | $917.75 |
| 25350 | INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR HAND | $695.24 |
| 25355 | INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON THUMB SIDE NEAR ELBOW OR IN MIDDL | $781.21 |
| 25360 | INCISION OR PARTIAL REMOVAL OF FOREARM BONE ON SMALL FINGER SIDE | $676.67 |
| 25365 | INCISION OR PARTIAL REMOVAL OF BOTH FOREARM BONES | $929.33 |
| 25370 | MULTIPLE INCISIONS OR REMOVAL OF PARTS OF FOREARM BONE | $1,027.00 |
| 25375 | MULTIPLE INCISIONS OR REMOVAL OF PARTS OF BOTH FOREARM BONES WITH INSERTION OF R | $964.84 |
| 25390 | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING | $787.14 |
| 25391 | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT | $1,005.49 |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876) | $1,022.41 |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT | $1,132.74 |
| 25394 | SHORTENING OF WRIST BONE | $800.63 |
| 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION | $818.10 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 25405 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES | $1,050.12 |
| 25415 | TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES | $978.12 |
| 25420 | TREATMENT OF BOTH NONHEALED BROKEN FOREARM BONES WITH SELF BONE GRAFT | $1,170.71 |
| 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA | $973.87 |
| 25426 | REPAIR OF DEFECT OF BOTH FOREARM BONES WITH SELF BONES GRAFT | $1,126.41 |
| 25430 | INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE) | $752.90 |
| 25431 | REPAIR OF NON-HEALED WRIST BONE OTHER THAN (SCAPHOID OR NAVICULAR) | $803.78 |
| 25440 | REPAIR OF NON-HEALED WRIST BONE, SCAPHOID OR NAVICULAR AT THE BASE OF THE THUMB | $787.23 |
| 25441 | ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE THUMB SIDE AT | $949.95 |
| 25442 | ARTHROPLASTY OR REPLACEMENT OF THE END OF THE FOREARM BONE ON THE SMALL FINGER S | $830.60 |
| 25443 | ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (SCAPHOID OR NAVICULAR | $803.05 |
| 25444 | ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (LUNATE BONE) | $848.09 |
| 25445 | ARTHROPLASTY OR REPLACEMENT OF WRIST BONE, ONE WRIST BONE (TRAPEZIUM BONE) | $739.85 |
| 25446 | ARTHROPLASTY OR REPLACEMENT OF THE ENTIRE WRIST JOINT | $1,180.69 |
| 25447 | REPLACEMENT OF JOINT BETWEEN WRIST AND FINGERS USING TISSUE | $825.47 |
| 25448 | REPLACEMENT OF JOINT BETWEEN WRIST AND FINGERS USING TENDON OR STITCHES | $909.16 |
| 25449 | REVISION OF WRIST JOINT REPLACEMENT WITH REMOVAL OF EXISTING PROSTHESIS | $1,045.84 |
| 25450 | STAPLING OR REMOVAL OF GROWTH PLATE OF FOREARM BONE | $638.53 |
| 25455 | STAPLING OR REMOVAL OF GROWTH PLATE OF BOTH FOREARM BONES | $750.29 |
| 25490 | STABILIZATION OF FOREARM BONE ON THUMB SIDE WITH DEVICE | $736.45 |
| 25491 | STABILIZATION OF FOREARM BONE ON SMALL FINGER SIDE WITH DEVICE | $755.37 |
| 25492 | STABILIZATION OF BOTH FOREARM BONES WITH DEVICE | $920.34 |
| 25500 | CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE | $283.46 |
| 25505 | CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE WITH MANIPULATI | $488.56 |
| 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 | $693.10 |
| 25520 | CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED | $575.75 |
| 25525 | TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND CLOSED TREATMENT O | $812.16 |
| 25526 | TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON THUMB SIDE AND DISLOCATED WRIST J | $974.44 |
| 25530 | CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE | $269.99 |
| 25535 | CLOSED TREATMENT OF BROKEN MIDPART OF FOREARM BONE ON SMALL FINGER SIDE WITH MAN | $485.49 |
| 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 | $650.30 |
| 25560 | CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES | $284.81 |
| 25565 | CLOSED TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH MANIPULATION | $487.72 |
| 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 | $699.22 |
| 25575 | TREATMENT OF BROKEN MIDPART OF BOTH FOREARM BONES WITH PLACEMENT OF STABILIZING | $925.35 |
| 25600 | CLOSED TREATMENT OF BROKEN FOREARM (RADIUS) BONE AT THE WRIST AREA ON THE THUMB | $360.26 |
| 25605 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR | $537.78 |
| 25606 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOREARM BONE ON THUMB SIDE AT WRIST | $697.53 |
| 25607 | TREATMENT OF BROKEN FOREARM BONE ON THUMB SIDE OF WRIST, ABOVE WRIST, WITH PLACE | $767.97 |
| 25608 | TREATMENT OF 2 BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE WRIST JOINT | $852.57 |
| 25609 | TREATMENT OF 3 OR MORE BROKEN LOWER FOREARM BONE PIECES ON THUMB SIDE INSIDE WRI | $1,077.92 |
| 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 | $312.08 |
| 25624 | CLOSED TREATMENT OF BROKEN WRIST BONE NEAR BASE OF THUMB WITH MANIPULATION | $479.44 |
| 25626 | TREATMENT OF OPEN CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH UNCOMPLICATED SOFT | $0.00 |
| 25628 | TREATMENT OF BROKEN WRIST BONE LOCATED NEAR BASE OF THUMB | $742.39 |
| 25630 | CLOSED TREATMENT OF OTHER BROKEN WRIST BONE | $310.16 |
| 25635 | CLOSED TREATMENT OF OTHER BROKEN WRIST BONE WITH MANIPULATION | $454.96 |
| 25640 | TREATMENT OF OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), | $0.00 |

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|---|---|---|
| 25645 | TREATMENT OF OTHER BROKEN WRIST BONES | $591.31 |
| 25650 | CLOSED TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST | $332.59 |
| 25651 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN BASE OF FOREARM BONE ON SMALL FINGER | $516.50 |
| 25652 | TREATMENT OF BROKEN BASE OF FOREARM BONE ON SMALL FINGER SIDE AT WRIST | $648.42 |
| 25660 | CLOSED TREATMENT OF DISLOCATED WRIST BONES WITH MANIPULATION | $479.71 |
| 25665 | TREATMENT OF OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WIT | $0.00 |
| 25670 | TREATMENT OF DISLOCATED WRIST BONES | $625.60 |
| 25671 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FOREARM BONES AT WRIST | $561.65 |
| 25675 | CLOSED TREATMENT OF DISLOCATED FOREARM BONE AT WRIST WITH MANIPULATION | $440.56 |
| 25676 | TREATMENT OF DISLOCATED FOREARM BONES AT WRIST | $652.51 |
| 25680 | CLOSED TREATMENT OF BROKEN AND DISLOCATED WRIST BONES WITH MANIPULATION | $560.73 |
| 25685 | TREATMENT OF BROKEN AND DISLOCATED WRIST BONES | $751.58 |
| 25690 | CLOSED TREATMENT OF DISLOCATED WRIST (LUNATE) BONE WITH MANIPULATION | $520.50 |
| 25695 | TREATMENT OF BROKEN WRIST (LUNATE) BONE | $652.12 |
| 25700 | MANIPULATION OF JOINT UNDER GENERAL ANESTHESIA | $0.00 |
| 25800 | COMPLETE FUSION OF WRIST JOINT | $750.45 |
| 25805 | FUSION OF WRIST JOINT WITH BONE GRAFT | $862.84 |
| 25810 | ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | $889.54 |
| 25815 | ARTHRODESIS, INTERCARPAL | $0.00 |
| 25820 | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL) | $675.94 |
| 25825 | ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | $822.57 |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR | $1,063.62 |
| 25900 | AMPUTATION OF ARM THROUGH FOREARM BONES | $740.22 |
| 25905 | AMPUTATION OF ARM THROUGH FOREARM BONES LEAVING WOUND | $717.43 |
| 25907 | REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT FOREARM BONES | $633.92 |
| 25909 | RE-AMPUTATION OF REMAINING ARM AT FOREARM BONE | $702.26 |
| 25915 | KRUKENBERG PROCEDURE | $1,165.94 |
| 25920 | REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST | $751.20 |
| 25922 | REVISION OF SCAR OR WOUND CLOSURE FOLLOWING REMOVAL OF HAND AT WRIST JOINT | $668.61 |
| 25924 | RE-AMPUTATION FOLLOWING REMOVAL OF HAND AT WRIST JOINT | $733.53 |
| 25927 | AMPUTATION OF FINGERS AND PART OF HAND AT MIDHAND BONES | $891.96 |
| 25929 | REVISION OF SCAR OR WOUND CLOSURE OF PREVIOUS AMPUTATION AT MIDHAND BONES | $618.71 |
| 25931 | RE-AMPUTATION OF REMAINING HAND AT MIDHAND BONES | $827.62 |
| 25999 | OTHER PROCEDURE ON FOREARM OR WRIST | $0.00 |
| 26010 | SIMPLE DRAINAGE OF ABSCESS OF FINGER | $147.20 |
| 26011 | COMPLICATED DRAINAGE OF ABSCESS IN FINGER | $192.32 |
| 26020 | DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH | $581.19 |
| 26025 | DRAINAGE OF FLUID FILLED SAC IN PALM | $437.43 |
| 26030 | DRAINAGE OF MULTIPLE FLUID FILLED SACS IN PALM | $512.36 |
| 26032 | DRAINAGE OF PALMAR BURSA; | $0.00 |
| 26034 | INCISION OF HAND OR FINGER BONE | $578.88 |
| 26035 | RELEASE OF PRESSURE ON TISSUES OF FINGERS AND/OR HAND | $883.57 |
| 26037 | INCISION OF TISSUE OF HAND TO RELEASE PRESSURE | $580.21 |
| 26040 | RELEASE OF TISSUE OF PALM | $338.17 |
| 26045 | PARTIAL RELEASE OF CONNECTIVE TISSUE OF PALM | $496.50 |
| 26055 | INCISION OF TENDON COVERING OF FINGER | $311.81 |
| 26060 | INCISION OF FINGER TENDON | $269.71 |
| 26070 | INCISION OF WRIST JOINT AT FINGER FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF | $341.65 |
| 26075 | INCISION OF LOWER FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FO | $359.00 |
| 26080 | INCISION OF FINGER JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN | $424.08 |
| 26100 | INCISION OF WRIST JOINT AT FINGER WITH BIOPSY | $360.67 |
| 26105 | INCISION OF JOINT AT BASE OF FINGER WITH BIOPSY | $362.89 |
| 26110 | INCISION OF FINGER JOINT WITH BIOPSY | $346.15 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 26111 | ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER | $431.87 |
| 26113 | REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, 1.5 CM OR MORE | $568.63 |
| 26115 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA | $350.77 |
| 26116 | REMOVAL OF GROWTH OF MUSCLE OF HAND OR FINGER, LESS THAN 1.5 CM | $547.50 |
| 26117 | EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, LESS THAN 3.0 CM | $765.18 |
| 26118 | EXTENSIVE REMOVAL OF GROWTH OF HAND OR FINGER, 3.0 CM OR MORE | $1,068.71 |
| 26120 | FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S | $0.00 |
| 26121 | REMOVAL OF CONNECTIVE TISSUE OF PALM | $623.29 |
| 26122 | FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S | $0.00 |
| 26123 | REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, FIRST DIGIT | $868.40 |
| 26124 | FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN | $0.00 |
| 26125 | REMOVAL OF CONNECTIVE TISSUE OF PALM AND RELEASE OF FINGER, EACH ADDITIONAL DIGI | $261.22 |
| 26126 | FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN | $0.00 |
| 26128 | FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN | $0.00 |
| 26130 | REMOVAL OF WRIST JOINT LINING | $492.32 |
| 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR | $577.36 |
| 26140 | REMOVAL OF JOINT LINING AND REPAIR OF TENDON ON THE TOPSIDE OF FINGER | $532.00 |
| 26145 | REPAIR OF TENDON, FINGER, AND/OR PALM OF HAND | $539.98 |
| 26160 | EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR | $335.96 |
| 26170 | EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON | $429.93 |
| 26180 | EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON | $476.08 |
| 26185 | REMOVAL OF BONE AT BASE OF THUMB OR FINGER | $586.99 |
| 26200 | REMOVAL OF CYST OR GROWTH FROM HAND BONE | $472.01 |
| 26205 | REMOVAL OF CYST OR GROWTH FROM HAND BONE WITH SELF BONE GRAFT | $624.30 |
| 26206 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN | $0.00 |
| 26210 | REMOVAL OF CYST OR GROWTH OF FINGER BONE | $472.88 |
| 26215 | REMOVAL OF CYST OR GROWTH OF FINGER BONE WITH SELF BONE GRAFT | $587.04 |
| 26216 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR | $0.00 |
| 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | $520.75 |
| 26235 | PARTIAL REMOVAL OF FINGER BONE NEAREST HAND OR MIDDLE OF FINGER | $514.02 |
| 26236 | PARTIAL REMOVAL OF FINGER BONE AT END OF FINGER | $463.64 |
| 26250 | EXTENSIVE REMOVAL OF GROWTH OF HAND BONE | $1,075.44 |
| 26260 | EXTENSIVE REMOVAL OF GROWTH OF FINGER | $810.07 |
| 26262 | EXTENSIVE REMOVAL OF GROWTH AT END OF FINGER BONE | $650.59 |
| 26320 | REMOVAL OF IMPLANT FROM FINGER OR HAND | $369.59 |
| 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT | $393.99 |
| 26341 | MANIPULATION OF FINGER FOR CONNECTIVE TISSUE RELEASE FOLLOWING ENZYME INJECTION | $81.40 |
| 26350 | REPAIR OF FINGER TENDON OF UNDER SIDE OF HAND OTHER THAN UPPER MOST PART OF PALM | $787.59 |
| 26352 | REPAIR OF FINGER TENDON ON UNDER SIDE OF HAND WITH A GRAFT NOT IN ZONE 2 | $868.84 |
| 26356 | PRIMARY REPAIR OF FINGER TENDON ON UNDERSIDE OF THE HAND WITHOUT A GRAFT IN ZONE | $829.14 |
| 26357 | SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITHOUT A GRAFT IN ZONE 2 | $920.13 |
| 26358 | SECONDARY REPAIR OF FINGER TENDON ON UNDERSIDE OF HAND WITH A GRAFT IN ZONE 2 | $1,009.46 |
| 26370 | REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER | $820.44 |
| 26372 | SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER WITH A GRAFT | $948.85 |
| 26373 | SECONDARY REPAIR OF TENDON DEEP IN UNDERSIDE OF FINGER | $915.37 |
| 26390 | REPAIR OF TENDON ON UNDERSIDE OF FINGER OR HAND WITH IMPLANTED ROD | $905.17 |
| 26392 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF TENDON GRAFT IN HAND OR FINGER | $1,031.85 |
| 26410 | REPAIR OF TENDON ON TOP OF HAND | $635.39 |
| 26412 | REPAIR OF TENDON ON TOP OF HAND WITH GRAFT | $748.53 |
| 26415 | REMOVAL OF TENDON FROM TOP OF HAND OR FINGER WITH ROD INSERTION | $881.80 |
| 26416 | REMOVAL OF ROD WITH TENDON GRAFT AT TOP OF HAND OR FINGER | $951.72 |
| 26418 | REPAIR OF TENDON ON TOP SIDE OF FINGER | $664.55 |
| 26420 | REPAIR OF TENDON OF TOP SIDE OF FINGER WITH GRAFT | $773.98 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 26426 | SECONDARY REPAIR OF TENDON OF TOP OF FINGER USING TISSUE | $527.26 |
| 26428 | SECONDARY REPAIR OF TENDON OF UPPER SIDE OF FINGER WITH GRAFT | $831.50 |
| 26432 | CLOSED TREATMENT OF TENDON OF UPPER SIDE OF FINGER | $578.72 |
| 26433 | REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER | $602.84 |
| 26434 | REPAIR OF TENDON ON UPPER SIDE OF END OF FINGER WITH GRAFT | $728.57 |
| 26437 | REPAIR OF TENDON ON UPPER SIDE OF HAND | $701.51 |
| 26440 | RELEASE OF TENDON OF PALM OR FINGER | $686.62 |
| 26442 | RELEASE OF TENDON OF PALM AND FINGER | $1,035.60 |
| 26445 | RELEASE OF TENDON OF TOP OF HAND OR FINGER | $641.42 |
| 26449 | RELEASE OF TENDON EXTENDING FROM FINGER TO FOREARM | $732.07 |
| 26450 | INCISION OF TENDON OF PALM | $493.39 |
| 26455 | INCISION OF TENDON OF FINGER | $489.81 |
| 26460 | INCISION OF TENDON AT TOP OF HAND OR FINGER | $480.67 |
| 26471 | SUTURE OF TENDON TO FIRST JOINT OF FINGER | $695.63 |
| 26474 | SUTURE OF TENDON TO JOINT OF FINGER NEAR TOP OF FINGER | $685.71 |
| 26476 | LENGTHENING OF TENDON ON UPPER SIDE OF HAND OR FINGER | $677.66 |
| 26477 | SHORTENING OF TENDON OF UPPER SIDE OF HAND OR FINGER | $663.54 |
| 26478 | LENGTHENING OF TENDON OF PALM SIDE OF FINGER OR HAND | $693.26 |
| 26479 | SHORTENING OF TENDON OF PALM SIDE OF HAND OR FINGER | $709.28 |
| 26480 | TRANSFER OF TENDON TO BACK OF HAND | $741.02 |
| 26483 | TRANSFER OF TENDON TO BACK OF HAND WITH GRAFT | $907.66 |
| 26485 | TRANSFER OF TENDON TO PALM | $874.32 |
| 26489 | TRANSFER OF TENDON TO PALM WITH GRAFT | $996.34 |
| 26490 | TRANSFER OF TENDON FROM RING FINGER TO THUMB | $870.76 |
| 26492 | TRANSFER OF TENDON TO THUMB WITH GRAFT | $959.64 |
| 26494 | TRANSFER OF TENDON IN PALM TO THUMB | $874.00 |
| 26496 | TRANSFER OF TENDON TO THUMB, PALM, OR WRIST | $935.60 |
| 26497 | TRANSFER OF TENDON TO RING AND SMALL FINGERS | $934.58 |
| 26498 | TRANSFER OF TENDONS OF HAND, ALL 4 FINGERS | $1,202.81 |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS | $902.53 |
| 26500 | REPAIR OF LIGAMENT SURROUNDING FINGER TENDON | $721.40 |
| 26502 | REPAIR OF LIGAMENT SURROUNDING FINGER TENDON WITH GRAFT | $786.97 |
| 26508 | RELEASE OF MUSCLES OF PALM NEAR THUMB | $710.85 |
| 26510 | TRANSFER OF FINGER TENDON | $675.37 |
| 26516 | REPAIR OF JOINT CAPSULE OF HAND AND PALM, 1 FINGER | $777.68 |
| 26517 | REPAIR OF JOINT CAPSULE OF HAND AND PALM, 2 FINGERS | $897.58 |
| 26518 | REPAIR OF JOINT CAPSULE OF HAND AND PALM, 3-4 FINGERS | $907.80 |
| 26520 | INCISION OR REMOVAL OF JOINT CAPSULE BETWEEN HAND AND FINGER | $717.63 |
| 26525 | REPAIR OF JOINT CAPSULE OF FINGER | $722.87 |
| 26530 | REPAIR OF JOINT CONNECTING HAND AND FINGER BONES WITH IMPLANT | $566.51 |
| 26531 | REPAIR OF JOINT BETWEEN HAND AND FINGER BONES WITH PROSTHESIS | $658.13 |
| 26535 | REPLACEMENT OF FINGER JOINT | $464.09 |
| 26536 | REPLACEMENT OF FINGER JOINT WITH PROSTHESIS | $788.47 |
| 26540 | REPAIR OF LIGAMENT OF FINGER OR HAND AND FINGER JOINT | $733.45 |
| 26541 | REPAIR OF LIGAMENT OF FINGER OR HAND TO FINGER JOINT WITH GRAFT | $869.99 |
| 26542 | REPAIR OF LIGAMENT OF HAND TO FINGER JOINT WITH LOCAL TISSUE | $756.46 |
| 26545 | REPAIR OF LIGAMENT OF FINGER JOINT WITH GRAFT | $767.02 |
| 26546 | REPAIR OF NONHEALED HAND OR FINGER BONE | $1,088.28 |
| 26548 | REPAIR OF JOINT BETWEEN FINGER AND PALM | $833.67 |
| 26550 | SURGICAL CREATION OF THUMB | $1,662.51 |
| 26551 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND | $3,262.32 |
| 26553 | TRANSFER OF TOE TO HAND | $3,240.23 |
| 26554 | TRANSFER OF 2 TOES TO HAND | $3,764.01 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS | $1,406.70 |
| 26556 | TRANSFER OF TOE AND JOINT TO FINGER | $3,375.02 |
| 26560 | REPAIR OF WEBBED FINGER WITH SKIN FLAPS | $667.71 |
| 26561 | REPAIR OF WEBBED FINGER WITH SKIN FLAPS AND GRAFTS | $1,009.39 |
| 26562 | COMPLEX REPAIR OF EACH WEBBED FINGER | $1,406.62 |
| 26565 | INCISION OR REMOVAL OF HAND BONE | $746.63 |
| 26567 | PARTIAL REMOVAL OF FINGER BONE | $752.73 |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX | $963.18 |
| 26570 | BONE GRAFT, (INCLUDES OBTAINING GRAFT) | $0.00 |
| 26574 | BONE GRAFT, (INCLUDES OBTAINING GRAFT) | $0.00 |
| 26580 | REPAIR CLEFT HAND | $1,563.07 |
| 26587 | RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE | $1,060.15 |
| 26590 | REPAIR OF ENLARGED FINGER | $1,447.22 |
| 26591 | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | $522.53 |
| 26593 | RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | $680.50 |
| 26596 | REMOVAL OF CONSTRICTING RING OF SKIN OF FINGER | $845.07 |
| 26600 | CLOSED TREATMENT OF BROKEN HAND BONE | $318.03 |
| 26605 | CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION | $323.72 |
| 26607 | CLOSED TREATMENT OF BROKEN HAND BONE WITH MANIPULATION AND PLACEMENT OF EXTERNAL | $531.52 |
| 26608 | TREATMENT OF BROKEN FINGER BONE WITH STABILIZING DEVICE ACCESSED THROUGH SKIN | $508.73 |
| 26610 | TREATMENT OF OPEN METACARPAL FRACTURE, SINGLE, WITH UNCOMPLICATED SOFT TISSUE CL | $0.00 |
| 26615 | TREATMENT OF BROKEN MIDHAND BONE | $602.92 |
| 26641 | CLOSED TREATMENT OF DISLOCATED THUMB AT WRIST WITH MANIPULATION | $411.97 |
| 26645 | CLOSED TREATMENT OF BROKEN THUMB AT WRIST WITH MANIPULATION | $421.66 |
| 26650 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN THUMB AT WRIST WITH MANIPULATION | $512.68 |
| 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 | $656.70 |
| 26670 | CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION | $337.43 |
| 26675 | CLOSED TREATMENT OF DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION UNDER | $451.09 |
| 26676 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND BONE AT WRIST JOINT WITH MAN | $540.87 |
| 26680 | TREATMENT OF OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SING | $0.00 |
| 26685 | TREATMENT OF BROKEN HAND BONE AT WRIST | $607.06 |
| 26686 | COMPLICATED TREATMENT OF DISLOCATED MIDHAND BONE AT WRIST | $641.52 |
| 26700 | CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION | $335.77 |
| 26705 | CLOSED TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER WITH MANIPULATION UN | $425.61 |
| 26706 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED HAND JOINT AT BASE OF FINGER WITH | $475.58 |
| 26710 | TREATMENT OF OPEN METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH UNCOMPLICATED SO | $0.00 |
| 26715 | TREATMENT OF DISLOCATED HAND JOINT AT BASE OF FINGER | $600.32 |
| 26720 | CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND | $209.72 |
| 26725 | CLOSED TREATMENT OF BROKEN FINGER OR THUMB AT MIDPORTION OR PART NEAR HAND WITH | $328.39 |
| 26727 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN FINGER OR THUMB AT MIDPORTION OR PART | $502.49 |
| 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 | $621.28 |
| 26740 | CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER | $244.63 |
| 26742 | CLOSED TREATMENT OF BROKEN FINGER OR HAND AT BASE OF FINGER WITH MANIPULATION | $358.42 |
| 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 | $766.27 |
| 26750 | CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB | $211.19 |
| 26755 | CLOSED TREATMENT OF BROKEN END OF FINGER OR THUMB WITH MANIPULATION | $296.72 |
| 26756 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN END OF FINGER OR THUMB | $451.79 |
| 26760 | TREATMENT OF OPEN DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH UNCOMPLICATE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 26765 | TREATMENT OF BROKEN END OF FINGER OR THUMB | $531.18 |
| 26770 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | $283.54 |
| 26775 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | $382.84 |
| 26776 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED FINGER JOINT WITH MANIPULATION | $478.21 |
| 26780 | TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH UNCOMPLICATED | $0.00 |
| 26785 | TREATMENT OF DISLOCATED FINGER JOINT | $576.79 |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) | $862.21 |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; | $808.55 |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; | $864.43 |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; | $813.10 |
| 26844 | FUSION OF FINGER AT HAND JOINT WITH SELF BONE GRAFT | $891.76 |
| 26850 | FUSION OF JOINT BETWEEN FINGER AND HAND | $768.34 |
| 26852 | FUSION OF FINGER JOINT AT HAND WITH SELF BONE GRAFT | $868.81 |
| 26860 | FUSION OF FINGER JOINT, INITIAL JOINT | $649.17 |
| 26861 | FUSION OF FINGER JOINT, EACH ADDITIONAL JOINT | $98.69 |
| 26862 | FUSION OF FINGER JOINT WITH SELF BONE GRAFT, INITIAL JOINT | $801.23 |
| 26863 | FUSION OF FINGER JOINT WITH SELF BONE GRAFT, EACH ADDITIONAL JOINT | $219.92 |
| 26910 | AMPUTATION OF FINGER OR THUMB | $794.13 |
| 26951 | AMPUTATION OF FINGER OR THUMB WITH DIRECT CLOSURE | $743.81 |
| 26952 | AMPUTATION OF FINGER OR THUMB WITH TISSUE FLAP | $717.69 |
| 26989 | OTHER PROCEDURE ON HANDS OR FINGERS | $0.00 |
| 26990 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF PELVIS OR HIP NEAR JOINT | $699.63 |
| 26991 | DRAINAGE OF INFECTED FLUID-FILLED SAC NEAR PELVIS OR HIP JOINT | $535.48 |
| 26992 | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE | $1,018.16 |
| 26995 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR | $0.00 |
| 27000 | INCISION OF HIP TENDON THROUGH SKIN | $404.13 |
| 27001 | INCISION OF HIP TENDON | $553.66 |
| 27002 | TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN | $0.00 |
| 27003 | INCISION OF HIP TENDON WITH REMOVAL OF NERVE | $618.20 |
| 27004 | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, | $0.00 |
| 27005 | INCISION OF TENDON OF HIP | $736.48 |
| 27006 | INCISION OF TENDON OF HIP (ABDUCTOR AND/OR EXTENSOR) | $734.07 |
| 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 | $951.93 |
| 27026 | OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST, | $0.00 |
| 27027 | INCISION OF CONNECTIVE TISSUE ON SIDE OF PELVIS OR BUTTOCK | $887.07 |
| 27030 | INCISION AND DRAINAGE OF HIP JOINT | $941.51 |
| 27031 | ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE; | $0.00 |
| 27033 | INCISION OF HIP JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BOD | $979.57 |
| 27035 | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF | $1,167.08 |
| 27036 | CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, | $1,030.29 |
| 27040 | BIOPSY OF SURFACE TISSUE OF PELVIS AND HIP | $202.02 |
| 27041 | BIOPSY OF DEEP TISSUE OF PELVIS AND HIP | $715.70 |
| 27043 | REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, 3.0 CM OR MORE | $468.61 |
| 27045 | REMOVAL OF GROWTH OF MUSCLE OF PELVIS AND HIP, 5.0 CM OR MORE | $731.75 |
| 27047 | REMOVAL OF GROWTH UNDER SKIN OF PELVIS AND HIP, LESS THAN 3.0 CM | $366.33 |
| 27048 | REMOVAL OF GROWTH OF SOFT TISSUE OF PELVIS AND HIP, LESS THAN 5.0 CM | $617.87 |
| 27049 | EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, LESS THAN 5.0 CM | $1,418.77 |
| 27050 | BIOPSY OF JOINT BETWEEN LOWER SPINE AND PELVIS | $427.55 |
| 27052 | ARTHROTOMY, WITH BIOPSY; HIP JOINT | $600.23 |
| 27054 | REMOVAL OF HIP JOINT LINING | $705.73 |
| 27057 | INCISION OF TISSUE ON SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSCLE | $1,009.46 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27059 | EXTENSIVE REMOVAL OF GROWTH OF PELVIS AND HIP, 5.0 CM OR MORE | $1,777.45 |
| 27060 | EXCISION; ISCHIAL BURSA | $485.00 |
| 27062 | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION | $470.38 |
| 27065 | REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE GR | $543.94 |
| 27066 | REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BO | $834.97 |
| 27067 | REMOVAL OF CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH SELF BONE GR | $1,046.07 |
| 27070 | PARTIAL REMOVAL OF SUPERFICIAL CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BO | $891.22 |
| 27071 | PARTIAL REMOVAL OF DEEP CYST OR GROWTH OF HIP, PUBIC, OR HEAD OF THIGH BONE WITH | $985.80 |
| 27075 | EXTENSIVE REMOVAL OF GROWTH OF HIP BONE | $2,051.00 |
| 27076 | EXTENSIVE REMOVAL OF GROWTH OF UPPER PELVIC BONE INCLUDING HIP SOCKET, BASE OF P | $2,468.36 |
| 27077 | EXTENSIVE REMOVAL OF GROWTH OF SIDE OF PELVIC BONE | $2,747.45 |
| 27078 | EXTENSIVE REMOVAL OF GROWTH OF BASE OF PELVIS AND UPPER END OF THIGH BONE | $2,023.16 |
| 27080 | COCCYGECTOMY, PRIMARY | $514.84 |
| 27086 | REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSED BENEATH THE SKIN | $176.22 |
| 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | $619.60 |
| 27090 | REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE) | $838.88 |
| 27091 | REMOVAL OF HIP PROSTHESIS, COMPLICATED | $1,580.64 |
| 27093 | INJECTION OF CONTRAST FOR IMAGING OF HIP JOINT | $66.14 |
| 27095 | INJECTION OF CONTRAST FOR IMAGING OF HIP UNDER ANESTHESIA | $79.27 |
| 27096 | INJECTION OF ANESTHETIC OR STEROID INTO JOINT BETWEEN LOWER SPINE AND HIP BONE U | $82.93 |
| 27097 | RELEASE OR RECESSION, HAMSTRING, PROXIMAL | $699.67 |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM | $713.74 |
| 27100 | TRANSFER OF ABDOMINAL MUSCLE TO THIGH BONE AT HIP JOINT | $846.87 |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT) | $885.30 |
| 27110 | TRANSFER OF MUSCLE TO THIGH BONE AT HIP JOINT | $981.24 |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK | $916.55 |
| 27115 | MUSCLE RELEASE, COMPLETE (HANGING HIP OPERATION) | $0.00 |
| 27120 | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE) | $1,297.75 |
| 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE) | $1,106.62 |
| 27125 | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR | $1,134.40 |
| 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 | $1,276.52 |
| 27132 | TOTAL HIP REPLACEMENT AFTER PREVIOUS HIP SURGERY | $1,655.27 |
| 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT | $1,872.28 |
| 27135 | SECONDARY RECONSTRUCTION OR REVISION OF | $0.00 |
| 27137 | REVISION OF HIP SOCKET PART OF HIP PROSTHESIS | $1,450.48 |
| 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT | $1,505.41 |
| 27140 | REPOSITIONING OF PART OF HEAD OF THIGH BONE | $906.93 |
| 27146 | INCISION OR PARTIAL REMOVAL OF HIP BONE | $1,280.04 |
| 27147 | INCISION OR PARTIAL REMOVAL OF HIP BONE AND REPAIR OF DISLOCATED HIP JOINT | $1,455.80 |
| 27151 | RESHAPING OF PART OF HIP BONE | $1,569.87 |
| 27156 | INCISION AND RESHAPING OF PART OF HIP AND THIGH BONES AND REPAIR OF DISLOCATED H | $1,687.91 |
| 27157 | ACETABULAR AUGMENTATION (WILSON PROCEDURE) | $0.00 |
| 27158 | INCISION OR PARTIAL REMOVAL OF BOTH SIDES OF PELVIC BONES | $1,393.58 |
| 27161 | INCISION OR PARTIAL REMOVAL OF NECK OF THIGH BONE | $1,222.85 |
| 27165 | INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK WITH PLACEMENT OF STABILIZI | $1,369.04 |
| 27170 | BONE GRAFT TO UPPER THIGH BONE | $1,167.91 |
| 27175 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION | $678.14 |
| 27176 | TREATMENT OF GROWTH PLATE AT TOP OF THIGH WITH PINS INSERTED THROUGH SKIN' | $934.67 |
| 27177 | TREATMENT OF SLIPPED GROWTH PLATE AT UPPER END OF THIGH BONE WITH PINNING OR BON | $1,122.78 |
| 27178 | TREATMENT OF SLIPPED GROWTH PLATE AT UPPER THIGH BONE WITH MANIPULATION AND PINN | $934.67 |
| 27179 | REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE | $987.68 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27181 | REPAIR OF GROWTH PLATE IN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVIC | $1,127.36 |
| 27185 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR | $734.66 |
| 27187 | STABILIZATION OF UPPER THIGH BONE WITH DEVICE | $1,005.56 |
| 27190 | TREATMENT OF CLOSED SACRAL FRACTURE | $0.00 |
| 27192 | OPEN TREATMENT OF CLOSED OR OPEN SACRAL FRACTURE | $0.00 |
| 27195 | TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITHOUT MANIPULATION | $0.00 |
| 27196 | TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITH ANESTHESIA AND | $0.00 |
| 27197 | CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED PELVIS AND/OR SACRUM | $136.89 |
| 27198 | CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED PELVIS AND/OR SACRUM WITH MANIPULAT | $315.45 |
| 27200 | CLOSED TREATMENT OF COCCYGEAL FRACTURE | $208.93 |
| 27201 | TREATMENT OF OPEN COCCYGEAL FRACTURE | $0.00 |
| 27202 | TREATMENT OF BROKEN TAILBONE | $538.70 |
| 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 | $606.09 |
| 27216 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN AND/OR DISLOCATED BONE ON SIDE OF PEL | $894.46 |
| 27217 | TREATMENT OF BROKEN AND/OR DISLOCATED FRONT OF PELVIS | $841.36 |
| 27218 | TREATMENT OF BROKEN AND/OR DISLOCATED BACK OF PELVIS | $1,147.91 |
| 27220 | CLOSED TREATMENT OF BROKEN HIP SOCKET | $425.31 |
| 27222 | CLOSED TREATMENT OF BROKEN HIP SOCKET WITH MANIPULATION | $989.43 |
| 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 | $1,054.73 |
| 27227 | TREATMENT OF BROKEN BONES OF FRONT OR BACK COLUMN OF HIP SOCKET OR ACROSS HIP SO | $1,637.14 |
| 27228 | TREATMENT OF BROKEN BONES OF FRONT AND BACK COLUMN OR WALL OF HIP SOCKET WITH PL | $1,853.15 |
| 27230 | CLOSED TREATMENT OF BROKEN UPPER THIGH BONE | $500.55 |
| 27232 | CLOSED TREATMENT OF BROKEN UPPER THIGH BONE WITH MANIPULATION | $723.88 |
| 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 | $915.16 |
| 27236 | TREATMENT OF UPPER END OF BROKEN THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE | $1,195.07 |
| 27238 | CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE | $489.50 |
| 27240 | CLOSED TREATMENT OF BROKEN BELOW NECK OF THIGH BONE WITH MANIPULATION | $962.63 |
| 27242 | TREATMENT OF OPEN INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL | $0.00 |
| 27244 | TREATMENT OF BROKEN NECK OF THIGH BONE WITH PLATE/SCREW IMPLANT | $1,228.68 |
| 27245 | TREATMENT OF BROKEN NECK OF THIGH BONE WITH BONE IMPLANT | $1,227.21 |
| 27246 | CLOSED TREATMENT OF BROKEN BELOW HEAD OF THIGH BONE | $405.56 |
| 27248 | TREATMENT OF BROKEN HEAD OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE | $751.00 |
| 27250 | CLOSED TREATMENT OF DISLOCATED HIP | $166.70 |
| 27252 | CLOSED TREATMENT OF DISLOCATED HIP UNDER ANESTHESIA | $750.88 |
| 27253 | TREATMENT OF DISLOCATED HIP | $945.74 |
| 27254 | TREATMENT OF TRAUMATIC BROKEN THIGH AND HIP AND DISLOCATED HIP | $1,269.54 |
| 27255 | OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP | $0.00 |
| 27256 | CLOSED TREATMENT OF SPONTANEOUS DISLOCATED HIP | $233.57 |
| 27257 | TREATMENT OF SPONTANEOUS DISLOCATED HIP UNDER ANESTHESIA | $361.79 |
| 27258 | TREATMENT OF SPONTANEOUS DISLOCATED HIP | $1,116.21 |
| 27259 | TREATMENT OF SPONTANEOUS DISLOCATED HIP WITH SHORTENING OF THIGH BONE | $1,536.93 |
| 27265 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA | $437.35 |
| 27266 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR | $596.80 |
| 27267 | CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE | $458.40 |
| 27268 | CLOSED TREATMENT OF BROKEN HEAD OF THIGH BONE WITH MANIPULATION | $562.86 |
| 27269 | TREATMENT OF BROKEN HEAD OF THIGH BONE | $1,234.10 |
| 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA | $190.98 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27278 | FUSION OF PELVIC JOINT INCLUDING JOINT DEVICE USING IMAGING GUIDANCE | $480.60 |
| 27279 | FUSION OF PELVIC JOINT, PIERCING TOP OF HIP BONE AND LOWER SPINE, INCLUDING JOIN | $802.72 |
| 27280 | FUSION OF SACROILIAC JOINT BETWEEN SPINE AND PELVIS WITH BONE GRAFT, OPEN PROCED | $1,333.77 |
| 27281 | ARTHRODESIS, SACROILIAC JOINT (INCLUDING | $0.00 |
| 27282 | FUSION OF JOINT BETWEEN PUBIC BONES | $874.52 |
| 27284 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); | $1,583.28 |
| 27286 | FUSION OF HIP JOINT WITH INCISION OR PARTIAL REMOVAL OF THIGH BONE BELOW NECK | $1,628.46 |
| 27290 | INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION) | $1,614.21 |
| 27295 | REMOVAL OF HIP BONE AND LEG AT HIP JOINT | $1,238.07 |
| 27299 | OTHER PROCEDURE ON PELVIS OR HIP JOINT | $324.74 |
| 27301 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF THIGH OR KNEE | $520.66 |
| 27303 | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS | $657.29 |
| 27304 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR | $0.00 |
| 27305 | INCISION OF CONNECTIVE TISSUE BETWEEN THIGH AND KNEE | $501.33 |
| 27306 | INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLE | $360.86 |
| 27307 | INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLE | $427.85 |
| 27310 | INCISION OF KNEE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BO | $748.88 |
| 27311 | ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR | $0.00 |
| 27323 | BIOPSY OF SURFACE TISSUE OF THIGH OR KNEE | $180.77 |
| 27324 | BIOPSY OF DEEP TISSUE OF THIGH OR KNEE | $425.30 |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE | $584.40 |
| 27326 | NEURECTOMY, POPLITEAL (GASTROCNEMIUS) | $543.94 |
| 27327 | REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, 3.0 CM OR MORE | $324.14 |
| 27328 | REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR LESS | $627.89 |
| 27329 | EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, LESS THAN 5.0 CM | $1,030.40 |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY | $442.84 |
| 27331 | INCISION OF KNEE JOINT FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY | $496.91 |
| 27332 | INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER OR OUTER SIDE OF KNEE | $666.30 |
| 27333 | INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF INNER AND OUTER SIDES OF KNE | $610.55 |
| 27334 | INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT OR BACK OF KNEE | $705.27 |
| 27335 | INCISION OF KNEE JOINT WITH REMOVAL OF CARTILAGE OF FRONT AND BACK OF KNEE | $781.48 |
| 27337 | REMOVAL OF GROWTH UNDER SKIN OF THIGH OR KNEE, LESS THAN 3.0 CM | $423.79 |
| 27339 | REMOVAL OF GROWTH OF MUSCLE OF THIGH OR KNEE, 5.0 CM OR MORE | $754.75 |
| 27340 | REMOVAL OF FLUID-FILLED SAC FROM JOINT AT FRONT OF KNEE | $395.81 |
| 27345 | REMOVAL OF CYST OF BACK OF KNEE | $508.46 |
| 27347 | EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE | $547.70 |
| 27350 | REMOVAL OF KNEECAP | $673.32 |
| 27355 | REMOVAL OF CYST OR GROWTH OF THIGH BONE | $628.23 |
| 27356 | REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH DONOR BONE GRAFT | $756.79 |
| 27357 | REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH SELF BONE GRAFT | $832.20 |
| 27358 | REMOVAL OF CYST OR GROWTH OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE | $263.52 |
| 27360 | PARTIAL REMOVAL OF THIGH AND/OR LOWER LEG BONES | $921.40 |
| 27361 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) | $0.00 |
| 27364 | EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE, 5.0 CM OR MORE | $1,540.01 |
| 27365 | EXTENSIVE REMOVAL OF GROWTH OF THIGH OR KNEE BONE | $2,023.89 |
| 27369 | INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI K | $38.99 |
| 27372 | REMOVAL OF FOREIGN BODY DEEP IN TISSUE OF THIGH OR KNEE | $413.17 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27380 | PRIMARY SUTURE OF TENDON BELOW KNEE | $644.15 |
| 27381 | SECONDARY SUTURE OF TENDON BELOW KNEE | $839.01 |
| 27385 | PRIMARY SUTURE OF RUPTURED MUSCLE OF THIGH | $631.46 |
| 27386 | SECONDARY SUTURE OF RUPTURED MUSCLE OF THIGH | $876.22 |
| 27390 | REPAIR OF HAMSTRING TENDON | $471.06 |
| 27391 | REPAIR OF MULTIPLE HAMSTRING TENDONS IN LEG | $598.96 |
| 27392 | REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS | $730.80 |
| 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON | $519.97 |
| 27394 | LENGTHENING OF MULTIPLE HAMSTRING TENDONS IN LEG | $673.04 |
| 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL | $896.39 |
| 27396 | TRANSFER OF THIGH TENDON | $637.34 |
| 27397 | TRANSFER OF THIGH TENDONS | $931.49 |
| 27400 | TRANSFER OF TENDON OR MUSCLE IN HAMSTRING TO FEMUR | $714.06 |
| 27403 | ARTHROTOMY WITH MENISCUS REPAIR, KNEE | $663.29 |
| 27405 | PRIMARY REPAIR OF TORN LIGAMENT OR JOINT CAPSULE AT OUTSIDE PART OF KNEE | $693.57 |
| 27407 | REPAIR OF TORN LIGAMENT AND/OR JOINT CAPSULE AT FRONT OF KNEE | $814.38 |
| 27409 | REPAIR OF TORN LIGAMENTS OR JOINT CAPSULE AT FRONT AND SIDES OF KNEE | $978.00 |
| 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 | $1,641.90 |
| 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 | $1,377.50 |
| 27416 | IMPLANTATION OF SELF CARTILAGE CELLS INTO KNEE BONE | $988.80 |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE) | $831.99 |
| 27420 | REPAIR OF DISLOCATING KNEECAP | $762.66 |
| 27422 | REPAIR OF DISLOCATING KNEECAP WITH REALIGNMENT | $759.37 |
| 27424 | RECONSTRUCTION OF DISLOCATING KNEECAP WITH REMOVAL | $765.34 |
| 27425 | RELEASE OF LIGAMENTS OF KNEE JOINT | $476.77 |
| 27427 | RECONSTRUCTION OF LIGAMENTS OUTSIDE KNEE JOINT | $723.94 |
| 27428 | RECONSTRUCTION LIGAMENTS INSIDE KNEE JOINT | $1,133.47 |
| 27429 | RECONSTRUCTION OF LIGAMENTS INSIDE AND OUTSIDE KNEE JOINT | $1,277.71 |
| 27430 | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE) | $757.01 |
| 27435 | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE | $825.96 |
| 27437 | REPAIR OF KNEECAP | $677.94 |
| 27438 | REPAIR OF KNEECAP WITH PROSTHESIS | $853.52 |
| 27440 | REPAIR OF LOWER PART OF KNEE JOINT | $812.09 |
| 27441 | REPAIR OF LOWER PART OF KNEE JOINT WITH PROSTHESIS AND REMOVAL OF JOINT LINING | $837.20 |
| 27442 | REPAIR OF END OF THIGH OR LOWER LEG BONE AT KNEE JOINT WITH PROSTHESIS | $883.12 |
| 27443 | KNEE REPLACEMENT WITH REPAIR OF END OF THIGH OR LOWER LEG BONE AND REMOVAL OF KN | $829.85 |
| 27444 | ARTHROPLASTY, KNEE, TOTAL; | $0.00 |
| 27446 | REPLACEMENT OF KNEE JOINT ON SIDE OF KNEE | $1,147.42 |
| 27447 | REPLACEMENT OF KNEE JOINT, BOTH SIDES OF KNEE | $1,274.86 |
| 27448 | INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE | $840.81 |
| 27449 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITHOUT | $0.00 |
| 27450 | INCISION OR PARTIAL REMOVAL OF MIDDLE PORTION OF THIGH BONE WITH STABILIZING DEV | $1,013.93 |
| 27452 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITH | $0.00 |
| 27454 | MULTIPLE INCISIONS OR REMOVALS OF PARTS OF MIDDLE PORTION OF THIGH BONE WITH PLA | $1,293.87 |
| 27455 | INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR DEFORMI | $971.72 |
| 27457 | INCISION OR PARTIAL REMOVAL OF UPPER PORTION OF LOWER LEG BONE TO REPAIR DEFORMI | $959.90 |
| 27458 | INCISION OF THIGH BONE AND INSERTION OF BONE-LENGTHENING DEVICE IN MARROW CAVITY | $1,750.97 |
| 27460 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR | $0.00 |
| 27462 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876) | $1,246.68 |
| 27466 | OSTEOPLASTY, FEMUR; LENGTHENING | $1,188.86 |
| 27470 | REPAIR OF NONHEALED BROKEN THIGH BONE | $1,184.91 |
| 27472 | REPAIR OF NONHEALED BROKEN THIGH BONE WITH SELF BONE GRAFT | $1,265.23 |
| 27475 | REMOVAL OF GROWTH PLATE AT LOWER END OF THIGH BONE | $680.35 |
| 27477 | REMOVAL OF GROWTH PLATE OF BOTH LOWER LEG BONES | $748.36 |
| 27479 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR, | $927.74 |
| 27485 | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU | $688.27 |
| 27486 | REVISION OF COMPONENT OF TOTAL KNEE JOINT PROSTHESIS | $1,399.70 |
| 27487 | REVISION OF THIGH AND LOWER LEG BONE COMPONENTS OF TOTAL KNEE JOINT PROSTHESIS | $1,734.16 |
| 27488 | REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH | $1,203.84 |
| 27490 | ARTHROSCOPY, KNEE, FOR MENISCUS REPAIR (MENISCORRHESIS) | $0.00 |
| 27495 | STABILIZATION OF THIGH BONE WITH DEVICE | $1,133.78 |
| 27496 | INCISION OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE | $572.34 |
| 27497 | INCISION OF TISSUE OF THIGH AND/OR KNEE WITH TISSUE REMOVAL TO RELIEVE PRESSURE | $596.74 |
| 27498 | MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE TO RELIEVE PRESSURE | $677.39 |
| 27499 | MULTIPLE INCISIONS OF CONNECTIVE TISSUE OF THIGH AND/OR KNEE WITH TISSUE REMOVAL | $719.71 |
| 27500 | CLOSED TREATMENT OF BROKEN THIGH BONE | $497.03 |
| 27501 | CLOSED TREATMENT OF BROKEN THIGH BONE AT LOWER END | $515.98 |
| 27502 | CLOSED TREATMENT OF BROKEN THIGH BONE AT MIDPORTION WITH MANIPULATION | $756.87 |
| 27503 | CLOSED TREATMENT OF BROKEN THIGH BONE AT FAR END WITH MANIPULATION | $812.89 |
| 27504 | TREATMENT OF OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH UNCOMPL | $0.00 |
| 27506 | TREATMENT OF BROKEN SHAFT OF THIGH BONE WITH IMPLANT | $1,340.77 |
| 27507 | TREATMENT OF BROKEN MIDDLE OF THIGH BONE WITH PLACEMENT OF STABILIZING DEVICE | $967.72 |
| 27508 | CLOSED TREATMENT OF BROKEN INSIDE OR OUTSIDE PORTION OF LOWER END OF THIGH BONE | $521.30 |
| 27509 | TREATMENT OF BROKEN THIGH BONE AT FAR END WITH PLACEMENT OF STABILIZING DEVICE | $699.48 |
| 27510 | CLOSED TREATMENT OF BROKEN THIGH BONE AT KNEE AREA WITH MANIPULATION | $689.26 |
| 27511 | TREATMENT OF BROKEN THIGH BONE AT FAR END | $990.47 |
| 27512 | TREATMENT OF OPEN FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH | $0.00 |
| 27513 | TREATMENT OF BROKEN THIGH BONE IN KNEE AREA | $1,220.65 |
| 27514 | TREATMENT OF BROKEN SIDE OF LOWER END OF THIGH BONE | $962.86 |
| 27516 | CLOSED TREATMENT OF THIGH BONE GROWTH PLATE BROKEN AT END OF THIGH BONE | $514.62 |
| 27517 | CLOSED TREATMENT OF GROWTH PLATE BROKEN AT END OF THIGH BONE WITH MANIPULATION | $711.74 |
| 27518 | TREATMENT OF OPEN DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH UNCOMPLICATED SOFT | $0.00 |
| 27519 | TREATMENT OF BROKEN GROWTH PLATE AT END OF THIGH BONE | $890.30 |
| 27520 | CLOSED TREATMENT OF BROKEN KNEECAP | $328.13 |
| 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 | $768.24 |
| 27530 | CLOSED TREATMENT OF BROKEN SHIN BONE | $317.78 |
| 27532 | CLOSED TREATMENT OF BROKEN SHIN BONE WITH TRACTION | $601.45 |
| 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 | $895.85 |
| 27536 | TREATMENT OF BROKEN SHIN BONE ON BOTH SIDES OF UPPER END | $1,192.05 |
| 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 | $479.19 |
| 27540 | TREATMENT OF BROKEN SHIN BONE AT KNEE | $829.09 |
| 27550 | CLOSED TREATMENT OF DISLOCATED KNEE | $491.90 |
| 27552 | CLOSED TREATMENT OF DISLOCATED KNEE UNDER ANESTHESIA | $656.91 |
| 27554 | TREATMENT OF OPEN KNEE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 27556 | TREATMENT OF DISLOCATED KNEE | $875.56 |
| 27557 | TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR | $1,037.68 |
| 27558 | TREATMENT OF DISLOCATED KNEE WITH LIGAMENT REPAIR AND RECONSTRUCTION | $1,176.35 |
| 27560 | CLOSED TREATMENT OF DISLOCATED KNEECAP | $363.22 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27562 | CLOSED TREATMENT OF DISLOCATED KNEECAP UNDER ANESTHESIA | $515.31 |
| 27564 | TREATMENT OF OPEN PATELLAR DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 27566 | TREATMENT OF DISLOCATED KNEECAP | $903.18 |
| 27570 | MANIPULATION OF KNEE JOINT UNDER ANESTHESIA | $161.43 |
| 27580 | FUSION OF KNEE JOINT | $1,476.54 |
| 27590 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; | $744.82 |
| 27591 | AMPUTATION OF THIGH THROUGH THIGH BONE WITH IMMEDIATE FITTING FOR PROSTHESIS | $971.66 |
| 27592 | AMPUTATION OF THIGH THROUGH THIGH BONE LEAVING WOUND | $652.66 |
| 27594 | SECONDARY CLOSURE OR REVISION OF SCAR AT PREVIOUS THIGH AMPUTATION | $503.24 |
| 27596 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION | $691.29 |
| 27598 | REMOVAL OF LEG AT KNEE JOINT | $676.03 |
| 27599 | OTHER PROCEDURE ON THIGH OR KNEE | $0.00 |
| 27600 | INCISION OF CONNECTIVE TISSUE OF FRONT OR SIDE OF LOWER LEG TO RELIEVE PRESSURE | $400.41 |
| 27601 | INCISION OF CONNECTIVE TISSUE OF BACK OF LOWER LEG TO RELIEVE PRESSURE | $446.25 |
| 27602 | INCISION OF CONNECTIVE TISSUE OF FRONT AND/OR SIDE AND BACK OF LOWER LEG TO RELI | $459.14 |
| 27603 | DRAINAGE OF DEEP ABSCESS OR BLOOD ACCUMULATION OF LEG OR ANKLE | $397.91 |
| 27604 | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA | $340.08 |
| 27605 | INCISION OF ACHILLES TENDON USING LOCAL ANESTHETIC | $187.43 |
| 27606 | INCISION OF ACHILLES TENDON UNDER ANESTHESIA | $274.86 |
| 27607 | INCISION OF LEG OR ANKLE BONE | $607.07 |
| 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 | $658.46 |
| 27611 | ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR | $0.00 |
| 27612 | INCISION OF ANKLE JOINT WITH RELEASE OF JOINT LINING | $590.88 |
| 27613 | BIOPSY OF SURFACE TISSUE OF LEG OR ANKLE | $165.88 |
| 27614 | BIOPSY OF DEEP TISSUE OF LEG OR ANKLE | $423.40 |
| 27615 | EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, LESS THAN 5.0 CM | $1,001.91 |
| 27616 | EXTENSIVE REMOVAL OF GROWTH OF LEG OR ANKLE, 5.0 CM OR MORE | $1,231.74 |
| 27618 | REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, LESS THAN 3.0 CM | $314.89 |
| 27619 | REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, LESS THAN 5.0 CM | $474.25 |
| 27620 | INCISION AND EXPLORATION OF ANKLE JOINT | $464.81 |
| 27625 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; | $583.30 |
| 27626 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY | $625.27 |
| 27630 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG | $372.63 |
| 27632 | REMOVAL OF GROWTH UNDER SKIN OF LEG OR ANKLE, 3.0 CM OR MORE | $413.44 |
| 27634 | REMOVAL OF GROWTH OF MUSCLE OF LEG OR ANKLE, 5.0 CM OR MORE | $672.65 |
| 27635 | REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE | $591.78 |
| 27637 | REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH SELF BONE GRAFT | $766.37 |
| 27638 | REMOVAL OF CYST OR GROWTH OF LOWER LEG BONE WITH BONE GRAFT | $757.17 |
| 27640 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST | $837.26 |
| 27641 | PARTIAL REMOVAL OF OUTER LOWER LEG BONE | $667.71 |
| 27645 | EXTENSIVE REMOVAL OF GROWTH OF SHIN BONE | $1,749.63 |
| 27646 | EXTENSIVE REMOVAL OF GROWTH OF OUTER LEG BONE | $1,526.39 |
| 27647 | EXTENSIVE REMOVAL OF GROWTH OF HEEL BONE | $985.98 |
| 27648 | INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY | $49.76 |
| 27650 | REPAIR OF RUPTURED ACHILLES TENDON | $677.87 |
| 27652 | REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT | $677.39 |
| 27654 | SECONDARY REPAIR OF RUPTURED ACHILLES TENDON | $734.63 |
| 27656 | REPAIR OF CONNECTIVE TISSUE DEFECT OF LEG | $351.49 |
| 27658 | PRIMARY REPAIR OF TENDON ON BACK OF LEG | $384.39 |
| 27659 | SECONDARY REPAIR OF TENDON ON BACK OF LEG | $484.58 |
| 27664 | PRIMARY REPAIR OF TENDON ON FRONT OF LEG | $371.04 |
| 27665 | SECONDARY REPAIR OF TENDON ON FRONT OF LEG | $431.97 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 27675 | REPAIR OF DISLOCATING LOWER LEG TENDONS WITHOUT A CUT THROUGH THE LOWER LEG BONE | $509.91 |
| 27676 | REPAIR OF DISLOCATED LOWER LEG TENDONS BY INCISION OR PARTIAL REMOVAL OF LOWER L | $623.86 |
| 27680 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON | $438.08 |
| 27681 | RELEASE OF MULTIPLE LEG AND/OR ANKLE TENDONS | $524.12 |
| 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE | $480.82 |
| 27686 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH | $543.98 |
| 27687 | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE) | $469.33 |
| 27690 | TRANSFER OF TENDON AND MUSCLE REROUTING AT LOWER LEG OR ANKLE | $657.86 |
| 27691 | TRANSFER OF DEEP TENDON OF FOOT WITH MUSCLE REROUTING | $761.32 |
| 27692 | TRANSFER OF TENDON WITH MUSCLE REROUTING AT FOOT, EACH ADDITIONAL TENDON | $98.81 |
| 27695 | PRIMARY REPAIR OF DISRUPTED ANKLE LIGAMENT | $502.27 |
| 27696 | PRIMARY REPAIR OF DISRUPTION OF BOTH ANKLE LIGAMENTS | $559.89 |
| 27698 | SECONDARY REPAIR OF DISRUPTED COLLATERAL LIGAMENT OF ANKLE | $649.72 |
| 27700 | RECONSTRUCTION OF ANKLE JOINT | $727.12 |
| 27702 | RECONSTRUCTION OF ANKLE JOINT WITH PROSTHESIS | $967.79 |
| 27703 | ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE | $1,116.16 |
| 27704 | REMOVAL OF ANKLE IMPLANT | $579.28 |
| 27705 | INCISION OR PARTIAL REMOVAL OF SHIN BONE | $754.44 |
| 27707 | INCISION OR PARTIAL REMOVAL OF LOWER LEG BONE | $425.36 |
| 27709 | INCISION OR PARTIAL REMOVAL OF SHIN AND OUTER LOWER LEG BONES | $1,142.70 |
| 27712 | OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE | $1,110.49 |
| 27713 | INCISION OF LOWER LEG BONE AND INSERTION OF BONE-LENGTHENING DEVICE IN MARROW CA | $1,769.12 |
| 27715 | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING | $1,078.11 |
| 27720 | REPAIR OF NONHEALED BROKEN SHIN BONE | $885.82 |
| 27722 | REPAIR OF NONHEALED BROKEN SHIN BONE WITH BONE GRAFT | $908.73 |
| 27724 | REPAIR OF NONHEALED BROKEN SHIN BONE WITH SELF GRAFT FROM HIP OR OTHER BONE | $1,245.26 |
| 27725 | FUSION OF NONHEALED BROKEN SHIN BONE WITH OUTER LOWER LEG BONE | $1,225.77 |
| 27726 | REPAIR OF NONHEALED BROKEN OUTER LOWER LEG BONE WITH PLACEMENT OF STABILIZING DE | $962.91 |
| 27727 | REPAIR OF CONGENITAL NONHEALED BROKEN SHIN BONE | $1,047.90 |
| 27730 | SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE OF LOWER LEG BONE AT ANKLE | $606.85 |
| 27732 | FUSION OF LOWER OUTER LEG BONE GROWTH PLATE | $475.12 |
| 27734 | FUSION OF LOWER END OF GROWTH PLATE OF LOWER LEG BONE | $675.45 |
| 27740 | FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG BONES | $724.58 |
| 27742 | FUSION OF LOWER AND UPPER ENDS OF GROWTH PLATES OF LOWER LEG AND THIGH BONES | $793.73 |
| 27745 | PLACEMENT OF STABILIZING DEVICE FOR SHIN BONE | $745.62 |
| 27750 | CLOSED TREATMENT OF BROKEN MIDDLE PART OF SHIN BONE | $349.75 |
| 27752 | CLOSED TREATMENT OF MIDDLE PART OF BROKEN SHIN BONE WITH MANIPULATION | $510.55 |
| 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 | $609.56 |
| 27758 | TREATMENT BROKEN MIDDLE PART OF SHIN BONE WITH PLATE OR SCREWS | $909.43 |
| 27759 | TREATMENT OF BROKEN PART OF SHIN BONE WITH ROD | $1,004.30 |
| 27760 | CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE | $335.50 |
| 27762 | CLOSED TREATMENT OF INSIDE PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION | $460.40 |
| 27764 | TREATMENT OF OPEN DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS), WITH UNCOMPLICATED | $0.00 |
| 27766 | TREATMENT OF INSIDE PORTION OF BROKEN SHIN BONE AT ANKLE | $625.30 |
| 27767 | CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE | $321.18 |
| 27768 | CLOSED TREATMENT OF BACK PORTION OF SHIN BONE AT ANKLE WITH MANIPULATION | $476.14 |
| 27769 | TREATMENT OF BROKEN BACK PORTION OF SHIN BONE AT ANKLE | $740.05 |
| 27780 | CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE | $311.51 |
| 27781 | CLOSED TREATMENT OF BROKEN MIDDLE OR UPPER END OF OUTSIDE LOWER LEG BONE WITH MA | $430.73 |
| 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 | $726.56 |
| 27786 | CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE | $310.97 |

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|---|---|---|
| 27788 | CLOSED TREATMENT OF BROKEN OUTSIDE LOWER LEG BONE AT ANKLE WITH MANIPULATION | $408.19 |
| 27790 | TREATMENT OF OPEN DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH UNCOMPLICATE | $0.00 |
| 27792 | TREATMENT OF BROKEN OUTER LOWER LEG BONE AT ANKLE | $660.32 |
| 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 | $333.76 |
| 27810 | CLOSED TREATMENT OF 2 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION | $450.55 |
| 27812 | TREATMENT OF OPEN BIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLO | $0.00 |
| 27814 | TREATMENT OF BOTH BROKEN LOWER LEG BONES AT ANKLE | $777.86 |
| 27816 | CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE | $319.44 |
| 27818 | CLOSED TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH MANIPULATION | $461.37 |
| 27820 | TREATMENT OF OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CL | $0.00 |
| 27822 | TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE | $892.04 |
| 27823 | TREATMENT OF 3 BROKEN LOWER LEG BONES AT ANKLE WITH FIXATION OF POSTERIOR LIP | $1,000.11 |
| 27824 | CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT | $330.35 |
| 27825 | CLOSED TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT WITH MANIPULA | $512.03 |
| 27826 | TREATMENT OF BROKEN OUTER LOWER LEG BONE AT LOWER WEIGHT BEARING JOINT | $872.74 |
| 27827 | TREATMENT OF BROKEN SHIN BONE AT LOWER WEIGHT BEARING JOINT | $1,139.81 |
| 27828 | TREATMENT OF BROKEN LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES | $1,336.62 |
| 27829 | TREATMENT OF LIGAMENT TEAR AT ANKLE JOINT | $726.04 |
| 27830 | CLOSED TREATMENT OF DISLOCATED KNEE JOINT | $387.34 |
| 27831 | CLOSED TREATMENT OF DISLOCATED KNEE JOINT UNDER ANESTHESIA | $434.48 |
| 27832 | TREATMENT OF DISLOCATED KNEE JOINT | $777.39 |
| 27840 | CLOSED TREATMENT OF DISLOCATED ANKLE | $407.90 |
| 27842 | CLOSED TREATMENT OF DISLOCATED ANKLE UNDER ANESTHESIA | $511.13 |
| 27844 | TREATMENT OF OPEN ANKLE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 27846 | TREATMENT OF DISLOCATED ANKLE | $736.99 |
| 27848 | TREATMENT OF DISLOCATED ANKLE WITH REPAIR OR PLACEMENT OF STABILIZING DEVICE | $805.79 |
| 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 | $168.22 |
| 27870 | FUSION OF ANKLE JOINT, OPEN PROCEDURE | $1,013.35 |
| 27871 | FUSION OF LOWER LEG BONE AT KNEE OR ANKLE JOINT | $702.50 |
| 27880 | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; | $856.84 |
| 27881 | AMPUTATION OF BOTH LOWER LEG BONES WITH IMMEDIATE FITTING | $802.51 |
| 27882 | AMPUTATION OF BOTH LOWER LEG BONES LEAVING WOUND | $568.01 |
| 27884 | SECONDARY CLOSURE OR REVISION OF SCAR OF LOWER LEG BONE AMPUTATION | $569.40 |
| 27886 | RE-AMPUTATION OF LOWER LEG | $634.36 |
| 27888 | AMPUTATION OF FOOT AT ANKLE WITH RECONSTRUCTION OF SKIN AND TISSUE | $540.22 |
| 27889 | REMOVAL OF FOOT AT ANKLE JOINT | $619.73 |
| 27892 | INCISION OF CONNECTIVE TISSUE OF LOWER LEG TO RELIEVE PRESSURE WITH REMOVAL OF M | $545.10 |
| 27893 | INCISION OF CONNECTIVE TISSUE AT BACK OF LOWER LEG TO RELIEVE PRESSURE WITH REMO | $634.49 |
| 27894 | INCISION OF CONNECTIVE TISSUE AT FRONT AND/OR SIDE AND BACK OF LOWER LEG TO RELI | $811.89 |
| 27899 | OTHER PROCEDURE ON LEG OR ANKLE | $0.00 |
| 28001 | DRAINAGE OF FLUID FILLED SAC IN FOOT | $94.36 |
| 28002 | DRAINAGE OF FLUID FILLED SAC BELOW CONNECTIVE TISSUE IN FOOT JOINT | $138.46 |
| 28003 | DRAINAGE OF FLUID FILLED SACS BENEATH CONNECTIVE TISSUE IN MULTIPLE FOOT JOINTS | $250.83 |
| 28004 | DEEP INFECTION, BELOW FASCIA, REQUIRING DEEP | $0.00 |
| 28005 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT | $582.40 |

| 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 | $304.38 |
| 28010 | REPAIR OF TOE TENDON | $218.42 |
| 28011 | REPAIR OF MULTIPLE TOE TENDONS | $290.84 |
| 28020 | INCISION OF FOOT AT ANKLE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF F | $373.11 |
| 28022 | INCISION OF MIDFOOT JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN | $338.96 |
| 28024 | INCISION OF TOE JOINT FOR EXPLORATION, FLUID DRAINAGE, OR REMOVAL OF FOREIGN BOD | $322.35 |
| 28035 | RELEASE OF NERVE BETWEEN TISSUE AND ANKLE BONE | $374.04 |
| 28039 | 1.5 CM OR GREATER | $342.87 |
| 28041 | REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, 1.5 CM OR MORE | $459.22 |
| 28043 | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM | $268.97 |
| 28045 | REMOVAL OF GROWTH OF MUSCLE OF FOOT OR TOE, LESS THAN 1.5 CM | $359.47 |
| 28046 | EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, LESS THAN 3.0 CM | $710.91 |
| 28047 | EXTENSIVE REMOVAL OF GROWTH OF FOOT OR TOE, 3.0 CM OR MORE | $1,033.39 |
| 28050 | BIOPSY THROUGH A JOINT OPENING IN THE MIDFOOT | $288.84 |
| 28052 | INCISION OF MIDFOOT JOINT WITH BIOPSY | $264.25 |
| 28054 | INCISION OF TOE JOINT WITH BIOPSY | $243.95 |
| 28055 | NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT | $398.67 |
| 28060 | PARTIAL REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT | $371.21 |
| 28062 | REMOVAL OF CONNECTIVE TISSUE AT SOLE OF FOOT | $418.11 |
| 28070 | REMOVAL OF FOOT BONE JOINT LINING AT ANKLE | $356.56 |
| 28072 | REMOVAL OF JOINT LINING OF TOE JOINT AT FOOT | $336.97 |
| 28080 | EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH | $401.34 |
| 28086 | REMOVAL OF LINING OF TENDON ON UNDER SURFACE OF FOOT | $359.01 |
| 28088 | REMOVAL OF LINING OF TENDON ON UPPER SURFACE OF FOOT | $306.92 |
| 28090 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) | $319.97 |
| 28092 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) | $284.70 |
| 28100 | REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE | $433.15 |
| 28102 | REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH SELF BONE GRAFT | $631.04 |
| 28103 | REMOVAL OF CYST OR GROWTH OF HEEL OR ANKLE BONE WITH DONOR BONE GRAFT | $395.78 |
| 28104 | REMOVAL OF CYST OR GROWTH OF FOOT BONE | $367.78 |
| 28106 | REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH SELF BONE GRAFT | $435.03 |
| 28107 | REMOVAL OF CYST OR GROWTH OF FOOT BONE WITH BONE GRAFT | $356.47 |
| 28108 | REMOVAL OF CYST OR GROWTH OF TOE BONE | $300.59 |
| 28109 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN | $0.00 |
| 28110 | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE | $306.70 |
| 28111 | REMOVAL OF FOOT BONE AT GREAT TOE JOINT | $326.17 |
| 28112 | REMOVAL OF TOE BONE AT SECOND, THIRD, OR FOURTH JOINTS | $324.60 |
| 28113 | COMPLETE REMOVAL OF FOOT BONE AT FIFTH TOE JOINT | $445.64 |
| 28114 | COMPLETE REMOVAL OF SECOND TO FIFTH FOOT BONES | $862.62 |
| 28116 | OSTECTOMY, EXCISION OF TARSAL COALITION | $531.16 |
| 28118 | OSTECTOMY, CALCANEUS; | $437.28 |
| 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE | $375.83 |
| 28120 | PARTIAL REMOVAL OF INFECTED FOOT OR HEEL BONE | $508.67 |
| 28121 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, | $0.00 |
| 28122 | PARTIAL REMOVAL OF FOOT OR HEEL BONE | $452.31 |
| 28123 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, | $0.00 |
| 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | $348.10 |
| 28126 | REMOVAL OF TOE BONE AT FOOT | $258.62 |
| 28130 | TALECTOMY (ASTRAGALECTOMY) | $641.61 |
| 28140 | METATARSECTOMY | $427.55 |
| 28150 | PHALANGECTOMY, TOE, EACH TOE | $289.20 |
| 28153 | REMOVAL OF END OF TOE AT JOINT | $274.41 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 28160 | PARTIAL REMOVAL OF TOE AT JOINT | $278.09 |
| 28171 | EXTENSIVE REMOVAL OF GROWTH OF MIDDLE PORTION OF FOOT BONE | $1,107.83 |
| 28173 | EXTENSIVE REMOVAL OF GROWTH OF FOOT BONE | $723.65 |
| 28175 | EXTENSIVE REMOVAL OF GROWTH OF TOE BONE | $477.12 |
| 28190 | REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN | $135.92 |
| 28192 | REMOVAL OF FOREIGN BODY OF FOOT TISSUE, DEEP | $320.91 |
| 28193 | COMPLICATED REMOVAL OF FOREIGN BODY IN FOOT | $374.41 |
| 28200 | REPAIR OF TENDON ON SOLE OF FOOT | $338.55 |
| 28202 | SECONDARY REPAIR OF TENDON ON SOLE OF FOOT WITH GRAFT | $441.16 |
| 28208 | REPAIR OF TENDON OF TOP SIDE OF FOOT | $332.22 |
| 28210 | REPAIR OF TENDON ON TOP SIDE OF FOOT WITH GRAFT | $430.97 |
| 28220 | REMOVAL OF SCAR TISSUE OF TENDON ON BOTTOM SIDE OF FOOT | $314.57 |
| 28222 | REMOVAL OF SCAR TISSUE OF MULTIPLE FOOT TENDONS | $379.49 |
| 28225 | REMOVAL OF SCAR TISSUE OF TENDON ON TOP SIDE OF FOOT | $276.52 |
| 28226 | REMOVAL OF SCAR TISSUE OF MULTIPLE TENDONS AT TOP OF FOOT | $418.05 |
| 28230 | INCISION TO LENGTHEN FOOT TENDON | $295.27 |
| 28232 | INCISION TO LENGTHEN TOE TENDON | $250.92 |
| 28234 | INCISION TO RELEASE FOOT TENDON | $284.57 |
| 28238 | RECONSTRUCTION OF ANKLE TENDON WITH REMOVAL OF EXTRA ANKLE JOINT BONE | $493.86 |
| 28240 | RELEASE OR LENGTHENING OF TENDON IN FOOT | $303.59 |
| 28250 | INCISION OF CONNECTIVE TISSUE AND MUSCLE OF SOLE OF FOOT | $424.97 |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE) | $547.06 |
| 28261 | INCISION OF ANKLE JOINT CAPSULE AND LENGTHENING OF TENDON | $860.40 |
| 28262 | EXTENSIVE REPAIR OF FOOT DEFECT WITH TENDON LENGTHENING AND RELIEF OF TENSION IN | $1,116.92 |
| 28264 | RELEASE OF CAPSULE OF MIDFOOT | $697.06 |
| 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT | $347.31 |
| 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE) | $260.09 |
| 28280 | CREATION OF WEBBING BETWEEN TOES | $350.58 |
| 28285 | CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL | $403.04 |
| 28286 | CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE | $305.17 |
| 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH | $452.75 |
| 28289 | CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE | $476.12 |
| 28291 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF | $487.17 |
| 28292 | CORRECTION OF BUNION | $502.55 |
| 28295 | CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD ANKLE | $614.53 |
| 28296 | CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD TOE AREA | $529.09 |
| 28297 | CORRECTION OF BUNION WITH FOREFOOT AND MIDFOOT BONE FUSION | $612.22 |
| 28298 | CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF BIG TOE | $519.75 |
| 28299 | CORRECTION OF BUNION WITH 2 AREAS OF REALIGNMENT | $610.56 |
| 28300 | INCISION OR PARTIAL REMOVAL OF HEEL BONE | $662.30 |
| 28302 | INCISION OR PARTIAL REMOVAL OF ANKLE BONE | $731.75 |
| 28304 | INCISION OR PARTIAL REMOVAL OF FOOT BONE | $626.39 |
| 28305 | INCISION OR PARTIAL REMOVAL OF FOOT BONE WITH BONE GRAFT | $681.30 |
| 28306 | INCISION OR PARTIAL REMOVAL OF BIG TOE BONE TO STRAIGHTEN TOE | $417.84 |
| 28307 | INCISION OR PARTIAL REMOVAL OF BIG TOE BONE WITH SELF BONE GRAFT TO STRAIGHTEN T | $536.36 |
| 28308 | INCISION OR PARTIAL REMOVAL OF FOOT BONE (OTHER THAN BIG TOE) TO STRAIGHTEN TOE | $402.39 |
| 28309 | INCISION OR PARTIAL REMOVAL OF MULTIPLE FOOT BONES TO STRAIGHTEN TOES | $914.04 |
| 28310 | INCISION OR PARTIAL REMOVAL OF BIG TOE BONE AT FIRST TOE BONE LEVEL TO STRAIGHTE | $377.61 |
| 28312 | INCISION OR PARTIAL REMOVAL OF TOE BONE TO STRAIGHTEN TOE | $369.02 |
| 28313 | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, | $376.46 |
| 28315 | REMOVAL OF SMALL BONE UNDERLYING LONG BONE OF FOOT AT BIG TOE JOINT | $337.12 |
| 28320 | REPAIR OF NONHEALED BROKEN MIDFOOT BONE | $626.38 |
| 28322 | REPAIR OF NONHEALED BROKEN FOREFOOT BONE | $589.41 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 28340 | RECONSTRUCTION OF ABNORMAL TOE | $416.12 |
| 28341 | RECONSTRUCTION OF ABNORMAL TOE WITH BONE REMOVAL | $493.05 |
| 28344 | REMOVAL OF EXTRA TOES WITH RECONSTRUCTION | $289.16 |
| 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB | $371.45 |
| 28360 | RECONSTRUCTION OF CONGENITAL FOOT DEFECT | $1,116.82 |
| 28400 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION | $249.99 |
| 28405 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION | $431.27 |
| 28406 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN HEEL BONE WITH MANIPULATION | $618.02 |
| 28410 | TREATMENT OF OPEN CALCANEAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 28415 | TREATMENT OF BROKEN HEEL BONE | $1,137.07 |
| 28420 | TREATMENT OF BROKEN HEEL BONE WITH GRAFT | $1,312.75 |
| 28430 | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION | $228.49 |
| 28435 | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION | $352.80 |
| 28436 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN ANKLE JOINT WITH MANIPULATION | $525.82 |
| 28440 | TREATMENT OF OPEN TALUS FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE | $0.00 |
| 28445 | TREATMENT OF BROKEN BONE BETWEEN FOOT AND ANKLE | $1,055.51 |
| 28446 | IMPLANTATION OF SELF CARTILAGE CELLS INTO FOOT JOINT WITH GRAFT | $1,231.35 |
| 28450 | TREATMENT OF BROKEN FOOT BONE AT ANKLE | $207.89 |
| 28455 | TREATMENT OF BROKEN FOOT BONE AT ANKLE WITH MANIPULATION | $243.14 |
| 28456 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT JOINT WITH MANIPULATION | $400.55 |
| 28460 | TREATMENT OF OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH UNCOMP | $0.00 |
| 28465 | TREATMENT OF BROKEN HIND PORTION OF FOOT | $664.29 |
| 28470 | CLOSED TREATMENT OF BROKEN BONE IN FOREFOOT OR MIDFOOT | $223.87 |
| 28475 | CLOSED TREATMENT OF BROKEN FOOT WITH MANIPULATION | $243.63 |
| 28476 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN FOOT BONE WITH MANIPULATION | $419.10 |
| 28480 | TREATMENT OF OPEN METATARSAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE, E | $0.00 |
| 28485 | TREATMENT OF BROKEN MIDPORTION OF FOOT | $584.58 |
| 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT | $137.38 |
| 28495 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION | $163.16 |
| 28496 | PLACEMENT OF STABILIZING DEVICE FOR BROKEN BIG TOE WITH MANIPULATION | $295.75 |
| 28500 | TREATMENT OF OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH UNCOMPLICATED S | $0.00 |
| 28505 | TREATMENT OF BROKEN GREAT TOE | $509.91 |
| 28510 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; | $132.74 |
| 28515 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH | $155.94 |
| 28520 | TREATMENT OF OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH UNC | $0.00 |
| 28525 | TREATMENT OF BROKEN TOE | $418.25 |
| 28530 | CLOSED TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE | $112.97 |
| 28531 | TREATMENT OF BROKEN SMALL BONE IN TENDON ATTACHED TO GREAT TOE | $191.01 |
| 28540 | CLOSED TREATMENT OF DISLOCATED ANKLE JOINT BONE | $190.07 |
| 28545 | CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT BONE UNDER ANESTHESIA | $295.16 |
| 28546 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT JOINT WITH MANIPULATION | $378.94 |
| 28550 | TREATMENT OF OPEN TARSAL BONE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSUR | $0.00 |
| 28555 | TREATMENT OF DISLOCATED MIDFOOT OR HINDFOOT BONES | $663.29 |
| 28570 | CLOSED TREATMENT OF DISLOCATED ANKLE JOINT | $217.32 |
| 28575 | CLOSED TREATMENT OF DISLOCATED ANKLE JOINT UNDER ANESTHESIA | $366.24 |
| 28576 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED ANKLE JOINT WITH MANIPULATION | $411.52 |
| 28580 | TREATMENT OF OPEN TALOTARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE C | $0.00 |
| 28585 | TREATMENT OF DISLOCATED ANKLE JOINT | $728.27 |
| 28600 | CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT | $202.18 |
| 28605 | CLOSED TREATMENT OF DISLOCATED MIDFOOT JOINT UNDER ANESTHESIA | $332.94 |
| 28606 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED MIDFOOT WITH MANIPULATION | $415.87 |
| 28610 | TREATMENT OF OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS | $0.00 |
| 28615 | TREATMENT OF DISLOCATED MIDFOOT BONE | $853.58 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 28630 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT | $112.80 |
| 28635 | CLOSED TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT UNDER ANESTHESIA | $135.22 |
| 28636 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED JOINT BETWEEN TOE AND FOOT WITH M | $231.69 |
| 28640 | TREATMENT OF OPEN METATARSOPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT | $0.00 |
| 28645 | TREATMENT OF DISLOCATED JOINT BETWEEN TOE AND FOOT | $500.45 |
| 28660 | CLOSED TREATMENT OF DISLOCATED JOINT IN TOE | $96.87 |
| 28665 | CLOSED TREATMENT OF DISLOCATED JOINT IN TOE UNDER ANESTHESIA | $129.99 |
| 28666 | PLACEMENT OF STABILIZING DEVICE FOR DISLOCATED TOE JOINT | $179.42 |
| 28670 | TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS | $0.00 |
| 28675 | TREATMENT OF DISLOCATED TOE JOINT | $429.55 |
| 28705 | FUSION OF ALL BONES OF ANKLE AND HINDFOOT | $1,218.43 |
| 28715 | FUSION OF 3 BONES OF ANKLE | $957.68 |
| 28725 | FUSION OF FOOT BELOW ANKLE | $793.45 |
| 28730 | FUSION OF MULTIPLE FOOT JOINTS | $739.01 |
| 28735 | FUSION OF MULTIPLE FOOT JOINTS WITH BONE INCISION TO CORRECT A FOOT DEFORMITY | $788.97 |
| 28737 | FUSION OF UPPER PART OF FOOT AND LENGTHENING OF TENDON | $696.06 |
| 28740 | FUSION OF FOOT IN MIDFOOT REGION | $627.75 |
| 28750 | FUSION OF BIG TOE AT JOINT WITH FOOT | $587.61 |
| 28755 | FUSION OF BIG TOE BETWEEN TOE JOINTS | $347.89 |
| 28760 | FUSION OF BIG TOE BETWEEN TOE JOINTS WITH TENDON TRANSFER | $581.94 |
| 28800 | AMPUTATION OF MIDFOOT BONE | $533.28 |
| 28805 | AMPUTATION OF FOOT ACROSS INSTEP | $700.54 |
| 28810 | AMPUTATION OF TOE AND MIDFOOT BONE | $425.10 |
| 28820 | AMPUTATION OF TOE AT JOINT BETWEEN FOREFOOT AND TOES | $173.57 |
| 28825 | AMPUTATION OF TOE AT TOE JOINT | $169.41 |
| 28890 | SHOCK WAVE THERAPY TO ARCH OF FOOT USING ULTRASOUND GUIDANCE UNDER ANESTHESIA | $229.66 |
| 28899 | OTHER PROCEDURE ON FOOT OR TOES | $0.00 |
| 29000 | APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION) | $198.56 |
| 29010 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY | $164.75 |
| 29015 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD | $184.03 |
| 29035 | APPLICATION OF SHOULDER TO HIP BODY CAST | $148.52 |
| 29040 | APPLICATION OF SHOULDER TO HIP BODY CAST INCLUDING HEAD | $178.27 |
| 29044 | APPLICATION OF SHOULDER TO HIP BODY CAST AND THIGH | $172.45 |
| 29046 | APPLICATION OF SHOULDER TO HIP BODY CAST AND BOTH THIGHS | $192.95 |
| 29049 | APPLICATION, CAST; FIGURE-OF-EIGHT | $71.82 |
| 29050 | INTERSTITIAL PRESSURE TEST | $0.00 |
| 29055 | APPLICATION, CAST; SHOULDER SPICA | $141.41 |
| 29058 | APPLICATION OF PLASTER VELPEAU CAST TO UPPER FOREARM AND SHOULDER | $95.22 |
| 29065 | APPLICATION OF SHOULDER TO HAND CAST | $70.07 |
| 29075 | APPLICATION OF ELBOW TO FINGER CAST | $64.98 |
| 29085 | APPLICATION OF HAND AND LOWER FOREARM CAST | $69.70 |
| 29086 | APPLICATION OF FINGER CAST | $51.81 |
| 29105 | APPLICATION OF LOWER AND UPPER ARM SPLINT | $39.56 |
| 29125 | APPLICATION OF NONMOVEABLE FOREARM TO HAND SPLINT | $41.78 |
| 29126 | APPLICATION OF MOVEABLE OR HINGED FOREARM TO HAND SPLINT | $50.94 |
| 29130 | APPLICATION OF NONMOVEABLE FINGER SPLINT | $28.40 |
| 29131 | APPLICATION OF HINGED FINGER SPLINT | $34.85 |
| 29200 | PLACEMENT OF STRAPPING TO CHEST | $17.63 |
| 29240 | PLACEMENT OF STRAPPING TO SHOULDER | $17.63 |
| 29260 | PLACEMENT OF STRAPPING TO ELBOW OR WRIST | $18.36 |
| 29280 | PLACEMENT OF STRAPPING TO HAND OR FINGER | $19.29 |
| 29305 | APPLICATION OF HIP SPICA CAST ON LEG | $162.86 |
| 29325 | APPLICATION OF HIP SPICA CAST ON BOTH LEGS, OR ON LEG AND PART OF OTHER LEG | $182.05 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 29345 | APPLICATION OF LONG LEG CAST FROM THIGH TO TOE | $100.36 |
| 29355 | APPLICATION OF WALKING CAST COVERING THIGH TO TOE | $106.60 |
| 29358 | APPLICATION OF LONG LEG BRACE-TYPE CAST FROM THIGH TO TOE | $104.29 |
| 29365 | APPLICATION OF THIGH TO LOWER LEG CYLINDER CAST | $88.80 |
| 29405 | APPLICATION OF SHORT LEG CAST | $60.20 |
| 29425 | APPLICATION OF WALKING CAST COVERING BELOW KNEE TO TOE | $55.57 |
| 29435 | APPLICATION OF KNEECAP TENDON BEARING CAST | $87.87 |
| 29440 | ADDITION OF WALKER TO PREVIOUSLY APPLIED CAST | $27.34 |
| 29445 | APPLICATION OF WALKING CAST COVERING FOOT, ANKLE, AND LOWER LEG | $97.64 |
| 29450 | APPLICATION OF LEG CAST AND MANIPULATION OF FOOT TO TREAT DEFORMITY | $110.86 |
| 29455 | APPLICATION OF CLUBFOOT CAST WITH MOLDING OR | $0.00 |
| 29505 | APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE | $54.04 |
| 29515 | APPLICATION OF SHORT LEG SPLINT FROM CALF TO FOOT | $50.69 |
| 29520 | PLACEMENT OF STRAPPING TO HIP | $18.18 |
| 29530 | PLACEMENT OF STRAPPING TO KNEE | $17.81 |
| 29540 | PLACEMENT OF STRAPPING TO ANKLE OR FOOT | $16.88 |
| 29550 | PLACEMENT OF STRAPPING TO TOES | $10.68 |
| 29580 | STRAPPING, UNNA BOOT | $25.20 |
| 29581 | APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON LOWER LEG, ANKLE, AND FOOT | $26.28 |
| 29584 | APPLICATION OF VEIN WOUND COMPRESSION BANDAGES ON UPPER ARM, FOREARM, HAND, AND | $15.59 |
| 29700 | REMOVAL OR CUTTING OF GAUNTLET, BOOT, OR BODY CAST | $32.52 |
| 29705 | REMOVAL OR CUTTING OF FULL ARM OR LEG CAST | $44.41 |
| 29710 | REMOVAL OR CUTTING OF SHOULDER, HIP SPICA, OR JACKET CAST | $80.76 |
| 29720 | REPAIR OF SPICA, BODY CAST, OR JACKET | $43.30 |
| 29730 | EXAM OF SKIN SURFACE BY CREATION OF OPENING IN CAST | $43.72 |
| 29740 | INSERTION OF WEDGE IN CAST | $67.35 |
| 29750 | INSERTION OF WEDGE IN CLUBFOOT CAST | $75.40 |
| 29751 | WEDGING OF CLUBFOOT CAST | $0.00 |
| 29799 | OTHER CASTING OR WRAPPING PROCEDURE | $0.00 |
| 29800 | DIAGNOSTIC EXAM OF JAW JOINT USING AN ENDOSCOPE | $548.26 |
| 29804 | EXAM OF JAW JOINT USING AN ENDOSCOPE | $610.99 |
| 29805 | DIAGNOSTIC EXAM OF SHOULDER USING AN ENDOSCOPE | $487.03 |
| 29806 | REPAIR OF SHOULDER JOINT CAPSULE USING AN ENDOSCOPE | $1,067.65 |
| 29807 | REPAIR OF SHOULDER SOCKET USING AN ENDOSCOPE | $1,043.95 |
| 29819 | REMOVAL OF LOOSE OR FOREIGN BODY IN SHOULDER JOINT USING AN ENDOSCOPE | $602.16 |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL | $549.64 |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE | $610.21 |
| 29822 | LIMITED REMOVAL OF ABNORMAL SHOULDER JOINT TISSUE USING ENDOSCOPE | $558.87 |
| 29823 | REMOVAL OF EXTENSIVE SHOULDER JOINT TISSUE USING AN ENDOSCOPE | $607.37 |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL | $695.00 |
| 29825 | REMOVAL OF SHOULDER SCAR TISSUE USING AN ENDOSCOPE | $602.72 |
| 29826 | SHAVING OF PART OF SHOULDER BONE AND REPAIR OF LIGAMENT USING AN ENDOSCOPE | $165.73 |
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR | $1,074.02 |
| 29828 | RELEASE OF TENDON CONNECTING BICEPS MUSCLE AND SHOULDER USING AN ENDOSCOPE | $924.82 |
| 29830 | DIAGNOSTIC EXAM OF ELBOW JOINT USING AN ENDOSCOPE | $474.18 |
| 29834 | REMOVAL OF LOOSE OR FOREIGN BODY IN ELBOW JOINT USING AN ENDOSCOPE | $511.70 |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | $526.66 |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE | $604.18 |
| 29837 | REMOVAL OF ELBOW JOINT TISSUE USING AN ENDOSCOPE | $535.76 |
| 29838 | REMOVAL OF EXTENSIVE DAMAGED TISSUE FROM ELBOW JOINT USING AN ENDOSCOPE | $612.32 |
| 29840 | DIAGNOSTIC EXAM OF WRIST USING AN ENDOSCOPE | $473.86 |
| 29843 | DIAGNOSTIC EXAM, WASHING, AND DRAINAGE OF INFECTED WRIST USING AN ENDOSCOPE | $505.37 |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | $519.25 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 29845 | REMOVAL OF ENTIRE WRIST JOINT LINING USING AN ENDOSCOPE | $605.45 |
| 29846 | REMOVAL OR REPAIR OF WRIST CARTILAGE USING AN ENDOSCOPE | $541.00 |
| 29847 | PLACEMENT OF INTERNAL STABILIZING DEVICE USING AN ENDOSCOPE TO TREAT BROKEN OR U | $559.78 |
| 29848 | ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT | $535.27 |
| 29850 | TREATMENT OF BROKEN KNEE JOINT USING AN ENDOSCOPE | $642.14 |
| 29851 | TREATMENT OF BROKEN KNEE JOINT WITH PLACEMENT OF STABILIZING DEVICE USING AN END | $940.06 |
| 29855 | TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON SIDE USING AN ENDOSCOPE | $795.53 |
| 29856 | TREATMENT OF BROKEN UPPER PORTION OF LOWER LEG BONE ON BOTH SIDES USING AN ENDOS | $1,001.40 |
| 29860 | DIAGNOSTIC EXAM OF HIP USING AN ENDOSCOPE | $674.09 |
| 29861 | REMOVAL OF LOOSE OR FOREIGN BODY IN HIP JOINT USING AN ENDOSCOPE | $704.96 |
| 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE | $826.61 |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY | $830.68 |
| 29866 | REPAIR OF KNEE CARTILAGE AND BONE WITH PATIENT-DERIVED HEALTHY CARTILAGE TRANSPL | $1,067.50 |
| 29867 | REPAIR OF KNEE CARTILAGE AND BONE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE | $1,287.47 |
| 29868 | REPAIR OF KNEE CARTILAGE WITH DONOR CARTILAGE GRAFT USING AN ENDOSCOPE | $1,661.69 |
| 29870 | DIAGNOSTIC EXAM OF KNEE USING AN ENDOSCOPE | $430.02 |
| 29871 | EXAM, WASHING, AND DRAINAGE OF INFECTED KNEE JOINT USING AN ENDOSCOPE | $531.91 |
| 29872 | ARTHROSCOPY, KNEE, SURGICAL | $0.00 |
| 29873 | RELEASE OF LIGAMENTS AT OUTER SIDE OF KNEE JOINT USING AN ENDOSCOPE | $561.99 |
| 29874 | REMOVAL OF LOOSE OR FOREIGN BODY IN KNEE JOINT USING AN ENDOSCOPE | $550.28 |
| 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF | $512.28 |
| 29876 | REMOVAL OF JOINT LINING FROM MULTIPLE KNEE JOINT COMPARTMENTS USING AN ENDOSCOPE | $668.02 |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE | $637.19 |
| 29879 | REPAIR OF KNEE JOINT WITH DRILLING AND OR SCRAPING OF JOINT USING AN ENDOSCOPE | $676.91 |
| 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN | $577.91 |
| 29881 | REMOVAL OF KNEE CARTILAGE USING AN ENDOSCOPE | $558.12 |
| 29882 | REPAIR OF INSIDE OR OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE | $701.63 |
| 29883 | REPAIR OF INSIDE AND OUTSIDE KNEE JOINT CARTILAGE USING AN ENDOSCOPE | $851.52 |
| 29884 | REMOVAL OF SCAR TISSUE FROM KNEE USING AN ENDOSCOPE | $635.80 |
| 29885 | REPAIR OF KNEE JOINT WITH BONE GRAFT USING AN ENDOSCOPE | $773.85 |
| 29886 | REPAIR OF KNEE JOINT BY DRILLING CARTILAGE USING AN ENDOSCOPE | $654.44 |
| 29887 | REPAIR OF KNEE JOINT WITH BONE GRAFT AND INTERNAL STABILIZING DEVICE USING AN EN | $770.93 |
| 29888 | REPAIR OF ANTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE | $979.27 |
| 29889 | REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE USING AN ENDOSCOPE | $1,236.54 |
| 29890 | ARTHROSCOPY, ANKLE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY | $0.00 |
| 29891 | REMOVAL OF SHIN AND/OR ANKLE BONE DEFECT USING AN ENDOSCOPE | $690.09 |
| 29892 | REMOVAL OF LARGE SHIN OR ANKLE BONE DEFECT USING AN ENDOSCOPE | $654.26 |
| 29893 | REPAIR OF FIBROUS TISSUE OF ARCH OF FOOT USING AN ENDOSCOPE | $458.96 |
| 29894 | REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE USING AN ENDOSCOPE | $516.52 |
| 29895 | PARTIAL REMOVAL OF ANKLE JOINT LINING USING AN ENDOSCOPE | $469.20 |
| 29896 | ARTHROSCOPY, ANKLE, SURGICAL | $0.00 |
| 29897 | REMOVAL OF LIMITED DEAD OR INFECTED TISSUE USING AN ENDOSCOPE | $502.58 |
| 29898 | REMOVAL OF EXTENSIVE DEAD OR INFECTED TISSUE USING AN ENDOSCOPE | $570.67 |
| 29899 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE | $1,002.97 |
| 29900 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY | $529.55 |
| 29901 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT | $564.16 |
| 29902 | TREATMENT OF DISPLACED FINGER JOINT LIGAMENT USING AN ENDOSCOPE | $596.12 |
| 29904 | REMOVAL OF LOOSE OR FOREIGN BODY IN ANKLE JOINT AT HEEL BONES USING AN ENDOSCOPE | $656.63 |
| 29905 | REMOVAL OF LINING OF ANKLE JOINT USING AN ENDOSCOPE | $523.16 |
| 29906 | REMOVAL OF DEAD OR INFECTED ANKLE JOINT TISSUE USING AN ENDOSCOPE | $680.15 |
| 29907 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS | $891.49 |
| 29914 | RESHAPING OF THIGH BONE AT HIP JOINT USING AN ENDOSCOPE | $1,001.42 |
| 29915 | RESHAPING OF HIP SOCKET USING AN ENDOSCOPE | $1,019.87 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 29916 | REPAIR OF HIP JOINT SOCKET CARTILAGE USING AN ENDOSCOPE | $1,021.54 |
| 29999 | OTHER PROCEDURE ON JOINT USING AN ENDOSCOPE | $0.00 |
| 30000 | DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NOSE | $126.57 |
| 30020 | DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF NASAL CARTILAGE | $127.13 |
| 30100 | BIOPSY, INTRANASAL | $70.30 |
| 30110 | SIMPLE REMOVAL OF NASAL POLYP | $137.86 |
| 30111 | EXCISION, NASAL POLYP(S), SIMPLE | $0.00 |
| 30115 | EXTENSIVE REMOVAL OF NASAL POLYP | $487.32 |
| 30116 | EXCISION, NASAL POLYP(S), EXTENSIVE | $0.00 |
| 30117 | REMOVAL OR DESTRUCTION OF GROWTH OF NOSE THROUGH NOSE | $429.88 |
| 30118 | REMOVAL OR DESTRUCTION OF GROWTH OF NOSE | $729.45 |
| 30120 | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA | $432.30 |
| 30124 | SIMPLE REMOVAL OF CYST AND SKIN GROWTH OF NOSE | $317.75 |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE | $672.01 |
| 30130 | EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD | $439.09 |
| 30140 | REMOVAL OF NASAL AIR PASSAGE UNDER LINING TISSUE | $176.75 |
| 30150 | PARTIAL REMOVAL OF NOSE | $815.40 |
| 30160 | REMOVAL OF NOSE | $832.05 |
| 30200 | INJECTION OF MEDICATION INTO NASAL AIR PASSAGE | $61.97 |
| 30210 | DISPLACEMENT THERAPY (PROETZ TYPE) | $108.21 |
| 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON) | $133.10 |
| 30300 | REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE | $127.73 |
| 30310 | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA | $215.97 |
| 30320 | REMOVAL OF FOREIGN BODY IN NOSE BY INCISION | $510.68 |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP | $1,278.46 |
| 30410 | RESHAPING OF BONE, CARTILAGE, AND/OR TIP OF NOSE | $1,460.79 |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR | $1,479.38 |
| 30430 | REVISION TO RESHAPE NOSE OR SMALL AMOUNT OF TIP OF NOSE AFTER PREVIOUS REPAIR | $1,126.46 |
| 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES) | $1,386.92 |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES) | $1,789.86 |
| 30460 | REVISION OF CONGENITAL NASAL DEFECT TO LENGTHEN TIP OF NOSE | $843.65 |
| 30462 | REVISION OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE | $1,614.36 |
| 30465 | REPAIR OF NASAL PASSAGE | $1,048.49 |
| 30468 | REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT | $168.07 |
| 30469 | REPAIR OF COLLAPSED NASAL VALVE | $149.01 |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, | $697.94 |
| 30540 | REPAIR OF NASAL PASSAGE THROUGH NOSE | $764.30 |
| 30545 | REPAIR OF NASAL PASSAGES THROUGH PALATE | $1,027.95 |
| 30560 | LYSIS INTRANASAL SYNECHIA | $158.62 |
| 30580 | REPAIR OF ABNORMAL DRAINAGE TRACT BETWEEN NASAL SINUSES | $475.89 |
| 30600 | REPAIR FISTULA; ORONASAL | $398.57 |
| 30620 | RECONSTRUCTION OF LINING OF NASAL PASSAGE WITH GRAFT | $700.24 |
| 30630 | REPAIR OF OPENINGS OF NASAL CARTILAGE | $690.07 |
| 30800 | CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); SUPERFIC | $0.00 |
| 30801 | ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO | $159.08 |
| 30802 | DESTRUCTION OF SURFACE SOFT TISSUE OF NASAL PASSAGES | $208.94 |
| 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 | $54.09 |
| 30902 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION) | $0.00 |
| 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) | $73.67 |
| 30904 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL | $0.00 |
| 30905 | INITIAL CONTROL OF NOSE BLEED AND INSERTION OF PACKING | $102.22 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 30906 | SUBSEQUENT CONTROL OF NOSEBLEED AND INSERTION OF PACKING | $127.19 |
| 30915 | TYING OF ETHMOIDAL ARTERY ETHMOIDAL FOR CONTROL OF NOSE BLEED | $616.87 |
| 30920 | TYING OF INTERNAL NASAL ARTERY FOR CONTROL OF NOSE BLEED | $887.21 |
| 30930 | FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC | $123.69 |
| 30999 | OTHER PROCEDURE ON NOSE | $0.00 |
| 31000 | IRRIGATION OF NASAL SINUS | $116.05 |
| 31001 | LAVAGE BY CANNULATION | $0.00 |
| 31002 | IRRIGATION OF SPHENOID NASAL SINUS | $195.25 |
| 31020 | INCISION OF NASAL SINUS THROUGH NOSE | $364.52 |
| 31021 | SINUSOTOMY, MAXILLARY (ANTROTOMY) | $0.00 |
| 31030 | CREATION OF WINDOW INTO NASAL SINUS | $535.83 |
| 31031 | SINUSOTOMY, MAXILLARY (ANTROTOMY) | $0.00 |
| 31032 | REMOVAL OF NASAL SINUS POLYP | $617.96 |
| 31033 | SINUSOTOMY, MAXILLARY (ANTROTOMY) | $0.00 |
| 31040 | INCISION THROUGH SINUS AT CHEEK BONE TO REACH NERVE AND BLOOD VESSEL | $822.32 |
| 31050 | INCISION OF SPHENOID NASAL SINUS | $537.40 |
| 31051 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL | $717.59 |
| 31070 | SIMPLE INCISION OF FRONTAL NASAL SINUS | $498.29 |
| 31075 | INCISION OF NASAL SINUS OF SIDE OF FACE | $851.50 |
| 31080 | INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH EYEBROW | $1,117.82 |
| 31081 | INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING THROUGH FOREHEAD | $1,193.99 |
| 31084 | INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP THROUG | $1,233.58 |
| 31085 | INSERTION OF MATERIAL TO STOP GROWTH OF NASAL SINUS LINING WITH BONE FLAP THROUG | $1,269.98 |
| 31086 | INCISION OF EYEBROW AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS | $1,203.00 |
| 31087 | INCISION OF FOREHEAD AND PLACEMENT OF BONE FLAP TO DRAIN FRONTAL NASAL SINUS | $1,141.21 |
| 31090 | REMOVAL OF TISSUE OR GROWTHS IN 3 OR MORE NASAL SINUSES ON SIDE OF FACE | $1,146.49 |
| 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR | $662.04 |
| 31201 | REMOVAL OF NASAL SINUS FROM WITHIN NASAL PASSAGE | $804.09 |
| 31205 | REMOVAL OF NASAL SINUS FROM OUTSIDE NASAL PASSAGE | $976.04 |
| 31225 | MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION | $1,808.61 |
| 31230 | MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC) | $2,007.75 |
| 31231 | DIAGNOSTIC EXAM OF NASAL PASSAGES USING AN ENDOSCOPE | $63.39 |
| 31233 | EXAM OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE | $134.68 |
| 31235 | EXAM OF NASAL PASSAGE AND SPHENOID SINUS USING AN ENDOSCOPE | $159.37 |
| 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT | $159.56 |
| 31238 | CONTROL OF BLEEDING OF NOSE USING AN ENDOSCOPE | $166.32 |
| 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY | $617.00 |
| 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION | $158.03 |
| 31241 | TYING OF SPHENOPALATINE ARTERY USING AN ENDOSCOPE | $432.20 |
| 31242 | DESTRUCTION OF NASAL NERVE BY HEAT USING AN ENDOSCOPE | $155.37 |
| 31243 | DESTRUCTION OF NASAL NERVE BY FREEZING USING AN ENDOSCOPE | $155.37 |
| 31253 | COMPLETE EXAM OF NOSE AND SINUSES USING AN ENDOSCOPE | $486.42 |
| 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR) | $238.39 |
| 31255 | REMOVAL OF NASAL SINUS USING AN ENDOSCOPE | $315.72 |
| 31256 | INCISION OF NASAL SINUS USING AN ENDOSCOPE | $177.69 |
| 31257 | EXAM OF NOSE AND SINUS WITH REMOVAL OF NASAL SINUS USING AN ENDOSCOPE | $434.25 |
| 31259 | REMOVAL OF TISSUE FROM SPHENOID SINUS USING AN ENDOSCOPE | $459.22 |
| 31267 | REMOVAL OF NASAL SINUS TISSUE USING AN ENDOSCOPE | $259.43 |
| 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT | $368.81 |
| 31287 | INCISION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE | $197.73 |
| 31288 | REMOVAL OF SPHENOID NASAL SINUS TISSUE USING AN ENDOSCOPE | $229.36 |
| 31290 | REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND BRIDGE OF NOSE USING | $1,133.62 |
| 31291 | REPAIR OF LEAK OF BRAIN AND SPINAL FLUID FROM SINUS BEHIND EYES USING ENDOSCOPE | $1,205.85 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 31292 | DECOMPRESSION OF MEDIAL OR INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE | $983.24 |
| 31293 | DECOMPRESSION OF MEDIAL AND INFERIOR WALL OF EYE SOCKET USING AN ENDOSCOPE | $1,063.70 |
| 31294 | DECOMPRESSION OF OPTIC NERVE USING AN ENDOSCOPE | $1,212.98 |
| 31295 | DILATION OF NASAL SINUS USING AN ENDOSCOPE | $155.74 |
| 31296 | DILATION OF FRONTAL NASAL SINUS USING AN ENDOSCOPE | $177.19 |
| 31297 | DILATION OF SPHENOID NASAL SINUS USING AN ENDOSCOPE | $141.95 |
| 31298 | DILATION OF SPHENOID AND FRONTAL NASAL SINUS USING AN ENDOSCOPE | $250.09 |
| 31299 | OTHER PROCEDURE ON ACCESSORY SINUSES | $0.00 |
| 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C | $1,275.72 |
| 31360 | COMPLETE REMOVAL OF VOICE BOX | $2,064.02 |
| 31365 | COMPLETE REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK | $2,534.58 |
| 31367 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION | $2,191.84 |
| 31368 | REMOVAL OF VOICE BOX WITH EXTENSIVE DISSECTION OF NECK | $2,417.78 |
| 31370 | PARTIAL REMOVAL OF VOICE BOX | $2,064.13 |
| 31375 | PARTIAL REMOVAL OF VOICE BOX THROUGH FRONT AND SIDE OF NECK | $1,964.42 |
| 31380 | PARTIAL REMOVAL OF VOICE BOX AND ADJOINING TISSUE | $1,938.06 |
| 31382 | PARTIAL REMOVAL OF VOICE BOX AND CARTILAGE | $2,116.67 |
| 31390 | REMOVAL OF VOICE BOX, THROAT, MUSCLE, LYMPH NODES, AND GLANDS | $2,791.00 |
| 31395 | REMOVAL OF VOICE BOX AND THROAT, MUSCLE, LYMPH NODES, AND GLANDS WITH RECONSTRUC | $2,930.57 |
| 31400 | REMOVAL OR REPAIR OF VOICE BOX CARTILAGE | $1,050.17 |
| 31420 | REMOVAL OF CARTILAGE ATTACHING TONGUE | $846.77 |
| 31500 | EMERGENT INSERTION OF BREATHING TUBE INTO WINDPIPE USING AN ENDOSCOPE | $133.81 |
| 31502 | CHANGE OF BREATHING TUBE IN WINDPIPE | $33.63 |
| 31505 | DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR | $51.48 |
| 31510 | BIOPSY OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR | $121.45 |
| 31511 | REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH MIRROR | $133.66 |
| 31512 | REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE WITH MIRROR | $129.08 |
| 31513 | INJECTION OF VOCAL CORD USING AN ENDOSCOPE WITH MIRROR | $130.80 |
| 31515 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION | $110.70 |
| 31520 | DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE, NEWBORN | $155.30 |
| 31525 | DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE | $158.68 |
| 31526 | DIAGNOSTIC EXAM OF VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR TEL | $155.99 |
| 31527 | INSERTION OF DEVICE TO CLOSE OPENING OF VOICE BOX USING AN ENDOSCOPE | $192.71 |
| 31528 | INITIAL DILATION OF VOICE BOX USING AN ENDOSCOPE | $143.22 |
| 31529 | SUBSEQUENT DILATION OF VOICE BOX USING AN ENDOSCOPE | $159.18 |
| 31530 | REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE | $195.33 |
| 31531 | REMOVAL OF FOREIGN BODY IN VOICE BOX USING AN ENDOSCOPE WITH OPERATING MICROSCOP | $207.37 |
| 31535 | BIOPSY OF VOICE BOX USING AN ENDOSCOPE | $187.12 |
| 31536 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES | $206.97 |
| 31540 | REMOVAL OF GROWTH OF THROAT AND/OR STRIPPING OF VOCAL CORDS USING AN ENDOSCOPE | $237.07 |
| 31541 | REMOVAL OF GROWTH OF TONGUE AND/OR STRIPPING OF VOCAL CORD USING AN ENDOSCOPE WI | $257.98 |
| 31545 | REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH LOCAL TISSUE FLAP USING AN | $353.17 |
| 31546 | REMOVAL OF VOCAL CORD GROWTHS AND RECONSTRUCTION WITH GRAFT USING AN ENDOSCOPE V | $533.58 |
| 31551 | REPAIR OF NARROWED VOICE BOX WITH GRAFT (YOUNGER THAN 12 YEARS) | $1,566.57 |
| 31552 | REPAIR OF NARROWED VOICE BOX WITH GRAFT (12 YEARS OR OLDER) | $1,514.58 |
| 31553 | REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT (YOUNG | $1,708.90 |
| 31554 | REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT (12 YE | $1,709.64 |
| 31560 | REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE | $305.28 |
| 31561 | REMOVAL OF VOICE BOX CARTILAGE USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR T | $332.75 |
| 31570 | INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE | $225.13 |
| 31571 | INJECTION INTO VOCAL CORDS USING AN ENDOSCOPE WITH OPERATING MICROSCOPE OR TELES | $244.37 |
| 31572 | REMOVAL OR DESTRUCTION OF GROWTH OF SIDE OF VOICE BOX USING AN ENDOSCOPE | $178.94 |
| 31573 | INJECTION OF DRUG INTO SIDE OF VOICE BOX USING AN ENDOSCOPE | $147.76 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 31574 | INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING AN ENDOSCOPE | $148.32 |
| 31575 | DIAGNOSTIC EXAM OF VOICE BOX USING A FLEXIBLE ENDOSCOPE | $70.29 |
| 31576 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY | $119.74 |
| 31577 | REMOVAL OF FOREIGN BODY IN VOICE BOX USING A FLEXIBLE ENDOSCOPE | $132.58 |
| 31578 | REMOVAL OF GROWTH OF VOICE BOX USING AN ENDOSCOPE | $148.32 |
| 31579 | EXAM TO ASSESS MOVEMENT OF VOCAL CORD FLAPS USING AN ENDOSCOPE | $120.35 |
| 31580 | REPAIR OF CONGENITAL VOCAL CORD DEFECT WITH INSERTION OF INDWELLING STENT | $1,321.88 |
| 31584 | INCISION OF VOICE BOX TO REPAIR FRACTURE | $1,440.02 |
| 31587 | REPAIR OF SPLIT OF VOICE BOX | $1,240.19 |
| 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE | $982.06 |
| 31591 | REPAIR OF SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE | $1,134.44 |
| 31592 | PARTIAL REMOVAL OF WINDPIPE AND CARTILAGE | $1,751.29 |
| 31599 | OTHER PROCEDURE ON VOICE BOX | $0.00 |
| 31600 | INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (OLDER THAN 2 YEARS) | $290.89 |
| 31601 | INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE (2 YEARS OR YOUNGER) | $438.89 |
| 31603 | EMERGENT INCISION OF WINDPIPE THROUGH NECK FOR INSERTION OF BREATHING TUBE | $304.56 |
| 31605 | EMERGENT INCISION OF WINDPIPE FOR INSERTION OF BREATHING TUBE | $311.59 |
| 31610 | TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS | $972.33 |
| 31611 | CREATION OF OPENING OF WINDPIPE AND INSERTION OF SPEECH PROSTHESIS | $555.14 |
| 31612 | PUNCTURE OF WINDPIPE FOR ASPIRATION AND/OR INJECTION | $46.65 |
| 31613 | SIMPLE REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING | $434.66 |
| 31614 | REVISION OF PERMANENT OPENING OF WINDPIPE FOR BREATHING WITH FLAP ROTATION | $728.85 |
| 31615 | EXAM OF WINDPIPE AND LUNG AIRWAYS THROUGH PERMANENT WINDPIPE OPENING USING AN EN | $115.72 |
| 31622 | DIAGNOSTIC EXAM OF LUNG AIRWAY USING AN ENDOSCOPE | $127.24 |
| 31623 | EXAM OF LUNG AIRWAYS USING AN ENDOSCOPE | $127.15 |
| 31624 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | $129.19 |
| 31625 | BIOPSY OF LUNG AIRWAY USING AN ENDOSCOPE | $149.72 |
| 31626 | PLACEMENT OF RADIATION THERAPY MARKERS INTO LUNG AIRWAYS USING AN ENDOSCOPE | $189.08 |
| 31627 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | $91.37 |
| 31628 | BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, 1 LOBE | $168.78 |
| 31629 | NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE | $179.12 |
| 31630 | DILATION OF WINDPIPE CARTILAGE OR TREATMENT OF BROKEN WINDPIPE CARTILAGE USING A | $190.12 |
| 31631 | PLACEMENT OF STENT INTO WINDPIPE USING AN ENDOSCOPE | $217.18 |
| 31632 | BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE | $46.29 |
| 31633 | NEEDLE BIOPSY OF LOBE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL LOBE | $59.92 |
| 31634 | EXAM OF LUNG AIRWAYS WITH REPAIR OF AIR LEAK USING AN ENDOSCOPE | $180.97 |
| 31635 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | $168.45 |
| 31636 | PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, FIRST STENT | $208.01 |
| 31637 | PLACEMENT OF STENT IN LUNG AIRWAY USING AN ENDOSCOPE, EACH ADDITIONAL STENT | $72.22 |
| 31638 | REVISION OF PREVIOUSLY INSERTED LUNG AIRWAY STENT USING AN ENDOSCOPE | $236.05 |
| 31640 | REMOVAL OF GROWTH OF LUNG AIRWAYS USING AN ENDOSCOPE | $236.19 |
| 31641 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | $242.07 |
| 31643 | PLACEMENT OF TUBE FOR RADIATION DELIVERY IN LUNG AIRWAY USING AN ENDOSCOPE | $162.94 |
| 31645 | ASPIRATION OF INITIAL SECRETION OF LUNG AIRWAY USING AN ENDOSCOPE | $141.72 |
| 31646 | ASPIRATION OF SUBSEQUENT SECRETIONS OF LUNG AIRWAY USING AN ENDOSCOPE DURING SAM | $137.56 |
| 31647 | ASSESSMENT OF INITIAL LOBE OF LUNG FOR AIR LEAK AND AIRWAY SIZING WITH INSERTION | $196.88 |
| 31648 | REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE, | $189.13 |
| 31649 | REMOVAL OF BRONCHIAL VALVES OF LUNG AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE, | $66.03 |
| 31651 | ASSESSMENT OF AIR LEAK AND AIRWAY SIZING WITH INSERTION OF BRONCHIAL VALVE IN LU | $72.04 |
| 31652 | EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND ULTRASOU | $211.16 |
| 31653 | EXAM OF LUNG AIRWAYS AND SAMPLING OF LYMPH NODES USING AN ENDOSCOPE AND ULTRASOU | $233.63 |
| 31654 | EXAM OF LUNG AIRWAYS WITH DIAGNOSTIC OR THERAPEUTIC PROCEDURE ON GROWTHS USING A | $63.63 |
| 31660 | THERMAL REPAIR OF AIRWAYS OF LOBE OF LUNG USING AN ENDOSCOPE | $180.54 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 31661 | THERMAL REPAIR OF AIRWAYS OF MULTIPLE LOBES OF LUNG USING AN ENDOSCOPE | $190.84 |
| 31717 | INSERTION OF TUBE INTO AIRWAY OF LUNG FOR BIOPSY | $102.33 |
| 31719 | TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF INDWELLING TUBE FOR THERAPY (EG, TI | $0.00 |
| 31720 | INSERTION OF TUBE INTO AIRWAY FOR ASPIRATION OF SECRETIONS | $51.70 |
| 31725 | INSERTION OF TUBE INTO WINDPIPE AND AIRWAYS OF LUNG FOR ASPIRATION OF SECRETIONS | $75.50 |
| 31730 | INSERTION OF NEEDLE WIRE DILATOR OR INDWELLING TUBE FOR OXYGEN THERAPY | $140.24 |
| 31750 | REPAIR OF WINDPIPE CARTILAGE THROUGH NECK | $1,388.80 |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE | $1,794.41 |
| 31760 | REPAIR OF WINDPIPE CARTILAGE THROUGH CHEST | $1,298.50 |
| 31766 | RECONSTRUCTION OF UPPER BREAST BONE THROUGH CHEST | $1,654.53 |
| 31770 | REPAIR OF LUNG AIRWAY WITH GRAFT | $1,240.41 |
| 31775 | REPAIR OF NARROWED AREA OF LUNG AIRWAY | $1,308.46 |
| 31780 | REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK WITH SUTURE REPAIR | $1,191.49 |
| 31781 | REMOVAL OF NARROWED AREA OF WINDPIPE IN NECK AND CHEST WITH SUTURE REPAIR | $1,417.53 |
| 31785 | REMOVAL OF GROWTH OF WINDPIPE CARTILAGE | $1,061.62 |
| 31786 | REMOVAL OF GROWTH OF WINDPIPE CARTILAGE THROUGH CHEST | $1,348.22 |
| 31800 | SUTURE OF INJURY OF WINDPIPE IN NECK | $726.24 |
| 31805 | SUTURE OF INJURY OF WINDPIPE IN CHEST | $781.65 |
| 31820 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR | $337.67 |
| 31825 | CLOSURE OF PERMANENT WINDPIPE OPENING OR ABNORMAL DRAINAGE TRACT WITH PLASTIC RE | $492.30 |
| 31830 | REVISION OF TRACHEOSTOMY SCAR | $378.84 |
| 31899 | OTHER PROCEDURE ON WINDPIPE OR LUNG AIRWAY | $0.00 |
| 32035 | THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA | $711.30 |
| 32036 | CREATION OF OPEN FLAP TRACT FOR DRAINAGE OF INFECTED MATERIAL FROM LINING AROUND | $757.81 |
| 32096 | BIOPSY OF FLUID COLLECTION OF LUNG | $761.30 |
| 32097 | BIOPSY OF GROWTH OF LUNG | $760.72 |
| 32098 | BIOPSY OF LUNG LINING | $717.49 |
| 32100 | THORACOTOMY; WITH EXPLORATION | $773.76 |
| 32110 | REPAIR OF TEAR OF LUNG AND/OR CONTROL OF TRAUMATIC BLEEDING THROUGH CHEST | $1,404.55 |
| 32120 | INCISION OF CHEST CAVITY FOR COMPLICATIONS AFTER SURGERY | $836.17 |
| 32124 | RELEASE OF LUNG LINING THROUGH CHEST | $880.78 |
| 32140 | REMOVAL OF CYSTS OF LUNG THROUGH CHEST | $940.55 |
| 32141 | REMOVAL OF AIR SAC OF LUNG THROUGH CHEST | $1,422.48 |
| 32150 | REMOVAL OF FOREIGN BODY OR CLOT IN LINING OF LUNG THROUGH CHEST | $971.21 |
| 32151 | THORACOTOMY; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY | $953.48 |
| 32160 | MASSAGE OF HEART MUSCLE THROUGH CHEST | $771.05 |
| 32200 | DRAINAGE OF ABSCESS OR CYST OF INFECTED LUNG | $1,089.12 |
| 32215 | PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX | $768.98 |
| 32220 | REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION | $1,520.04 |
| 32225 | PARTIAL REMOVAL OF LINING OF LUNG FOR LUNG EXPANSION | $946.09 |
| 32310 | REMOVAL OF LINING OF CHEST CAVITY | $874.69 |
| 32320 | REMOVAL OF LINING OF CHEST CAVITY AND LINING OF LUNG | $1,518.39 |
| 32400 | NEEDLE BIOPSY OF LINING OF LUNG | $80.08 |
| 32408 | CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLUDING IMAGING GUIDANC | $145.10 |
| 32440 | REMOVAL OF LUNG, PNEUMONECTOMY; | $1,475.31 |
| 32442 | REMOVAL OF LUNG WITH PORTION OF WINDPIPE CARTILAGE | $2,810.87 |
| 32445 | REMOVAL OF LUNG AND LINING OF CHEST CAVITY | $3,270.92 |
| 32480 | REMOVAL OF LOBE OF LUNG | $1,389.40 |
| 32482 | REMOVAL OF 2 LOBES OF LUNG | $1,488.45 |
| 32484 | REMOVAL OF SEGMENT OF LUNG TISSUE | $1,342.51 |
| 32486 | REMOVAL OF PORTION OF LUNG AND SEGMENT OF LUNG AIRWAY | $2,161.43 |
| 32488 | REMOVAL OF REMAINING LUNG AFTER PREVIOUS PARTIAL REMOVAL OF LUNG | $2,220.73 |
| 32490 | LOBECTOMY, TOTAL OR SEGMENTAL; WITH CONCOMITANT DECORTICATION | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 32491 | REMOVAL OF LUNG SEGMENT TO REDUCE LUNG VOLUME THROUGH CHEST | $1,389.25 |
| 32501 | REPAIR OF LUNG AIRWAY AND REMOVAL OF SEGMENT OF LUNG | $220.94 |
| 32503 | REMOVAL OF GROWTH OF LUNG | $1,675.55 |
| 32504 | REMOVAL OF GROWTH OF LUNG AND RECONSTRUCTION OF CHEST WALL | $1,902.22 |
| 32505 | INITIAL REMOVAL OF WEDGE OF LUNG TISSUE | $883.56 |
| 32506 | REMOVAL OF LUNG TISSUE WEDGE THROUGH CHEST, EACH ADDITIONAL REMOVAL | $141.89 |
| 32507 | REMOVAL OF LUNG TISSUE WEDGE FOR DIAGNOSIS | $141.89 |
| 32540 | EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY) | $1,616.26 |
| 32545 | EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY); WITH LOBECTOMY | $0.00 |
| 32550 | INSERTION OF INDWELLING TUBE FOR DRAINAGE OF LUNG FLUID | $194.96 |
| 32551 | REMOVAL OF FLUID FROM BETWEEN LUNG AND CHEST CAVITY | $146.60 |
| 32552 | REMOVAL OF INDWELLING TUBE IN LINING OF LUNG | $154.53 |
| 32553 | INSERTION OF DEVICE IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE | $168.93 |
| 32554 | ASPIRATION OF FLUID FROM CHEST CAVITY | $84.24 |
| 32555 | ASPIRATION OF FLUID FROM CHEST CAVITY USING IMAGING GUIDANCE | $104.37 |
| 32556 | DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE | $117.87 |
| 32557 | DRAINAGE OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING TUBE USING IMAG | $142.23 |
| 32560 | INSTILLATION OF AGENT ONTO LUNG SURFACE USING CHEST TUBE | $71.46 |
| 32561 | INITIAL INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE | $64.22 |
| 32562 | SUBSEQUENT INSTILLATION OF AGENT ONTO LUNG LINING USING CHEST TUBE | $57.34 |
| 32601 | DIAGNOSTIC EXAM OF LUNGS, HEART SAC, CHEST CAVITY, OR LUNG LINING USING AN ENDOS | $288.09 |
| 32604 | BIOPSY OF HEART SAC USING AN ENDOSCOPE | $442.93 |
| 32606 | BIOPSY OF TISSUE OF CHEST USING AN ENDOSCOPE | $428.82 |
| 32607 | BIOPSY OF FLUID COLLECTION OF LUNG USING AN ENDOSCOPE | $287.53 |
| 32608 | BIOPSY OF GROWTH OF LUNG USING AN ENDOSCOPE | $351.90 |
| 32609 | THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA | $240.46 |
| 32650 | ADHESION OF LININGS OF LUNG USING AN ENDOSCOPE | $642.26 |
| 32651 | PARTIAL REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE | $1,034.39 |
| 32652 | REMOVAL OF CHEST CAVITY LINING AND LUNG LINING USING AN ENDOSCOPE | $1,558.19 |
| 32653 | REMOVAL OF FOREIGN BODY IN LINING OF CHEST CAVITY USING AN ENDOSCOPE | $1,005.14 |
| 32654 | CONTROL OF TRAUMATIC BLEEDING IN CHEST USING AN ENDOSCOPE | $1,131.94 |
| 32655 | THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL | $906.56 |
| 32656 | THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY | $767.40 |
| 32658 | REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC USING AN ENDOSCOPE | $683.03 |
| 32659 | CREATION OF OPENING OR PARTIAL REMOVAL OF HEART SAC USING AN ENDOSCOPE | $702.91 |
| 32661 | REMOVAL OF CYST OR GROWTH OF HEART SAC USING AN ENDOSCOPE | $758.87 |
| 32662 | REMOVAL OF CYST OR GROWTH OF CHEST CAVITY USING AN ENDOSCOPE | $848.81 |
| 32663 | EXAM OF LUNG WITH REMOVAL OF LUNG LOBE USING AN ENDOSCOPE | $1,307.48 |
| 32664 | THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY | $803.98 |
| 32665 | THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE) | $1,154.42 |
| 32666 | INITIAL REMOVAL OF WEDGE OF LUNG TISSUE USING AN ENDOSCOPE | $827.45 |
| 32667 | REMOVAL OF WEDGE OF TISSUE OF LUNG USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL | $142.07 |
| 32668 | BIOPSY OF WEDGE OF LUNG TISSUE FOLLOWED BY PARTIAL REMOVAL OF LUNG | $142.44 |
| 32669 | REMOVAL OF SEGMENT OF LUNG TISSUE USING AN ENDOSCOPE | $1,256.82 |
| 32670 | REMOVAL OF 2 LOBES OF LUNG USING AN ENDOSCOPE | $1,492.81 |
| 32671 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY) | $1,645.68 |
| 32672 | PARTIAL REMOVAL OF LUNG TO REDUCE LUNG VOLUME USING AN ENDOSCOPE | $1,413.83 |
| 32673 | THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL | $1,140.61 |
| 32674 | REMOVAL OF LYMPH NODES OF CHEST CAVITY USING AN ENDOSCOPE | $195.45 |
| 32700 | THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); | $0.00 |
| 32701 | DELINEATION OF THORACIC TARGETS FOR RADIATION THERAPY | $193.97 |
| 32705 | THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); WITH BIOPSY | $0.00 |
| 32800 | REPAIR OF LUNG HERNIA THROUGH CHEST WALL | $906.07 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 32810 | CLOSURE OF CHEST WALL AFTER DRAINAGE OF INFECTED LUNG | $858.67 |
| 32815 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM CHEST CAVITY TO LUNG AIRWAY | $2,605.85 |
| 32820 | RECONSTRUCTION OF CHEST WALL AFTER INJURY | $1,337.15 |
| 32850 | DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR | $0.00 |
| 32851 | TRANSPLANTATION OF LUNG | $3,034.46 |
| 32852 | TRANSPLANTATION OF LUNG ON HEART-LUNG MACHINE | $3,271.92 |
| 32853 | TRANSPLANTATION OF 2 LUNGS | $4,236.36 |
| 32854 | TRANSPLANTATION OF 2 LUNGS ON HEART-LUNG MACHINE | $4,471.58 |
| 32900 | RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES | $1,402.93 |
| 32905 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); | $1,252.05 |
| 32906 | REMOVAL OF INFECTED AREA OF CHEST CAVITY AND CLOSURE OF ABNORMAL DRAINAGE TRACT | $1,535.94 |
| 32940 | PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES | $1,160.38 |
| 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR | $88.07 |
| 32994 | DESTRUCTION OF GROWTH OF LUNG USING EXTREME COLD | $417.67 |
| 32997 | IRRIGATION AND DRAINAGE OF LUNG | $321.31 |
| 32998 | DESTRUCTION OF GROWTH OF LUNG USING RADIOFREQUENCY | $417.30 |
| 32999 | OTHER PROCEDURE ON LUNG AND LUNG LINING | $205.69 |
| 33016 | DRAINAGE OF HEART SAC USING IMAGING GUIDANCE | $216.42 |
| 33017 | DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (6 YEARS OR OLDER) | $227.79 |
| 33018 | DRAINAGE OF HEART SAC USING TUBE AND IMAGING GUIDANCE (5 YEARS OR YOUNGER OR ANY | $266.48 |
| 33019 | DRAINAGE OF HEART SAC USING TUBE AND CT IMAGING GUIDANCE | $198.39 |
| 33020 | REMOVAL OF BLOOD CLOT OR FOREIGN BODY IN HEART SAC | $781.96 |
| 33025 | SURGICAL REMOVAL OF PIECE OF SAC COVERING HEART FOR DRAINAGE | $728.88 |
| 33030 | REMOVAL OF HEART SAC | $1,860.92 |
| 33031 | REMOVAL OF HEART SAC ON HEART-LUNG MACHINE | $2,291.23 |
| 33035 | COMPLETE VENTRICULAR DECORTICATION, WITH | $0.00 |
| 33050 | REMOVAL OF GROWTH OR CYST OF FROM HEART SAC | $954.26 |
| 33120 | REMOVAL OF GROWTH OF HEART ON HEART-LUNG MACHINE | $1,934.19 |
| 33130 | RESECTION OF EXTERNAL CARDIAC TUMOR | $1,279.84 |
| 33140 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE) | $1,444.78 |
| 33141 | LASER TREATMENT OF HEART MUSCLE TO IMPROVE BLOOD FLOW DURING PROCEDURE | $119.98 |
| 33202 | INSERTION OF ELECTRODE TO OUTER LAYER OF HEART | $727.96 |
| 33203 | INSERTION OF ELECTRODE TO OUTER LAYER OF HEART USING AN ENDOSCOPE | $762.21 |
| 33206 | INSERTION OF PACEMAKER AND UPPER HEART CHAMBER ELECTRODE | $435.78 |
| 33207 | INSERTION OF PACEMAKER AND LOWER HEART CHAMBER ELECTRODE | $455.39 |
| 33208 | INSERTION OF PACEMAKER AND UPPER AND LOWER HEART CHAMBER ELECTRODE | $491.25 |
| 33210 | INSERTION OF TEMPORARY PACEMAKER LEAD IN SINGLE HEART CHAMBER | $149.49 |
| 33211 | INSERTION OF TEMPORARY PACEMAKER LEAD IN UPPER AND LOWER HEART CHAMBERS | $155.36 |
| 33212 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD | $311.52 |
| 33213 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS | $324.14 |
| 33214 | INSERTION OF 2 CHAMBER PACEMAKER SYSTEM | $458.09 |
| 33215 | REPOSITIONING OF PACEMAKER OR DEFIBRILLATOR ELECTRODE | $297.29 |
| 33216 | INSERTION OF 1 ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR | $358.52 |
| 33217 | INSERTION OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR | $356.24 |
| 33218 | REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR | $376.49 |
| 33219 | REPAIR OF PACEMAKER; WITH REPLACEMENT OF PULSE GENERATOR | $0.00 |
| 33220 | REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR | $366.05 |
| 33221 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS | $342.50 |
| 33222 | RELOCATION OF PACEMAKER SKIN POCKET | $335.35 |
| 33223 | RELOCATION OF DEFIBRILLATOR SKIN POCKET | $392.89 |
| 33224 | INSERTION OF LEFT LOWER HEART ELECTRODE AND ATTACHMENT TO PACEMAKER OR DEFIBRILL | $476.99 |
| 33225 | INSERTION OF LEFT LOWER HEART ELECTRODE FOR PACEMAKER OR DEFIBRILLATOR | $427.88 |
| 33226 | REPOSITIONING OF LEFT LOWER HEART ELECTRODE | $455.70 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33227 | REMOVAL AND REPLACEMENT OF SINGLE LEAD PERMANENT PACEMAKER | $325.77 |
| 33228 | REMOVAL AND REPLACEMENT OF DUAL LEAD PERMANENT PACEMAKER | $340.42 |
| 33229 | REMOVAL AND REPLACEMENT OF MULTIPLE LEAD PERMANENT PACEMAKER | $357.31 |
| 33230 | INSERTION OF DEFIBRILLATOR WITH EXISTING DUAL LEADS | $355.74 |
| 33231 | INSERTION OF DEFIBRILLATOR WITH EXISTING MULTIPLE LEADS | $383.23 |
| 33232 | REMOVAL OF PERMANENT PACEMAKER | $0.00 |
| 33233 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY | $229.30 |
| 33234 | REMOVAL OF SINGLE ELECTRODE FROM RIGHT HEART | $463.14 |
| 33235 | REMOVAL OF DUAL ELECTRODES FROM RIGHT HEART | $609.89 |
| 33236 | REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, SINGLE LEAD | $752.43 |
| 33237 | REMOVAL OF PERMANENT PACEMAKER AND ELECTRODES, DUAL LEAD | $804.02 |
| 33238 | REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY | $905.79 |
| 33240 | INSERTION OF DEFIBRILLATOR WITH EXISTING SINGLE LEAD | $342.75 |
| 33241 | REMOVAL OF DEFIBRILLATOR | $210.09 |
| 33243 | REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH INCISION | $1,294.40 |
| 33244 | REMOVAL OF DEFIBRILLATOR ELECTRODES THROUGH VEIN | $821.43 |
| 33248 | REVISION OR REMOVAL OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS AND | $0.00 |
| 33249 | INSERTION OF IMPLANTABLE DEFIBRILLATOR SYSTEM | $864.70 |
| 33250 | DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY | $1,360.90 |
| 33251 | DESTRUCTION OF ABNORMAL HEART BEAT PATHWAY ON HEART-LUNG MACHINE | $1,517.56 |
| 33254 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZ | $1,275.69 |
| 33255 | EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER | $1,517.34 |
| 33256 | EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF UPPER HEART CHAMBER ON HEART-LUNG MA | $1,790.67 |
| 33257 | PARTIAL DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER | $555.43 |
| 33258 | EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER | $615.63 |
| 33259 | EXTENSIVE DESTRUCTION AND RECONSTRUCTION OF RIGHT UPPER HEART CHAMBER ON HEART-L | $805.48 |
| 33261 | DESTRUCTION OF TISSUE AND RECONSTRUCTION OF RIGHT LOWER HEART CHAMBER ON HEART-L | $1,502.14 |
| 33262 | REMOVAL AND REPLACEMENT OF SINGLE LEAD DEFIBRILLATOR | $356.84 |
| 33263 | REMOVAL AND REPLACEMENT OF DUAL LEAD DEFIBRILLATOR | $370.37 |
| 33264 | REMOVAL AND REPLACEMENT OF MULTIPLE LEAD DEFIBRILLATOR | $385.58 |
| 33265 | LIMITED RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL PATHW | $1,278.85 |
| 33266 | EXTENSIVE RECONSTRUCTION OF UPPER HEART CHAMBER AND ALTERATION OF ELECTRICAL PAT | $1,714.59 |
| 33267 | EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART | $978.38 |
| 33268 | EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART PERFORMED DURING OTHER PRO | $118.14 |
| 33269 | EXCLUSION OF APPENDAGE OF LEFT UPPER CHAMBER OF HEART USING AN ENDOSCOPE | $782.86 |
| 33270 | INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE | $532.62 |
| 33271 | INSERTION OF DEFIBRILLATOR ELECTRODE | $432.14 |
| 33272 | REMOVAL OF DEFIBRILLATOR ELECTRODE | $334.59 |
| 33273 | REPOSITIONING OF DEFIBRILLATOR ELECTRODE | $382.99 |
| 33274 | INSERTION OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE | $453.54 |
| 33275 | REMOVAL OF PERMANENT LEADLESS PACEMAKER USING IMAGING GUIDANCE | $475.65 |
| 33276 | INSERTION OF PHRENIC NERVE STIMULATOR GENERATOR AND STIMULATING LEAD(S) | $551.47 |
| 33277 | INSERTION OF PHRENIC NERVE STIMULATOR SENSING LEAD | $270.63 |
| 33278 | REMOVAL OF PHRENIC NERVE STIMULATOR GENERATOR AND LEAD(S) | $545.64 |
| 33279 | REMOVAL OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEAD(S) | $330.31 |
| 33280 | REMOVAL OF PHRENIC NERVE STIMULATOR PULSE GENERATOR | $209.89 |
| 33281 | REPOSITIONING OF PHRENIC NERVE STIMULATOR LEAD(S) | $363.85 |
| 33285 | INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING | $81.86 |
| 33286 | REMOVAL OF HEART RHYTHM MONITOR FROM UNDER THE SKIN | $80.33 |
| 33287 | REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR PULSE GENERATOR | $373.67 |
| 33288 | REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEADS | $486.37 |
| 33289 | INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY THROUGH TUBE WITH REVIEW | $310.56 |
| 33300 | REPAIR OF CARDIAC WOUND; WITHOUT BYPASS | $2,261.65 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33305 | REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS | $3,752.31 |
| 33310 | INCISION AND EXPLORATION OF HEART | $1,101.33 |
| 33315 | INCISION OR EXPLORATION OF HEART ON HEART-LUNG MACHINE | $1,770.59 |
| 33320 | REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES | $1,004.70 |
| 33321 | REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES USING A SHUNT BYPASS | $1,116.12 |
| 33322 | REPAIR OF AORTA OR GREAT VESSELS WITH SUTURES ON HEART-LUNG MACHINE | $1,298.76 |
| 33330 | REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT | $1,332.13 |
| 33335 | REPAIR OF AORTA OR GREAT VESSELS WITH GRAFT ON HEART-LUNG MACHINE | $1,734.60 |
| 33340 | REPAIR OF LEFT UPPER HEART CHAMBER WITH IMPLANT WITH REVIEW BY RADIOLOGIST | $722.79 |
| 33361 | REPLACEMENT OF AORTIC VALVE THROUGH THE SKIN AND FEMORAL ARTERY | $1,112.76 |
| 33362 | REPLACEMENT OF AORTIC VALVE BY THROUGH FEMORAL ARTERY | $1,213.12 |
| 33363 | REPLACEMENT OF AORTIC VALVE THROUGH AXILLARY ARTERY | $1,256.12 |
| 33364 | REPLACEMENT OF AORTIC VALVE THROUGH ILIAC ARTERY | $1,249.62 |
| 33365 | REPLACEMENT OF AORTIC VALVE BY TUBE THROUGH AORTA | $1,308.42 |
| 33366 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSA | $1,443.51 |
| 33367 | INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL ACCESSED THROUGH SKIN FOR HEART-LUN | $554.98 |
| 33368 | INSERTION OF TUBE IN PERIPHERAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT | $671.97 |
| 33369 | INSERTION OF TUBE IN CENTRAL BLOOD VESSEL FOR HEART-LUNG MACHINE SUPPORT | $886.78 |
| 33370 | PLACEMENT AND SUBSEQUENT REMOVAL OF DEVICE TO PROTECT BRAIN FROM EMBOLISM THROUG | $122.98 |
| 33390 | SIMPLE REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE | $1,788.26 |
| 33391 | COMPLEX REPAIR OF AORTIC VALVE ON HEART-LUNG MACHINE | $2,117.87 |
| 33404 | CONSTRUCTION OF APICAL-AORTIC CONDUIT | $1,629.47 |
| 33405 | REPLACEMENT OF AORTIC VALVE ON HEART-LUNG MACHINE | $2,104.23 |
| 33406 | REPLACEMENT OF AORTIC VALVE USING HUMAN DONOR VALVE ON HEART-LUNG MACHINE | $2,660.98 |
| 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 | $2,356.00 |
| 33411 | REPLACEMENT OF AORTIC VALVE WITH AORTA ENLARGEMENT | $3,090.68 |
| 33412 | REPLACEMENT OF AORTIC VALVE WITH ENLARGEMENT AT BASE OF VALVE | $2,889.31 |
| 33413 | REPAIR AND ENLARGEMENT OF BLOOD OUTFLOW TRACT TO GREAT VESSELS FROM LEFT OR RIGH | $2,967.92 |
| 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF | $1,981.57 |
| 33415 | INCISION OR REMOVAL OF TISSUE BELOW AORTIC VALVE | $1,878.92 |
| 33416 | VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS | $1,880.13 |
| 33417 | AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS | $1,561.25 |
| 33418 | REPAIR OF MITRAL VALVE THROUGH THE SKIN, INITIAL PROSTHESIS | $1,672.55 |
| 33419 | REPAIR OF MITRAL VALVE THROUGH THE SKIN, ADDITIONAL PROSTHESIS | $388.78 |
| 33420 | REMOVAL OF MITRAL VALVE SCAR TISSUE | $1,356.05 |
| 33422 | REMOVAL OF MITRAL VALVE SCAR TISSUE ON HEART-LUNG MACHINE | $1,553.35 |
| 33425 | REPAIR OF MITRAL VALVE ON HEART-LUNG MACHINE | $2,521.25 |
| 33426 | REPAIR OF MITRAL VALVE WITH ARTIFICIAL VALVE ON HEART-LUNG MACHINE | $2,209.96 |
| 33427 | RADICAL RECONSTRUCTION OF MITRAL VALVE ON HEART-LUNG MACHINE | $2,259.72 |
| 33430 | REPLACEMENT OF MITRAL VALVE ON HEART-LUNG MACHINE | $2,597.69 |
| 33440 | REPLACEMENT OF AORTIC AND PULMONARY VALVES AND ENLARGEMENT OF OUTFLOW TRACT FROM | $3,123.02 |
| 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 | $2,208.35 |
| 33463 | REPAIR OF TRICUSPID VALVE | $2,840.95 |
| 33464 | REPAIR OF TRICUSPID VALVE WITH RING INSERTION | $2,260.94 |
| 33465 | REPLACEMENT OF TRICUSPID VALVE ON HEART-LUNG MACHINE | $2,544.89 |
| 33468 | REPOSITIONING OF TRICUSPID VALVE | $2,256.47 |
| 33474 | INCISION OF PULMONARY VALVE ON HEART-LUNG MACHINE | $2,020.63 |
| 33475 | REPLACEMENT OF PULMONARY VALVE | $2,152.44 |
| 33476 | RELEASE OF RESTRICTIVE RIGHT VENTRICULAR MUSCLE BANDS OR VALVE LEAFLETS | $1,430.45 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33477 | INSERTION OF PULMONARY VALVE | $1,221.50 |
| 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR | $1,476.22 |
| 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 | $1,552.44 |
| 33500 | REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION ON HEART-LUNG MA | $1,455.86 |
| 33501 | REPAIR OF HEART ABNORMAL ARTERY-VEIN OR ARTERY-HEART CONNECTION | $1,048.92 |
| 33502 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION | $1,207.85 |
| 33503 | REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT | $1,258.30 |
| 33504 | REPAIR OF ABNORMAL HEART ARTERY WITH GRAFT ON HEART-LUNG MACHINE | $1,379.42 |
| 33505 | REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY | $1,888.60 |
| 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO | $1,889.26 |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFI | $1,590.81 |
| 33508 | HARVEST OF VEIN USING AN ENDOSCOPE | $14.64 |
| 33509 | HARVEST OF ARTERY FROM ARM FOR HEART BYPASS GRAFT USING AN ENDOSCOPE | $157.86 |
| 33510 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 1 GRAFT | $1,795.93 |
| 33511 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 2 GRAFTS | $1,972.10 |
| 33512 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 3 GRAFTS | $2,241.65 |
| 33513 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 4 GRAFTS | $2,288.37 |
| 33514 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 5 GRAFTS | $2,409.70 |
| 33516 | CORONARY ARTERY BYPASS USING VEIN GRAFT, 6 OR MORE GRAFTS | $2,493.97 |
| 33517 | CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 1 GRAFT | $170.10 |
| 33518 | CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 2 GRAFTS | $373.87 |
| 33519 | CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 3 GRAFTS | $493.59 |
| 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 | $592.32 |
| 33522 | CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 5 GRAFTS | $665.16 |
| 33523 | CORONARY ARTERY BYPASS USING VEIN OR ARTERY GRAFT, 6 OR MORE GRAFTS | $750.26 |
| 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 | $476.59 |
| 33532 | MYOCARDIAL IMPLNTATN ONE MOR SYSTMIC ARTERIES | $0.00 |
| 33533 | CORONARY ARTERY BYPASS USING ARTERY GRAFT, 1 GRAFT | $1,740.46 |
| 33534 | CORONARY ARTERY BYPASS USING ARTERY GRAFT, 2 GRAFTS | $2,042.36 |
| 33535 | CORONARY ARTERY BYPASS USING ARTERY GRAFT, 3 GRAFTS | $2,266.51 |
| 33536 | CORONARY ARTERY BYPASS USING ARTERY GRAFT, 4 GRAFTS | $2,438.86 |
| 33542 | MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY) | $2,432.09 |
| 33545 | REPAIR OF LOWER HEART CHAMBER FOLLOWING HEART ATTACK | $2,823.22 |
| 33548 | SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF | $2,727.02 |
| 33560 | MYOCARDIAL OPERATION COMBINED WITH CORONARY BYPASS PROCEDURE | $0.00 |
| 33572 | REMOVAL OF PLAQUE FROM HEART ARTERY AT TIME OF CORONARY ARTERY BYPASS | $208.95 |
| 33600 | CLOSURE OF MITRAL OR TRICUSPID VALVE | $1,607.35 |
| 33602 | CLOSURE OF AORTIC OR PULMONARY VALVE | $1,561.94 |
| 33606 | CONNECTION OF PULMONARY ARTERY TO AORTA | $1,659.87 |
| 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR | $1,681.92 |
| 33610 | REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN LOWER HEART CHAMBERS | $1,659.20 |
| 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; | $1,801.82 |
| 33612 | REPAIR OF DOUBLE OUTLET DEFECT AND OUTFLOW TRACT OF RIGHT LOWER HEART CHAMBER | $1,849.11 |
| 33615 | REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND CONNECTION | $1,855.81 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33617 | REPAIR OF COMPLEX CONGENITAL DEFECT IN WALL BETWEEN UPPER HEART CHAMBERS AND CON | $2,006.55 |
| 33619 | REPAIR TO IMPROVE CONGENITAL BLOOD FLOW DEFECT FROM LOWER HEART CHAMBER | $2,556.17 |
| 33620 | APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS | $1,524.68 |
| 33621 | TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AN | $872.30 |
| 33622 | RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC L | $3,144.50 |
| 33640 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM | $0.00 |
| 33641 | REPAIR OF CONGENITAL DEFECT BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE | $1,519.87 |
| 33643 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM | $0.00 |
| 33645 | REPAIR OF TISSUE BETWEEN UPPER HEART CHAMBERS | $1,604.50 |
| 33647 | REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR | $1,680.87 |
| 33649 | REPAIR OF TRICUSPID ATRESIA (EG, FONTAN, GAGO PROCEDURES) | $0.00 |
| 33660 | REPAIR OF PARTIAL CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBERS | $1,625.86 |
| 33665 | REPAIR OF INTERMEDIATE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAM | $1,768.20 |
| 33670 | REPAIR OF COMPLETE CONGENITAL DEFECT BETWEEN BOTH UPPER AND LOWER HEART CHAMBERS | $1,809.06 |
| 33675 | CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS | $1,820.21 |
| 33676 | CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH VALVE T | $1,867.68 |
| 33677 | CLOSURE OF MULTIPLE CONGENITAL DEFECTS BETWEEN LOWER HEART CHAMBERS WITH REMOVAL | $1,938.89 |
| 33681 | CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS | $1,726.49 |
| 33682 | CLOSURE VENTRICULAR SEPTAL DEFECT | $0.00 |
| 33684 | CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH VALVE TISSUE RELE | $1,745.48 |
| 33688 | CLOSURE OF CONGENITAL DEFECT BETWEEN LOWER HEART CHAMBERS WITH REMOVAL OF BAND | $1,731.16 |
| 33690 | BANDING OF PULMONARY ARTERY | $1,138.26 |
| 33692 | REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS | $1,797.66 |
| 33694 | REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS WITH PATCH | $1,801.82 |
| 33697 | REPAIR AND CORRECTION OF 4 CONGENITAL HEART DEFECTS INCLUDING CLOSURE BETWEEN LO | $1,896.58 |
| 33702 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; | $1,447.96 |
| 33710 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF | $1,893.40 |
| 33720 | REPAIR OF ANEURYSM ABOVE HEART VALVE TO LUNG ON HEART-LUNG MACHINE | $1,448.98 |
| 33724 | REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER | $1,428.20 |
| 33726 | REPAIR OF PULMONARY VEIN NARROWING | $1,875.58 |
| 33730 | COMPLETE REPAIR OF ABNORMAL PULMONARY VEIN RETURN TO LEFT UPPER HEART CHAMBER | $1,862.38 |
| 33732 | REMOVAL OF MEMBRANE OF LEFT UPPER HEART CHAMBER | $1,543.57 |
| 33735 | ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS USING BALLOON | $1,224.72 |
| 33736 | ENLARGEMENT OF HOLE IN WALL BETWEEN UPPER HEART CHAMBERS ON HEART-LUNG MACHINE | $1,325.21 |
| 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 | $690.06 |
| 33745 | TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITA | $986.12 |
| 33746 | CREATION OF ADDITIONAL SHUNT FOR BLOOD FLOW WITHIN HEART FOR CONGENITAL HEART DE | $394.20 |
| 33750 | INSERTION OF SHUNT FROM CHEST TO PULMONARY ARTERY | $1,180.21 |
| 33755 | INSERTION OF SHUNT FROM ASCENDING AORTA TO PULMONARY ARTERY | $1,243.92 |
| 33762 | INSERTION OF SHUNT FROM DESCENDING AORTA TO PULMONARY ARTERY | $1,198.58 |
| 33764 | INSERTION OF SHUNT WITH ARTIFICIAL GRAFT FROM AORTA TO PULMONARY ARTERY | $1,243.92 |
| 33766 | INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW, 1 L | $1,243.61 |
| 33767 | INSERTION OF SHUNT FROM VENA CAVA TO PULMONARY ARTERY TO IMPROVE BLOOD FLOW, BOT | $1,325.03 |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITI | $377.22 |
| 33770 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW | $1,946.44 |
| 33771 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND ENLA | $1,994.31 |
| 33774 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW ON HEART | $1,683.78 |
| 33775 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND BAND | $1,728.87 |
| 33776 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REVERSAL OF BLOOD FLOW AND CLOS | $1,830.02 |
| 33777 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REVERSAL OF BLO | $1,753.15 |
| 33778 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW | $2,173.79 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33779 | REPAIR OF GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW AND B | $2,131.29 |
| 33780 | REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS WITH REDIRECTION OF BLOOD FLOW AND | $2,174.63 |
| 33781 | REPAIR OF A GROUP OF CONGENITAL HEART DEFECTS AND OBSTRUCTION WITH REDIRECTION O | $2,115.77 |
| 33782 | RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS | $2,958.85 |
| 33783 | RELOCATION OF AORTA AND REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS WITH REIMPLA | $3,194.93 |
| 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 | $2,096.54 |
| 33788 | REIMPLANTATION OF ABNORMAL PULMONARY ARTERY TO HEART | $1,425.71 |
| 33800 | AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA | $924.30 |
| 33802 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); | $1,029.31 |
| 33803 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS | $1,075.51 |
| 33810 | CREATION OF AORTOPULMONARY WINDOW | $0.00 |
| 33812 | CREATION OF AORTOPULMONARY WINDOW | $0.00 |
| 33814 | REPAIR OF DEFECT OF WALL BETWEEN AORTA AND PULMONARY ARTERY ON HEART-LUNG MACHIN | $1,431.57 |
| 33820 | TYING OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA | $911.78 |
| 33822 | REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, YOUNGER THAN 1 | $959.72 |
| 33824 | REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY ARTERY TO AORTA, 18 YEARS OR OL | $1,115.67 |
| 33830 | PATENT DUCTUS ARTERIOSUS; LIGATION OR DIVISION WHEN PERFORMED WITH ANOTHER PROCE | $0.00 |
| 33840 | REPAIR OF CONGENITAL NARROWED AORTA | $1,169.30 |
| 33845 | REPAIR OF CONGENITAL NARROWED AORTA WITH GRAFT | $1,259.95 |
| 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 | $1,199.77 |
| 33852 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC | $1,314.17 |
| 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC | $1,711.16 |
| 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 | $3,116.24 |
| 33859 | REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH VALVE SUSPENSION | $2,245.65 |
| 33863 | REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT REPL | $2,888.84 |
| 33864 | REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE WITH AORTIC ROOT REMO | $2,951.40 |
| 33865 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMP | $0.00 |
| 33866 | REPAIR OF AORTIC ARCH WITH GRAFT | $836.55 |
| 33871 | REPAIR OF AORTIC ARCH WITH GRAFT ON HEART-LUNG MACHINE | $2,986.31 |
| 33875 | REPAIR OF DESCENDING AORTA WITH GRAFT | $2,523.25 |
| 33877 | REPAIR OF AORTIC ANEURYSM WITH GRAFT | $3,285.02 |
| 33880 | REPAIR OF CHEST AORTA WITH INSERTION OF STENT-GRAFT COVERING LEFT CHEST ARTERY A | $1,619.09 |
| 33881 | REPAIR OF CHEST AORTA WITH INSERTION OF STENT- GRAFT | $1,391.72 |
| 33882 | REPAIR OF CHEST AORTA WITH INSERTION OF STENT-GRAFT WITH FENESTRATION FOR LEFT C | $1,693.85 |
| 33883 | DELAYED PLACEMENT OF STENT-GRAFT EXTENSION CLOSER TO THE HEART AFTER REPAIR OF C | $1,010.95 |
| 33886 | DELAYED PLACEMENT OF STENT-GRAFT EXTENSION FURTHER FROM THE HEART AFTER REPAIR O | $874.81 |
| 33894 | REPAIR OF AORTA BY INSERTION OF STENT ACROSS MAJOR SIDE BRANCHES | $900.79 |
| 33895 | REPAIR OF AORTA BY INSERTION OF STENT NOT CROSSING MAJOR SIDE BRANCHES | $716.58 |
| 33897 | BALLOON DILATION OF NATIVE OR RECURRENT NARROWING OF HEART BLOOD VESSEL | $532.94 |
| 33900 | PLACEMENT OF STENT IN PULMONARY ARTERY WITH NORMAL ANATOMICAL CONNECTIONS, ON ON | $543.93 |
| 33901 | PLACEMENT OF STENT IN PULMONARY ARTERIES WITH NORMAL ANATOMICAL CONNECTIONS, ON | $714.92 |
| 33902 | PLACEMENT OF STENT IN PULMONARY ARTERY WITH ABNORMAL ANATOMICAL CONNECTIONS, ON | $690.06 |
| 33903 | PLACEMENT OF STENT IN PULMONARY ARTERIES WITH ABNORMAL ANATOMICAL CONNECTIONS, O | $813.42 |
| 33904 | PLACEMENT OF ADDITIONAL STENT IN PULMONARY ARTERY | $272.54 |
| 33910 | REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY ON HEART-LUNG MACHINE | $2,413.70 |
| 33915 | REMOVAL OF BLOOD CLOT IN PULMONARY ARTERY | $1,278.04 |
| 33916 | REMOVAL OF PLAQUE FROM PULMONARY ARTERY ON HEART-LUNG MACHINE | $3,833.75 |
| 33917 | REPAIR OF PULMONARY ARTERY NARROWING WITH GRAFT | $1,371.12 |
| 33920 | REPAIR OF RIGHT LOWER HEART CHAMBER OBSTRUCTION WITH CREATION OF CHANNEL FROM LO | $1,676.94 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33922 | INCISION OF PULMONARY ARTERY ON HEART-LUNG MACHINE | $1,304.89 |
| 33924 | DISCONNECTION OF PULMONARY ARTERY SHUNT | $259.13 |
| 33925 | REPAIR OF DEFECT OF PULMONARY ARTERY | $1,585.92 |
| 33926 | REPAIR OF DEFECT OF PULMONARY ARTERY ON HEART-LUNG MACHINE | $2,219.96 |
| 33927 | IMPLANTATION OF ARTIFICIAL HEART | $2,311.37 |
| 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 | $4,536.19 |
| 33940 | REMOVAL OF DONOR HEART FOR TRANSPLANTATION | $0.00 |
| 33945 | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY | $4,486.27 |
| 33946 | INITIATION OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS US | $285.14 |
| 33947 | INITIATION OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS | $315.47 |
| 33948 | DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LU | $223.07 |
| 33949 | DAILY MANAGEMENT OF ECMO EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND | $217.76 |
| 33950 | CARDIAC TRANSPLNTATN REMOVAL DONOR HEART | $0.00 |
| 33951 | INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART | $385.26 |
| 33952 | INSERTION OF TUBE THROUGH THE SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART | $391.43 |
| 33953 | INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A | $429.79 |
| 33954 | INSERTION OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A | $435.16 |
| 33955 | INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART | $751.03 |
| 33956 | INSERTION OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART | $760.46 |
| 33957 | REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USI | $168.37 |
| 33958 | REPOSITIONING OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USI | $168.37 |
| 33959 | REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEAR | $213.45 |
| 33962 | REPOSITIONING OF TUBE OPEN PROCEDURE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEAR | $213.45 |
| 33963 | REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN H | $424.39 |
| 33964 | REPOSITIONING OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN H | $447.58 |
| 33965 | REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LU | $168.37 |
| 33966 | REMOVAL OF TUBE THROUGH SKIN FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LU | $217.41 |
| 33967 | INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH SKIN | $237.84 |
| 33968 | REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA | $31.23 |
| 33969 | REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A P | $247.50 |
| 33970 | INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH UPPER LEG ARTERY | $322.51 |
| 33971 | REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF UPPER LEG ARTERY | $668.33 |
| 33972 | INTRA-AORTIC BALLOON COUNTERPULSATION; MONITORING ONLY | $0.00 |
| 33973 | INSERTION OF BLOOD FLOW ASSIST DEVICE IN AORTA THROUGH ASCENDING AORTA | $455.26 |
| 33974 | REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA WITH REPAIR OF ASCENDING AORTA | $846.29 |
| 33975 | INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $1,190.16 |
| 33976 | INSERTION OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS | $1,434.98 |
| 33977 | REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $1,036.08 |
| 33978 | REMOVAL OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN BOTH LOWER HEART CHAMBERS | $1,220.01 |
| 33979 | INSERTION OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $1,766.43 |
| 33980 | REMOVAL OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $1,632.29 |
| 33981 | REPLACEMENT OF EXTERNAL BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $751.78 |
| 33982 | REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER | $1,767.38 |
| 33983 | REPLACEMENT OF IMPLANTED BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER ON HEAR | $2,079.05 |
| 33984 | REMOVAL OF TUBE FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A P | $258.55 |
| 33985 | REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART A | $465.92 |
| 33986 | REMOVAL OF TUBE THROUGH THE CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN HEART A | $479.65 |
| 33987 | INCISION OF ARTERY FOR CREATION OF CHANNEL FOR ECMO EXTERNAL BLOOD CIRCULATION I | $188.45 |
| 33988 | INSERTION OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION I | $704.83 |
| 33989 | REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR ECMO EXTERNAL BLOOD CIRCULATION IN | $447.58 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 33990 | INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH R | $330.84 |
| 33991 | INSERTION OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER THROUGH SKIN WITH R | $412.54 |
| 33992 | REMOVAL OF BLOOD FLOW ASSIST DEVICE IN LEFT LOWER HEART CHAMBER THROUGH THE SKIN | $172.27 |
| 33993 | REPOSITIONING OF BLOOD FLOW ASSIST DEVICE IN LOWER HEART CHAMBER USING IMAGING G | $153.70 |
| 33995 | INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUP | $324.53 |
| 33997 | REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE, VENOUS CANNULA, A | $148.21 |
| 33999 | OTHER HEART SURGERY PROCEDURE | $971.74 |
| 34001 | REMOVAL OF BLOOD CLOT IN NECK TO CHEST ARTERY | $830.28 |
| 34051 | REMOVAL OF BLOOD CLOT IN CHEST ARTERY | $939.42 |
| 34101 | REMOVAL OF BLOOD CLOT IN ARTERY OF UPPER ARM | $549.55 |
| 34111 | REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER ARM | $548.06 |
| 34151 | REMOVAL OF BLOOD CLOT IN ARTERY OF ABDOMINAL ORGANS | $1,266.22 |
| 34201 | REMOVAL OF BLOOD CLOT IN ARTERY OF GROIN AND LEG | $928.52 |
| 34203 | REMOVAL OF BLOOD CLOT IN ARTERY OF LOWER LEG | $866.24 |
| 34401 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCIS | $1,210.84 |
| 34421 | REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN | $634.15 |
| 34451 | REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC, OR THIGH VEIN BY ABDOMINAL AND LEG I | $1,296.32 |
| 34471 | REMOVAL OF BLOOD CLOT IN UPPER CHEST VEIN | $978.83 |
| 34490 | THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM | $526.97 |
| 34501 | VALVULOPLASTY, FEMORAL VEIN | $822.16 |
| 34502 | RECONSTRUCTION OF VENA CAVA, ANY METHOD | $1,442.65 |
| 34510 | TRANSFER OF VEIN VALVE TO ANOTHER VEIN | $928.24 |
| 34520 | REMOVAL OF VEIN SEGMENT | $900.80 |
| 34530 | CONNECTION OF LEG VEINS AT BACK OF KNEE | $860.89 |
| 34701 | REPAIR OF AORTA WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY RADIOLOGIST | $1,124.21 |
| 34702 | REPAIR OF RUPTURED AORTA WITH GRAFT WITH REVIEW BY RADIOLOGIST | $1,611.24 |
| 34703 | REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE WI | $1,242.85 |
| 34704 | REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW B | $2,058.93 |
| 34705 | REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE ON | $1,381.49 |
| 34706 | REPAIR OF INFRARENAL AORTA AND GROIN ARTERY WITH GRAFT FOR RUPTURE ON BOTH SIDES | $2,053.30 |
| 34707 | REPAIR OF GROIN ARTERY WITH GRAFT FOR OTHER THAN RUPTURE WITH REVIEW BY RADIOLOG | $1,057.31 |
| 34708 | REPAIR OF GROIN ARTERY WITH GRAFT FOR RUPTURE WITH REVIEW BY RADIOLOGIST | $1,632.56 |
| 34709 | REPAIR OF ABDOMINAL OR GROIN ARTERY WITH PROSTHESIS WITH REVIEW BY RADIOLOGIST | $288.36 |
| 34710 | DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH REV | $726.69 |
| 34711 | DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY WITH REV | $263.31 |
| 34712 | DELIVERY OF FIXATION DEVICE TO GRAFT WITH REVIEW BY RADIOLOGIST | $602.28 |
| 34713 | EXPOSURE OF GROIN ARTERY FOR DELIVERY OF GRAFT | $110.34 |
| 34714 | EXPOSURE OF MAJOR GROIN ARTERY WITH CREATION OF CONDUIT | $243.97 |
| 34715 | EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS | $266.84 |
| 34716 | EXPOSURE OF UNDERARM OR UPPER CHEST ARTERY WITH CREATION OF CONDUIT | $338.49 |
| 34717 | REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY AND REPAIR OF AORTA | $394.98 |
| 34718 | REPAIR OF GROIN ARTERY WITH GRAFT INSERT THROUGH ARTERY | $1,117.92 |
| 34808 | ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN | $180.59 |
| 34812 | EXPOSURE OF THIGH ARTERY FOR INSERTION OF PROSTHESIS | $184.06 |
| 34813 | INSERTION OF GRAFT IN UPPER THIGH ARTERY | $209.44 |
| 34820 | EXPOSURE OF GROIN ARTERY FOR INSERTION OF PROSTHESIS | $299.64 |
| 34830 | REPAIR OF ANEURYSM OF AORTA WITH PROSTHESIS | $1,586.79 |
| 34831 | REPAIR OF ANEURYSM OF AORTA OR GROIN ARTERY WITH PROSTHESIS | $1,747.17 |
| 34832 | REPAIR OF ANEURYSM OF AORTA OR UPPER THIGH ARTERY WITH PROTHESIS | $1,704.80 |
| 34833 | EXPOSURE OF GROIN ARTERY WITH CREATION OF CONDUIT | $349.30 |
| 34834 | EXPOSURE OF ARM ARTERY FOR INSERTION OF PROSTHESIS | $115.17 |
| 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 | $1,513.67 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 34842 | REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 2 GRAFTS IN ABDOM | $1,513.67 |
| 34843 | REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 3 GRAFTS IN ABDOM | $1,634.76 |
| 34844 | REPAIR OF AORTA IN ABDOMEN BELOW KIDNEYS WITH GRAFT, INCLUDING 4 OR MORE GRAFTS | $1,816.40 |
| 34845 | REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING GRAFT | $1,513.67 |
| 34846 | REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 2 GRA | $1,574.22 |
| 34847 | REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 3 GRA | $1,574.22 |
| 34848 | REPAIR OF AORTA IN ABDOMEN BETWEEN AND BELOW KIDNEYS WITH GRAFT, INCLUDING 4 OR | $1,634.76 |
| 35001 | REPAIR OF ANEURYSM OR NECK OR UPPER CHEST ARTERY WITH GRAFT | $1,014.52 |
| 35002 | REPAIR OF RUPTURED ANEURYSM OF NECK OR UPPER CHEST ARTERY WITH GRAFT | $1,032.58 |
| 35005 | REPAIR OF ANEURYSM OR HEAD ARTERY WITH GRAFT | $906.77 |
| 35011 | REPAIR OF ANEURYSM OR ARM ARTERY WITH GRAFT | $925.32 |
| 35013 | REPAIR OF RUPTURED ANEURYSM OF ARM ARTERY WITH GRAFT | $1,073.55 |
| 35021 | REPAIR OF ANEURYSM OR UPPER CHEST OR NECK ARTERY WITH GRAFT | $1,181.53 |
| 35022 | REPAIR OF RUPTURED ANEURYSM OF UPPER CHEST OR NECK ARTERY WITH GRAFT | $1,346.46 |
| 35045 | REPAIR OF ANEURYSM OR FOREARM ARTERY WITH GRAFT | $889.52 |
| 35081 | REPAIR OF ANEURYSM OR ABDOMINAL AORTA WITH GRAFT | $1,565.83 |
| 35082 | REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA WITH GRAFT | $1,960.73 |
| 35091 | REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL ORGANS WIT | $1,603.68 |
| 35092 | REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING ARTERIES TO ABDOMINAL O | $2,343.86 |
| 35102 | REPAIR OF ANEURYSM OR ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH GRAFT | $1,699.14 |
| 35103 | REPAIR OF RUPTURED ANEURYSM OF ABDOMINAL AORTA INVOLVING GROIN ARTERIES WITH GRA | $1,945.92 |
| 35111 | REPAIR OF ANEURYSM OR SPLEEN ARTERY WITH GRAFT | $1,200.87 |
| 35112 | REPAIR OF RUPTURED ANEURYSM OF SPLEEN ARTERY WITH GRAFT | $1,472.97 |
| 35121 | REPAIR OF ANEURYSM OR LIVER, KIDNEYS, STOMACH AND/OR INTESTINES ARTERY WITH GRAF | $1,424.81 |
| 35122 | REPAIR OF RUPTURED ANEURYSM OF LIVER, KIDNEYS, STOMACH, AND/OR INTESTINE ARTERY | $1,700.61 |
| 35131 | REPAIR OF ANEURYSM OR GROIN ARTERY WITH GRAFT | $1,261.82 |
| 35132 | REPAIR OF RUPTURED ANEURYSM OF GROIN ARTERY WITH GRAFT | $1,472.97 |
| 35141 | REPAIR OF ANEURYSM OR UPPER THIGH ARTERY WITH GRAFT | $992.45 |
| 35142 | REPAIR OF RUPTURED ANEURYSM OF UPPER THIGH ARTERY WITH GRAFT | $1,199.72 |
| 35151 | REPAIR OF ANEURYSM OR LOWER LEG ARTERY WITH GRAFT | $1,124.30 |
| 35152 | REPAIR OF RUPTURED ANEURYSM OF LOWER LEG ARTERY WITH GRAFT | $1,263.02 |
| 35180 | REPAIR OF CONGENITAL ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK | $716.12 |
| 35182 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN | $1,672.73 |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES | $876.01 |
| 35188 | REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION OF HEAD AND NECK | $1,233.14 |
| 35189 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN | $1,361.98 |
| 35190 | REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN ARM OR LEG | $699.68 |
| 35201 | REPAIR BLOOD VESSEL, DIRECT; NECK | $862.56 |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY | $751.99 |
| 35207 | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER | $763.30 |
| 35211 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS | $1,302.66 |
| 35216 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS | $1,950.14 |
| 35221 | REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL | $1,365.57 |
| 35226 | REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY | $762.75 |
| 35231 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK | $1,210.50 |
| 35236 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY | $944.95 |
| 35241 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS | $1,340.74 |
| 35246 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS | $1,454.43 |
| 35251 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL | $1,596.89 |
| 35256 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY | $937.14 |
| 35261 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK | $893.72 |
| 35266 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY | $801.03 |
| 35271 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS | $1,287.94 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 35276 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS | $1,364.22 |
| 35281 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL | $1,502.96 |
| 35286 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY | $849.85 |
| 35301 | REMOVAL OF BLOOD CLOT AND PORTION OF CHEST, NECK, OR BRAIN ARTERY | $1,028.15 |
| 35302 | REMOVAL OF BLOOD CLOT AND PORTION OF SUPERFICIAL FEMORAL ARTERY | $1,013.33 |
| 35303 | REMOVAL OF BLOOD CLOT AND PORTION OF POPLITEAL ARTERY | $1,112.07 |
| 35304 | REMOVAL OF BLOOD CLOT AND PORTION OF TIBIOPERONEAL TRUNK ARTERY | $1,154.33 |
| 35305 | REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, INITIAL ARTERY | $1,107.79 |
| 35306 | REMOVAL OF BLOOD CLOT AND PORTION OF TIBIAL OR PERONEAL ARTERY, EACH ADDITIONAL | $395.58 |
| 35311 | REMOVAL OF BLOOD CLOT AND PORTION OF CHEST OR NECK ARTERY | $1,437.00 |
| 35321 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL | $833.45 |
| 35331 | REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA | $1,315.53 |
| 35341 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL | $1,250.26 |
| 35351 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC | $1,169.15 |
| 35355 | REMOVAL OF BLOOD CLOT AND PORTION OF ARTERY OF UPPER THIGH | $931.83 |
| 35361 | REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND GROIN ARTERY | $1,373.33 |
| 35363 | REMOVAL OF BLOOD CLOT AND PORTION OF ABDOMINAL AORTA AND UPPER THIGH ARTERY | $1,463.83 |
| 35371 | REMOVAL OF BLOOD CLOT AND PORTION OF UPPER THIGH ARTERY | $742.60 |
| 35372 | REMOVAL OF BLOOD CLOT AND PORTION OF DEEP UPPER THIGH ARTERY | $886.87 |
| 35390 | REMOVAL OF BLOOD CLOT AND PORTION OF NECK ARTERY FOLLOWING PREVIOUS SURGERY | $142.79 |
| 35400 | EXAM OF BLOOD VESSEL OR GRAFT USING AN ENDOSCOPE | $128.13 |
| 35500 | HARVEST OF UPPER ARM VEIN SEGMENT | $284.37 |
| 35501 | BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH VEIN | $1,313.95 |
| 35506 | BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH VEIN | $1,149.61 |
| 35508 | BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH VEIN | $1,204.22 |
| 35509 | BYPASS OF DISEASED OR BLOCKED NECK TO OPPOSITE NECK ARTERY WITH VEIN | $1,272.42 |
| 35510 | BYPASS OF DISEASED OR BLOCKED NECK TO ARM ARTERY WITH VEIN | $1,109.66 |
| 35511 | BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH VEIN | $1,011.73 |
| 35512 | BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH VEIN | $1,088.51 |
| 35515 | BYPASS OF DISEASED OR BLOCKED CHEST TO BRAIN ARTERY WITH VEIN | $1,204.22 |
| 35516 | BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH VEIN | $1,101.43 |
| 35518 | BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH VEIN | $1,031.80 |
| 35521 | BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG ARTERY WITH VEIN | $1,112.05 |
| 35522 | BYPASS OF DISEASED OR BLOCKED UNDER ARM TO ARM ARTERY WITH VEIN | $1,056.67 |
| 35523 | BYPASS OF DISEASED OR BLOCKED UPPER ARM TO ARM ARTERY WITH VEIN | $1,113.91 |
| 35525 | BYPASS OF DISEASED OR BLOCKED UPPER ARM TO OPPOSITE ARM ARTERY WITH VEIN | $994.73 |
| 35526 | BYPASS OF DISEASED OR BLOCKED CHEST TO NECK ARTERY WITH VEIN | $1,603.50 |
| 35531 | BYPASS OF DISEASED OR BLOCKED ABDOMINAL TO ABDOMINAL ARTERY WITH VEIN | $1,752.94 |
| 35533 | BYPASS OF DISEASED OR BLOCKED ARM TO UPPER LEG AND OPPOSITE LEG ARTERY WITH VEIN | $1,359.49 |
| 35535 | BYPASS OF DISEASED OR BLOCKED LIVER TO KIDNEY ARTERY WITH VEIN | $1,711.50 |
| 35536 | BYPASS OF DISEASED OR BLOCKED ARTERY SPLEEN TO KIDNEY ARTERY WITH VEIN | $1,522.64 |
| 35537 | BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH VEIN | $1,872.54 |
| 35538 | BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN AND OPPOSITE GROIN ARTERY WITH VEIN | $2,096.92 |
| 35539 | BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH VEIN | $1,968.03 |
| 35540 | BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG AND OPPOSITE UPPER LEG ARTERY W | $2,191.14 |
| 35556 | BYPASS OF DISEASED OR BLOCKED UPPER TO LOWER LEG ARTERY WITH VEIN | $1,263.61 |
| 35558 | BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH VEIN | $1,113.65 |
| 35560 | BYPASS OF DISEASED OR BLOCKED AORTA TO KIDNEY ARTERY WITH VEIN | $1,535.65 |
| 35563 | BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH VEIN | $1,197.39 |
| 35565 | BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH VEIN | $1,188.71 |
| 35566 | BYPASS OF DISEASED OR BLOCKED MAJOR UPPER TO LOWER LEG ARTERY WITH VEIN | $1,499.71 |
| 35570 | BYPASS OF DISEASED OR BLOCKED LOWER LEG TO OPPOSITE LOWER LEG ARTERY WITH VEIN | $1,330.94 |
| 35571 | BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN | $1,198.86 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 35572 | HARVEST OF UPPER LEG TO THIGH VEIN SEGMENT | $308.57 |
| 35583 | BYPASS OF DISEASED OR BLOCKED THIGH TO KNEE ARTERY WITH VEIN GRAFT | $1,306.07 |
| 35585 | BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT | $1,509.36 |
| 35587 | BYPASS OF DISEASED OR BLOCKED LOWER LEG TO LOWER LEG ARTERY WITH VEIN GRAFT | $1,205.49 |
| 35600 | HARVEST OF ARM ARTERY SEGMENT FOR HEART BYPLASS PROCEDURE | $169.09 |
| 35601 | BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY WITH OTHER THAN VEIN | $1,276.61 |
| 35602 | BYPASS OF DISEASED OR BLOCKED NECK TO BRAIN ARTERY USING OTHER NECK TO BRAIN ART | $1,095.02 |
| 35606 | BYPASS OF DISEASED OR BLOCKED NECK TO CHEST ARTERY WITH OTHER THAN VEIN | $1,067.14 |
| 35612 | BYPASS OF DISEASED OR BLOCKED CHEST TO OPPOSITE CHEST ARTERY WITH OTHER THAN VEI | $949.67 |
| 35616 | BYPASS OF DISEASED OR BLOCKED CHEST TO UPPER ARM ARTERY WITH OTHER THAN VEIN | $995.76 |
| 35621 | BYPASS OF DISEASED OR BLOCKED ARM TO CHEST ARTERY WITH OTHER THAN VEIN | $993.15 |
| 35623 | BYPASS OF DISEASED OR BLOCKED ARM TO LOWER LEG ARTERY WITH OTHER THAN VEIN | $1,189.08 |
| 35626 | BYPASS OF DISEASED OR BLOCKED ARM TO LOWER THIGH OR LEG ARTERY WITH OTHER THAN V | $1,471.93 |
| 35631 | BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO ABDOMINAL OR KIDNEY ARTERY WITH OT | $1,669.47 |
| 35632 | BYPASS OF DISEASED OR BLOCKED GROIN TO STOMACH ARTERY WITH OTHER THAN VEIN | $1,625.84 |
| 35633 | BYPASS OF DISEASED OR BLOCKED GROIN TO ABDOMINAL ARTERY WITH OTHER THAN VEIN | $1,781.97 |
| 35634 | BYPASS OF DISEASED OR BLOCKED GROIN TO KIDNEY ARTERY WITH OTHER THAN VEIN | $1,591.50 |
| 35636 | BYPASS OF DISEASED OR BLOCKED SPLEEN TO KIDNEY ARTERY WITH OTHER THAN VEIN | $1,437.99 |
| 35637 | BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN ARTERY WITH OTHER THAN VEIN | $1,494.77 |
| 35638 | BYPASS OF DISEASED OR BLOCKED AORTA TO GROIN TO OPPOSITE GROIN ARTERY WITH OTHER | $1,583.30 |
| 35642 | BYPASS OF DISEASED OR BLOCKED BACK OF NECK TO BRAIN ARTERY WITH OTHER THAN VEIN | $903.11 |
| 35645 | BYPASS OF DISEASED OR BLOCKED CHEST TO ARM ARTERY WITH OTHER THAN VEIN | $860.83 |
| 35646 | BYPASS OF DISEASED OR BLOCKED ARTERY AORTA TO UPPER LEG AND OPPOSITE UPPER LEG A | $1,540.86 |
| 35647 | BYPASS OF DISEASED OR BLOCKED AORTA TO UPPER LEG ARTERY WITH OTHER THAN VEIN | $1,390.73 |
| 35650 | BYPASS OF DISEASED OR BLOCKED UNDER ARM TO OPPOSITE ARM ARTERY WITH OTHER THAN V | $924.23 |
| 35654 | BYPASS OF DISEASED OR BLOCKED ARM TO BOTH LOWER THIGH ARTERIES WITH OTHER THAN V | $1,239.17 |
| 35656 | BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER THIGH ARTERY WITH OTHER THAN VE | $972.69 |
| 35661 | BYPASS OF DISEASED OR BLOCKED UPPER LEG TO OPPOSITE UPPER LEG ARTERY WITH OTHER | $987.22 |
| 35663 | BYPASS OF DISEASED OR BLOCKED GROIN TO OPPOSITE GROIN ARTERY WITH OTHER THAN VEI | $1,103.74 |
| 35665 | BYPASS OF DISEASED OR BLOCKED GROIN TO UPPER LEG ARTERY WITH OTHER THAN VEIN | $1,065.64 |
| 35666 | BYPASS OF DISEASED OR BLOCKED UPPER LEG TO LOWER LEG ARTERY WITH OTHER THAN VEIN | $1,174.95 |
| 35671 | BYPASS OF DISEASED OR BLOCKED KNEE TO LOWER LEG ARTERIES WITH OTHER THAN VEIN | $1,031.05 |
| 35681 | BYPASS OF DISEASED OR BLOCKED ARTERY WITH PROSTHETIC AND VEIN | $71.10 |
| 35682 | BYPASS OF DISEASED OR BLOCKED ARTERY WITH 2 VEIN SEGMENTS FROM 2 LOCATIONS | $313.00 |
| 35683 | BYPASS OF DISEASED OR BLOCKED ARTERY WITH 3 OR MORE SEGMENTS FROM 2 OR MORE LOCA | $363.83 |
| 35685 | PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC | $176.70 |
| 35686 | CREATION OF ARTERY-VEIN CONNECTION DURING PROCEDURE ON LEG | $142.99 |
| 35691 | RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO NECK ARTERY | $859.63 |
| 35693 | RELOCATION AND/OR REIMPLANTATION OF BRAIN ARTERY TO CHEST ARTERY | $768.77 |
| 35694 | RELOCATION AND/OR REIMPLANTATION OF CHEST ARTERY TO NECK ARTERY | $897.52 |
| 35695 | RELOCATION AND/OR REIMPLANTATION OF NECK ARTERY TO CHEST ARTERY | $930.66 |
| 35697 | REIMPLANTATION OF ORGAN ARTERY TO AORTA PROTHESIS BELOW KIDNEY | $130.73 |
| 35700 | BYPASS OF UPPER OR LOWER LEG ARTERY REOPERATION MORE THAN 1 MONTH AFTER ORIGINAL | $135.35 |
| 35701 | EXPLORATION OF NECK ARTERY | $425.61 |
| 35702 | EXPLORATION OF ARM ARTERY | $386.60 |
| 35703 | EXPLORATION OF LEG ARTERY | $389.37 |
| 35800 | EXPLORATION OF NECK FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY | $716.05 |
| 35820 | EXPLORATION OF CHEST FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY | $1,868.13 |
| 35840 | EXPLORATION OF ABDOMEN FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY | $1,161.27 |
| 35860 | EXPLORATION OF ARM OR LEG FOR BLEEDING, BLOOD CLOT, OR INFECTION AFTER SURGERY | $783.99 |
| 35870 | REPAIR OF GRAFT-ENTERIC FISTULA | $1,129.92 |
| 35875 | REMOVAL OF BLOOD CLOT OF ARTERY OR VEIN GRAFT | $543.71 |
| 35876 | REMOVAL OF BLOOD CLOT AND REVISION OF ARTERY OR VEIN GRAFT | $859.59 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 35879 | REVISION OF LEG ARTERY BYPASS WITH VEIN PATCH | $840.57 |
| 35880 | THROMBECTOMY OF ARTERIAL GRAFT;W/SECONDARY PROC FOR OUTFLOW | $0.00 |
| 35881 | REVISION OF LEG ARTERY BYPASS WITH PLACEMENT OF RELOCATED VEIN | $932.87 |
| 35883 | REVISION OF GROIN ARTERY BYPASS WITH PATCH GRAFT | $1,079.70 |
| 35884 | REVISION OF GROIN ARTERY BYPASS WITH VEIN PATCH GRAFT | $1,117.30 |
| 35900 | EXCISION OF INFECTED GRAFT; | $0.00 |
| 35901 | EXCISION OF INFECTED GRAFT; NECK | $445.40 |
| 35903 | EXCISION OF INFECTED GRAFT; EXTREMITY | $526.71 |
| 35905 | EXCISION OF INFECTED GRAFT; THORAX | $1,513.45 |
| 35907 | EXCISION OF INFECTED GRAFT; ABDOMEN | $1,728.73 |
| 35910 | EXCISION OF INFECTED GRAFT; WITH REVASCULARIZATION | $0.00 |
| 36000 | INSERTION OF NEEDLE OR TUBE INTO VEIN | $8.79 |
| 36001 | INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN | $0.00 |
| 36002 | INJECTION TO CAUSE BLOOD CLOT IN DISEASED OR PSEUDOANEURYSM OF ARM OR LEG | $99.14 |
| 36005 | INJECTION FOR X-RAY IMAGING PROCEDURE INTO VEIN OF ARM OR LEG | $44.41 |
| 36010 | INSERTION OF TUBE INTO VENA CAVA | $99.52 |
| 36011 | INSERTION OF TUBE INTO VEIN, FIRST ORDER BRANCH | $145.20 |
| 36012 | INSERTION OF TUBE INTO VEIN, SECOND ORDER BRANCH | $162.71 |
| 36013 | INSERTION OF TUBE INTO RIGHT HEART OR MAIN PULMONARY ARTERY | $118.71 |
| 36014 | INSERTION OF TUBE INTO LEFT OR RIGHT PULMONARY ARTERY | $141.70 |
| 36015 | INSERTION OF TUBE INTO ARTERY OF LOBE OF LUNG | $162.39 |
| 36100 | INSERTION OF NEEDLE OR TUBE INTO ARTERY OF NECK OR BRAIN | $138.83 |
| 36101 | INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR | $0.00 |
| 36140 | INSERTION OF NEEDLE OR TUBE INTO ARTERY OF ARM OR LEG | $81.30 |
| 36160 | INSERTION OF NEEDLE OR TUBE INTO AORTA | $115.37 |
| 36200 | INSERTION OF TUBE INTO AORTA | $127.05 |
| 36215 | INSERTION OF TUBE INTO CHEST OR ARM ARTERY, EACH FIRST ORDER BRANCH | $201.32 |
| 36216 | INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL SECOND ORDER BRANCH | $252.13 |
| 36217 | INSERTION OF TUBE INTO CHEST OR ARM ARTERY, INITIAL THIRD ORDER BRANCH | $311.70 |
| 36218 | INSERTION OF TUBE INTO CHEST OR ARM ARTERY, ADDITIONAL SECOND, THIRD ORDER AND B | $48.75 |
| 36221 | INSERTION OF TUBE INTO CHEST AORTA FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RAD | $182.73 |
| 36222 | INSERTION OF TUBE INTO EXTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIE | $263.88 |
| 36223 | INSERTION OF TUBE INTO INTRACRANIAL ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIE | $306.25 |
| 36224 | INSERTION OF TUBE INTO INTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI | $343.48 |
| 36225 | INSERTION OF TUBE INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RA | $303.64 |
| 36226 | INSERTION OF TUBE INTO BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVIEW BY RA | $341.08 |
| 36227 | INSERTION OF TUBE INTO EXTERNAL NECK ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI | $112.11 |
| 36228 | INSERTION OF TUBE INTO NECK OR BRAIN ARTERY FOR DIAGNOSIS OR TREATMENT WITH REVI | $231.08 |
| 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 | $219.36 |
| 36246 | INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL SECOND ORDER BR | $230.69 |
| 36247 | INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, INITIAL THIRD ORDER BRA | $275.78 |
| 36248 | INSERTION OF TUBE INTO ABDOMINAL, PELVIC, OR LEG ARTERY, ADDITIONAL SECOND, THIR | $45.44 |
| 36251 | INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF KIDNEY FOR IMA | $235.56 |
| 36252 | INSERTION OF TUBE INTO FIRST ORDER MAIN AND ACCESSORY ARTERIES OF BOTH KIDNEYS F | $327.94 |
| 36253 | INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF KIDNEY FOR | $333.32 |
| 36254 | INSERTION OF TUBE INTO SECOND OR THIRD ORDER BRANCHES OF ARTERIES OF BOTH KIDNEY | $383.38 |
| 36260 | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF | $644.10 |
| 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | $412.47 |
| 36262 | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | $317.21 |
| 36299 | OTHER BLOOD VESSEL INJECTION PROCEDURE | $343.20 |
| 36400 | INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN (YOUNGER THAN 3 YEARS) | $18.04 |
| 36405 | INSERTION OF NEEDLE INTO SCALP VEIN (YOUNGER THAN 3 YEARS) | $14.48 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 36406 | INSERTION OF NEEDLE INTO VEIN (YOUNGER THAN 3 YEARS) | $8.61 |
| 36410 | INSERTION OF NEEDLE INTO VEIN (3 YEARS OR OLDER) | $8.79 |
| 36415 | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | $9.09 |
| 36420 | INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (YOUNGER THAN 1 YEAR) | $43.17 |
| 36425 | INCISION OF VEIN FOR INSERTION OF NEEDLE OR TUBE (1 YEAR OR OLDER) | $37.54 |
| 36430 | TRANSFUSION, BLOOD OR BLOOD COMPONENTS | $47.37 |
| 36431 | TRANSFUSION, BLOOD OR BLOOD COMPONENTS; | $0.00 |
| 36440 | PUSH BLOOD TRANSFUSION (2 YEARS OR YOUNGER) | $48.16 |
| 36450 | EXCHANGE BLOOD TRANSFUSION, NEWBORN | $164.22 |
| 36455 | EXCHANGE BLOOD TRANSFUSION, OTHER THAN NEWBORN | $114.76 |
| 36456 | PARTIAL EXCHANGE TRANSFUSION, NEWBORN | $94.17 |
| 36460 | TRANSFUSION, INTRAUTERINE, FETAL | $327.38 |
| 36465 | INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN OF LEG USING ULTRASOUND | $110.92 |
| 36466 | INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF SAME LEG USING UL | $140.26 |
| 36468 | INJECTION OF CHEMICAL AGENT INTO SPIDER VEIN OF ARM, LEG, OR TRUNK | $0.00 |
| 36470 | INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN | $35.71 |
| 36471 | INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF LEG | $70.14 |
| 36473 | MECHANOCHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING IMAGIN | $167.35 |
| 36474 | MECHANOCHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING | $82.84 |
| 36475 | DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING RADIOFREQUENCY AND IMA | $255.86 |
| 36476 | DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING RADIOFREQUENCY A | $122.26 |
| 36478 | LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE | $258.12 |
| 36479 | LASER DESTRUCTION OF INCOMPETENT VEINS OF ARM OR LEG USING IMAGING GUIDANCE, SUB | $125.25 |
| 36480 | CATHRZATN SUBCLAV EXTER JUGLR PERCUTANEOUS | $0.00 |
| 36481 | INSERTION OF TUBE INTO PORTAL VEIN OF LIVER | $307.88 |
| 36482 | CHEMICAL DESTRUCTION OF FIRST INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDA | $165.86 |
| 36483 | CHEMICAL DESTRUCTION OF SUBSEQUENT INCOMPETENT VEINS OF ARM OR LEG USING IMAGING | $81.15 |
| 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 | $170.48 |
| 36510 | INSERTION OF TUBE INTO UMBILICAL VEIN, NEWBORN | $51.02 |
| 36511 | MECHANICAL SEPARATION OF WHITE BLOOD CELLS FROM BLOOD | $110.91 |
| 36512 | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS | $104.59 |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATELETS | $105.86 |
| 36514 | MECHANICAL SEPARATION OF PLASMA FROM BLOOD | $91.18 |
| 36516 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE | $82.63 |
| 36522 | PHOTOPHERESIS, EXTRACORPOREAL | $95.01 |
| 36555 | INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5 YEARS | $80.20 |
| 36556 | INSERTION OF NON-TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER) | $79.92 |
| 36557 | INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (YOUNGER THAN 5 YEARS) | $312.24 |
| 36558 | INSERTION OF TUNNELED CENTRAL VENOUS TUBE FOR INFUSION (5 YEARS OR OLDER) | $251.33 |
| 36560 | INSERTION OF CENTRAL VENOUS TUBE WITH PORT (YOUNGER THAN 5 YEARS) | $370.68 |
| 36561 | INSERTION OF CENTRAL VENOUS TUBE WITH PORT (5 YEARS OR OLDER) | $320.31 |
| 36563 | INSERTION OF CENTRAL VENOUS TUBE WITH PUMP | $348.36 |
| 36565 | INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS FOR INFUSION | $321.10 |
| 36566 | INSERTION OF 2 CENTRAL VENOUS TUBES IN 2 VEINS WITH PORT | $342.16 |
| 36568 | INSERTION OF TUBE FOR INFUSION (YOUNGER THAN 5 YEARS) | $86.91 |
| 36569 | INSERTION OF TUBE FOR INFUSION (5 YEARS OR OLDER) | $89.76 |
| 36570 | INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (YOUNGER THAN 5 YEARS) | $323.05 |
| 36571 | INSERTION OF CENTRAL VENOUS TUBE WITH PORT FOR INFUSION (5 YEARS OR OLDER) | $302.08 |
| 36572 | INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST, | $76.24 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 36573 | INSERTION OF TUBE FOR INFUSION WITH IMAGING GUIDANCE AND REVIEW BY RADIOLOGIST, | $80.00 |
| 36575 | REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION | $32.23 |
| 36576 | REPAIR OF CENTRAL VENOUS TUBE FOR INFUSION WITH PORT OR PUMP | $177.31 |
| 36578 | REPLACEMENT OF CENTRAL VENOUS TUBE, TUBE ONLY | $194.79 |
| 36580 | REPLACEMENT OF NONTUNNELED CENTRAL VENOUS TUBE | $61.63 |
| 36581 | REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE | $177.69 |
| 36582 | REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PORT | $277.01 |
| 36583 | REPLACEMENT OF TUNNELED CENTRAL VENOUS TUBE WITH PUMP | $319.86 |
| 36584 | REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH REVIEW BY R | $56.41 |
| 36585 | REPLACEMENT OF PERIPHERALLY INSERTED CENTRAL VENOUS TUBE (PICC) WITH PORT | $296.63 |
| 36589 | REMOVAL OF TUNNELED CENTRAL VENOUS TUBE | $133.44 |
| 36590 | REMOVAL OF CENTRAL VENOUS TUBE WITH PORT OR PUMP | $184.97 |
| 36591 | COLLECTION OF BLOOD SAMPLE FROM IMPLANTED DEVICE | $30.66 |
| 36592 | COLLECTION OF BLOOD SAMPLE FROM CENTRAL VENOUS TUBE | $32.89 |
| 36593 | DECLOTTING OF CENTRAL VENOUS TUBE | $38.27 |
| 36595 | MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE | $172.43 |
| 36596 | MECHANICAL REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS TUBE | $44.65 |
| 36597 | REPOSITIONING OF CENTRAL VENOUS TUBE USING FLUOROSCOPIC GUIDANCE | $57.28 |
| 36598 | CONTRAST INJECTION FOR IMAGING TO EVALUATE CENTRAL VENOUS ACCESS DEVICE | $33.95 |
| 36600 | ARTERY PUNCTURE COLLECTION OF BLOOD SAMPLE | $14.43 |
| 36620 | INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH SKIN | $41.60 |
| 36625 | INSERTION OF ARTERY TUBE FOR BLOOD SAMPLING OR INFUSION THROUGH ARTERY INCISION | $99.34 |
| 36640 | INSERTION OF ARTERY TUBE FOR PROLONGED INFUSION | $116.55 |
| 36660 | INSERTION OF UMBILICAL ARTERY TUBE, NEWBORN | $66.05 |
| 36680 | PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION | $56.38 |
| 36800 | INSERTION OF TUBE CONNECTING VEIN TO VEIN FOR HEMODIALYSIS | $115.27 |
| 36810 | INSERTION OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS | $187.62 |
| 36815 | REVISION OR REMOVAL OF TUBE CONNECTING ARTERY TO VEIN FOR HEMODIALYSIS | $123.49 |
| 36818 | RELOCATION OF MAJOR UPPER ARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSI | $636.39 |
| 36819 | RELOCATION OF UPPER ARM SURFACE VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALY | $670.60 |
| 36820 | RELOCATION OF FOREARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS | $674.10 |
| 36821 | RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY FOR HEMODIALYSIS | $608.88 |
| 36823 | INSERTION OF TUBE INTO ARM OR LEG FOR BLOOD CIRCULATION AND CHEMOTHERAPY | $1,350.29 |
| 36825 | CREATION OF ARTERY-VEIN CONNECTION USING VEIN GRAFT FOR HEMODIALYSIS | $731.67 |
| 36830 | CREATION OF ARTERY-VEIN CONNECTION USING TUBE GRAFT FOR HEMODIALYSIS | $615.10 |
| 36831 | REMOVAL OF BLOOD CLOT FROM HEMODIALYSIS GRAFT | $571.86 |
| 36832 | REVISION OF HEMODIALYSIS GRAFT | $699.31 |
| 36833 | REVISION OF HEMODIALYSIS GRAFT WITH REMOVAL OF BLOOD CLOT | $745.11 |
| 36835 | INSERTION OF HEMODIALYSIS SHUNT IN ARTERY OR VEIN | $466.97 |
| 36836 | CREATION OF OPENING BETWEEN ARTERY AND VEIN IN ARM WITH SINGLE ACCESS TO BOTH BL | $334.85 |
| 36837 | CREATION OF OPENING BETWEEN ARTERY AND VEIN IN ARM WITH SEPARATE ACCESS TO EACH | $429.93 |
| 36838 | REPAIR OF HEMODIALYSIS ACCESS IN ARM | $1,039.34 |
| 36860 | INJECTION FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE | $102.52 |
| 36861 | INSERTION OF BALLOON TUBE FOR REMOVAL OF BLOOD CLOT FROM EXTERNAL DIALYSIS TUBE | $128.25 |
| 36901 | INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT WITH REVIEW BY RADIOLO | $157.52 |
| 36902 | INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND BALLOON DILATION O | $223.75 |
| 36903 | INSERTION OF NEEDLE AND/OR TUBE INTO HEMODIALYSIS CIRCUIT AND INSERTION OF STENT | $292.47 |
| 36904 | REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA | $342.84 |
| 36905 | REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA | $413.96 |
| 36906 | REMOVAL AND/OR DISSOLVING OF BLOOD CLOT IN HEMODIALYSIS CIRCUIT AND BALLOON DILA | $475.40 |
| 36907 | BALLOON DILATION OF DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST | $136.23 |
| 36908 | INSERTION OF STENT IN DIALYSIS SEGMENT WITH REVIEW BY RADIOLOGIST | $191.61 |
| 36909 | PERMANENT BLOCKAGE OF HEMODIALYSIS CIRCUIT WITH REVIEW BY RADIOLOGIST | $185.38 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 37140 | CONNECTION OF VENA CAVA AND PORTAL VEIN OF LIVER | $2,200.54 |
| 37145 | CONNECTION OF KIDNEY VEIN AND PORTAL VEIN OF LIVER | $2,043.62 |
| 37160 | CONNECTION OF VENA CAVA AND ABDOMINAL VEIN | $2,098.53 |
| 37180 | CONNECTION OF SPLEEN AND KIDNEY VEIN NEAR AORTA | $2,017.66 |
| 37181 | CONNECTION OF SPLEEN AND KIDNEY VEIN | $2,200.54 |
| 37182 | INSERTION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST | $770.22 |
| 37183 | REVISION OF SHUNTS TO BYPASS BLOOD FLOW TO LIVER WITH REVIEW BY RADIOLOGIST | $353.14 |
| 37184 | PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING F | $399.59 |
| 37185 | PRIMARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING F | $149.69 |
| 37186 | SECONDARY REMOVAL AND DISSOLVING OF BLOOD CLOT FROM ARTERY OR ARTERY GRAFT USING | $223.00 |
| 37187 | REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE, INIT | $366.87 |
| 37188 | REMOVAL AND DISSOLVING OF BLOOD CLOT FROM VEIN USING FLUOROSCOPIC GUIDANCE, REPE | $262.78 |
| 37191 | INSERTION OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST | $206.62 |
| 37192 | REPOSITIONING OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST | $307.50 |
| 37193 | REMOVAL OF VENA CAVA FILTER WITH REVIEW BY RADIOLOGIST | $323.05 |
| 37195 | INFUSION OF DRUG TO DISSOLVE BLOOD CLOT IN BRAIN | $361.97 |
| 37197 | RETRIEVAL OF FOREIGN BODY IN BLOOD VESSEL WITH REVIEW BY RADIOLOGIST | $279.12 |
| 37200 | BIOPSY OF BLOOD VESSEL USING TUBE | $203.45 |
| 37211 | INSERTION OF TUBE INTO ARTERY FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY RA | $355.41 |
| 37212 | INSERTION OF TUBE INTO VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH REVIEW BY RADI | $312.50 |
| 37213 | INSERTION OF TUBE INTO ARTERY OR VEIN FOR DRUG INFUSION FOR BLOOD CLOT WITH REVI | $212.56 |
| 37214 | REMOVAL OF TUBE INTO ARTERY OR VEIN WITH REVIEW BY RADIOLOGIST | $112.30 |
| 37215 | INSERTION OF STENT AND BLOOD CLOT PROTECTION DEVICE IN NECK ARTERY WITH REVIEW B | $906.29 |
| 37216 | INSERTION OF STENT IN NECK ARTERY WITH REVIEW BY RADIOLOGIST | $967.14 |
| 37217 | INSERTION OF STENT IN BLOOD VESSEL OF CHEST WITH REVIEW BY RADIOLOGIST | $989.70 |
| 37218 | INSERTION OF STENT IN BLOOD VESSEL OF CHEST OPEN OR ACCESSED THROUGH SKIN WITH R | $769.55 |
| 37236 | INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND BRA | $400.01 |
| 37237 | INSERTION OF STENT IN ARTERY (EXCEPT LOWER EXTREMITY, CHEST, HEART, NECK AND BRA | $190.76 |
| 37238 | INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN | $282.20 |
| 37239 | INSERTION OF STENT IN VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN | $138.55 |
| 37241 | OCCLUSION OF VEIN WITH REVIEW BY RADIOLOGIST | $397.70 |
| 37242 | OCCLUSION OF ARTERY WITH REVIEW BY RADIOLOGIST | $440.48 |
| 37243 | OCCLUSION OF GROWTHS OR OBSTRUCTED VESSELS WITH REVIEW BY RADIOLOGIST | $529.36 |
| 37244 | OCCLUSION OF ARTERY OR VEIN BLEEDING WITH REVIEW BY RADIOLOGIST | $622.71 |
| 37246 | BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, INITIAL ARTERY | $319.87 |
| 37247 | BALLOON DILATION OF ARTERY WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL ARTERY | $160.32 |
| 37248 | BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, INITIAL VEIN | $276.57 |
| 37249 | BALLOON DILATION OF VEIN WITH REVIEW BY RADIOLOGIST, EACH ADDITIONAL VEIN | $134.86 |
| 37252 | ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, INITIAL VESSEL | $81.48 |
| 37253 | ULTRASOUND EVALUATION OF BLOOD VESSEL WITH REVIEW BY RADIOLOGIST, EACH ADDITIONA | $65.04 |
| 37254 | BALLOON DILATION OF ARTERY OF ABDOMEN/PELVIS, STRAIGHTFORWARD LESION IN INITIAL | $316.39 |
| 37255 | BALLOON DILATION OF ARTERY IN ABDOMEN/PELVIS, STRAIGHTFORWARD LESION IN EACH ADD | $127.61 |
| 37256 | BALLOON DILATION OF ARTERY IN ABDOMEN/PELVIS, COMPLEX LESION IN INITIAL VESSEL | $463.43 |
| 37257 | BALLOON DILATION OF ARTERY IN ABDOMEN/PELVIS, COMPLEX LESION IN EACH ADDITIONAL | $165.00 |
| 37258 | INSERTION OF STENT OF ARTERY IN ABDOMEN/PELVIS, STRAIGHTFORWARD LESION IN INITIA | $377.11 |
| 37259 | INSERTION OF STENT IN ARTERY OF ABDOMEN/PELVIS STRAIGHTFORWARD LESION IN EACH AD | $169.65 |
| 37260 | INSERTION OF STENT ARTERY OF ABDOMEN/PELVIS, COMPLEX LESION IN INITIAL VESSEL | $544.92 |
| 37261 | INSERTION OF STENT ARTERY OF ABDOMEN/PELVIS, COMPLEX LESION IN EACH ADDITIONAL V | $180.30 |
| 37262 | INTRAVASCULAR SHOCKWAVE TREATMENT ARTERY IN ABDOMEN/PELVIS | $129.66 |
| 37263 | BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN INITI | $335.26 |
| 37264 | BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH | $128.17 |
| 37265 | BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN INITIAL VESSE | $452.98 |
| 37266 | BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITION | $170.58 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 37267 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN INITIA | $377.49 |
| 37268 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH A | $159.27 |
| 37269 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN INITIAL VESSEL | $633.65 |
| 37270 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONA | $213.76 |
| 37271 | REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFOR | $389.42 |
| 37272 | REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFOR | $171.32 |
| 37273 | REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, COMPLEX LES | $544.74 |
| 37274 | REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, COMPLEX LES | $235.59 |
| 37275 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, STRAIGHTF | $472.92 |
| 37276 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, STRAIGHTF | $181.03 |
| 37277 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, COMPLEX L | $642.91 |
| 37278 | STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, COMPLEX L | $255.38 |
| 37279 | INTRAVASCULAR SHOCKWAVE TREATMENT ARTERY IN THIGH/BACK OF KNEE | $173.19 |
| 37280 | BALLOON DILATION OF ARTERY IN LOWER LEG, STRAIGHTFORWARD LESION IN INITIAL VESSE | $420.99 |
| 37281 | BALLOON DILATION OF ARTERY IN LOWER LEG, STRAIGHTFORWARD LESION IN EACH ADDITION | $127.02 |
| 37282 | BALLOON DILATION OF ARTERY IN LOWER LEG, COMPLEX LESION IN INITIAL VESSEL | $527.62 |
| 37283 | BALLOON DILATION OF ARTERY IN LOWER LEG, COMPLEX LESION IN EACH ADDITIONAL VESSE | $180.59 |
| 37284 | STENT PLACEMENT IN ARTERY IN LOWER LEG, STRAIGHTFORWARD LESION IN INITIAL VESSEL | $436.02 |
| 37285 | STENT PLACEMENT IN ARTERY IN LOWER LEG, STRAIGHTFORWARD LESION IN EACH ADDITIONA | $144.29 |
| 37286 | STENT PLACEMENT IN ARTERY IN LOWER LEG, COMPLEX LESION IN INITIAL VESSEL | $584.90 |
| 37287 | STENT PLACEMENT IN ARTERY IN LOWER LEG, COMPLEX LESION IN EACH ADDITIONAL VESSEL | $216.77 |
| 37288 | REMOVAL OF PLAQUE WITH BALLOON DILATION IN ARTERY IN LOWER LEG, STRAIGHTFORWARD | $578.18 |
| 37289 | REMOVAL OF PLAQUE WITH BALLOON DILATION IN ARTERY IN LOWER LEG, STRAIGHTFORWARD | $203.63 |
| 37290 | REMOVAL OF PLAQUE WITH BALLOON DILATION IN ARTERY IN LOWER LEG, COMPLEX LESION I | $727.43 |
| 37291 | REMOVAL OF PLAQUE WITH BALLOON DILATION IN ARTERY IN LOWER LEG, COMPLEX LESION I | $277.77 |
| 37292 | STENT PLACEMENT IN ARTERY IN LOWER LEG WITH REMOVAL OF PLAQUE, STRAIGHTFORWARD L | $646.77 |
| 37293 | STENT PLACEMENT IN ARTERY IN LOWER LEG WITH REMOVAL OF PLAQUE, STRAIGHTFORWARD L | $284.79 |
| 37294 | STENT PLACEMENT IN ARTERY IN LOWER LEG WITH REMOVAL OF PLAQUE, COMPLEX LESION IN | $775.10 |
| 37295 | STENT PLACEMENT IN ARTERY IN LOWER LEG WITH REMOVAL OF PLAQUE, COMPLEX LESION IN | $358.60 |
| 37296 | BALLOON DILATION OF ARTERY IN ANKLE, STRAIGHTFORWARD LESION IN INITIAL ARTERY | $471.80 |
| 37297 | BALLOON DILATION OF ARTERY IN ANKLE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL A | $169.61 |
| 37298 | BALLOON DILATION OF ARTERY IN ANKLE, COMPLEX LESION IN INITIAL ARTERY | $583.80 |
| 37299 | BALLOON DILATION OF ARTERY IN ANKLE, COMPLEX LESION IN EACH ADDITIONAL ARTERY | $211.43 |
| 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 |
| 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 | $705.78 |
| 37600 | TYING OF EXTERNAL NECK ARTERY | $738.12 |
| 37605 | TYING OF INTERNAL NECK ARTERY | $673.15 |
| 37606 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH | $725.85 |
| 37607 | TYING OR BANDING OF SURGICALLY CREATED ARTERY-VEIN CONNECTION | $354.46 |
| 37609 | TYING OR BIOPSY OF ARTERY ON SIDE OF SKULL | $199.84 |
| 37615 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK | $511.44 |
| 37616 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST | $1,089.73 |
| 37617 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN | $1,245.28 |
| 37618 | TYING OF MAJOR ARM OR LEG ARTERY | $379.71 |
| 37619 | TYING OF INFERIOR VENA CAVA | $1,633.63 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 37650 | TYING OF UPPER LEG VEIN | $425.52 |
| 37651 | INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, | $0.00 |
| 37660 | TYING OF GROIN VEIN | $1,253.77 |
| 37700 | TYING AND DIVISION OF LONG LEG VEIN | $235.02 |
| 37701 | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL | $0.00 |
| 37718 | TYING, INCISION, AND STRIPPING OF SHORT LEG VEIN | $366.07 |
| 37721 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT | $0.00 |
| 37722 | TYING, INCISION, AND STRIPPING OF LONG LEG VEIN | $427.35 |
| 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 | $536.31 |
| 37737 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT | $0.00 |
| 37760 | TYING OF VARICOSE VEINS, RADICAL PROCEDURE INCLUDING SKIN GRAFT | $531.32 |
| 37761 | TYING OF VARICOSE VEINS, SIMPLE PROCEDURE USING ULTRASOUND | $500.25 |
| 37765 | REMOVAL OF VARICOSE VEINS OF ARM OR LEG, 10-20 INCISIONS | $252.36 |
| 37766 | REMOVAL OF VARICOSE VEINS OF ARM OR LEG, MORE THAN 20 INCISIONS | $310.00 |
| 37780 | TYING AND DIVISION OF SHORT LEG VEIN | $224.26 |
| 37781 | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL | $0.00 |
| 37785 | TYING, INCISION, AND/OR REMOVAL OF VARICOSE VEIN CLUSTERS OF LEG | $241.74 |
| 37787 | LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE | $0.00 |
| 37788 | RESTORATION OF BLOOD FLOW IN ARTERY OF PENIS | $1,236.21 |
| 37790 | BLOCKAGE OF PENIS VEIN | $483.52 |
| 37799 | OTHER PROCEDURE ON BLOOD VESSEL | $475.92 |
| 38090 | PUNCTURE SPLEEN | $0.00 |
| 38100 | SPLENECTOMY (SEPARATE PROCEDURE); TOTAL | $1,104.58 |
| 38101 | SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE) | $1,115.58 |
| 38102 | SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER | $247.01 |
| 38115 | REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY | $1,233.99 |
| 38120 | EXAM OF SPLEEN USING AN ENDOSCOPE | $1,027.52 |
| 38129 | OTHER PROCEDURE ON SPLEEN USING AN ENDOSCOPE | $0.00 |
| 38200 | INJECTION PROCEDURE FOR IMAGING OF SPLEEN | $125.62 |
| 38204 | MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU | $97.86 |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER | $83.04 |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER | $81.55 |
| 38207 | PRESERVATION AND STORAGE OF STEM CELLS FOR TRANSPLANTATION | $43.25 |
| 38208 | THAWING OF FROZEN STEM CELLS FOR TRANSPLANTATION | $27.20 |
| 38209 | THAWING AND WASHING OF FROZEN STEM CELLS FOR TRANSPLANTATION | $11.47 |
| 38210 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL | $76.73 |
| 38211 | PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REMOVAL OF GROWTH CELLS | $69.65 |
| 38212 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL | $45.97 |
| 38213 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION | $11.47 |
| 38214 | PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH REDUCTION OF BLOOD FLUID (PLA | $39.36 |
| 38215 | PREPARATION OF STEM CELLS FOR TRANSPLANTATION WITH CELL CONCENTRATION IN BLOOD F | $45.97 |
| 38220 | ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS | $67.02 |
| 38221 | BIOPSY OF BONE MARROW | $68.86 |
| 38222 | BIOPSY AND ASPIRATION OF BONE MARROW SAMPLE FOR DIAGNOSIS | $73.10 |
| 38225 | HARVESTING OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANT | $94.63 |
| 38226 | PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR TRANSPORTAT | $38.35 |
| 38227 | RECEIPT AND PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR | $38.67 |
| 38228 | ADMINISTRATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC | $177.60 |
| 38230 | HARVEST OF DONOR BONE MARROW FOR TRANSPLANTATION | $194.85 |
| 38232 | HARVEST OF PATIENT BONE MARROW FOR TRANSPLANTATION | $181.78 |
| 38240 | TRANSPLANTATION OF DONOR STEM CELLS PER DONOR | $243.55 |
| 38241 | TRANSPLANTATION OF PATIENT-DERIVED STEM CELLS | $179.46 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 38242 | TRANSPLANTATION OF DONOR WHITE BLOOD CELLS | $126.72 |
| 38243 | TRANSPLANTATION OF DONOR STEM CELLS | $124.40 |
| 38300 | SIMPLE DRAINAGE OF ABSCESS OR SWELLING OF LYMPH NODE | $215.82 |
| 38305 | DRAINAGE OF EXTENSIVE ABSCESS OR SWELLING OF LYMPH NODE | $497.23 |
| 38308 | INCISION OR OTHER OPERATION ON LYMPHATIC CHANNELS | $470.09 |
| 38380 | SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH NECK | $586.15 |
| 38381 | SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH BACK | $775.93 |
| 38382 | SUTURE AND/OR TYING OF CHEST LYMPH DUCT THROUGH ABDOMEN | $661.68 |
| 38500 | BIOPSY OR REMOVAL OF LYMPH NODES | $252.29 |
| 38505 | NEEDLE BIOPSY OR REMOVAL OF SURFACE LYMPH NODES | $84.07 |
| 38510 | BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF NECK | $413.32 |
| 38520 | BIOPSY OR REMOVAL OF LYMPH NODES OF NECK WITH REMOVAL OF FAT PAD | $467.78 |
| 38525 | BIOPSY OR REMOVAL OF DEEP LYMPH NODES OF UNDERARM | $437.91 |
| 38530 | BIOPSY OR REMOVAL OF LYMPH NODES OF BREAST | $570.06 |
| 38531 | BIOPSY OR REMOVAL OF LYMPH NODES OF GROIN | $442.17 |
| 38540 | DISSECTION; DEEP CERVIC NODE | $0.00 |
| 38542 | REMOVAL OF DEEP LYMPH NODES OF NECK | $525.08 |
| 38550 | REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK | $524.67 |
| 38555 | REMOVAL OF CONGENITAL DEFECT OF LYMPH NODES AT UNDERARM OR NECK WITH DEEP NEUROV | $1,005.40 |
| 38562 | PARTIAL REMOVAL OF PELVIC AND AORTIC LYMPH NODES | $706.06 |
| 38564 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL | $688.71 |
| 38570 | BIOPSY AND REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY USING AN ENDOSCOPE | $510.54 |
| 38571 | REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS USING AN ENDOSCOPE | $651.73 |
| 38572 | REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS AND ABDOMINAL LYMPH NODE BIOPSY U | $881.90 |
| 38573 | REMOVAL OF LYMPH NODES OF BOTH SIDES OF PELVIS WITH BIOPSY AND WASHING OF ABDOME | $1,157.40 |
| 38589 | OTHER PROCEDURE ON LYMPHATIC SYSTEM USING AN ENDOSCOPE | $0.00 |
| 38700 | SUPRAHYOID LYMPHADENECTOMY | $808.79 |
| 38701 | SUPRAHYOID LYMPHADENECTOMY | $0.00 |
| 38720 | REMOVAL OF LYMPH NODES OF NECK | $1,330.14 |
| 38721 | CERVICAL LYMPHADENECTOMY (COMPLETE) | $0.00 |
| 38724 | REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK | $1,440.41 |
| 38740 | PARTIAL REMOVAL OF LYMPH NODES OF UNDERARM | $690.78 |
| 38745 | REMOVAL OF LYMPH NODES OF UNDERARM | $863.40 |
| 38746 | REMOVAL OF LYMPH NODES OF CHEST CAVITY AND BREAST BONE | $195.27 |
| 38747 | REMOVAL OF LYMPH NODES OF ABDOMINAL ORGAN | $249.14 |
| 38760 | REMOVAL OF LYMPH NODES OF GROIN | $820.63 |
| 38761 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, | $0.00 |
| 38765 | PARTIAL REMOVAL OF LYMPH NODES OF GROIN AND PELVIS | $1,276.26 |
| 38766 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN | $0.00 |
| 38770 | REMOVAL OF LYMPH NODES OF GROIN AND PELVIS | $794.33 |
| 38771 | PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, | $0.00 |
| 38780 | REMOVAL OF LYMPH NODES OF ABDOMINAL CAVITY | $1,033.38 |
| 38790 | INJECTION PROCEDURE FOR IMAGING OF LYMPHATIC SYSTEM | $81.78 |
| 38791 | INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY | $0.00 |
| 38792 | INJECTION OF RADIOACTIVE MATERIAL FOR X-RAY IDENTIFICATION OF LYMPH NODE | $30.84 |
| 38794 | EXPOSURE OF LYMPH DUCT OF CHEST CAVITY | $283.39 |
| 38900 | IMAGING OF LYMPH NODES DURING SURGERY | $129.48 |
| 38999 | OTHER PROCEDURE ON LYMPHATIC SYSTEM | $274.25 |
| 39000 | EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY THROUG | $496.86 |
| 39010 | EXPLORATION, DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY IN CHEST CAVITY | $753.83 |
| 39200 | RESECTION OF MEDIASTINAL CYST | $819.88 |
| 39220 | REMOVAL OF GROWTH BELOW BREAST BONE | $1,083.88 |
| 39401 | EXAM OF CHEST USING AN ENDOSCOPE | $290.24 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 39402 | EXAM OF CHEST WITH BIOPSY OF LYMPH NODE USING AN ENDOSCOPE | $376.27 |
| 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 | $822.24 |
| 39503 | REPAIR OF CONGENITAL DEFECT OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES, N | $5,334.41 |
| 39510 | REPAIR OF DIAPHRAGM HERNIA | $0.00 |
| 39540 | REPAIR OF ACUTE INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES | $826.17 |
| 39541 | REPAIR OF CHRONIC INJURY TO MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES | $896.90 |
| 39545 | SUTURE OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES TO RESTORE FUNCTION | $859.88 |
| 39560 | SIMPLE REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES | $781.69 |
| 39561 | COMPLEX REPAIR OF MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES | $1,218.36 |
| 39599 | OTHER PROCEDURE ON MUSCLE SEPARATING CHEST AND ABDOMINAL CAVITIES | $0.00 |
| 40490 | BIOPSY OF LIP | $68.95 |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | $385.91 |
| 40510 | REMOVAL OF WEDGE OF LIP TISSUE WITH CLOSURE | $359.29 |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | $369.26 |
| 40525 | REMOVAL OF LIP WITH REPAIR USING LOCAL TISSUE GRAFT | $561.02 |
| 40527 | REMOVAL OF LIP WITH REPAIR USING TISSUE GRAFT | $637.60 |
| 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | $415.01 |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | $329.33 |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | $376.18 |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | $441.70 |
| 40700 | PRIMARY PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON 1 SIDE OF NOSE AND/OR LI | $1,019.17 |
| 40701 | PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP | $1,196.33 |
| 40702 | PLASTIC REPAIR OF DEFORMITY PRESENT AT BIRTH ON BOTH SIDES OF NOSE AND/OR LIP, F | $1,008.27 |
| 40720 | SECONDARY PLASTIC REPAIR OF NOSE AND LIP DEFORMITY PRESENT AT BIRTH | $1,033.95 |
| 40740 | PLASTIC REPAIR OF CLEFT LIP | $0.00 |
| 40761 | PLASTIC REPAIR OF NOSE AND/OR LIP DEFORMITY PRESENT AT BIRTH USING A TISSUE GRAF | $1,082.35 |
| 40799 | OTHER PROCEDURE ON LIP | $0.00 |
| 40800 | SIMPLE DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH | $127.26 |
| 40801 | COMPLICATED DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF MOUTH | $209.46 |
| 40804 | SIMPLE REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH | $123.93 |
| 40805 | COMPLICATED REMOVAL OF EMBEDDED FOREIGN BODY IN MOUTH | $207.02 |
| 40806 | INCISION OF TISSUE JOINING LIP AND GUM | $31.57 |
| 40808 | BIOPSY, VESTIBULE OF MOUTH | $93.93 |
| 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR | $128.29 |
| 40812 | REMOVAL OF GROWTH OF MOUTH WITH SIMPLE REPAIR | $188.61 |
| 40814 | REMOVAL OF GROWTH OF MOUTH WITH COMPLICATED REPAIR | $296.36 |
| 40816 | COMPLEX REMOVAL OF TISSUE AND MUSCLE GROWTH OF MOUTH | $315.55 |
| 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | $277.22 |
| 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY) | $211.36 |
| 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, | $175.40 |
| 40830 | REPAIR OF LACERATED MOUTH, 2.5 CM OR LESS | $152.62 |
| 40831 | REPAIR OF LACERATED MOUTH, MORE THAN 2.5 CM | $210.67 |
| 40840 | REPAIR TO INCREASE DEPTH OF FRONT PORTION OF MOUTH | $638.41 |
| 40842 | REPAIR TO INCREASE DEPTH ON SIDE OF MOUTH | $622.46 |
| 40843 | REPAIR TO INCREASE DEPTH ON BOTH SIDES OF MOUTH | $875.23 |
| 40844 | REPAIR TO INCREASE DEPTH OF ENTIRE ARCH OF MOUTH | $1,189.14 |
| 40845 | COMPLEX REPAIR TO INCREASE DEPTH OF MOUTH | $1,209.09 |
| 40899 | OTHER PROCEDURE ON INNER MOUTH | $0.00 |
| 41000 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF SIDE OF TONGUE FROM INSIDE M | $111.24 |
| 41005 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM INSIDE MOUTH | $123.89 |
| 41006 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE OR FLOOR OF MOUTH FRO | $241.69 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 41007 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM INSIDE MOUTH | $231.79 |
| 41008 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM INSIDE MOUT | $271.15 |
| 41009 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM INSIDE M | $298.21 |
| 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | $115.00 |
| 41015 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER TONGUE FROM OUTSIDE MOUTH | $312.99 |
| 41016 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION BENEATH CHIN FROM OUTSIDE MOUTH | $359.62 |
| 41017 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER JAW BONE FROM OUTSIDE MOU | $356.83 |
| 41018 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH FROM OUTSIDE | $415.37 |
| 41019 | INSERTION OF NEEDLES, TUBES, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION THER | $494.69 |
| 41100 | BIOPSY OF FRONT 2/3 OF TONGUE | $110.89 |
| 41105 | BIOPSY OF BACK 1/3 OF TONGUE | $114.00 |
| 41108 | BIOPSY OF FLOOR OF MOUTH | $95.35 |
| 41110 | REMOVAL OF GROWTH OF TONGUE WITHOUT CLOSURE | $134.18 |
| 41112 | REMOVAL OF GROWTH OF FRONT 2/3 OF TONGUE WITH SWITCHES | $253.99 |
| 41113 | REMOVAL OF GROWTH OF BACK 1/3 OF TONGUE WITH SUTURING | $274.43 |
| 41114 | REMOVAL OF GROWTH OF TONGUE WITH LOCAL TISSUE GRAFT | $630.01 |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | $150.89 |
| 41116 | EXCISION, LESION OF FLOOR OF MOUTH | $225.94 |
| 41120 | REMOVAL OF LESS THAN HALF OF TONGUE | $1,092.74 |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY | $1,336.74 |
| 41135 | PARTIAL REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK | $2,172.76 |
| 41140 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL | $2,194.31 |
| 41145 | COMPLETE REMOVAL OF TONGUE AND SURROUNDING LYMPH NODES ON SIDE OF NECK | $2,753.15 |
| 41150 | REMOVAL OF TONGUE, FLOOR OF MOUTH, AND JAW BONE | $2,207.54 |
| 41153 | REMOVAL OF TONGUE, FLOOR OF MOUTH, SOFT TISSUE, AND LYMPH NODES | $2,396.91 |
| 41155 | REMOVAL OF TONGUE, FLOOR OF MOUTH, JAW BONE, TISSUE, AND LYMPH NODES | $2,968.55 |
| 41250 | REPAIR OF LACERATED FLOOR OF MOUTH AND/OR TONGUE, 2.5 CM OR LESS | $157.07 |
| 41251 | REPAIR OF LACERATED BACK 1/3 OF TONGUE, 2.5 CM OR LESS | $186.32 |
| 41252 | REPAIR OF LACERATED TONGUE OR FLOOR OF MOUTH, MORE THAN 2.6 CM | $211.01 |
| 41510 | SUTURE OF TONGUE TO LIP TO ENLARGE MOUTH | $481.82 |
| 41512 | PERMANENT SUSPENSION OF TONGUE BASE USING SUTURES | $691.98 |
| 41520 | REPAIR OF TISSUE CONNECTING TONGUE TO FLOOR OF MOUTH | $262.32 |
| 41530 | DESTRUCTION OF TONGUE TISSUE, PER SESSION | $395.83 |
| 41599 | OTHER PROCEDURE ON TONGUE OR FLOOR OF MOUTH | $0.00 |
| 41800 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE | $168.46 |
| 41805 | REMOVAL OF EMBEDDED FOREIGN BODY IN SOFT TISSUE OF TOOTH BEARING BONE | $207.37 |
| 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | $287.85 |
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | $0.00 |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | $0.00 |
| 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | $209.50 |
| 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | $386.83 |
| 41825 | REMOVAL OF DENTAL BONE GROWTH | $127.68 |
| 41826 | REMOVAL OF DENTAL BONE GROWTH WITH SIMPLE REPAIR | $204.40 |
| 41827 | REMOVAL OF GROWTH OF DENTAL BONE GROWTH WITH COMPLEX REPAIR | $302.28 |
| 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY) | $225.45 |
| 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | $324.47 |
| 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 | $322.16 |
| 41874 | RESHAPING OF TOOTH SOCKET | $259.12 |
| 41899 | OTHER PROCEDURE ON TEETH AND GUMS | $35.12 |
| 42000 | DRAINAGE OF ABSCESS OF ROOF OF MOUTH | $113.80 |
| 42100 | BIOPSY OF PALATE, UVULA | $114.91 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 42104 | REMOVAL OF GROWTH OF ROOF OF MOUTH | $140.05 |
| 42106 | REMOVAL OF GROWTH OF ROOF OF MOUTH WITH SIMPLE CLOSURE | $166.82 |
| 42107 | REMOVAL OF GROWTH OF ROOF OF MOUTH WITH LOCAL TISSUE GRAFT | $335.90 |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | $1,030.11 |
| 42140 | REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH | $172.33 |
| 42145 | COMPLEX REMOVAL OF SOFT TISSUE OF ROOF OF MOUTH | $698.54 |
| 42150 | REMOVAL OF EXOSTOSIS, BONY PALATE | $0.00 |
| 42160 | DESTRUCTION OF GROWTH OR SOFT TISSUE OF ROOF OF MOUTH | $144.48 |
| 42180 | REPAIR OF LACERATED ROOF OF MOUTH, 2.0 CM OR LESS | $192.33 |
| 42182 | REPAIR OF LACERATED ROOF OF MOUTH, MORE THAN 2.0 CM | $261.34 |
| 42200 | REPAIR OF DEFECT OF SOFT AND/OR HARD TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE | $938.00 |
| 42205 | REPAIR OF DEFECT OF SOFT TISSUE OF ROOF OF MOUTH FOR CLEFT PALATE | $970.02 |
| 42210 | REPAIR OF CLEFT PALATE WITH BONE GRAFT | $1,084.82 |
| 42215 | REVISION OF PRIOR CLEFT PALATE REPAIR | $717.12 |
| 42220 | REPAIR OF CLEFT PALATE WITH PALATE LENGTHENING | $593.03 |
| 42225 | REPAIR OF CLEFT PALATE WITH LOCAL TISSUE GRAFT FROM THROAT | $1,028.46 |
| 42226 | LENGTHENING OF ROOF OF MOUTH WITH THROAT TISSUE GRAFT | $939.20 |
| 42227 | LENGTHENING OF ROOF OF MOUTH USING MUCOUS MEMBRANE TISSUE GRAFT | $872.82 |
| 42235 | LENGTHENING OF ROOF OF MOUTH WITH TISSUE GRAFT FROM TISSUE SEPARATING NOSE AIRWA | $773.34 |
| 42260 | REPAIR OF ABNORMAL CONNECTION FROM NASAL SINUS TO SKIN | $677.26 |
| 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | $111.20 |
| 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | $168.58 |
| 42299 | OTHER PROCEDURE ON ROOF OF MOUTH | $0.00 |
| 42300 | SIMPLE DRAINAGE OF ABSCESS OF SALIVA GLAND | $161.67 |
| 42305 | COMPLICATED DRAINAGE OF ABSCESS OF SALIVA GLAND | $441.58 |
| 42310 | DRAINAGE OF ABSCESS OF LOWER JAW FROM INSIDE OF MOUTH | $141.95 |
| 42320 | DRAINAGE OF ABSCESS OF LOWER JAW FROM OUTSIDE OF MOUTH | $184.33 |
| 42330 | UNCOMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH | $169.98 |
| 42335 | COMPLICATED REMOVAL OF SALIVA GLAND STONE FROM INSIDE MOUTH | $273.24 |
| 42340 | COMPLICATED REMOVAL OF SALIVA GLAND STONE | $354.38 |
| 42400 | NEEDLE BIOPSY OF SALIVA GLAND | $54.00 |
| 42405 | BIOPSY OF SALIVA GLAND | $230.66 |
| 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | $362.93 |
| 42409 | CREATION OF TRACT TO DRAIN CYST OF SALIVA GLAND | $242.42 |
| 42410 | REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, LATERAL LOBE | $634.68 |
| 42415 | REMOVAL OF GROWTH OF SALIVA GLAND WITH RELEASE OF FACIAL NERVE | $1,058.12 |
| 42420 | REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND WITH RELEASE OF FACIAL NERVE | $1,181.83 |
| 42425 | REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND FACIAL NERVE | $842.05 |
| 42426 | REMOVAL OF GROWTH OF SALIVA GLAND OR SALIVA GLAND, AND SURROUNDING LYMPH NODES O | $1,336.50 |
| 42440 | REMOVAL OF SALIVA GLAND UNDER FLOOR OF MOUTH | $423.08 |
| 42450 | REMOVAL OF SALIVA GLAND UNDER TONGUE | $376.58 |
| 42500 | SIMPLE REPAIR OF SALIVARY DUCT | $357.71 |
| 42505 | COMPLICATED PLASTIC REPAIR OF SALIVARY DUCT | $469.41 |
| 42507 | CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU | $507.47 |
| 42509 | CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU | $825.83 |
| 42510 | CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVA GLAND DUCTS ON BOTH SIDES OF MOU | $618.36 |
| 42550 | INJECTION OF CONTRAST FOR IMAGING OF SALIVA GLANDS | $59.71 |
| 42600 | CLOSURE OF ABNORMAL DRAINAGE TRACT OF SALIVA GLAND | $365.94 |
| 42650 | INSERTION OF PROBE TO WIDEN SALIVA GLAND DUCT | $61.28 |
| 42660 | DILATION OF SALIVA GLAND DUCT AND INSERTION OF TUBE | $80.34 |
| 42665 | TYING OF SALIVA GLAND DUCT | $227.43 |
| 42699 | OTHER PROCEDURE ON SALIVA GLAND OR DUCT | $0.00 |
| 42700 | DRAINAGE OF ABSCESS NEAR TONSIL | $141.06 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 42720 | DRAINAGE OF ABSCESS OF THROAT FROM INSIDE MOUTH | $385.46 |
| 42725 | DRAINAGE OF ABSCESS OF THROAT FROM OUTSIDE MOUTH | $803.28 |
| 42800 | BIOPSY; OROPHARYNX | $122.12 |
| 42804 | SIMPLE BIOPSY OF GROWTH OF THROAT BEHIND NOSE | $128.99 |
| 42806 | COMPLEX BIOPSY OF GROWTH OF THROAT BEHIND NOSE | $147.58 |
| 42808 | REMOVAL OR DESTRUCTION OF GROWTH OF THROAT | $170.45 |
| 42809 | REMOVAL OF FOREIGN BODY IN THROAT | $127.49 |
| 42810 | REMOVAL OF CONGENITAL SKIN AND TISSUE CYST OF NECK | $294.94 |
| 42815 | REMOVAL OF CONGENITAL CYST OR ABNORMAL DRAINAGE TRACT OF NECK AND/OR THROAT | $548.90 |
| 42820 | REMOVAL OF TONSILS AND ADENOID GLANDS (YOUNGER THAN 12 YEARS) | $298.47 |
| 42821 | REMOVAL OF TONSILS AND ADENOID GLANDS (12 YEARS OR OLDER) | $311.53 |
| 42825 | REMOVAL OF TONSILS (YOUNGER THAN 12 YEARS) | $279.26 |
| 42826 | REMOVAL OF TONSILS (12 YEARS OR OLDER) | $264.50 |
| 42830 | PRIMARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS) | $222.51 |
| 42831 | PRIMARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER) | $242.36 |
| 42835 | SECONDARY REMOVAL OF ADENOIDS (YOUNGER THAN 12 YEARS) | $208.21 |
| 42836 | SECONDARY REMOVAL OF ADENOIDS (12 YEARS OR OLDER) | $254.83 |
| 42842 | EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE | $1,032.95 |
| 42844 | EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH LOCAL TISSUE GRAFT | $1,397.79 |
| 42845 | EXTENSIVE REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE WITH OTHER TISSUE GRAFT | $2,199.21 |
| 42860 | EXCISION OF TONSIL TAGS | $203.96 |
| 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE) | $616.02 |
| 42890 | LIMITED PHARYNGECTOMY | $1,430.39 |
| 42892 | PARTIAL REMOVAL OF WALL OF THROAT WITH SUTURE REPAIR | $1,872.81 |
| 42894 | REMOVAL OF THROAT TISSUE WITH TISSUE GRAFT | $2,368.35 |
| 42895 | THROAT AND NECK SURGERY | $0.00 |
| 42900 | SUTURE OF WOUND OR INJURY IN THROAT | $332.64 |
| 42950 | PLASTIC OR RECONSTRUCTIVE REPAIR OF THROAT | $825.76 |
| 42953 | REPAIR OF THROAT AT ESOPHAGUS | $996.51 |
| 42955 | CREATION OF OPENING TO THROAT FOR FEEDING | $784.86 |
| 42960 | SIMPLE CONTROL OF BLEEDING OF THROAT | $163.99 |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | $429.53 |
| 42962 | COMPLICATED CONTROL OF BLEEDING OF THROAT | $527.69 |
| 42970 | SIMPLE CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING | $419.81 |
| 42971 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | $460.78 |
| 42972 | COMPLICATED CONTROL OF BLEEDING OF THROAT WITH INSERTION OF PACKING | $513.18 |
| 42975 | EVALUATION OF SLEEP-DISORDERED BREATHING BY EXAMINATION OF UPPER AIRWAY USING AN | $96.73 |
| 42999 | OTHER PROCEDURE ON THROAT, ADENOIDS, OR TONSILS | $0.00 |
| 43020 | REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH NECK | $560.95 |
| 43030 | INCISION OF MUSCLE AT UPPER ESOPHAGUS | $529.22 |
| 43045 | REMOVAL OF FOREIGN BODY IN ESOPHAGUS THROUGH CHEST | $1,240.59 |
| 43100 | REMOVAL OF GROWTH OF ESOPHAGUS THROUGH NECK | $643.57 |
| 43101 | REMOVAL OF GROWTH OF ESOPHAGUS THROUGH CHEST OR ABDOMEN | $954.89 |
| 43107 | REMOVAL OF ESOPHAGUS | $2,791.24 |
| 43108 | REMOVAL OF ESOPHAGUS AND RECONSTRUCTION USING BOWEL GRAFT | $4,083.46 |
| 43112 | REMOVAL OF ESOPHAGUS THROUGH CHEST | $3,172.38 |
| 43113 | REMOVAL OF ESOPHAGUS THROUGH CHEST AND RECONSTRUCTION USING BOWEL GRAFT | $4,008.48 |
| 43116 | PARTIAL REMOVAL OF UPPER ESOPHAGUS WITH RECONSTRUCTION USING BOWEL GRAFT | $4,560.63 |
| 43117 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE | $3,047.94 |
| 43118 | PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST AND ABDOMEN WITH BOWEL GRAFT | $3,338.44 |
| 43121 | PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH CHEST | $2,657.30 |
| 43122 | PARTIAL REMOVAL OF LOWER ESOPHAGUS THROUGH ABDOMEN AND/OR CHEST | $2,437.80 |
| 43123 | PARTIAL REMOVAL OF ESOPHAGUS WITH REPAIR USING BOWEL GRAFT | $4,153.03 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 43124 | REMOVAL OF ESOPHAGUS WITH CREATION OF ARTIFICIAL OPENING INTO ESOPHAGUS | $3,529.56 |
| 43130 | REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH NECK | $786.94 |
| 43135 | REMOVAL OF DEFECT IN WALL OF ESOPHAGUS THROUGH CHEST | $1,373.88 |
| 43136 | DIVERTICULOPEXY OF HYPOPHARYNX, WITH OR WITHOUT MYOTOMY | $0.00 |
| 43180 | REMOVAL OF DEFECT IN WALL OF ESOPHAGUS USING A RIGID ENDOSCOPE | $546.09 |
| 43191 | DIAGNOSTIC EXAM OF ESOPHAGUS USING AN ENDOSCOPE | $155.26 |
| 43192 | INJECTION INTO ESOPHAGUS USING AN ENDOSCOPE | $168.86 |
| 43193 | BIOPSY OF ESOPHAGUS USING A RIGID ENDOSCOPE | $168.86 |
| 43194 | REMOVAL OF FOREIGN BODIES FROM ESOPHAGUS USING A RIGID ENDOSCOPE | $188.20 |
| 43195 | BALLOON DILATION OF ESOPHAGUS USING A RIGID ENDOSCOPE, LESS THAN 3.0 CM | $184.02 |
| 43196 | INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE | $194.76 |
| 43197 | DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE | $79.36 |
| 43198 | BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH NOSE | $95.37 |
| 43200 | DIAGNOSTIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH | $86.54 |
| 43201 | INJECTION INTO ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $102.18 |
| 43202 | BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE THROUGH MOUTH | $101.25 |
| 43204 | INJECTION OF SWOLLEN VEIN OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $132.85 |
| 43205 | TYING OF DILATED VEINS OF ESOPHAGUS WITH BANDS USING A FLEXIBLE ENDOSCOPE | $137.90 |
| 43206 | MICROSCOPIC EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $131.01 |
| 43210 | REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING A FLEXIBLE ENDOSCOPE | $413.29 |
| 43211 | REMOVAL OF TISSUE LINING OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $228.18 |
| 43212 | PLACEMENT OF STENT IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $181.83 |
| 43213 | DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $250.37 |
| 43214 | BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, 3.0 CM OR MORE | $189.65 |
| 43215 | REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $137.66 |
| 43216 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH ELECTR | $131.51 |
| 43217 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE WITH MECHAN | $156.58 |
| 43218 | 43200 W/IRRIG | $0.00 |
| 43220 | BALLOON DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE, LESS THAN 3.0 CM | $116.23 |
| 43225 | 43200 W/ RPR HYPOPHARNGEAL DIVERTICULUM | $0.00 |
| 43226 | DILATION OF ESOPHAGUS WITH INSERTION OF GUIDE WIRE USING A FLEXIBLE ENDOSCOPE | $127.30 |
| 43227 | CONTROL OF BLEEDING IN ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $160.97 |
| 43229 | DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $191.12 |
| 43231 | ULTRASOUND EXAM OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $152.33 |
| 43232 | ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A FLEXIBLE | $193.07 |
| 43233 | BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL | $220.57 |
| 43235 | DIAGNOSTIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE | $120.45 |
| 43236 | INJECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE ENDOS | $135.35 |
| 43237 | ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE | $190.49 |
| 43238 | ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING A FLEXIBLE ENDO | $226.14 |
| 43239 | BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE ENDOSCOP | $135.35 |
| 43240 | DRAINAGE OF FLUID COLLECTION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI | $378.65 |
| 43241 | INSERTION OF TUBE OR TUBE IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING | $138.94 |
| 43242 | ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE | $254.78 |
| 43243 | INJECTION OF DILATED VEIN OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $229.85 |
| 43244 | TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $237.80 |
| 43245 | DILATION OF STOMACH OUTLET USING A FLEXIBLE ENDOSCOPE | $170.97 |
| 43246 | INSERTION OF STOMACH TUBE USING A FLEXIBLE ENDOSCOPE | $193.15 |
| 43247 | REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING | $171.78 |
| 43248 | INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING A FLEXIBLE ENDOSCOPE | $161.99 |
| 43249 | BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL | $149.77 |
| 43250 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI | $165.38 |
| 43251 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI | $190.66 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 43252 | MICROSCOPIC EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBL | $163.97 |
| 43253 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE OR MARKER IN ESOPHAGUS, STOMACH | $254.96 |
| 43254 | REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A | $262.08 |
| 43255 | CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEX | $195.25 |
| 43257 | HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN | $225.82 |
| 43259 | ULTRASOUND EXAM OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXIBLE | $220.04 |
| 43260 | DIAGNOSTIC EXAM OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN EN | $312.13 |
| 43261 | BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING A FLEXIBLE ENDOSC | $327.21 |
| 43262 | INCISION OF PANCREATIC OUTLET USING A FLEXIBLE ENDOSCOPE | $345.21 |
| 43263 | PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT SPHINCTER USING A FLEXIBLE ENDOS | $345.76 |
| 43264 | REMOVAL OF STONE OR DEBRIS FROM BILE OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCO | $352.18 |
| 43265 | DESTRUCTION OF STONE OF BILE OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE | $417.60 |
| 43266 | PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A FLEXI | $210.57 |
| 43270 | DESTRUCTION OF POLYP OR GROWTH OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL U | $218.32 |
| 43273 | EXAM OF COMMON BILE AND/OR PANCREATIC DUCT USING A FLEXIBLE ENDOSCOPE | $114.52 |
| 43274 | INSERTION OF STENT INTO PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE | $446.31 |
| 43275 | REMOVAL OF STENT FROM PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE | $363.70 |
| 43276 | REPLACEMENT OF STENT IN PANCREATIC OR BILE DUCT USING A FLEXIBLE ENDOSCOPE | $464.45 |
| 43277 | BALLOON DILATION OF PANCREATIC OR BILE DUCT OR SPHINCTER USING A FLEXIBLE ENDOSC | $365.74 |
| 43278 | DESTRUCTION OF POLYP OR GROWTH OF GALLBLADDER AND/OR BILE DUCT USING A FLEXIBLE | $417.82 |
| 43279 | REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH USING AN ENDOSCOPE | $1,221.83 |
| 43280 | STRENGTHENING OF MUSCLE BETWEEN ESOPHAGUS AND STOMACH BY WRAPPING PART OF STOMA | $1,034.70 |
| 43281 | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH | $1,458.87 |
| 43282 | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH | $1,642.86 |
| 43283 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY | $145.65 |
| 43284 | INSERTION OF MAGNETIC BAND AROUND BASE OF ESOPHAGUS TO TIGHTEN OPENING INTO STOM | $638.55 |
| 43285 | REMOVAL OF MAGNETIC BAND FROM BASE OF ESOPHAGUS USING AN ENDOSCOPE | $655.28 |
| 43286 | REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE | $2,996.59 |
| 43287 | REMOVAL OF LOWER ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE | $3,315.54 |
| 43288 | REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE FOR EACH | $3,503.34 |
| 43289 | OTHER PROCEDURE ON ESOPHAGUS USING AN ENDOSCOPE | $0.00 |
| 43290 | PLACEMENT OF BALLOON IN STOMACH FOR WEIGHT LOSS USING FLEXIBLE ENDOSCOPE | $172.47 |
| 43291 | REMOVAL OF BALLOON IN STOMACH FOR WEIGHT LOSS USING FLEXIBLE ENDOSCOPE | $157.11 |
| 43300 | REPAIR OF DEFECT OF ESOPHAGUS THROUGH NECK | $636.07 |
| 43305 | REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THOUGH NECK | $1,090.90 |
| 43310 | REPAIR OF DEFECT OF ESOPHAGUS THROUGH CHEST | $1,387.56 |
| 43312 | REPAIR OF DEFECT OF ESOPHAGUS WITH REPAIR OF ABNORMAL DRAINAGE TRACT THROUGH CHE | $1,467.98 |
| 43313 | REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS THROUGH CHEST | $2,781.22 |
| 43314 | REPAIR OF CONGENITAL DEFECT OF ESOPHAGUS AND ABNORMAL DRAINAGE TRACT BETWEEN ESO | $2,956.43 |
| 43320 | REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH ABDOMEN OR CHEST | $1,341.60 |
| 43325 | REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH WITH PATCH | $1,305.52 |
| 43327 | REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH | $808.13 |
| 43328 | REPAIR OF MUSCLE AT LOWER ESOPHAGUS AND STOMACH THROUGH CHEST | $1,050.16 |
| 43330 | REPAIR OF ESOPHAGUS THROUGH ABDOMEN | $1,284.50 |
| 43331 | REPAIR OF ESOPHAGUS THROUGH CHEST | $1,265.81 |
| 43332 | REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMEN | $1,094.51 |
| 43333 | REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMEN | $1,203.81 |
| 43334 | REPAIR OF PARAESOPHAGEAL HERNIA THROUGH CHEST | $1,159.89 |
| 43335 | REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH CHEST | $1,241.82 |
| 43336 | REPAIR OF PARAESOPHAGEAL HERNIA THROUGH ABDOMINAL INCISION | $1,351.88 |
| 43337 | REPAIR OF PARAESOPHAGEAL HERNIA WITH MESH IMPLANT THROUGH ABDOMINAL INCISION | $1,438.70 |
| 43338 | ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) | $104.33 |
| 43340 | PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH ABDOMEN | $1,325.34 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 43341 | PARTIAL REMOVAL OF ESOPHAGUS AND STOMACH THROUGH CHEST | $1,321.00 |
| 43351 | RELOCATION OF ESOPHAGUS THROUGH CHEST | $1,256.85 |
| 43352 | RELOCATION OF ESOPHAGUS THROUGH NECK | $1,018.32 |
| 43360 | RECONNECTION OF ESOPHAGUS TO STOMACH AFTER PREVIOUS SURGERY | $2,100.58 |
| 43361 | RECONNECTION OF ESOPHAGUS TO STOMACH WITH BOWEL GRAFT RECONSTRUCTION AFTER PREVI | $2,576.34 |
| 43400 | TYING OF DILATED VEINS OF ESOPHAGUS | $1,458.16 |
| 43405 | TYING OR STAPLING OF HOLE OR TEAR AT JUNCTION OF ESOPHAGUS AND STOMACH | $1,383.21 |
| 43410 | SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH NECK | $1,039.13 |
| 43415 | SUTURE OF WOUND OR INJURY TO ESOPHAGUS THROUGH CHEST OR ABDOMEN | $2,422.09 |
| 43420 | REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH NECK | $1,014.47 |
| 43425 | REPAIR OF ABNORMAL DRAINAGE TRACT OF ESOPHAGUS THROUGH CHEST OR ABDOMEN | $1,359.20 |
| 43450 | DILATION OF ESOPHAGUS | $79.24 |
| 43451 | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; S | $0.00 |
| 43453 | DILATION OF ESOPHAGUS WITH A GUIDE WIRE | $86.04 |
| 43455 | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE | $0.00 |
| 43460 | CONTROL OF BLEEDING OF ESOPHAGUS | $206.94 |
| 43496 | RELOCATION OF UPPER SMALL BOWEL FOR GRAFT | $2,435.60 |
| 43497 | INCISION OF MUSCLE OF LOWER ESOPHAGUS USING AN ENDOSCOPE | $776.01 |
| 43499 | OTHER PROCEDURE ON ESOPHAGUS | $400.67 |
| 43500 | EXPLORATION OF STOMACH OR REMOVAL OF FOREIGN BODY IN STOMACH | $765.23 |
| 43501 | GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER | $1,294.47 |
| 43502 | SUTURE OF LACERATED STOMACH | $1,461.44 |
| 43510 | GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL | $924.56 |
| 43520 | PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION) | $694.52 |
| 43605 | BIOPSY OF STOMACH, BY LAPAROTOMY | $818.21 |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH | $940.28 |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH | $1,184.81 |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY | $1,886.88 |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION | $2,166.61 |
| 43622 | REMOVAL OF STOMACH WITH CREATION OF INTESTINAL POUCH ATTACHED TO ESOPHAGUS | $2,192.03 |
| 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 | $1,393.75 |
| 43632 | REMOVAL OF LOWER PART OF STOMACH WITH REATTACHMENT OF REMAINING STOMACH TO SECOI | $1,940.84 |
| 43633 | REMOVAL OF LOWER PORTION OF STOMACH WITH REATTACHMENT OF UPPER PORTION OF REMAIN | $1,837.55 |
| 43634 | PARTIAL REMOVAL OF STOMACH WITH CREATION OF INTESTINE POUCH | $2,019.38 |
| 43635 | SEVERING OF VAGUS NERVE WITH PARTIAL REMOVAL OF STOMACH | $105.06 |
| 43640 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR | $1,149.72 |
| 43641 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL | $1,162.44 |
| 43644 | BYPASS OF STOMACH USING AN ENDOSCOPE | $1,662.44 |
| 43645 | BYPASS OF STOMACH WITH RECONSTRUCTION OF SMALL BOWEL USING AN ENDOSCOPE | $1,770.50 |
| 43647 | LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR EL | $322.14 |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES | $322.14 |
| 43651 | INCISION OF VAGUS NERVE IN STOMACH USING AN ENDOSCOPE | $645.24 |
| 43652 | INCISION OF SELECTIVE VAGUS NERVES OF STOMACH USING AN ENDOSCOPE | $746.88 |
| 43653 | CREATION OF SURGICAL OPENING FROM STOMACH TO SKIN USING AN ENDOSCOPE | $572.74 |
| 43659 | OTHER PROCEDURE ON STOMACH USING AN ENDOSCOPE | $0.00 |
| 43752 | INSERTION OF STOMACH TUBE THROUGH NOSE OR MOUTH USING FLUOROSCOPIC GUIDANCE | $38.42 |
| 43753 | INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS | $20.29 |
| 43754 | DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS | $39.04 |
| 43755 | DIAGNOSTIC INSERTION OF STOMACH TUBE AND ASPIRATION OF STOMACH CONTENTS AFTER AD | $60.09 |
| 43756 | DIAGNOSTIC INSERTION OF TUBE INTO UPPER SMALL BOWEL AND SPECIMEN COLLECTION USIN | $50.89 |
| 43757 | INSERTION OF TUBE INTO UPPER SMALL BOWEL FOR COLLECTION OF MULTIPLE BILE AND PAN | $76.37 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 43761 | REPOSITIONING OF ORAL OR NASAL FEEDING TUBE IN SMALL BOWEL | $98.32 |
| 43762 | REPLACEMENT OF STOMACH STOMA TUBE | $35.16 |
| 43763 | REPLACEMENT OF STOMACH STOMA TUBE WITH REVISION OF STOMA OPENING | $85.63 |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA | $1,092.39 |
| 43771 | ADJUSTMENT OF STOMACH REDUCTION DEVICE USING AN ENDOSCOPE | $1,234.72 |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST | $918.86 |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF | $1,234.72 |
| 43774 | REMOVAL OF STOMACH REDUCTION DEVICE AND PORT USING AN ENDOSCOPE | $929.69 |
| 43775 | PARTIAL REMOVAL OF STOMACH FOR WEIGHT LOSS USING AN ENDOSCOPE | $1,036.62 |
| 43800 | PYLOROPLASTY | $896.78 |
| 43810 | GASTRODUODENOSTOMY | $979.53 |
| 43820 | PARTIAL REMOVAL OF STOMACH WITH ATTACHMENT OF STOMACH TO SMALL BOWEL | $1,295.18 |
| 43825 | PARTIAL REMOVAL OF STOMACH WITH SEVERING OF VAGUS NERVE | $1,261.90 |
| 43830 | INSERTION OF STOMACH FEEDING TUBE | $688.76 |
| 43831 | INSERTION OF STOMACH FEEDING TUBE, NEWBORN | $607.25 |
| 43832 | CREATION OF STOMACH FEEDING TUBE | $1,010.97 |
| 43834 | GASTROSTOMY, ENDOSCOPIC PERCUTANEOUS | $0.00 |
| 43840 | SUTURE OF PERFORATED ULCER, WOUND, OR INJURY OF STOMACH OR UPPER SMALL BOWEL | $1,308.57 |
| 43842 | BANDING OF UPPER STOMACH TO REDUCE SIZE OF STOMACH | $1,143.71 |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; | $1,237.11 |
| 43845 | PARTIAL REMOVAL OF STOMACH, UPPER BOWEL, AND ILEUM FOR WEIGHT LOSS | $1,879.62 |
| 43846 | BYPASS OF STOMACH FOR WEIGHT LOSS WITH ROUX-EN-Y CONNECTION OF UPPER BOWEL TO UP | $1,587.87 |
| 43847 | BYPASS OF STOMACH FOR WEIGHT LOSS WITH SMALL BOWEL RECONSTRUCTION | $1,733.72 |
| 43848 | REVISION OF UPPER STOMACH BYPASS | $1,855.10 |
| 43860 | REVISION OF SURGICALLY CREATED CONNECTION OF STOMACH TO SMALL BOWEL | $1,567.21 |
| 43865 | REVISION OF ATTACHMENT OF STOMACH TO SMALL BOWEL WITH SEVERING OF VAGUS NERVE | $1,632.56 |
| 43870 | CLOSURE OF SURGICALLY CREATED OPENING FROM STOMACH TO SKIN | $690.73 |
| 43880 | CLOSURE OF GASTROCOLIC FISTULA | $1,537.34 |
| 43881 | IMPLANTATION OR REPLACEMENT OF STIMULATOR ELECTRODES IN UPPER STOMACH | $647.53 |
| 43882 | REMOVAL OR REVISION OF STIMULATOR ELECTRODES IN UPPER STOMACH | $647.53 |
| 43886 | REVISION OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE | $373.50 |
| 43887 | REMOVAL OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE | $336.79 |
| 43888 | REPLACEMENT OF PORT FOR SALINE INJECTION INTO STOMACH BANDING DEVICE | $465.53 |
| 43889 | REDUCTION OF SIZE OF STOMACH USING AN ENDOSCOPE | $723.84 |
| 43999 | OTHER PROCEDURE ON STOMACH | $0.00 |
| 44000 | ENTEROLYSIS, FREEING OF INTESTINAL ADHESION; | $0.00 |
| 44005 | ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE) | $1,049.36 |
| 44010 | EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY IN SMALL BOWEL | $831.52 |
| 44015 | INSERTION OF FEEDING TUBE OR TUBE INTO UPPER SMALL BOWEL | $131.49 |
| 44020 | INCISION OF SMALL BOWEL FOR EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY | $940.30 |
| 44021 | INCISION OF SMALL BOWEL FOR INSERTION OF TUBE FOR RELIEF OF PRESSURE | $938.75 |
| 44025 | BIOPSY OR REMOVAL OF FOREIGN BODY IN LARGE BOWEL | $948.99 |
| 44050 | REPAIR OF TWISTED OR HERNIATED SMALL BOWEL | $904.36 |
| 44055 | CORRECTION OF ABNORMAL ROTATION OF SMALL BOWEL | $1,427.27 |
| 44060 | SIGMOID MYOTOMY (REILLY TYPE OPERATION) FOR DIVERTICULAR | $0.00 |
| 44100 | BIOPSY OF SMALL BOWEL BY CAPSULE ATTACHED TO TUBE PASSED THROUGH MOUTH | $102.64 |
| 44110 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING | $826.52 |
| 44111 | REMOVAL OF MULTIPLE GROWTHS OF SMALL OR LARGE BOWEL | $950.61 |
| 44115 | EXCISION COLONIC DIVERTICULUM | $0.00 |
| 44120 | PARTIAL REMOVAL OF SMALL BOWEL WITH RECONNECTION | $1,172.08 |
| 44121 | PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL, EACH ADDITIONAL REMOVAL AND REC | $225.30 |
| 44125 | PARTIAL REMOVAL OF SMALL BOWEL WITH CREATION OF OPENING TO SKIN | $1,132.79 |
| 44126 | PARTIAL REMOVAL OF SMALL BOWEL AND RECONNECTION TO CORRECT CONGENITAL DEFECT | $2,351.21 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 44127 | PARTIAL REMOVAL OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT WITH RECONNECTION AN | $2,706.41 |
| 44128 | PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL TO CORRECT CONGENITAL DEFECT, EA | $226.18 |
| 44130 | CREATION OF CONNECTION BETWEEN 2 SEGMENTS OF SMALL BOWEL | $1,268.91 |
| 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 | $112.80 |
| 44140 | PARTIAL REMOVAL OF LARGE BOWEL WITH CONNECTION | $1,291.66 |
| 44141 | PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING TO SKIN | $1,741.04 |
| 44143 | PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN | $1,582.54 |
| 44144 | PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF 2 OPENINGS FROM SMALL OR LARGE B | $1,690.53 |
| 44145 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) | $1,584.14 |
| 44146 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH | $2,017.27 |
| 44147 | PARTIAL REMOVAL OF LARGE BOWEL THROUGH ABDOMEN AND ANUS | $1,847.37 |
| 44150 | REMOVAL OF LARGE BOWEL WITH ATTACHMENT OF SMALL BOWEL TO RECTUM OR CREATION OF O | $1,790.76 |
| 44151 | REMOVAL OF LARGE BOWEL WITH CREATION OF SMALL BOWEL OPENING TO SKIN THROUGH ABDO | $2,059.46 |
| 44155 | REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL BOWE | $1,996.71 |
| 44156 | REMOVAL OF LARGE BOWEL AND RECTUM AND CREATION OF OPENING FROM END OF SMALL BOWE | $2,200.06 |
| 44157 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUD | $2,092.59 |
| 44158 | REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND CRE | $2,143.41 |
| 44160 | COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY | $1,197.11 |
| 44180 | LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR | $889.06 |
| 44186 | CREATION OF OPENING FROM SMALL BOWEL TO SKIN WITH INSERTION OF A TUBE FOR DECOMP | $633.83 |
| 44187 | CREATION OF OPENING FROM SMALL BOWEL TO SKIN USING AN ENDOSCOPE | $1,067.39 |
| 44188 | LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY | $1,180.28 |
| 44202 | PARTIAL REMOVAL AND RECONNECTION OF SMALL BOWEL USING AN ENDOSCOPE | $1,333.24 |
| 44203 | PARTIAL REMOVAL OF SMALL BOWEL USING AN ENDOSCOPE, EACH ADDITIONAL REMOVAL AND C | $224.75 |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS | $1,474.85 |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH | $1,284.02 |
| 44206 | PARTIAL REMOVAL OF LARGE BOWEL WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN | $1,666.96 |
| 44207 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH | $1,735.18 |
| 44208 | PARTIAL REMOVAL OF LARGE BOWEL AND REATTACHMENT TO RECTUM AND CREATION OF OPENIN | $1,892.85 |
| 44210 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH | $1,714.08 |
| 44211 | REMOVAL OF LARGE BOWEL AND RECTUM WITH ATTACHMENT OF SMALL BOWEL TO ANUS AND CRE | $2,063.57 |
| 44212 | REMOVAL OF LARGE BOWEL AND RECTUM WITH CREATION OF OPENING FROM SMALL BOWEL TO S | $1,969.27 |
| 44213 | PARTIAL RELEASE OF LARGE BOWEL AND PARTIAL REMOVAL OF LARGE BOWEL USING AN ENDOS | $175.53 |
| 44227 | CLOSURE OF OPENING FROM LARGE OR SMALL BOWEL TO SKIN USING AN ENDOSCOPE | $1,587.04 |
| 44238 | OTHER PROCEDURE ON BOWEL USING AN ENDOSCOPE | $0.00 |
| 44300 | INSERTION OF TUBE INTO SMALL BOWEL | $814.59 |
| 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 | $1,005.52 |
| 44312 | SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF SM | $588.69 |
| 44314 | RECONSTRUCTION OF OPENING FROM SMALL BOWEL TO SKIN | $979.00 |
| 44316 | CREATION OF POUCH OF SMALL BOWEL WITH VALVE | $1,358.44 |
| 44320 | CREATION OF OPENING FROM LARGE BOWEL TO SKIN | $1,163.17 |
| 44322 | CREATION OF OPENING FROM LARGE BOWEL TO SKIN WITH MULTIPLE BOWEL BIOPSIES | $996.34 |
| 44340 | SIMPLE REVISION OF SUPERFICIAL SCAR TISSUE FROM SURGICALLY CREATED OPENING OF LA | $623.95 |
| 44345 | COMPLICATED RECONSTRUCTION OF OPENING FROM LARGE BOWEL TO SKIN | $1,024.06 |
| 44346 | REVISION OF OPENING FROM LARGE BOWEL TO SKIN WITH REPAIR OF HERNIA | $1,147.66 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 44360 | DIAGNOSTIC EXAM OF SMALL BOWEL (EXCLUDING LOWER SMALL INTESTINE) USING AN ENDOSC | $140.44 |
| 44361 | BIOPSY OF SMALL BOWEL (EXCEPT ILEUM) USING AN ENDOSCOPE | $155.05 |
| 44363 | REMOVAL OF FOREIGN BODIES FROM SMALL BOWEL USING AN ENDOSCOPE | $186.41 |
| 44364 | REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH MECHANICAL SNAR | $198.81 |
| 44365 | REMOVAL OF SMALL BOWEL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CAUT | $177.44 |
| 44366 | CONTROL OF BLEEDING OF FIRST OR SECOND PART OF SMALL BOWEL USING AN ENDOSCOPE | $232.90 |
| 44369 | DESTRUCTION OF POLYP OR GROWTH OF SMALL BOWEL USING AN ENDOSCOPE | $238.50 |
| 44370 | INSERTION OF SMALL BOWEL STENT ABOVE LOWER SMALL BOWEL USING AN ENDOSCOPE | $259.80 |
| 44372 | INSERTION OF TUBE INTO MIDDLE SMALL BOWEL USING AN ENDOSCOPE | $232.12 |
| 44373 | CONVERSION OF STOMACH TUBE TO TUBE IN MIDDLE SMALL BOWEL USING AN ENDOSCOPE | $186.57 |
| 44376 | DIAGNOSTIC EXAM OF SMALL BOWEL (INCLUDING LOWER SMALL INTESTINE) USING AN ENDOSC | $275.59 |
| 44377 | BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE | $288.96 |
| 44378 | CONTROL OF BLEEDING OF SMALL BOWEL USING AN ENDOSCOPE | $371.66 |
| 44379 | INSERTION OF SMALL BOWEL STENT BELOW LOWER SMALL BOWEL USING AN ENDOSCOPE | $396.39 |
| 44380 | DIAGNOSTIC EXAM OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CR | $57.82 |
| 44382 | BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPE | $73.65 |
| 44385 | DIAGNOSTIC EXAM OF SURGICALLY CREATED POUCH OF SMALL BOWEL USING AN ENDOSCOPE | $71.82 |
| 44386 | BIOPSY OF SMALL BOWEL POUCH USING AN ENDOSCOPE | $87.84 |
| 44388 | DIAGNOSTIC EXAM OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CR | $151.72 |
| 44389 | BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPE | $167.00 |
| 44390 | REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH S | $204.95 |
| 44391 | CONTROL OF BLEEDING OF LARGE BOWEL USING AN ENDOSCOPE INSERTED THROUGH SURGICALL | $223.17 |
| 44392 | REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY ELECTRICAL CAUTERY USING AN ENDOS | $192.34 |
| 44394 | REMOVAL OF GROWTHS OR POLYPS OF LARGE BOWEL BY MECHANICAL SNARE USING AN ENDOSCO | $218.20 |
| 44400 | CECOPEXY, FIXATION OF CECUM TO ABDOMINAL WALL | $0.00 |
| 44500 | DILATION OF STOMACH AND/OR SMALL BOWEL USING LONG GASTROINTESTINAL TUBE | $18.54 |
| 44600 | SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER | $0.00 |
| 44602 | SUTURE OF TEAR OF HOLE IN SMALL BOWEL | $1,336.71 |
| 44603 | SUTURE OF MULTIPLE TEARS OR HOLES IN SMALL BOWEL | $1,544.14 |
| 44604 | SUTURE OF TEAR OR HOLE IN LARGE BOWEL | $1,010.40 |
| 44605 | SUTURE OF TEAR OR HOLE IN LARGE BOWEL AND CREATION OF OPENING FROM LARGE BOWEL T | $1,234.71 |
| 44610 | SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER | $0.00 |
| 44615 | INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT | $1,031.21 |
| 44620 | CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING | $838.59 |
| 44625 | CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL AN | $977.62 |
| 44626 | CLOSURE OF SURGICALLY CREATED LARGE OR SMALL BOWEL OPENING WITH BOWEL REMOVAL AN | $1,517.69 |
| 44640 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO SKIN | $1,336.08 |
| 44650 | CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA | $1,377.38 |
| 44660 | CLOSURE OF ABNORMAL DRAINAGE TRACT OF SMALL BOWEL | $1,292.73 |
| 44661 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM SMALL BOWEL TO URINARY BLADDER WITH RESE | $1,479.85 |
| 44680 | INTESTINAL PLICATION (SEPARATE PROCEDURE) | $1,034.60 |
| 44700 | SUSPENSION OF SMALL BOWEL USING MESH OR PROSTHESIS OR SELF TISSUE | $971.65 |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | $158.28 |
| 44799 | OTHER PROCEDURE ON SMALL BOWEL | $141.75 |
| 44800 | REPAIR OF CONGENITAL BOWEL DEFECT | $760.19 |
| 44820 | REMOVAL OF GROWTH OF ABDOMINAL CAVITY | $825.96 |
| 44850 | SUTURE OF MESENTERY (SEPARATE PROCEDURE) | $730.57 |
| 44899 | OTHER PROCEDURE ON ABDOMEN OR ABDOMINAL LINING FOR CONGENITAL BOWEL DEFECT | $0.00 |
| 44900 | DRAINAGE OF ABSCESS OF APPENDIX | $760.88 |
| 44950 | APPENDECTOMY; | $621.80 |
| 44955 | REMOVAL OF APPENDIX DURING OTHER MAJOR PROCEDURE | $78.70 |
| 44960 | APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS | $846.55 |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY | $590.29 |

| 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 | $431.68 |
| 45005 | DRAINAGE OF SUPERFICIAL RECTAL ABSCESS | $170.85 |
| 45020 | INCISION AND DRAINAGE OF ABSCESS ABOVE PELVIC FLOOR OR BEHIND RECTUM | $575.17 |
| 45100 | BIOPSY OF ANAL AND/OR RECTAL WALL THROUGH ANUS | $309.87 |
| 45108 | REMOVAL OF MUSCLE IN ANUS AND RECTUM AREA | $376.15 |
| 45110 | REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN THROUGH ABDO | $1,763.26 |
| 45111 | PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN | $1,057.30 |
| 45112 | REMOVAL OF RECTUM AND SUTURING OF LARGE BOWEL TO ANUS THROUGH INCISION OF ABDOME | $1,763.90 |
| 45113 | PARTIAL REMOVAL OF RECTUM AND ATTACHMENT OF SMALL BOWEL TO ANUS AND CREATION OF | $1,817.40 |
| 45114 | PARTIAL REMOVAL OF RECTUM THROUGH ABDOMEN AND SACRUM | $1,734.91 |
| 45116 | PARTIAL REMOVAL OF RECTUM THROUGH SACRUM | $1,508.81 |
| 45119 | REMOVAL OF RECTUM WITH CREATION OF SMALL BOWEL POUCH THROUGH ABDOMEN AND REGIOI | $1,829.89 |
| 45120 | REMOVAL OF RECTUM FOR CONGENITAL DEFECT THROUGH ABDOMEN AND REGION BETWEEN THIG | $1,538.96 |
| 45121 | REMOVAL OF RECTUM FOR CONGENITAL DEFECT AND LARGE BOWEL THROUGH ABDOMEN AND PER | $1,674.97 |
| 45123 | PARTIAL REMOVAL OF RECTUM THROUGH PERINEUM | $1,089.23 |
| 45126 | REMOVAL OF LARGE BOWEL, RECTUM, BLADDER AND URETER | $2,642.79 |
| 45130 | REPAIR OF PROLAPSED RECTUM THROUGH ANUS | $1,059.39 |
| 45135 | REPAIR OF PROLAPSED RECTUM THROUGH ABDOMEN AND ANUS | $1,277.96 |
| 45136 | REMOVAL OF SMALL BOWEL POUCH WITH CREATION OF OPENING FROM SMALL BOWEL TO SKIN | $1,747.54 |
| 45150 | INCISION OF STRICTURE OF RECTUM | $424.21 |
| 45160 | REMOVAL OF GROWTH OF RECTUM THROUGH SACRUM | $998.04 |
| 45171 | REMOVAL OF GROWTH OF RECTUM THROUGH ANUS | $626.90 |
| 45172 | REMOVAL OF GROWTH OF RECTUM THROUGH ANUS WITH REMOVAL OF A PORTION OF MUSCLE | $825.35 |
| 45190 | DESTRUCTION OF GROWTH OF RECTUM | $704.15 |
| 45300 | DIAGNOSTIC EXAM OF RECTUM AND LOWER LARGE BOWEL USING AN ENDOSCOPE | $47.93 |
| 45302 | PROCTOSIGMOIDOSCOPY; WITH COLLECTION OF SPECIMEN BY BRUSHING OR WASHING | $0.00 |
| 45303 | DILATION OF RECTUM AND/OR LOWER LARGE BOWEL USING AN ENDOSCOPE | $84.21 |
| 45305 | BIOPSIES OF RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID ENDOSCOPE | $72.42 |
| 45307 | REMOVAL OF FOREIGN BODIES FROM RECTUM AND/OR LOWER LARGE BOWEL USING A RIGID END | $97.67 |
| 45308 | REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH ELE | $82.41 |
| 45309 | REMOVAL OF POLYP OR GROWTH OF RECTUM AND LARGE BOWEL USING AN ENDOSCOPE WITH MEC | $87.50 |
| 45310 | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILLOMA | $0.00 |
| 45315 | REMOVAL OF MULTIPLE GROWTHS OR POLYPS OF LOWER LARGE BOWEL BY ELECTRICAL CAUTERY | $102.74 |
| 45317 | CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING AN ENDOSCOPE | $108.72 |
| 45319 | PROCTOSIGMOIDSCPY;W/RETROGRD LAVAGE | $0.00 |
| 45320 | DESTRUCTION OF MULTIPLE POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING AN ENDOSCOP | $102.09 |
| 45321 | RELEASE OF TWISTED LOWER LARGE BOWEL USING A RIGID ENDOSCOPE | $100.57 |
| 45327 | INSERTION OF STENT INTO LOWER LARGE BOWEL USING AN ENDOSCOPE | $113.27 |
| 45330 | DIAGNOSTIC EXAM OF LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $57.03 |
| 45331 | BIOPSY OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $72.11 |
| 45332 | REMOVAL OF FOREIGN BODIES IN LOWER PORTION OF LARGE BOWEL USING A FLEXIBLE ENDOS | $103.47 |
| 45333 | REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WIT | $92.59 |
| 45334 | CONTROL OF BLEEDING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $115.51 |
| 45335 | INJECTION BENEATH LINING OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $67.02 |
| 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 | $110.74 |
| 45338 | REMOVAL OF POLYPS OR GROWTHS OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WIT | $118.04 |
| 45340 | BALLOON DILATION OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $77.16 |
| 45341 | ULTRASOUND EXAM OF LOWER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $121.80 |
| 45342 | FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LOWER LARGE BOWEL WITH ULTRASOUND GUIDAN | $165.54 |
| 45360 | COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE; | $0.00 |
| 45365 | COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE; | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $179.78 |
| 45379 | REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $231.50 |
| 45380 | BIOPSY OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $195.41 |
| 45381 | INJECTION BENEATH LINING OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $195.41 |
| 45382 | CONTROL OF BLEEDING OF UPPER LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $251.21 |
| 45384 | REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE WITH ELEC | $220.02 |
| 45385 | REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WITH MECHANICAL S | $246.44 |
| 45386 | BALLOON DILATION OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $206.10 |
| 45391 | ULTRASOUND EXAM OF LARGE BOWEL USING A FLEXIBLE ENDOSCOPE | $250.20 |
| 45392 | FINE NEEDLE ASPIRATION AND/OR BIOPSY OF LARGE BOWEL WITH ULTRASOUND GUIDANCE USI | $294.70 |
| 45395 | REMOVAL OF RECTUM WITH CREATION OF OPENING FROM LARGE BOWEL TO SKIN USING AN END | $1,896.28 |
| 45397 | REMOVAL OF RECTUM USING AN ENDOSCOPE | $2,057.72 |
| 45400 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) | $1,104.43 |
| 45402 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION | $1,464.19 |
| 45499 | OTHER PROCEDURE ON RECTUM USING AN ENDOSCOPE | $0.00 |
| 45500 | REPAIR OF NARROWED RECTUM | $571.22 |
| 45505 | REPAIR OF PROLAPSED LINING OF RECTUM THROUGH ANUS | $611.73 |
| 45520 | INJECTION OF PROLAPSED VEIN IN RECTUM | $41.55 |
| 45521 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | $0.00 |
| 45540 | SUTURE OF RECTUM TO SACRUM THROUGH ABDOMEN | $1,026.16 |
| 45541 | SUTURE OF RECTUM TO SACRUM THROUGH PERINEUM | $927.14 |
| 45550 | SUTURE OF RECTUM TO SACRUM WITH REMOVAL OF LARGE BOWEL | $1,416.51 |
| 45560 | REPAIR OF BULGING OF RECTUM INTO VAGINA | $684.49 |
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; | $1,141.17 |
| 45563 | REPAIR OF RECTAL WOUND WITH SURGICALLY CREATED OPENING FROM LARGE BOWEL TO SKIN | $1,601.87 |
| 45800 | CLOSURE OF ABNORMAL OPENING FROM RECTUM TO BLADDER | $1,231.70 |
| 45805 | REPAIR OF HERNIATED RECTUM WITH CREATION OF LARGE BOWEL OPENING TO SKIN | $1,418.86 |
| 45820 | CLOSURE OF RECTOURETHRAL FISTULA; | $1,234.57 |
| 45825 | REPAIR OF ABNORMAL RECTAL DRAINAGE TRACT WITH CREATION OF LARGE BOWEL OPENING TO | $1,488.82 |
| 45900 | MANUAL REPLACEMENT OF PROLAPSED RECTUM UNDER ANESTHESIA | $211.60 |
| 45905 | DILATION OF SPHINCTER OF ANUS UNDER ANESTHESIA | $173.02 |
| 45910 | DILATION OF NARROWING OF RECTUM UNDER ANESTHESIA | $194.92 |
| 45915 | REMOVAL OF IMPACTED STOOL OR FOREIGN BODY IN RECTUM UNDER ANESTHESIA | $232.26 |
| 45990 | DIAGNOSTIC EXAM OF ANUS AND RECTUM UNDER ANESTHESIA | $103.98 |
| 45999 | OTHER PROCEDURE ON RECTUM | $0.00 |
| 46000 | FISTULOTOMY, SUBCUTANEOUS | $0.00 |
| 46020 | INSERTION OF DRAIN (SETON) INTO ANUS | $115.58 |
| 46030 | REMOVAL OF DRAIN (SETON) FROM ANUS | $85.68 |
| 46032 | UNDERCUTTING FOR PRURITUS ANI (MODIFIED BALL OPERATION) | $0.00 |
| 46040 | DRAINAGE OF DEEP ABSCESS IN RECTUM | $437.64 |
| 46045 | INCISION AND DRAINAGE OF ABSCESS WITHIN WALL OF RECTUM UNDER ANESTHESIA | $447.67 |
| 46050 | DRAINAGE OF SUPERFICIAL RECTAL ABSCESS SURROUNDING ANUS | $104.67 |
| 46060 | INCISION AND DRAINAGE OF ABSCESS IN WALL OF RECTUM OR BETWEEN RECTUM AND MUSCLE | $500.09 |
| 46070 | INCISION OF TISSUE BLOCKING RECTUM, INFANT | $283.01 |
| 46080 | INCISION OF SPHINCTER OF ANUS | $156.74 |
| 46083 | INCISION OF EXTERNAL HEMORRHOID WITH BLOOD CLOT | $112.56 |
| 46200 | REMOVAL OF CHRONIC TEAR OF ANUS | $356.33 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 46220 | REMOVAL OF SINGLE EXTERNAL NONCANCER GROWTH OF ANUS | $124.24 |
| 46221 | REMOVAL OF EXTERNAL HEMORRHOIDS BY RUBBER BANDING | $200.69 |
| 46230 | REMOVAL OF MULTIPLE EXTERNAL NONCANCER GROWTHS OF ANUS | $174.66 |
| 46250 | HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS | $326.66 |
| 46255 | REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP | $360.38 |
| 46257 | REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP AND CHRONIC TEAR IN ANU | $429.22 |
| 46258 | REMOVAL OF SINGLE EXTERNAL AND INTERNAL HEMORRHOID GROUP WITH REMOVAL OF ABNORM | $485.74 |
| 46260 | REMOVAL OF MULTIPLE HEMORRHOID GROUPS | $488.44 |
| 46261 | REMOVAL OF MULTIPLE HEMORRHOID GROUPS AND CHRONIC TEAR IN ANUS | $537.11 |
| 46262 | REMOVAL OF MULTIPLE HEMORRHOID GROUPS WITH REMOVAL OF ABNORMAL DRAINAGE TRACT F | $589.47 |
| 46270 | REPAIR OF ABNORMAL ANAL DRAINAGE TRACT | $414.98 |
| 46275 | REPAIR OF ABNORMAL DRAINAGE TRACT IN ANAL SPHINCTER | $435.81 |
| 46280 | REPAIR OF ABNORMAL DRAINAGE TRACT AROUND ANAL SPHINCTER | $492.94 |
| 46285 | SECOND STAGE REPAIR OF ABNORMAL ANAL DRAINAGE TRACT | $437.84 |
| 46288 | REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH RECTAL TISSUE FLAP | $568.87 |
| 46320 | REMOVAL OF EXTERNAL HEMORRHOID WITH BLOOD CLOT | $114.62 |
| 46500 | INJECTION OF HEMORRHOID | $194.24 |
| 46505 | INJECTION OF AGENT TO DESTROY NERVE TO INTERNAL SPHINCTER OF ANUS | $254.64 |
| 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 | $42.29 |
| 46602 | ANOSCOPY; FOR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING | $0.00 |
| 46604 | ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE) | $65.58 |
| 46606 | ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE | $74.96 |
| 46608 | ANOSCOPY; WITH REMOVAL OF FOREIGN BODY | $82.41 |
| 46610 | REMOVAL OF ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CAUTERY | $79.40 |
| 46611 | REMOVAL OF SINGLE ANAL POLYP OR GROWTH USING AN ENDOSCOPE WITH MECHANICAL SNARE | $79.68 |
| 46612 | REMOVAL OF MULTIPLE ANAL POLYPS OR GROWTHS USING AN ENDOSCOPE WITH ELECTRICAL CA | $92.76 |
| 46614 | CONTROL OF BLEEDING OF ANUS USING AN ENDOSCOPE | $64.61 |
| 46615 | DESTRUCTION OF ANAL POLYP OR GROWTH USING AN ENDOSCOPE | $89.87 |
| 46700 | PLASTIC REPAIR OF ANAL STRICTURE, ADULT | $661.54 |
| 46705 | PLASTIC REPAIR OF ANAL STRICTURE, INFANT | $578.09 |
| 46706 | REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH TISSUE GLUE | $181.41 |
| 46707 | REPAIR OF ABNORMAL ANAL DRAINAGE TRACT WITH IMPLANTED PLUG | $511.86 |
| 46710 | REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF SMA | $1,084.17 |
| 46712 | REPAIR OF ABNORMAL DRAINAGE TRACT OR POCKET FROM SURGICALLY CREATED POUCH OF SMA | $2,123.27 |
| 46715 | CREATION OF ANAL OPENING | $556.15 |
| 46716 | REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR | $1,228.45 |
| 46730 | REPAIR OF ABSENCE OF OPENING IN ANUS, VIA INCISION OF REGION BETWEEN THIGHS OR B | $1,942.07 |
| 46735 | REPAIR OF ABSENCE OF OPENING IN ANUS THROUGH INCISION OF ABDOMEN AND REGION BETW | $2,222.35 |
| 46740 | REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO URETH | $2,112.24 |
| 46742 | REPAIR OF ABSENCE OF OPENING IN ANUS AND ABNORMAL OPENING FROM RECTUM INTO URETH | $2,425.08 |
| 46744 | REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT | $3,387.89 |
| 46746 | REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT | $3,723.79 |
| 46748 | REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT | $4,028.05 |
| 46750 | REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT | $741.69 |
| 46751 | REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, CHILD | $668.66 |
| 46753 | REPAIR OF MUSCLE OF ANUS FOR INCONTINENCE AND/OR PROLAPSE USING WIRE, GRAFT, OR | $616.06 |
| 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | $252.17 |
| 46760 | REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE USING MUSCLE TRANSPLANT, ADULT | $1,106.79 |
| 46761 | REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE WITH MUSCLE TIGHTENING, ADULT | $897.65 |
| 46900 | SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS | $141.76 |
| 46910 | SIMPLE DESTRUCTION OF GROWTH OF ANUS | $137.29 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 46916 | ELECTRICAL DESTRUCTION OF GROWTH OF ANUS | $146.61 |
| 46917 | LASER DESTRUCTION OF GROWTH OF ANUS | $130.97 |
| 46922 | SIMPLE REMOVAL OF GROWTH OF ANUS | $140.05 |
| 46924 | EXTENSIVE DESTRUCTION OF GROWTH OF ANUS | $184.18 |
| 46930 | DESTRUCTION OF INTERNAL HEMORRHOIDS USING HEAT | $161.43 |
| 46940 | INITIAL REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE | $144.99 |
| 46942 | SUBSEQUENT REPAIR OF ANAL TEAR WITH DILATION OF ANAL MUSCLE | $130.76 |
| 46945 | TYING OF SINGLE INTERNAL HEMORRHOID GROUP | $356.76 |
| 46946 | TYING OF MULTIPLE INTERNAL HEMORRHOID GROUPS | $394.82 |
| 46947 | STAPLING OF INTERNAL HEMORRHOID | $390.21 |
| 46948 | TYING OF ARTERIES TO MULTIPLE INTERNAL HEMORRHOID GROUPS | $453.63 |
| 46999 | OTHER PROCEDURE ON ANUS | $0.00 |
| 47000 | NEEDLE BIOPSY OF LIVER THROUGH SKIN | $85.26 |
| 47010 | DRAINAGE OF ABSCESS OR CYST OF LIVER | $1,176.59 |
| 47015 | INJECTION AND/OR ASPIRATION OF ABSCESS OR CYST OF LIVER | $1,128.93 |
| 47100 | BIOPSY OF LIVER, WEDGE | $832.66 |
| 47120 | HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY | $2,239.41 |
| 47122 | HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY | $3,255.25 |
| 47125 | HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY | $2,925.21 |
| 47130 | HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY | $3,133.33 |
| 47133 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR | $0.00 |
| 47135 | TRANSPLANTATION OF DONOR LIVER | $5,178.83 |
| 47140 | PARTIAL REMOVAL OF LEFT SEGMENT OF DONOR LIVER | $3,429.47 |
| 47141 | REMOVAL OF LEFT LIVER LOBE OF DONOR | $4,089.54 |
| 47142 | REMOVAL OF RIGHT LOBE OF DONOR LIVER | $4,494.34 |
| 47300 | CREATION OF TRACT TO DRAIN ABSCESS OR CYST OF LIVER | $1,099.55 |
| 47350 | SUTURE OF SIMPLE LIVER WOUND TO CONTROL BLEEDING | $1,315.94 |
| 47360 | CONTROL OF BLEEDING OF WOUND OF LIVER WITH COMPLEX SUTURE | $1,791.25 |
| 47361 | CONTROL OF BLEEDING OF LIVER WITH EXPLORATION, REMOVAL OF TISSUE, SUTURE OR CAUT | $2,860.72 |
| 47362 | MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF | $1,372.32 |
| 47370 | DESTRUCTION OF GROWTHS OF LIVER USING AN ENDOSCOPE | $1,209.83 |
| 47371 | DESTRUCTION OF GROWTH OF LIVER BY FREEZING USING AN ENDOSCOPE | $1,212.37 |
| 47379 | OTHER PROCEDURE ON LIVER USING AN ENDOSCOPE | $0.00 |
| 47380 | DESTRUCTION OF GROWTH OF LIVER USING RADIOFREQUENCY | $1,389.49 |
| 47381 | DESTRUCTION OF GROWTH OF LIVER USING FREEZING | $1,420.45 |
| 47382 | DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING RADIOFREQUENCY | $705.61 |
| 47383 | DESTRUCTION OF GROWTH OF LIVER THROUGH SKIN USING FREEZING | $436.03 |
| 47384 | DESTRUCTION OF GROWTHS OF LIVER USING ELECTRICAL PULSES | $418.37 |
| 47399 | OTHER PROCEDURE ON LIVER | $0.00 |
| 47400 | INCISION OR CREATION OF OPENING OF LIVER WITH DRAINAGE OR REMOVAL OF BILE DUCT S | $2,047.89 |
| 47420 | INCISION OR CREATION OF OPENING OF GALLBLADDER WITH DRAINAGE OR REMOVAL OF BILE | $1,285.75 |
| 47425 | DRAINAGE OR REMOVAL OF BILE DUCT STONE WITH REDIRECTION OF BILE FLOW AND INCISIO | $1,315.13 |
| 47460 | TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL | $1,224.72 |
| 47480 | DRAINAGE OR REMOVAL OF STONE FROM GALLBLADDER | $864.08 |
| 47490 | INSERTION OF TUBE INTO GALLBLADDER USING IMAGING GUIDANCE WITH REVIEW BY RADIOLO | $334.57 |
| 47531 | INJECTION OF BILE DUCT FOR X-RAY THROUGH ALREADY EXISTING SKIN ACCESS USING IMAG | $68.57 |
| 47532 | INJECTION OF BILE DUCT FOR X-RAY THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE | $201.00 |
| 47533 | PLACEMENT OF EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE WITH | $250.16 |
| 47534 | PLACEMENT OF INTERNAL-EXTERNAL DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDA | $349.74 |
| 47535 | CONVERSION OF EXTERNAL BILIARY DRAINAGE TUBE TO INTERNAL-EXTERNAL BILIARY DRAINA | $186.31 |
| 47536 | REPLACEMENT OF LIVER DUCT DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RA | $126.30 |
| 47537 | REMOVAL OF BILIARY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGI | $92.89 |
| 47538 | PLACEMENT OF STENT OF BILIARY DUCT THROUGH EXISTING SKIN ACCESS USING IMAGING GU | $222.93 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 47539 | PLACEMENT OF STENT OF BILIARY DUCT THROUGH NEW SKIN ACCESS USING IMAGING WITH RE | $400.08 |
| 47540 | PLACEMENT OF STENT AND DRAINAGE TUBE OF BILIARY DUCT USING IMAGING GUIDANCE WITH | $414.53 |
| 47541 | PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT USING IMAGING GUIDANCE WITH REVIEW | $318.36 |
| 47542 | BALLOON DILATION OF BILE DUCT USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST | $127.93 |
| 47543 | BIOPSY OF BILE DUCT OR LIVER DUCT USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOG | $135.01 |
| 47544 | REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE USING IMAGING GUIDANCE WITH REVIEW | $147.38 |
| 47550 | EXAM OF BILE DUCT DURING SURGERY USING AN ENDOSCOPE | $152.20 |
| 47552 | DIAGNOSTIC EXAM OF BILE DUCT USING AN ENDOSCOPE | $263.30 |
| 47553 | BIOPSY OF BILE DUCT USING AN ENDOSCOPE | $261.41 |
| 47554 | REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE | $425.25 |
| 47555 | DILATION OF BILE DUCTS USING AN ENDOSCOPE | $310.53 |
| 47556 | DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE | $351.56 |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY | $645.26 |
| 47563 | REMOVAL OF GALLBLADDER WITH X-RAY STUDY OF BILE DUCTS USING AN ENDOSCOPE | $700.35 |
| 47564 | REMOVAL OF GALLBLADDER WITH EXPLORATION OF COMMON BILE DUCT USING AN ENDOSCOPE | $1,086.09 |
| 47570 | CONNECTION OF GALLBLADDER TO BOWEL USING AN ENDOSCOPE | $752.38 |
| 47579 | OTHER PROCEDURE ON BILE DUCT USING AN ENDOSCOPE | $0.00 |
| 47600 | CHOLECYSTECTOMY; | $1,037.96 |
| 47605 | CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY | $1,089.69 |
| 47610 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; | $1,207.00 |
| 47611 | 47610 W/BILIARY ENDOSCOPY | $0.00 |
| 47612 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY | $1,221.13 |
| 47620 | REMOVAL OF GALLBLADDER AND INCISION OR REPAIR OF GALLBLADDER SPHINCTER | $1,316.02 |
| 47700 | EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR | $1,030.28 |
| 47701 | PORTOENTEROSTOMY (EG, KASAI PROCEDURE) | $1,663.12 |
| 47711 | REMOVAL OF GROWTH OF BILE DUCT EXTERNAL TO LIVER | $1,492.49 |
| 47712 | REMOVAL OF GROWTH OF BILE DUCT WITHIN LIVER | $1,903.51 |
| 47715 | REMOVAL OF CYST OF GALLBLADDER | $1,283.75 |
| 47720 | CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL | $1,120.07 |
| 47721 | CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL AND FROM STOMACH TO S | $1,306.11 |
| 47740 | CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y CONNE | $1,267.12 |
| 47741 | CREATION OF DRAINAGE TRACT FROM GALLBLADDER TO SMALL BOWEL USING ROUX-EN-Y CONNE | $1,419.11 |
| 47760 | CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL | $2,147.66 |
| 47765 | CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL | $2,873.35 |
| 47780 | ROUX-EN-Y CONNECTION OF BILE DUCT EXTERNAL TO LIVER TO SMALL BOWEL | $2,357.58 |
| 47785 | CONNECTION OF BILE DUCT WITHIN LIVER TO SMALL BOWEL USING ROUX-EN-Y CONNECTION | $3,065.33 |
| 47800 | RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END | $1,501.11 |
| 47801 | PLACEMENT OF CHOLEDOCHAL STENT | $1,075.48 |
| 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) | $1,328.98 |
| 47999 | OTHER PROCEDURE ON BILE DUCT | $0.00 |
| 48000 | INSERTION OF EXTERNAL DRAINS FROM GALLBLADDER, BILE DUCT, AND SMALL BOWEL FOR AC | $1,795.54 |
| 48001 | INSERTION OF EXTERNAL DRAINS AROUND PANCREAS FOR ACUTE PANCREATITIS | $2,189.79 |
| 48020 | REMOVAL OF PANCREATIC CALCULUS | $1,140.71 |
| 48100 | BIOPSY OF PANCREAS | $861.28 |
| 48102 | NEEDLE BIOPSY OF PANCREAS | $227.08 |
| 48105 | RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI | $2,705.85 |
| 48120 | EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA) | $1,071.78 |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT | $1,504.89 |
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH | $1,563.43 |
| 48146 | PARTIAL REMOVAL OF PANCREAS WITH CONNECTION OF PANCREAS TO SMALL BOWEL, WITH PRE | $1,811.11 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 48148 | EXCISION OF AMPULLA OF VATER | $1,206.60 |
| 48150 | PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF PANCR | $2,974.57 |
| 48151 | PANCREATECTOMY, NEAR-TOTAL, WITH PRESERVATION OF DUODENUM (CHILD TYPE PROCEDURE) | $0.00 |
| 48152 | PARTIAL REMOVAL OF PANCREAS, BILE DUCT, STOMACH, AND SMALL BOWEL | $2,746.23 |
| 48153 | NEAR TOTAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL WITH CONNECTION OF PA | $2,952.08 |
| 48154 | PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL | $2,758.10 |
| 48155 | PANCREATECTOMY, TOTAL | $1,755.38 |
| 48400 | INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDIT | $99.28 |
| 48500 | CREATION OF DRAINAGE TRACT OF CYST OF PANCREAS | $1,114.82 |
| 48510 | INSERTION OF DRAIN FROM CYST OF PANCREAS INTO ABDOMINAL CAVITY | $1,065.71 |
| 48520 | CREATION OF DIRECT DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL | $1,058.39 |
| 48540 | CREATION OF DRAINAGE TRACT FROM CYST OF PANCREAS TO SMALL BOWEL | $1,252.27 |
| 48545 | PANCREATORRHAPHY FOR INJURY | $1,296.01 |
| 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY | $1,710.74 |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION) | $1,598.83 |
| 48999 | OTHER PROCEDURE ON PANCREAS | $400.67 |
| 49000 | EXPLORATION OF ABDOMINAL CAVITY | $748.13 |
| 49002 | REOPENING OF RECENT LAPAROTOMY | $1,002.91 |
| 49010 | EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE) | $886.53 |
| 49013 | PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLU | $425.45 |
| 49014 | RE-EXPLORATION OF PELVIC REGION WOUND WITH REMOVAL OF WOUND PACKING | $357.43 |
| 49020 | DRAINAGE OF ABDOMINAL ABSCESS OR INFECTION | $1,537.88 |
| 49040 | DRAINAGE OF ABSCESS OF DIAPHRAGM | $974.75 |
| 49060 | DRAINAGE OF ABSCESS BEHIND ABDOMINAL CAVITY | $1,068.82 |
| 49062 | DRAINAGE OF FLUID ACCUMULATION OF ABDOMEN | $748.67 |
| 49082 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE | $71.62 |
| 49083 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE | $103.63 |
| 49084 | PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED | $100.91 |
| 49180 | NEEDLE BIOPSY OF GROWTH OF ABDOMINAL CAVITY | $79.11 |
| 49185 | INJECTION OF CHEMICAL AGENT INTO FLUID COLLECTION USING IMAGING GUIDANCE | $114.92 |
| 49186 | REMOVAL OR DESTRUCTION OF GROWTH(S) IN THE ABDOMEN, 5.0 CM OR LESS | $1,278.34 |
| 49187 | REMOVAL OR DESTRUCTION OF GROWTH(S) IN THE ABDOMEN, 5.1 TO 10.0 CM | $1,618.62 |
| 49188 | REMOVAL OR DESTRUCTION OF GROWTH(S) IN THE ABDOMEN, 10.1 TO 20.0 CM | $1,936.11 |
| 49189 | REMOVAL OR DESTRUCTION OF GROWTH(S) IN THE ABDOMEN, 20.1 TO 30.0 CM | $2,247.79 |
| 49190 | REMOVAL OR DESTRUCTION OF GROWTH(S) IN THE ABDOMEN, MORE THAN 30.0 CM | $2,769.24 |
| 49215 | REMOVAL OF GROWTH OF PELVIS OR SACRUM | $2,134.40 |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | $591.03 |
| 49255 | OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE) | $780.83 |
| 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 | $324.61 |
| 49321 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | $339.15 |
| 49322 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST) | $366.62 |
| 49323 | LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY | $627.40 |
| 49324 | INSERTION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE | $373.04 |
| 49325 | REVISION OF ABDOMINAL CAVITY TUBE USING AN ENDOSCOPE | $397.32 |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT | $175.09 |
| 49327 | EXAM OF ABDOMEN WITH INSERTION OF DEVICE FOR RADIATION THERAPY USING AN ENDOSCOP | $121.50 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 49329 | OTHER PROCEDURE ON ABDOMEN USING AN ENDOSCOPE | $548.58 |
| 49400 | INJECTION OF AIR OR X-RAY CONTRAST INTO ABDOMINAL CAVITY | $86.18 |
| 49401 | PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT | $0.00 |
| 49402 | REMOVAL OF FOREIGN BODY IN ABDOMINAL CAVITY | $829.47 |
| 49405 | DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH SKIN USING IMAGING GUIDANCE | $185.70 |
| 49406 | DRAINAGE OF FLUID COLLECTION OF ABDOMINAL CAVITY BY TUBE USING IMAGING GUIDANCE | $185.33 |
| 49407 | DRAINAGE OF FLUID COLLECTION BY TUBE THROUGH VAGINA OR RECTUM USING IMAGING GUID | $195.80 |
| 49411 | INSERTION OF DEVICE IN ABDOMINAL CAVITY THROUGH SKIN FOR RADIATION THERAPY GUIDA | $181.86 |
| 49412 | INSERTION OF DEVICE IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE | $76.78 |
| 49418 | INSERTION OF ABDOMINAL TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST | $192.57 |
| 49419 | INSERTION OF ABDOMINAL CAVITY TUBE FOR DRUG DELIVERY | $399.68 |
| 49421 | INSERTION OF ABDOMINAL CAVITY TUBE FOR DRAINAGE OR DIALYSIS | $211.93 |
| 49422 | REMOVAL OF ABDOMINAL CAVITY TUBE | $208.15 |
| 49423 | EXCHANGE OF ABDOMINAL CAVITY DRAINAGE TUBE USING IMAGING GUIDANCE | $66.85 |
| 49424 | INJECTION OF CONTRAST THROUGH ABDOMINAL CAVITY TUBE FOR X-RAY STUDY | $35.52 |
| 49425 | INSERTION OF PERITONEAL-VENOUS SHUNT | $762.05 |
| 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | $655.76 |
| 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED | $36.91 |
| 49428 | CLOSURE OF SHUNT FROM JUGULAR VEIN TO ABDOMINAL CAVITY | $418.62 |
| 49429 | REMOVAL OF PERITONEAL-VENOUS SHUNT | $442.76 |
| 49430 | INJ PROC RETROPERITNL PNEUMOGRAPHY | $0.00 |
| 49435 | INSERTION OF ABDOMINAL CAVITY TUBE EXTENSION | $109.69 |
| 49436 | CREATION OF EXIT SITE FOR TUBE IN ABDOMINAL CAVITY | $183.76 |
| 49440 | INSERTION OF STOMACH TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST | $196.44 |
| 49441 | INSERTION OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST | $231.77 |
| 49442 | INSERTION OF LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST | $203.29 |
| 49446 | CONVERSION OF STOMACH TUBE TO STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC GUI | $138.79 |
| 49450 | REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT | $62.50 |
| 49451 | REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST | $83.96 |
| 49452 | REPLACEMENT OF STOMACH-TO-SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT | $129.36 |
| 49460 | MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM STOMACH, LARGE, OR SMALL BOWEL T | $48.65 |
| 49465 | CONTRAST INJECTION FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL BOW | $29.14 |
| 49491 | REPAIR OF GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION PERFORM | $780.03 |
| 49492 | REPAIR OF TRAPPED GROIN HERNIA IN PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION | $932.24 |
| 49495 | REPAIR OF GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR PRETERM INFA | $403.90 |
| 49496 | REPAIR OF TRAPPED GROIN HERNIA IN FULL TERM INFANT YOUNGER THAN 6 MONTHS OR PRET | $606.38 |
| 49500 | REPAIR OF GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS) | $416.65 |
| 49501 | REPAIR OF TRAPPED GROIN HERNIA (6 MONTHS TO YOUNGER THAN 5 YEARS) | $596.63 |
| 49505 | REPAIR OF GROIN HERNIA (5 YEARS OR OLDER) | $516.21 |
| 49506 | REPAIR INGUINAL HERNIAS | $0.00 |
| 49507 | REPAIR OF TRAPPED GROIN HERNIA (5 YEARS OR OLDER) | $578.30 |
| 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 | $619.94 |
| 49521 | REPAIR OF TRAPPED OR STRANGULATED GROIN HERNIA | $700.31 |
| 49525 | REPAIR OF SLIDING GROIN HERNIA | $564.39 |
| 49530 | REPAIR INGUINAL HERNIA, ANY AGE; INCARCERATED | $0.00 |
| 49535 | REPAIR INGUINAL HERNIA, ANY AGE; STRANGULATED | $0.00 |
| 49540 | REPAIR OF ABDOMINAL MUSCLE HERNIA | $658.82 |
| 49550 | REPAIR OF FEMORAL GROIN HERNIA | $568.74 |
| 49551 | REPAIR FEMORAL HERNIAS | $0.00 |
| 49552 | REPAIR FEMORAL HERNIA, HENRY APPROACH | $0.00 |
| 49553 | REPAIR OF TRAPPED FEMORAL GROIN HERNIA | $620.67 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 49555 | REPAIR OF RECURRENT FEMORAL GROIN HERNIA | $593.51 |
| 49557 | REPAIR OF TRAPPED RECURRENT FEMORAL GROIN HERNIA | $703.55 |
| 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 | $326.50 |
| 49592 | INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH | $451.68 |
| 49593 | INITIAL REPAIR OF SLIDING HERNIA OF ABDOMEN, 3-10 CM IN LENGTH | $543.17 |
| 49594 | INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, 3-10 CM IN LENGTH | $705.23 |
| 49595 | INITIAL REPAIR OF SLIDING HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH | $732.25 |
| 49596 | INITIAL REPAIR OF ENTRAPPED HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH | $970.03 |
| 49600 | REPAIR OF SMALL DEFECT OF ABDOMINAL WALL AT NAVEL | $718.33 |
| 49605 | REPAIR OF LARGE DEFECT OF ABDOMINAL WALL AT NAVEL | $4,633.52 |
| 49606 | REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL WITH REMOVAL OF PROSTHESIS | $1,091.72 |
| 49610 | REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 1 OF 2 | $679.49 |
| 49611 | REPAIR OF DEFECT OF ABDOMINAL WALL AT NAVEL, STAGE 2 OR 2 | $601.75 |
| 49613 | REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH | $401.27 |
| 49614 | REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, LESS THAN 3 CM IN LENGTH | $541.74 |
| 49615 | REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, 3-10 CM IN LENGTH | $605.84 |
| 49616 | REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, 3-10 CM IN LENGTH | $811.27 |
| 49617 | REPAIR OF RECURRENT SLIDING HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH | $841.83 |
| 49618 | REPAIR OF RECURRENT ENTRAPPED HERNIA OF ABDOMEN, MORE THAN 10 CM IN LENGTH | $1,175.17 |
| 49621 | REPAIR OF SLIDING HERNIA NEXT TO STOMA | $715.31 |
| 49622 | REPAIR OF ENTRAPPED HERNIA NEXT TO STOMA | $886.58 |
| 49623 | REMOVAL OF MESH AT SAME TIME AS HERNIA REPAIR | $190.59 |
| 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 | $430.44 |
| 49651 | REPAIR OF RECURRENT GROIN HERNIA USING AN ENDOSCOPE | $560.03 |
| 49659 | OTHER REPAIR OF HERNIA USING AN ENDOSCOPE | $0.00 |
| 49900 | SUTURE OF POSTSURGICAL OPENING IN ABDOMINAL WALL | $816.03 |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL | $1,346.44 |
| 49905 | REPAIR OF ABDOMEN USING ABDOMINAL LINING GRAFT | $330.39 |
| 49906 | HARVESTING OF GRAFT FROM LINING OF ABDOMINAL CAVITY AND BLOOD VESSELS | $1,725.94 |
| 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 | $701.89 |
| 50020 | DRAINAGE OF ABSCESS OF KIDNEY | $1,004.04 |
| 50040 | INSERTION OF TUBE FOR DRAINAGE OF KIDNEY | $913.66 |
| 50045 | INCISION OF KIDNEY WITH EXPLORATION | $920.41 |
| 50060 | NEPHROLITHOTOMY; REMOVAL OF CALCULUS | $1,117.54 |
| 50065 | REMOVAL OF KIDNEY STONE, SECONDARY PROCEDURE | $1,183.52 |
| 50070 | REMOVAL OF KIDNEY STONE COMPLICATED BY CONGENITAL ABNORMALITY | $1,161.46 |
| 50075 | NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND | $1,423.97 |
| 50080 | SIMPLE SURGICAL TREATMENT OF KIDNEY STONE WITH IMAGING GUIDANCE | $689.36 |
| 50081 | COMPLEX SURGICAL TREATMENT OF KIDNEY STONE WITH IMAGING GUIDANCE | $1,101.01 |
| 50100 | INCISION OR REPOSITIONING OF ABNORMAL KIDNEY BLOOD VESSEL | $1,048.28 |
| 50120 | INCISION OF RENAL PELVIS OF KIDNEY WITH EXPLORATION | $935.79 |
| 50125 | INCISION OF RENAL PELVIS OF KIDNEY WITH DRAINAGE | $967.95 |
| 50130 | INCISION OF RENAL PELVIS OF KIDNEY WITH REMOVAL OF KIDNEY STONE | $1,016.04 |
| 50200 | NEEDLE BIOPSY OF KIDNEY | $123.16 |
| 50205 | RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY | $734.86 |
| 50220 | REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER | $1,033.51 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 50225 | REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER COMPLICATED BY PREVIOUS SURGERY | $1,162.80 |
| 50230 | REMOVAL OF KIDNEY, LYMPH NODES, AND/OR BLOOD CLOT FROM MAJOR VEIN WITH PARTIAL R | $1,246.38 |
| 50234 | REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SAME INCISI | $1,271.64 |
| 50236 | REMOVAL OF KIDNEY AND URETER WITH PARTIAL REMOVAL OF BLADDER THROUGH SEPARATE IN | $1,433.07 |
| 50240 | NEPHRECTOMY, PARTIAL | $1,303.03 |
| 50250 | DESTRUCTION OF GROWTH OF KIDNEY | $1,194.60 |
| 50280 | REMOVAL OR UNROOFING CYSTS OF KIDNEY | $933.04 |
| 50290 | REMOVAL OF CYSTS OF KIDNEY | $887.82 |
| 50300 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL | $0.00 |
| 50320 | REMOVAL OF DONOR KIDNEY FROM LIVING DONOR | $1,507.24 |
| 50323 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO | $201.34 |
| 50325 | PREPARATION OF LIVING DONOR KIDNEY FOR TRANSPLANTATION | $201.34 |
| 50327 | PREPARATION OF DONOR KIDNEY AND VEINS FOR TRANSPLANTATION | $201.63 |
| 50328 | PREPARATION OF DONOR KIDNEY AND ARTERIES FOR TRANSPLANTATION | $177.14 |
| 50329 | PREPARATION OF DONOR KIDNEY AND URETER FOR TRANSPLANTATION | $168.27 |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE) | $951.91 |
| 50341 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE) | $0.00 |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY | $2,358.34 |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY | $2,828.94 |
| 50366 | RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT | $0.00 |
| 50370 | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT | $1,196.89 |
| 50380 | RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY | $2,014.97 |
| 50382 | REMOVAL AND REPLACEMENT OF STENT IN URETER WITH REVIEW BY RADIOLOGIST | $238.33 |
| 50384 | REMOVAL OF STENT IN URETER THROUGH SKIN WITH REVIEW BY RADIOLOGIST | $215.30 |
| 50385 | REMOVAL AND REPLACEMENT OF STENT IN URETER THROUGH URETHRA WITH REVIEW BY RADIOL | $207.79 |
| 50386 | REMOVAL OF STENT IN URETER THROUGH URETER WITH REVIEW BY RADIOLOGIST | $157.96 |
| 50387 | REMOVAL AND REPLACEMENT OF STENT IN KIDNEY AND URETER USING FLUOROSCOPIC GUIDANC | $78.83 |
| 50389 | REMOVAL OF KIDNEY DRAINAGE TUBE USING FLUOROSCOPIC GUIDANCE | $50.95 |
| 50390 | ASPIRATION AND/OR INJECTION OF CYST OF KIDNEY | $90.07 |
| 50391 | INSTILLATION OF DRUG INTO KIDNEY AND/OR URETER | $93.96 |
| 50396 | MEASUREMENT OF URINE FLOW IN KIDNEYS AND URETERS | $114.35 |
| 50400 | SIMPLE RECONSTRUCTION OF NECK OF KIDNEY | $1,133.26 |
| 50405 | COMPLICATED RECONSTRUCTION OF PELVIS OF KIDNEY | $1,365.48 |
| 50420 | NEPHROPEXY,FIXATION OR SUSPNSN KIDNEY | $0.00 |
| 50430 | INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH NEW SKIN ACCESS USI | $149.05 |
| 50431 | INJECTION PROCEDURE FOR IMAGING OF KIDNEY AND URETER THROUGH ALREADY EXISTING SK | $65.81 |
| 50432 | PLACEMENT OF TUBE OF KIDNEY USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST | $196.48 |
| 50433 | PLACEMENT OF TUBE OF KIDNEY AND URINARY TUBE THROUGH NEW SKIN ACCESS USING IMAGI | $243.59 |
| 50434 | CONVERSION OF KIDNEY TUBE TO NEPHROURETERAL TUBE USING IMAGING GUIDANCE AND STUD | $183.01 |
| 50435 | REPLACEMENT OF KIDNEY DRAINAGE TUBE USING IMAGING GUIDANCE WITH REVIEW BY RADIOL | $97.07 |
| 50436 | DILATION OF EXISTING OPENING INTO URINARY TRACT USING IMAGING GUIDANCE | $147.96 |
| 50437 | DILATION OF EXISTING OPENING INTO URINARY TRACT AND CREATION OF NEW ACCESS INTO | $243.99 |
| 50500 | NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY | $1,240.78 |
| 50520 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO SKIN | $1,121.50 |
| 50525 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROUGH | $1,414.88 |
| 50526 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM KIDNEY TO OTHER ABDOMINAL ORGAN THROUGH | $1,512.82 |
| 50540 | SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER | $1,124.98 |
| 50541 | DESTRUCTION OF CYST OF KIDNEY USING AN ENDOSCOPE | $899.75 |
| 50542 | DESTRUCTION OF GROWTH OF KIDNEY USING AN ENDOSCOPE | $1,143.96 |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY | $1,459.38 |
| 50544 | LAPAROSCOPY, SURGICAL; PYELOPLASTY | $1,209.99 |
| 50545 | REMOVAL OF KIDNEY AND LYMPH NODES USING AN ENDOSCOPE | $1,301.71 |
| 50546 | REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URETER USING AN ENDOSCOPE | $1,179.09 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 50547 | LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM | $1,586.53 |
| 50548 | REMOVAL OF KIDNEY AND URETER USING AN ENDOSCOPE | $1,306.75 |
| 50549 | OTHER PROCEDURE ON KIDNEY USING AN ENDOSCOPE | $0.00 |
| 50551 | EXAM OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING FR | $284.40 |
| 50553 | INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CRE | $303.69 |
| 50555 | BIOPSY OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREATED OPENING | $329.85 |
| 50557 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED THROU | $333.88 |
| 50561 | REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE INSERTED THROUGH S | $380.26 |
| 50562 | REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE INSERTED THROUGH SURGICALLY CREAT | $561.06 |
| 50570 | EXAM OF KIDNEY USING AN ENDOSCOPE | $472.59 |
| 50572 | INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH UPPER KIDNEY AREA | $511.24 |
| 50574 | BIOPSY OF KIDNEY USING AN ENDOSCOPE | $542.92 |
| 50575 | DILATION AND URETER STENT INSERTION USING AN ENDOSCOPE | $684.96 |
| 50576 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY USING AN ENDOSCOPE | $541.57 |
| 50580 | REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY USING AN ENDOSCOPE | $582.87 |
| 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | $571.77 |
| 50592 | DESTRUCTION OF GROWTH OF KIDNEY USING RADIOFREQUENCY | $331.82 |
| 50593 | DESTRUCTION OF GROWTH OF KIDNEY BY FREEZING | $442.39 |
| 50600 | EXPLORATION OF URETER | $921.86 |
| 50605 | INSERTION OF STENT IN URETER | $974.43 |
| 50606 | BIOPSY OF URETER AND/OR RENAL PELVIS USING IMAGING GUIDANCE WITH REVIEW BY RADIO | $130.11 |
| 50610 | REMOVAL OF STONE FROM UPPER URETER | $929.09 |
| 50620 | REMOVAL OF STONE FROM MIDDLE URETER | $889.24 |
| 50630 | REMOVAL OF STONE FROM LOWER URETER | $878.79 |
| 50650 | REMOVAL OF URETER AND PARTIAL REMOVAL OF BLADDER | $1,020.65 |
| 50660 | REMOVAL OF AN EXTRA URETER | $1,120.91 |
| 50684 | INJECTION OF URETER FOR IMAGING | $51.31 |
| 50686 | MEASUREMENT OF URINE FLOW IN URETER | $88.16 |
| 50688 | CHANGE OF TUBE OR STENT IN URETER | $79.08 |
| 50690 | INJECTION OF BLADDER AND URETER FOR IMAGING | $70.36 |
| 50693 | PLACEMENT OF STENT OF URETER THROUGH EXISTING SKIN ACCESS USING IMAGING GUIDANCE | $195.56 |
| 50694 | PLACEMENT OF STENT OF URETER THROUGH NEW SKIN ACCESS USING IMAGING GUIDANCE WITH | $255.07 |
| 50695 | PLACEMENT OF STENT OF URETER AND SEPARATE TUBE IN KIDNEY THROUGH NEW SKIN ACCESS | $326.52 |
| 50700 | RECONSTRUCTION OF URETER | $913.99 |
| 50705 | BLOCKING OF URETER USING IMAGING GUIDANCE WITH REVIEW BY RADIOLOGIST | $166.19 |
| 50706 | BALLOON DILATION TREATMENT OF STRICTURE OF URETER USING IMAGING GUIDANCE WITH RE | $170.88 |
| 50715 | RELEASE OF SCAR TISSUE AT URETER | $1,181.11 |
| 50716 | URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR | $0.00 |
| 50722 | RELEASE OF ABNORMAL VEINS BLOCKING URETER | $995.20 |
| 50725 | REPAIR AND REPOSITIONING OF ABNORMALLY POSITIONED URETER | $1,081.79 |
| 50727 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); | $513.60 |
| 50728 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF | $697.54 |
| 50740 | CONNECTION OF URETER TO RENAL PELVIS | $1,182.34 |
| 50750 | CONNECTION OF URETER TO RENAL CALYX | $1,130.90 |
| 50760 | REMOVAL AND RECONNECTION OF DISEASED OR INJURED PORTION OF URETER | $1,102.01 |
| 50770 | PARTIAL REMOVAL OF URETER WITH CONNECTION TO OPPOSITE URETER | $1,130.90 |
| 50780 | CONNECTION OF URETER TO BLADDER | $1,089.10 |
| 50781 | URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER, | $0.00 |
| 50782 | CONNECTION OF EXTRA URETER TO BLADDER | $1,055.99 |
| 50783 | REPOSITIONING OF URETER TO BLADDER | $1,105.56 |
| 50785 | REPOSITIONING OF URETER WITH CREATION OF BLADDER OR MUSCLE FLAP | $1,188.66 |
| 50786 | URETERONEOCYSTOSTOMY, WITH BLADDER FLAP | $0.00 |
| 50800 | CONNECTION OF URETER TO BOWEL | $912.38 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $1,361.97 |
| 50815 | CONNECTION OF URETER TO LARGE BOWEL | $1,204.62 |
| 50816 | URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS | $0.00 |
| 50820 | CONNECTION OF URETER TO SMALL BOWEL WITH CREATION OF OPENING FROM URETER TO SKIN | $1,285.48 |
| 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 | $1,608.66 |
| 50830 | REPAIR TO RESTORE URINE FLOW IN URETER | $1,756.39 |
| 50840 | REPLACEMENT OF URETER USING BOWEL | $1,211.41 |
| 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 | $1,238.76 |
| 50860 | CONNECTION OF URETER TO SKIN | $932.71 |
| 50861 | URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN | $0.00 |
| 50900 | SUTURE REPAIR OF URETER | $834.32 |
| 50920 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO SKIN | $871.63 |
| 50930 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETER TO AN ABDOMINAL ORGAN | $1,081.10 |
| 50940 | REMOVAL OF PREVIOUSLY PLACED SUTURE OR WIRE IN URETER | $877.18 |
| 50945 | REMOVAL OF STONE FROM URETER USING AN ENDOSCOPE | $950.87 |
| 50947 | REPOSITIONING OF URETER AND INSERTION OF STENT USING AN ENDOSCOPE | $1,350.25 |
| 50948 | REPOSITIONING OF URETER USING AN ENDOSCOPE | $1,245.64 |
| 50949 | OTHER PROCEDURE ON URETER USING AN ENDOSCOPE | $0.00 |
| 50951 | EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CREATED | $296.61 |
| 50953 | INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CRE | $316.03 |
| 50955 | BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE INSERTED THROUGH AN ALREADY CREATE | $340.31 |
| 50957 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE INSE | $341.97 |
| 50961 | REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE INSERTED | $304.89 |
| 50970 | EXAM OF KIDNEY AND URETER USING AN ENDOSCOPE | $357.36 |
| 50972 | INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE | $345.39 |
| 50974 | BIOPSY OF KIDNEY OR URETER USING AN ENDOSCOPE | $454.88 |
| 50976 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF KIDNEY OR URETER USING AN ENDOSCOPE | $448.82 |
| 50980 | REMOVAL OF FOREIGN BODY OR STONE IN KIDNEY OR URETER USING AN ENDOSCOPE | $343.17 |
| 51020 | INCISION OF BLADDER WITH DESTRUCTION OF GROWTH AND/OR INSERTION OF RADIOACTIVE M | $474.50 |
| 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE | $297.19 |
| 51045 | INCISION OF BLADDER WITH INSERTION OF TUBE OR STENT IN URETER | $492.20 |
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK | $474.42 |
| 51060 | INCISION OF BLADDER WITH REMOVAL OF STONE IN URETER | $583.53 |
| 51065 | INCISION OF BLADDER WITH BASKET REMOVAL AND/OR ULTRASONIC CRUSHING OF STONE IN U | $580.55 |
| 51080 | DRAINAGE OF ABSCESS OF BLADDER | $413.49 |
| 51100 | ASPIRATION OF BLADDER; BY NEEDLE | $37.45 |
| 51101 | ASPIRATION OF BLADDER USING TUBE OR TROCAR | $49.10 |
| 51102 | ASPIRATION OF BLADDER WITH INSERTION OF BLADDER TUBE TO SKIN | $137.94 |
| 51500 | REPAIR OF CONGENITAL DEFECT OF BLADDER | $636.14 |
| 51520 | SIMPLE REMOVAL OF BLADDER NECK | $595.83 |
| 51525 | CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE | $846.57 |
| 51530 | REMOVAL OF GROWTH OF BLADDER | $762.94 |
| 51535 | INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL | $772.41 |
| 51536 | CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE | $0.00 |
| 51550 | SIMPLE PARTIAL REMOVAL OF BLADDER | $945.61 |
| 51555 | COMPLICATED PARTIAL REMOVAL OF BLADDER | $1,233.88 |
| 51565 | PARTIAL REMOVAL OF BLADDER WITH REIMPLANTATION OF URETERS | $1,263.86 |
| 51570 | COMPLETE REMOVAL OF BLADDER | $1,434.93 |
| 51575 | COMPLETE REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS | $1,768.52 |
| 51580 | COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS | $1,850.05 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 51585 | COMPLETE REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS AND REMOVAL OF LYMPH | $2,054.67 |
| 51590 | REMOVAL OF BLADDER WITH TRANSPLANTATION OF URETERS TO SMALL OR LARGE BOWEL WITH | $1,878.40 |
| 51595 | REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION | $2,123.92 |
| 51596 | REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION | $2,294.24 |
| 51597 | REMOVAL OF BLADDER AND URETERS AND/OR REMOVAL OF RECTUM AND PARTIAL REMOVAL OF L | $2,234.50 |
| 51600 | INJECTION PROCEDURE FOR IMAGING OF BLADDER DURING VOIDING | $41.81 |
| 51605 | INJECTION PROCEDURE FOR IMAGING OF BLADDER AND URETHRA AND PLACEMENT OF X-RAY MA | $38.33 |
| 51610 | INJECTION PROCEDURE THROUGH BLADDER AND URETHRA FOR X-RAY IMAGING | $64.94 |
| 51700 | SIMPLE BLADDER IRRIGATION AND/OR INSTILLATION | $28.85 |
| 51701 | INSERTION OF TEMPORARY BLADDER TUBE | $24.32 |
| 51702 | SIMPLE INSERTION OF TEMPORARY BLADDER TUBE | $24.14 |
| 51703 | COMPLICATED INSERTION OF BLADDER TUBE | $74.05 |
| 51705 | SIMPLE CHANGE OF BLADDER TUBE | $51.73 |
| 51710 | COMPLICATED CHANGE OF BLADDER TUBE | $79.65 |
| 51715 | INJECTION OF IMPLANT MATERIAL BENEATH LINING OF BLADDER AND/OR URETHRA USING AN | $193.46 |
| 51720 | INSTILLATION OF ANTI-CANCER DRUG INTO BLADDER | $42.21 |
| 51721 | INSERTION OF TRANSDUCER THROUGH URETHRA FOR DELIVERY OF HEAT ULTRASOUND FOR DEST | $211.44 |
| 51725 | SIMPLE MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER | $220.10 |
| 51726 | COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER | $297.56 |
| 51727 | COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE S | $364.73 |
| 51728 | COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH VOIDING PRESSURE S | $363.63 |
| 51729 | COMPLEX MEASUREMENT OF PRESSURE OF URINE FLOW IN BLADDER WITH URETHRA PRESSURE A | $381.91 |
| 51736 | SIMPLE TIMED ASSESSMENT OF BLADDER EMPTYING | $14.04 |
| 51739 | SOUND RECORDING OF EXTERNAL STREAM (EG, LYONS TYPE, KEITZER TYPE) | $0.00 |
| 51741 | COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) | $14.59 |
| 51751 | CONT WAVE OR PULS DOPPLER DURING URINTN 1 VOID | $0.00 |
| 51752 | CONT WAVE/PULS VODNG URINTN/VOID;ADDTNL VOIDNG | $0.00 |
| 51753 | CONT WAVE/PULS DOPPLR URINTN; ADD TRANSDCIS/VOID | $0.00 |
| 51754 | CONT WAVE/PULS DOPPLR URINTN;ADD TRNSDCR,ADD VDS | $0.00 |
| 51755 | CONT WAVE/PULS DOPPLR URINTN;BFR/AFTR PHRMCLOGCL | $0.00 |
| 51756 | CONT WAVE/PULS DOPPLR URINTN;BFR/AFTR NRV BLCK | $0.00 |
| 51758 | ROTATING SCAN DOPPLER DURING URINATION | $0.00 |
| 51759 | ROTATNG SCAN DOPPLR DING URINTN;ADD VOIDNG | $0.00 |
| 51761 | ACOUSTCL MEA. URETH URINTN;1 VOID, 1 TRNSDCR | $0.00 |
| 51762 | ACOUSTCL MEA.URETH;ADD VOIDNG, 1 TRNSDCR | $0.00 |
| 51763 | ACOUSTCL MEA.URETHR URNTN;ADD TRNSDCRS,1 VOID | $0.00 |
| 51764 | ACUSTCL MEA URTHR URINTN;ADD TRNSDCRS,ADD VOIDS | $0.00 |
| 51765 | ACSTCL MEA.URETHR URINTN;BFR/AFTR PHRMCLGCL TST | $0.00 |
| 51766 | ACSTCL MEA URETHR URINTN;BFR/AFTR NERV BLCK | $0.00 |
| 51768 | URTHRL FLUID CONDCTN MEA.URINTN; 1 LOC., 1 VOID | $0.00 |
| 51769 | URTHRL FLUID CONDCTNC MEA. URINTN;ADD. LOC. | $0.00 |
| 51784 | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN | $66.41 |
| 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY | $421.85 |
| 51792 | STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY | $272.43 |
| 51797 | INSERTION OF DEVICE INTO ABDOMEN WITH PRESSURE AND URINE FLOW RATE STUDY | $179.90 |
| 51798 | MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY | $12.63 |
| 51800 | REPAIR OF BLADDER AND/OR URETHRA | $1,021.46 |
| 51820 | REPAIR OF BLADDER, URETHRA, AND URETER | $1,069.52 |
| 51840 | SIMPLE SUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA SUSPEN | $692.16 |
| 51841 | RESUTURE OF BLADDER NECK TO VAGINAL WALL AND PUBIC BONE WITH URETHRA SUSPENSION | $800.25 |
| 51845 | REPAIR OF BLADDER NECK IN FEMALE | $580.88 |
| 51860 | SUTURE OF SIMPLE WOUND, INJURY, OR RUPTURE OF BLADDER | $735.09 |
| 51865 | SUTURE OF COMPLICATED WOUND, INJURY, OR RUPTURE OF BLADDER | $881.25 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 51880 | CLOSURE OF SURGICALLY CREATED OPENING FROM BLADDER TO SKIN | $463.92 |
| 51900 | REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA THROUGH ABDOMEN | $817.35 |
| 51920 | REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA | $758.82 |
| 51925 | REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO VAGINA AND REMOVAL OF UTERUS | $1,060.43 |
| 51940 | REPAIR OF CONGENITAL DEFECT OF BLADDER WALL | $1,600.95 |
| 51960 | ENLARGEMENT OF BLADDER USING A PORTION OF BOWEL | $1,357.88 |
| 51980 | CREATION OF DRAINAGE TRACT FROM BLADDER TO SKIN | $708.84 |
| 51990 | SUTURE SUSPENSION OF URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE | $735.25 |
| 51992 | CREATION OF SLING AROUND URETHRA TO CONTROL LEAKAGE USING AN ENDOSCOPE | $816.89 |
| 51999 | OTHER PROCEDURE ON BLADDER USING AN ENDOSCOPE | $0.00 |
| 52000 | DIAGNOSTIC EXAM OF BLADDER AND URETHRA USING AN ENDOSCOPE | $78.03 |
| 52001 | IRRIGATION AND REMOVAL OF MULTIPLE BLOOD CLOTS FROM BLADDER AND URETHRA USING AN | $277.70 |
| 52005 | INSERTION OF TUBE INTO URETER USING AN ENDOSCOPE THROUGH BLADDER AREA | $130.98 |
| 52007 | INSERTION OF TUBE INTO URETER AND BIOPSY OF URETER AND/OR RENAL PELVIS USING AN | $162.37 |
| 52010 | INSERTION OF TUBE INTO SPERM DUCT USING AN ENDOSCOPE | $161.82 |
| 52190 | DIFFRNTL QUANTITR & CHEMCL RENL FUNCTN TEST | $0.00 |
| 52204 | BIOPSY OF BLADDER USING AN ENDOSCOPE | $138.28 |
| 52214 | DESTRUCTION OF TISSUE OF BLADDER, URETHRA, OR SURROUNDING GLANDS USING AN ENDOSC | $168.22 |
| 52222 | CYSTOSCOPY AND TREATMENT | $0.00 |
| 52224 | DESTRUCTION OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE, LESS THAN 0.5 C | $194.34 |
| 52234 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE, | $238.39 |
| 52235 | DESTRUCTION AND/OR REMOVAL OF GROWTH OF BLADDER AND URETHRA USING AN ENDOSCOPE, | $279.19 |
| 52240 | DESTRUCTION AND/OR REMOVAL OF LARGE GROWTH OF BLADDER USING AN ENDOSCOPE | $378.05 |
| 52250 | INSERTION OF RADIOACTIVE SUBSTANCE OF BLADDER AND URETHRA USING AN ENDOSCOPE | $232.34 |
| 52260 | DILATION OF BLADDER USING AN ENDOSCOPE UNDER GENERAL OR SPINAL ANESTHESIA | $204.31 |
| 52265 | DILATION OF BLADDER USING AN ENDOSCOPE | $158.11 |
| 52270 | INCISION OF URETHRA IN FEMALE USING AN ENDOSCOPE | $177.26 |
| 52275 | INCISION OF URETHRA IN MALE USING AN ENDOSCOPE | $241.02 |
| 52276 | INCISION OF URETHRA USING AN ENDOSCOPE | $256.29 |
| 52277 | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY) | $312.29 |
| 52281 | DILATION OF URETHRA USING AN ENDOSCOPE | $149.01 |
| 52282 | INSERTION OF A PERMANENT URETHRA STENT USING AN ENDOSCOPE | $325.46 |
| 52283 | STEROID INJECTION INTO URETHRA STRICTURE USING AN ENDOSCOPE | $196.63 |
| 52284 | DRUG DELIVERY USING A DRUG-COATED BALLOON FOR MALE TREATMENT OF URETHRAL STRICTU | $160.13 |
| 52285 | EXAM OF BLADDER AND URETHRA FOR TREATMENT OF FEMALE URETHRAL SYNDROME USING AN E | $191.30 |
| 52287 | EXAM WITH INJECTIONS OF CHEMICAL FOR DESTRUCTION OF BLADDER USING AN ENDOSCOPE | $163.91 |
| 52290 | INCISION OF URETER USING AN ENDOSCOPE | $236.55 |
| 52300 | REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER USING AN ENDOSCO | $270.95 |
| 52301 | REMOVAL OR DESTRUCTION OF ABNORMAL POUCHES OF URETER AT BLADDER, ECTOPIC URETERO | $280.57 |
| 52305 | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER | $268.72 |
| 52310 | SIMPLE REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER USING AN E | $147.79 |
| 52315 | COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT IN URETHRA OR BLADDER USING | $265.49 |
| 52317 | CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, LESS THAN 2.5 CM | $334.13 |
| 52318 | CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, MORE THAN 2.5 CM | $455.52 |
| 52320 | REMOVAL OF STONE IN URETER USING AN ENDOSCOPE | $238.42 |
| 52325 | FRAGMENTING OF STONE IN URETER USING AN ENDOSCOPE | $308.62 |
| 52327 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC | $248.12 |
| 52330 | MANIPULATION OF STONE IN URETER USING AN ENDOSCOPE | $254.42 |
| 52332 | INSERTION OF STENT IN URETER USING AN ENDOSCOPE | $152.20 |
| 52334 | INSERTION OF GUIDE WIRE THROUGH KIDNEY INTO URETER USING AN ENDOSCOPE | $178.70 |
| 52341 | DILATION OF BLADDER AND URETHRA USING AN ENDOSCOPE | $274.98 |
| 52342 | REPAIR OF STRICTURE AT JUNCTION OF KIDNEY AND URETER USING AN ENDOSCOPE | $299.11 |
| 52343 | REPAIR OF STRICTURE IN KIDNEY USING AN ENDOSCOPE | $332.68 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 52344 | REPAIR OF STRICTURE OF URETER USING AN ENDOSCOPE | $356.82 |
| 52345 | REPAIR OF STRICTURE OF UPPER ATTACHMENT OF URETER TO KIDNEY USING AN ENDOSCOPE | $380.59 |
| 52346 | REPAIR OF STRICTURE IN KIDNEY WITH EXAM OF URINARY TRACT USING AN ENDOSCOPE | $430.02 |
| 52351 | DIAGNOSTIC EXAM OF BLADDER, URETHRA, AND URETER OR KIDNEY USING AN ENDOSCOPE | $292.91 |
| 52352 | REMOVAL OR MANIPULATION OF STONE IN URETER OR KIDNEY USING AN ENDOSCOPE | $342.49 |
| 52353 | CRUSHING OF STONE OF URETER USING AN ENDOSCOPE | $378.05 |
| 52354 | BIOPSY AND/OR DESTRUCTION OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE | $402.55 |
| 52355 | REMOVAL OF GROWTH OF URETER OR KIDNEY USING AN ENDOSCOPE | $450.82 |
| 52356 | CRUSHING OF STONE OF URETER WITH INSERTION OF STENT USING AN ENDOSCOPE | $400.88 |
| 52400 | INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL DEFECTS OF BLADDER AND URETHRA U | $469.81 |
| 52402 | INCISION OR REMOVAL OF EJACULATORY DUCT USING AN ENDOSCOPE | $254.37 |
| 52441 | INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, 1 IMPL | $203.13 |
| 52442 | INSERTION OF IMPLANT IN URETHRA WITHIN PROSTATE GLAND USING AN ENDOSCOPE, EACH A | $48.78 |
| 52443 | EXAMINATION OF URETHRA AND BLADDER WITH INCISION OF OPENING OF PROSTATE GLAND AN | $170.82 |
| 52450 | INCISION OF PROSTATE | $479.45 |
| 52500 | REMOVAL OF BLADDER NECK THROUGH URETHRA | $496.83 |
| 52597 | REMOVAL OF PROSTATE GLAND USING ROBOTIC-ASSISTED WATERJET THROUGH URETHRA | $552.07 |
| 52601 | REMOVAL OF PROSTATE GLAND USING AN ELECTROCAUTERY KNIFE THROUGH URETHRA WITH CON | $718.78 |
| 52630 | COMPLETE REMOVAL OF REMAINING OR REGROWN PROSTATE TISSUE WITH CONTROL OF BLEEDIN | $410.73 |
| 52640 | REMOVAL OF POSTSURGICAL TIGHTENING OF BLADDER NECK | $331.41 |
| 52648 | COMPLETE LASER VAPORIZATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN E | $688.77 |
| 52649 | COMPLETE LASER FRAGMENTATION OF PROSTATE INCLUDING CONTROL OF BLEEDING USING AN | $817.51 |
| 52700 | DRAINAGE OF PROSTATE ABSCESS | $444.26 |
| 52805 | LTHLPXY CRSHNG CALCLS BLDDR&RMVL FRAGMNTS;LG | $0.00 |
| 53000 | INCISION OR REPAIR OF URETHRA | $150.32 |
| 53010 | INCISION OR REPAIR OF ABNORMAL URETHRA | $304.82 |
| 53020 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT | $94.89 |
| 53025 | INCISION OF EXTERNAL URINARY OPENING, INFANT | $69.01 |
| 53040 | DRAINAGE OF ABSCESS AROUND URETHRA | $395.12 |
| 53060 | DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS | $165.27 |
| 53080 | UNCOMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION | $424.36 |
| 53085 | COMPLICATED DRAINAGE OF ABNORMAL URINE COLLECTION | $646.85 |
| 53200 | BIOPSY OF URETHRA | $139.19 |
| 53210 | REMOVAL OF BLADDER AND URETHRA IN FEMALE | $774.16 |
| 53215 | REMOVAL OF BLADDER AND URETHRA IN MALE | $913.57 |
| 53220 | REMOVAL OR DESTRUCTION OF CANCER URETHRA | $453.61 |
| 53230 | REMOVAL OF POUCH OF URETHRA IN FEMALE | $606.53 |
| 53235 | REMOVAL OF POUCH OF URETHRA IN MALE | $632.91 |
| 53240 | REPAIR OF POUCH OF URETHRA | $427.67 |
| 53250 | REMOVAL OF SEMINAL FLUID GLAND | $400.47 |
| 53260 | REMOVAL OR DESTRUCTION OF POLYPS OF URETHRA | $181.45 |
| 53265 | REMOVAL OR DESTRUCTION OF GROWTH OF URETHRA | $188.55 |
| 53270 | REMOVAL OR DESTRUCTION OF MUCOUS GLANDS OF URETHRA | $185.95 |
| 53275 | REMOVAL OR DESTRUCTION OF PROLAPSE OF URETHRA | $260.17 |
| 53400 | REPAIR OF ABNORMAL DRAINAGE TRACT, POUCH, OR STRICTURE OF URETHRA, FIRST STAGE | $794.69 |
| 53405 | SECOND STAGE REPAIR OF URETHRA WITH CREATION OF NEW URETHRA | $863.25 |
| 53410 | RECONSTRUCTION OF URETHRA IN MALE | $964.91 |
| 53415 | RECONSTRUCTION OR REPAIR OF URETHRA | $1,108.72 |
| 53420 | RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 1 OF 2 | $829.79 |
| 53425 | RECONSTRUCTION OR REPAIR OF URETHRA, STAGE 2 OF 2 | $921.24 |
| 53430 | RECONSTRUCTION OF URETHRA IN FEMALE | $956.54 |
| 53431 | REPAIR OF URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE | $1,131.09 |
| 53440 | CREATION OF SLING AROUND URETHRA IN MALE TO CONTROL LEAKAGE | $746.43 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 53442 | REMOVAL OR REVISION OF SLING IN MALE FOR URINARY INCONTINENCE | $785.00 |
| 53444 | INSERTION OF ARTIFICIAL URINARY SPHINCTER | $785.68 |
| 53445 | INSERTION OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER | $755.24 |
| 53446 | REMOVAL OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER | $642.05 |
| 53447 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER | $799.00 |
| 53448 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER THROUGH | $1,252.02 |
| 53449 | REPAIR OF INFLATABLE URETHRA OR BLADDER NECK SPHINCTER | $612.33 |
| 53450 | REPAIR OF URETHRA AND URINARY OPENING | $413.01 |
| 53451 | INSERTION OF ADJUSTABLE BALLOON CONTINENCE DEVICE ON BOTH SIDES OF URETHRA USING | $267.43 |
| 53452 | INSERTION OF ADJUSTABLE BALLOON CONTINENCE DEVICE ON ONE SIDE OF URETHRA USING I | $187.20 |
| 53453 | REMOVAL OF ADJUSTABLE BALLOON CONTINENCE DEVICE FROM BESIDE URETHRA | $28.47 |
| 53454 | ADJUSTMENT OF FLUID VOLUME IN ADJUSTABLE BALLOON CONTINENCE DEVICE BESIDE URETHR | $41.06 |
| 53460 | REPAIR AND PARTIAL REMOVAL OF URETHRA AND URINARY OPENING | $459.16 |
| 53500 | RELEASE OF SCAR TISSUE OF URETHRA USING AN ENDOSCOPE | $737.64 |
| 53502 | SUTURE OF WOUND OR INJURY OF URETHRA IN FEMALE | $487.69 |
| 53505 | SUTURE OF WOUND OR INJURY OF URETHRA IN PENIS | $487.32 |
| 53510 | SUTURE OF URETHRA WOUND OR INJURY | $631.56 |
| 53515 | SUTURE OF WOUND OR INJURY OF URETHRA NEAR PROSTATE GLAND | $787.39 |
| 53520 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO SKIN IN MALE | $560.17 |
| 53600 | INITIAL DILATION OF URETHRA IN MALE USING DILATOR | $62.11 |
| 53601 | SUBSEQUENT DILATION OF STRICTURE OF URETHRA IN MALE BY PASSAGE OF DILATOR | $52.27 |
| 53605 | DILATION OF NARROWING OF URETHRA IN MALE UNDER GENERAL OR SPINAL ANESTHESIA | $61.40 |
| 53620 | INITIAL DILATION OF URETHRA IN MALE USING FILIFORM DILATOR | $85.02 |
| 53621 | SUBSEQUENT DILATION OF URETHRAL STRICTURE IN MALE BY PASSAGE OF FILIFORM URETHRA | $69.99 |
| 53660 | INITIAL DILATION OF URETHRA IN FEMALE | $41.14 |
| 53661 | SUBSEQUENT DILATION OF URETHRA IN FEMALE | $39.61 |
| 53665 | DILATION OF URETHRA IN FEMALE UNDER GENERAL OR SPINAL ANESTHESIA | $36.07 |
| 53850 | DESTRUCTION OF PROSTATE TISSUE USING MICROWAVE INDUCED HEAT | $363.28 |
| 53852 | DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEAT | $387.56 |
| 53854 | DESTRUCTION OF PROSTATE TISSUE USING RADIOFREQUENCY INDUCED HEATED WATER VAPOR | $387.56 |
| 53855 | INSERTION OF A TEMPORARY URETHRA STENT USING AN ENDOSCOPE | $78.61 |
| 53860 | RECONSTRUCTION OF FEMALE BLADDER NECK FOR STRESS URINARY INCONTINENCE USING RADI | $221.86 |
| 53865 | INSERTION OF A TEMPORARY DEVICE FOR PRESSURE NECROSIS OF BLADDER NECK AND PROSTA | $160.13 |
| 53866 | REMOVAL OF TEMPORARY DEVICE FOR PRESSURE NECROSIS OF BLADDER NECK AND PROSTATE U | $80.87 |
| 53899 | OTHER PROCEDURE ON URINARY SYSTEM | $0.00 |
| 54000 | INCISION OF NEWBORN FORESKIN | $114.53 |
| 54001 | INCISION OF FORESKIN | $142.58 |
| 54015 | INCISION AND DRAINAGE OF PENIS, DEEP | $302.44 |
| 54050 | SIMPLE DESTRUCTION OF GROWTHS OF PENIS USING CHEMICAL | $112.27 |
| 54055 | SIMPLE DESTRUCTION OF GROWTH OF PENIS USING ELECTRIC CURRENT | $100.76 |
| 54056 | SIMPLE DESTRUCTION OF GROWTH OF PENIS USING FREEZING | $118.78 |
| 54057 | SIMPLE DESTRUCTION OF GROWTH OF PENIS USING LASER | $99.64 |
| 54060 | REMOVAL OF GROWTH OF PENIS | $134.93 |
| 54065 | DESTRUCTION OF MULTIPLE GROWTHS OF PENIS | $178.83 |
| 54100 | BIOPSY OF PENIS | $123.25 |
| 54105 | BIOPSY OF DEEP STRUCTURE OF PENIS | $213.55 |
| 54110 | REMOVAL OF THICKENED TISSUE OF PENIS | $621.92 |
| 54111 | REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, 5.0 CM OR LESS | $789.77 |
| 54112 | REMOVAL OF ABNORMALLY THICKENED TISSUE IN PENIS WITH GRAFT, MORE THAN 5.0 CM | $924.84 |
| 54115 | REMOVAL OF FOREIGN BODY IN PENIS | $431.65 |
| 54120 | AMPUTATION OF PENIS; PARTIAL | $630.76 |
| 54125 | AMPUTATION OF PENIS | $819.13 |
| 54130 | AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF GROIN | $1,172.84 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 54135 | AMPUTATION OF PENIS AND REMOVAL OF LYMPH NODES ON BOTH SIDES OF PELVIS | $1,476.31 |
| 54150 | REMOVAL OF FORESKIN USING CLAMP OR DEVICE | $92.94 |
| 54160 | REMOVAL OF FORESKIN (28 DAYS OR YOUNGER) | $144.71 |
| 54161 | REMOVAL OF FORESKIN (OLDER THAN 28 DAYS) | $198.27 |
| 54162 | REMOVAL OF SCAR TISSUE AFTER FORESKIN REMOVAL | $201.62 |
| 54163 | REPAIR OF INCOMPLETE REMOVAL OF FORESKIN | $223.92 |
| 54164 | INCISION OF MEMBRANE ATTACHING FORESKIN AND PENIS | $200.15 |
| 54200 | INJECTION PROCEDURE TO CORRECT THICKENED PENILE TISSUE | $91.40 |
| 54205 | INJECTION PROCEDURE AND SURGERY OF THICKENED PENILE TISSUE | $533.86 |
| 54220 | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM | $130.70 |
| 54230 | INJECTION PROCEDURE FOR IMAGING OF PENILE ERECTION | $80.07 |
| 54231 | ASSESSMENT OF ERECTILE DYSFUNCTION INCLUDING INJECTION OF DRUGS INTO PENIS | $114.94 |
| 54240 | PENILE PLETHYSMOGRAPHY | $111.99 |
| 54250 | NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST | $120.97 |
| 54300 | REPAIR OF CURVED PENIS | $642.84 |
| 54304 | REPAIR OF CURVED PENIS AND URINARY OUTLET | $741.06 |
| 54305 | W/TRANSPLATATION OF PREPUCE | $0.00 |
| 54308 | REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, LESS THAN 3.0 CM | $711.38 |
| 54312 | REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS, MORE THAN 3.0 CM | $811.44 |
| 54316 | REPAIR OF URINARY OUTLET OF PENIS WITH SKIN GRAFT, STAGE 2 OF 2 | $979.28 |
| 54318 | REPAIR OF URINARY OUTLET WITH RELEASE OF PENIS FROM SCROTUM | $708.96 |
| 54320 | URETHROPLASTY, FORM/URETHRA,DENIS-BROWN TYPE | $0.00 |
| 54322 | SIMPLE REPAIR AND RELOCATION OF URINARY OUTLET AT UNDERSIDE OF PENIS | $772.95 |
| 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | $954.58 |
| 54325 | DENNIS-BROWN TYPE;SCROTAL/PERINEAL | $0.00 |
| 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | $929.85 |
| 54328 | REPAIR OF URINARY OUTLET AT UNDERSIDE OF HEAD OF PENIS WITH LOCAL SKIN FLAPS, SK | $923.97 |
| 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/ | $995.18 |
| 54336 | REPAIR OF URINARY OUTLET BETWEEN THIGHS IN MALE WITH SKIN GRAFT TUBE AND/OR ISLA | $1,168.71 |
| 54340 | SIMPLE REPAIR OF URINARY OUTLET COMPLICATIONS AT UNDERSIDE OF PENIS | $569.65 |
| 54344 | REPAIR OF COMPLICATION OF URINARY OUTLET OF PENIS AT UNDERSIDE OF PENIS WITH MOB | $931.69 |
| 54348 | EXTENSIVE REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH FLAP, PATCH OR GRA | $995.61 |
| 54352 | EXTENSIVE REVISION OF PREVIOUS REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WI | $1,384.24 |
| 54360 | SURGERY TO CORRECT ABNORMAL PENIS ANGLE | $715.43 |
| 54380 | REPAIR OF URINARY OUTLET OF PENIS | $792.79 |
| 54385 | REPAIR OF URINARY OUTLET OF PENIS WITH INCONTINENCE | $921.13 |
| 54390 | REPAIR OF URINARY OUTLET OF PENIS WITH CREATION OF BLADDER OPENING | $1,219.23 |
| 54400 | INSERTION OF NON-INFLATABLE PENILE IMPLANT | $531.39 |
| 54401 | INSERTION OF INFLATABLE PENILE IMPLANT | $674.99 |
| 54405 | INSERTION OF MULTICOMPONENT INFLATABLE PENILE IMPLANT | $799.49 |
| 54406 | REMOVAL OF ALL COMPONENTS OF INFLATABLE PENILE IMPLANT | $726.97 |
| 54415 | REMOVAL OF INFLATABLE OR NONINFLATABLE PENILE IMPLANT | $534.48 |
| 54417 | REMOVAL AND REPLACEMENT OF INFECTED NONINFLATABLE PENILE IMPLANT | $889.92 |
| 54420 | CREATION OF BLOOD FLOW TRACT FROM PENIS TO GROIN | $697.82 |
| 54430 | CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR | $637.58 |
| 54435 | REDIRECTION OF BLOOD FLOW FROM PENIS WITH PARTIAL REMOVAL OF TISSUE AT HEAD OF P | $418.39 |
| 54437 | REPAIR OF TRAUMATIC CORPOREAL TEAR(S) | $680.41 |
| 54440 | REPAIR OF INJURY OF PENIS | $749.77 |
| 54450 | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING | $55.30 |
| 54500 | NEEDLE BIOPSY OF TESTICLE | $73.90 |
| 54505 | INCISION OF TESTICLE FOR BIOPSY | $210.59 |
| 54506 | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE) | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 54512 | REMOVAL OF GROWTH OF TESTICLE | $537.85 |
| 54520 | SIMPLE REMOVAL OF TESTICLE | $330.75 |
| 54521 | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT | $0.00 |
| 54522 | PARTIAL REMOVAL OF TESTICLE | $585.41 |
| 54530 | REMOVAL OF GROWTH OF TESTICLE THROUGH GROIN | $511.60 |
| 54535 | REMOVAL OF GROWTH OF TESTICLE THROUGH ABDOMEN | $738.34 |
| 54550 | EXPLORATION OF SPERMATIC VEINS AND SCROTUM USING AN ENDOSCOPE | $492.36 |
| 54555 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA) | $0.00 |
| 54560 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION | $683.06 |
| 54565 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION | $0.00 |
| 54600 | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE | $455.05 |
| 54620 | SUTURE OF TESTICLE TO OTHER TESTICLE | $297.03 |
| 54640 | REPOSITIONING AND SUTURE OF MISPLACED TESTICLE | $429.11 |
| 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) | $709.71 |
| 54661 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE) | $0.00 |
| 54670 | SUTURE OR REPAIR OF INJURY TO TESTICLE | $413.40 |
| 54680 | TRANSPLANTATION OF TESTICLES TO THIGH | $779.90 |
| 54690 | REMOVAL OF TESTICLES USING AN ENDOSCOPE | $649.89 |
| 54692 | LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS | $745.69 |
| 54699 | OTHER PROCEDURE ON TESTICLE USING AN ENDOSCOPE | $0.00 |
| 54700 | INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA | $214.79 |
| 54800 | BIOPSY OF EPIDIDYMIS, NEEDLE | $122.82 |
| 54830 | REMOVAL OF GROWTH OF SPERM DUCT | $377.13 |
| 54840 | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY | $325.36 |
| 54860 | REMOVAL OF SPERM RESERVOIR | $422.36 |
| 54861 | EPIDIDYMECTOMY; BILATERAL | $568.59 |
| 54865 | SEARCH OF SPERM RESERVOIR | $365.66 |
| 54900 | CONNECTION OF SPERM RESERVOIR TO SPERM DUCT | $794.18 |
| 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL | $1,043.66 |
| 55000 | PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF | $84.28 |
| 55040 | REMOVAL OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR | $342.31 |
| 55041 | REMOVAL OF FLUID COLLECTION IN BOTH TESTICLES AND SPERM RESERVOIRS | $513.65 |
| 55060 | REPAIR OF FLUID COLLECTION IN TESTICLE AND SPERM RESERVOIR | $384.06 |
| 55100 | DRAINAGE OF ABSCESS OF SCROTUM | $171.26 |
| 55110 | SEARCH OF SCROTUM | $392.83 |
| 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | $360.70 |
| 55150 | REMOVAL OF DISEASED OR INJURED SCROTUM | $496.44 |
| 55170 | SCROTOPLASTY | $0.00 |
| 55175 | SIMPLE REPAIR OF SCROTUM | $370.19 |
| 55180 | COMPLICATED REPAIR OF SCROTUM | $687.21 |
| 55200 | INCISION OF SPERM DUCT | $280.92 |
| 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE | $235.94 |
| 55300 | INCISION OF SPERM DUCT FOR X-RAY PROCEDURE | $181.60 |
| 55400 | VASOVASOSTOMY, VASOVASORRHAPHY | $499.56 |
| 55401 | VASOVASOSTOMY, VASOVASORRHAPHY | $0.00 |
| 55500 | REMOVAL OF FLUID COLLECTION IN SPERM CORD | $394.26 |
| 55520 | REMOVAL OF GROWTH OF SPERM CORD | $457.61 |
| 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE | $355.72 |
| 55535 | REMOVAL OF SPERMATIC CORD VENOUS DILATION OR SUTURING OF SPERMATIC VEINS | $433.26 |
| 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH | $548.34 |
| 55550 | TYING OF SPERM VEINS USING AN ENDOSCOPE | $432.47 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 55559 | OTHER PROCEDURE ON SPERM CORD USING AN ENDOSCOPE | $0.00 |
| 55600 | INCISION OR PUNCTURE OF FLUID-PRODUCING GLAND FOR SPERM MOVEMENT | $425.22 |
| 55601 | VESICULOTOMY | $0.00 |
| 55605 | COMPLICATED INCISION OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT | $526.52 |
| 55650 | REMOVAL OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT | $713.27 |
| 55651 | VESICULECTOMY, ANY APPROACH | $0.00 |
| 55680 | REMOVAL OF CONGENITAL REMNANT OF FLUID-PRODUCING GLANDS FOR SPERM MOVEMENT | $351.28 |
| 55705 | NON-IMAGING GUIDED BIOPSY OF PROSTATE GLAND | $263.72 |
| 55706 | NEEDLE BIOPSY OF PROSTATE GLAND USING IMAGE GUIDANCE | $377.48 |
| 55707 | ULTRASOUND-GUIDED BIOPSY OF PROSTATE GLAND THROUGH RECTUM | $136.39 |
| 55708 | ULTRASOUND-GUIDED BIOPSY OF FIRST-TARGETED TUMOR OF PROSTATE GLAND WITH MRI-FUSI | $169.40 |
| 55709 | ULTRASOUND-GUIDED OF PROSTATE GLAND THROUGH AREA BETWEEN SCROTUM AND ANUS | $162.72 |
| 55710 | ULTRASOUND-GUIDED BIOPSY OF FIRST-TARGETED TUMOR OF PROSTATE GLAND WITH MRI-FUSI | $187.81 |
| 55711 | MRI-ULTRASOUND-FUSION GUIDED BIOPSY OF PROSTATE GLAND FIRST TARGETED TUMOR ONLY | $135.72 |
| 55712 | MRI-ULTRASOUND-FUSION GUIDED BIOPSY OF PROSTATE GLAND FIRST TARGETED TUMOR ONLY | $157.80 |
| 55713 | CT- OR MRI-GUIDED BIOPSY OF PROSTATE GLAND OF TARGETED TUMORS | $183.53 |
| 55714 | CT- OR MRI-GUIDED BIOPSY OF PROSTATE GLAND OF FIRST TARGETED TUMOR | $167.02 |
| 55715 | MRI-ULTRASOUND FUSION, OR CT-, OR MRI-GUIDED BIOPSY OF PROSTATE GLAND, EACH ADDI | $46.13 |
| 55720 | SIMPLE INCISION AND DRAINAGE OF ABSCESS OF PROSTATE | $452.56 |
| 55725 | COMPLICATED INCISION AND DRAINAGE OF ABSCESS OF PROSTATE | $597.90 |
| 55740 | PROSTATOLITHOTOMY, REMOVAL OF PROSTATIC CALCULUS (SEPARATE PROCEDURE) | $0.00 |
| 55801 | PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, | $1,079.28 |
| 55810 | REMOVAL OF PROSTATE GLAND, GLANDS FOR SPERM MOVEMENT, AND SPERM DUCT | $1,279.28 |
| 55812 | PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC | $1,571.63 |
| 55815 | REMOVAL OF PROSTATE GLAND THROUGH INCISION BETWEEN SCROTUM AND ANUS AND REMOVAL | $1,718.57 |
| 55821 | PARTIAL REMOVAL OF PROSTATE (SUPRAPUBIC) | $827.31 |
| 55831 | PARTIAL REMOVAL OF PROSTATE (RETROPUBIC) | $847.74 |
| 55840 | REMOVAL OF PROSTATE | $1,150.08 |
| 55842 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH | $1,148.24 |
| 55845 | REMOVAL OF PROSTATE GLAND AND SURROUNDING LYMPH NODES ON BOTH SIDES OF PELVIS TH | $1,332.90 |
| 55860 | SURGICAL OPENING OF PROSTATE FOR RADIATION THERAPY | $862.57 |
| 55862 | EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH BIOPSY OF LYMPH NODES | $1,076.25 |
| 55865 | EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH REMOVAL OF SURROUNDING LYM | $1,308.95 |
| 55866 | LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING | $1,168.70 |
| 55867 | SIMPLE SURGICAL SUBTOTAL REMOVAL OF PROSTATE USING LAPAROSCOPE | $1,028.56 |
| 55868 | SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES, WITH BIOPSY OF LYMPH N | $1,102.30 |
| 55869 | SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE | $1,319.13 |
| 55873 | DESTRUCTION OF PROSTATE USING IMAGING GUIDANCE | $758.45 |
| 55874 | INJECTION OF BIODEGRADABLE MATERIAL NEXT TO PROSTATE | $162.18 |
| 55875 | INSERTION OF NEEDLE OR TUBE INTO PROSTATE FOR RADIATION THERAPY | $785.06 |
| 55876 | PLACEMENT OF DEVICE IN PROSTATE FOR RADIATION THERAPY | $102.53 |
| 55877 | DESTRUCTION USING IRREVERSIBLE ELECTRICAL IMPULSES OF PROSTATE TUMORS | $671.55 |
| 55880 | ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED | $966.90 |
| 55881 | DESTRUCTION OF PROSTATE TISSUE THROUGH URETHRA USING HEAT ULTRASOUND WITH MRI GU | $471.65 |
| 55882 | INSERTION OF ULTRASOUND TRANSDUCER THROUGH URETHRA FOR DELIVERY OF HEAT ULTRASOU | $581.12 |
| 55899 | OTHER PROCEDURE ON MALE GENITAL SYSTEM | $245.62 |
| 55920 | INSERTION OF NEEDLES OR TUBES INTO PELVIC OR GENITAL ORGANS FOR RADIATION THERAP | $465.29 |
| 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 | $130.77 |
| 56420 | INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND | $111.89 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 56440 | CREATION OF DRAINAGE TRACT FOR GLAND CYST OF FEMALE GENITALS | $180.98 |
| 56441 | REMOVAL OF SCAR TISSUE OF FEMALE GENITALS | $158.50 |
| 56442 | SIMPLE INCISION OF HYMEN | $48.14 |
| 56501 | SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS | $137.97 |
| 56506 | DESTRUCTION OF LESION(S),VULVA(EG.CONDYLOMA,PAPILLOMA,MOLLUS | $0.00 |
| 56515 | EXTENSIVE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS | $214.25 |
| 56600 | BIOPSY OF VULVA (SEPARATE PROCEDURE) | $0.00 |
| 56605 | BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH | $57.25 |
| 56606 | BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH | $27.79 |
| 56620 | SIMPLE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS | $598.88 |
| 56625 | REMOVAL OF EXTERNAL FEMALE GENITALS | $672.91 |
| 56630 | EXTENSIVE PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS | $959.51 |
| 56631 | PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN | $1,182.26 |
| 56632 | PARTIAL REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON BOTH SIDES OF GRO | $1,435.80 |
| 56633 | COMPLETE REMOVAL OF FEMALE GENITALS | $1,140.90 |
| 56634 | COMPLETE REMOVAL OF EXTERNAL FEMALE GENITALS AND LYMPH NODES ON SIDE OF GROIN | $1,292.27 |
| 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 | $1,509.19 |
| 56640 | COMPLETE REMOVAL OF FEMALE GENITALS AND LYMPH NODES | $1,516.11 |
| 56641 | VULVECTOMY, RADICAL, WITH INGUINOFEMORAL, ILIAC, | $0.00 |
| 56680 | CLITORIDECTOMY; SIMPLE | $0.00 |
| 56685 | CLITORIDECTOMY; EXTENSIVE | $0.00 |
| 56700 | PARTIAL REMOVAL OF HYMEN | $205.19 |
| 56710 | PLASTIC REVISION OF HYMEN | $0.00 |
| 56740 | REMOVAL OF CYST OF FEMALE GENITAL GLAND | $312.85 |
| 56800 | PLASTIC REPAIR OF VAGINAL OPENING | $253.58 |
| 56805 | RECONSTRUCTION OR CREATION OF THE EXTERNAL FEMALE SEXUAL ORGAN FOR INTERSEX STAT | $1,141.85 |
| 56810 | REPAIR OF SKIN IN AREA BETWEEN ANUS AND GENITALS | $270.59 |
| 56820 | EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE | $82.24 |
| 56821 | EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE | $110.20 |
| 57000 | INCISION AND EXPLORATION OF VAGINA | $202.28 |
| 57010 | INCISION AND DRAINAGE OF ABSCESS OF PELVIS | $458.43 |
| 57020 | REMOVAL OF ABDOMINAL FLUID | $76.10 |
| 57022 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM | $181.38 |
| 57023 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, | $316.96 |
| 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 | $119.45 |
| 57063 | CHEMICAL CAUTERY OF VAGINA | $0.00 |
| 57065 | EXTENSIVE DESTRUCTION OF GROWTH OF VAGINA | $187.31 |
| 57100 | SIMPLE BIOPSY OF VAGINAL MUCOUS MEMBRANE | $63.63 |
| 57105 | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS) | $150.56 |
| 57106 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; | $543.66 |
| 57107 | PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE | $1,436.37 |
| 57108 | COLPECTOMY, OBLITERATION OF VAGINA; PARTIAL | $0.00 |
| 57109 | PARTIAL REMOVAL OF VAGINAL WALL AND TISSUE WITH REMOVAL OF PELVIC LYMPH NODES AN | $1,716.57 |
| 57110 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; | $887.66 |
| 57111 | COMPLETE REMOVAL OF VAGINAL WALL AND TISSUE | $1,716.57 |
| 57120 | SUTURE CLOSURE OF VAGINA AND VAGINAL OPENING | $530.21 |
| 57130 | REMOVAL OF ABNORMAL TISSUE DIVIDING VAGINA | $174.53 |
| 57135 | REMOVAL OF CYST OR GROWTH OF VAGINAL | $189.52 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL | $24.51 |
| 57155 | INSERTION OF DEVICE INTO UTERUS FOR RADIATION THERAPY | $287.54 |
| 57156 | INSERTION OF DEVICE INTO VAGINA FOR RADIATION THERAPY | $153.63 |
| 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | $44.15 |
| 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | $45.35 |
| 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC | $122.47 |
| 57200 | SUTURE OF NONOBSTETRICAL INJURY OF VAGINA | $337.96 |
| 57210 | SUTURE OF INJURY OF VAGINA AND/OR SKIN | $395.77 |
| 57220 | PLASTIC REPAIR OF MUSCLES AT URINARY OPENING THROUGH VAGINA | $350.91 |
| 57230 | PLASTIC REPAIR OF URETHRA PROLAPSE | $418.52 |
| 57240 | REPAIR OF BLADDER HERNIA INTO VAGINAL WALL | $609.32 |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY | $610.60 |
| 57260 | PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER | $766.80 |
| 57265 | REPAIR OF BULGING OF RECTUM AND BLADDER INTO VAGINAL WALL | $855.80 |
| 57267 | INSERTION OF ARTIFICIAL MATERIAL FOR PELVIC FLOOR DEFECT | $240.04 |
| 57268 | REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH VAGINA | $509.14 |
| 57270 | REPAIR OF PROTRUSION OF INTESTINE INTO RECTUM OR VAGINA THROUGH ABDOMEN | $800.99 |
| 57280 | ATTACHMENT OF VAGINA TO REAR PELVIC BONE | $949.46 |
| 57282 | REPAIR OF PELVIC LIGAMENTS THROUGH VAGINA | $686.11 |
| 57283 | REPAIR OF PROLAPSING VAGINAL VAULT THROUGH VAGINA | $690.38 |
| 57284 | REPAIR OF VAGINAL WALL DEFECT THROUGH ABDOMEN | $822.44 |
| 57285 | REPAIR OF VAGINAL WALL DEFECT THROUGH VAGINA | $684.95 |
| 57287 | REMOVAL OR REVISION OF INCONTINENCE SLING | $744.79 |
| 57288 | CREATION OF SLING AROUND URETHRA IN FEMALE TO CONTROL LEAKAGE | $739.98 |
| 57289 | REPAIR OF PROLAPSED URINARY CANAL AND BLADDER INTO VAGINAL WALL | $784.39 |
| 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA | $547.18 |
| 57292 | CONSTRUCTION OF ARTIFICIAL VAGINA USING TISSUE GRAFT | $813.78 |
| 57295 | REVISION OF PROSTHETIC VAGINAL GRAFT | $501.99 |
| 57296 | REVISION OR REMOVAL OF PROSTHETIC VAGINAL GRAFT | $938.44 |
| 57300 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH VAGINA OR ANUS | $615.01 |
| 57305 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA THROUGH ABDOMEN | $960.98 |
| 57307 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH CREATION OF LARGE | $1,079.72 |
| 57308 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM TO VAGINA WITH PERINEAL RECONSTRU | $667.69 |
| 57310 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA | $499.60 |
| 57311 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM URETHRA TO VAGINA WITH TRANSPLANT | $560.35 |
| 57320 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH VAGINA | $561.44 |
| 57330 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER TO VAGINA THROUGH BLADDER AND VA | $764.26 |
| 57335 | VAGINOPLASTY FOR INTERSEX STATE | $1,153.99 |
| 57400 | DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL) | $127.33 |
| 57410 | PELVIC EXAM UNDER ANESTHESIA | $104.80 |
| 57415 | REMOVAL OF IMPACTED FOREIGN BODY IN VAGINA UNDER ANESTHESIA | $177.00 |
| 57420 | EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE | $87.87 |
| 57421 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN | $118.38 |
| 57423 | REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE | $910.19 |
| 57425 | SURGICAL REPAIR OF VAGINAL DEFECT USING AN ENDOSCOPE | $954.82 |
| 57426 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH | $865.57 |
| 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 | $90.04 |
| 57454 | BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE | $130.76 |
| 57455 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE | $105.48 |
| 57456 | SCRAPING OF CERVIX USING AN ENDOSCOPE | $97.44 |
| 57460 | BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE | $155.81 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 57461 | CONE BIOPSY OF CERVIX AND VAGINA USING AN ENDOSCOPE WITH LOOP ELECTRODE | $176.85 |
| 57465 | COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNA | $40.82 |
| 57500 | BIOPSY OF CERVIX OR REMOVAL OF GROWTH | $74.78 |
| 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | $113.11 |
| 57510 | CAUTERY OF CERVIX; ELECTRO OR THERMAL | $111.50 |
| 57511 | DESTRUCTION OF CERVIX USING FREEZING | $149.71 |
| 57513 | CAUTERY OF CERVIX; LASER ABLATION | $148.97 |
| 57520 | REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER | $301.19 |
| 57522 | REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE | $258.00 |
| 57530 | AMPUTATION OF CERVIX | $379.15 |
| 57531 | RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | $1,729.32 |
| 57540 | REMOVAL OF REMAINING CERVIX THROUGH ABDOMEN | $779.01 |
| 57545 | REMOVAL OF REMAINING CERVIX WITH REPAIR OF PELVIC FLOOR THROUGH ABDOMEN | $819.28 |
| 57550 | REMOVAL OF REMAINING CERVIX THROUGH VAGINA | $433.00 |
| 57555 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR | $613.85 |
| 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE | $583.61 |
| 57558 | DILATION AND CURETTAGE OF CERVICAL STUMP | $130.22 |
| 57700 | SUTURE OF CERVIX | $364.13 |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH | $338.51 |
| 57800 | DILATION OF CERVICAL CANAL | $47.71 |
| 58100 | BIOPSY OF LINING OF UTERUS | $60.61 |
| 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 | $38.79 |
| 58120 | DILATION AND SCRAPING OF UTERUS | $233.31 |
| 58140 | REMOVAL OF GROWTH OF UTERUS THROUGH ABDOMEN, 1-4 GROWTHS | $903.37 |
| 58145 | REMOVAL OF GROWTH OF UTERUS THROUGH VAGINA, 1-4 GROWTHS | $558.49 |
| 58146 | REMOVAL OF 5 OR MORE GROWTHS OF UTERUS THROUGH ABDOMEN | $1,126.21 |
| 58150 | REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN | $1,002.42 |
| 58152 | REMOVAL OF UTERUS AND CERVIX THROUGH ABDOMEN WITH REPAIR OF VAGINA | $1,207.24 |
| 58180 | REMOVAL OF UTERUS THROUGH ABDOMEN | $943.63 |
| 58200 | REMOVAL OF UTERUS THROUGH ABDOMEN WITH PARTIAL REMOVAL OF VAGINA | $1,329.03 |
| 58210 | REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF LYMPH NODES | $1,792.37 |
| 58240 | REMOVAL OF MALIGNANT UTERUS, CERVIX, LYMPH NODES, AND BLADDER WITH TRANSPLANT OF | $2,886.45 |
| 58260 | REMOVAL OF UTERUS THROUGH VAGINA, 250.0 G OR LESS | $826.11 |
| 58262 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, 250.0 G OR LESS | $911.02 |
| 58263 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH | $975.50 |
| 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 | $1,048.19 |
| 58270 | REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA, 250.0 G OR LESS | $879.03 |
| 58275 | REMOVAL OF UTERUS AND VAGINA | $973.69 |
| 58280 | REMOVAL OF UTERUS AND VAGINA WITH REPAIR OF HERNIATED BOWEL INTO RECTUM OR VAGIN | $1,037.39 |
| 58285 | REMOVAL OF UTERUS, VAGINA, AND PELVIC LYMPH NODES THROUGH VAGINA | $1,408.50 |
| 58290 | REMOVAL OF UTERUS THROUGH VAGINA, MORE THAN 250.0 G | $1,122.65 |
| 58291 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA, MORE THAN 250.0 G | $1,211.28 |
| 58292 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH REPAIR OF HERNIATED BOWEL THROUGH | $1,275.22 |
| 58294 | REMOVAL OF UTERUS WITH REPAIR OF HERNIATED BOWEL THROUGH VAGINA. 250.0 G OR MORE | $1,185.90 |
| 58300 | INSERTION OF IUD FOR PREGNANCY PREVENTION | $49.35 |
| 58301 | REMOVAL OF IUD | $63.47 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 58340 | INSERTION OF TUBE AND INTRODUCTION OF CONTRAST FOR X-RAY OF UTERUS AND FALLOPIAN | $57.95 |
| 58345 | INSERTION OF TUBE INTO FALLOPIAN TUBE | $286.22 |
| 58346 | INSERTION OF CAPSULE INTO UTERUS FOR RADIATION THERAPY | $515.59 |
| 58350 | INJECTION OF X-RAY CONTRAST INTO FALLOPIAN TUBE | $97.58 |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE | $229.54 |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL | $341.60 |
| 58400 | REPOSITIONING OF UTERUS | $462.97 |
| 58410 | REPOSITIONING OF UTERUS WITH REMOVAL OF NERVE | $801.61 |
| 58500 | HYSTEROSALPINGOSTOMY | $0.00 |
| 58520 | HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL) | $785.34 |
| 58540 | REPAIR OF ABNORMAL UTERUS | $899.49 |
| 58541 | PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, 250.0 G O | $722.83 |
| 58542 | PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING | $816.42 |
| 58543 | PARTIAL REMOVAL OF UTERUS WITH RETENTION OF CERVIX USING AN ENDOSCOPE, MORE THAN | $827.16 |
| 58544 | PARTIAL REMOVAL OF UTERUS, TUBES, AND/OR OVARIES WITH RETENTION OF CERVIX USING | $888.88 |
| 58545 | REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, 250.0 G OR LESS | $883.71 |
| 58546 | REMOVAL OF GROWTH OF UTERUS USING AN ENDOSCOPE, MORE THAN 250.0 G | $1,084.14 |
| 58548 | REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES OF PELVIS WITH BIOPSY OF AORTIC LYMPH | $1,854.07 |
| 58550 | REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, 250.0 G OR LESS | $868.29 |
| 58552 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE, 250. | $964.25 |
| 58553 | REMOVAL OF UTERUS THROUGH VAGINA USING AN ENDOSCOPE, MORE THAN 250.0 | $1,090.05 |
| 58554 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH VAGINA USING AN ENDOSCOPE, MORE | $1,272.69 |
| 58555 | DIAGNOSTIC EXAM OF UTERUS USING AN ENDOSCOPE | $148.14 |
| 58558 | BIOPSY OF LINING OF UTERUS AND/OR REMOVAL OF POLYP USING AN ENDOSCOPE | $224.33 |
| 58559 | RELEASE OF SCAR TISSUE OF UTERUS USING AN ENDOSCOPE | $273.93 |
| 58560 | RELEASE OF SCAR TISSUE OF UTERUS AND RELEASE OR REMOVAL AND SEPTUM USING AN ENDO | $301.34 |
| 58561 | REMOVAL OF GROWTH OF MUSCLE OF UTERUS USING AN ENDOSCOPE | $344.76 |
| 58562 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | $214.58 |
| 58563 | EXAM OF UTERUS WITH DESTRUCTION OF LINING OF UTERUS USING AN ENDOSCOPE | $237.92 |
| 58565 | PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE | $455.02 |
| 58570 | REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, 250.0 G OR LESS | $798.93 |
| 58571 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE, 250 | $897.96 |
| 58572 | REMOVAL OF UTERUS THROUGH ABDOMEN USING AN ENDOSCOPE, MORE THAN 250.0 G | $1,024.06 |
| 58573 | REMOVAL OF UTERUS, TUBES, AND/OR OVARIES THROUGH ABDOMEN USING AN ENDOSCOPE, MOR | $1,196.86 |
| 58575 | REMOVAL OF UTERUS FOR REMOVAL OF GROWTH USING AN ENDOSCOPE | $1,903.58 |
| 58578 | OTHER PROCEDURE ON UTERUS USING AN ENDOSCOPE | $0.00 |
| 58579 | OTHER PROCEDURE ON UTERUS ACCESSED THROUGH VAGINA USING AN ENDOSCOPE | $0.00 |
| 58580 | DESTRUCTION OF UTERINE FIBROID(S) USING HEAT WITH ULTRASOUND GUIDANCE AND MONITO | $397.21 |
| 58600 | TYING OR INCISION OF FALLOPIAN TUBES | $368.76 |
| 58605 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, | $335.79 |
| 58615 | TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA | $251.85 |
| 58660 | REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES USING AN ENDOSCOPE | $670.68 |
| 58661 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL | $639.28 |
| 58662 | DESTRUCTION OR REMOVAL OF OVARY OR GROWTH OF PELVIS USING AN ENDOSCOPE | $701.14 |
| 58670 | DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE | $369.50 |
| 58671 | BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE | $369.50 |
| 58672 | REPAIR OF UTERINE TUBE TISSUE NEAR OVARY USING AN ENDOSCOPE | $713.05 |
| 58673 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY) | $773.50 |
| 58674 | DESTRUCTION OF GROWTH OF UTERUS USING AN ENDOSCOPE WITH ULTRASOUND GUIDANCE AND | $796.71 |
| 58679 | OTHER PROCEDURE ON FALLOPIAN TUBE OR OVARY USING AN ENDOSCOPE | $0.00 |
| 58700 | REMOVAL OF UTERINE TUBES | $791.73 |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE | $754.22 |
| 58740 | REMOVAL OF SCAR TISSUE OF OVARIES OR FALLOPIAN TUBES | $889.95 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 58750 | TUBOTUBAL ANASTOMOSIS | $891.84 |
| 58752 | RECONNECTION OF FALLOPIAN TUBES FOLLOWING TUBAL LIGATION | $888.86 |
| 58760 | FIMBRIOPLASTY | $806.18 |
| 58770 | REPAIR OF BLOCKED UTERINE TUBE OPENING | $845.00 |
| 58800 | DRAINAGE OF CYSTS OF OVARIES THROUGH VAGINA | $318.02 |
| 58805 | DRAINAGE OF CYSTS OF OVARIES THROUGH ABDOMEN | $428.15 |
| 58820 | DRAINAGE OF ABSCESS OF OVARIES THROUGH VAGINA | $343.08 |
| 58822 | DRAINAGE OF ABSCESS OF OVARIES THROUGH ABDOMEN | $705.24 |
| 58825 | TRANSPOSITION, OVARY(S) | $699.43 |
| 58900 | BIOPSY OF OVARIES | $436.98 |
| 58920 | PARTIAL REMOVAL OF OVARIES | $703.44 |
| 58925 | REMOVAL OF CYSTS OF OVARIES | $758.77 |
| 58940 | REMOVAL OF OVARIES | $555.48 |
| 58943 | REMOVAL OF OVARIES FOR OVARIAN CANCER | $1,191.37 |
| 58950 | REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES | $1,144.39 |
| 58951 | REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES | $1,422.38 |
| 58952 | REMOVAL OF LINING OF ABDOMEN, OVARIES, AND FALLOPIAN TUBES WITH REDUCTION OF GRO | $1,624.22 |
| 58953 | REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES WITH EXTENSIV | $1,968.00 |
| 58954 | REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES | $2,127.62 |
| 58956 | REMOVAL OF LINING OF ABDOMEN, UTERUS, OVARIES, AND FALLOPIAN TUBES | $1,342.93 |
| 58958 | REMOVAL OF UTERUS, OVARIES, FALLOPIAN TUBES, AND LYMPH NODES FOR REDUCTION OF GR | $1,614.25 |
| 58960 | EXAM OF ABDOMINAL CAVITY WITH REMOVAL OR BIOPSY OF ABDOMINAL LINING OR LYMPH NOD | $994.05 |
| 58970 | REMOVAL OF EGGS FROM OVARIES | $190.53 |
| 58974 | EMBRYO TRANSFER, INTRAUTERINE | $143.61 |
| 58976 | INSERTION OF EGGS WITH SPERM INTO FALLOPIAN TUBES | $205.24 |
| 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 | $76.26 |
| 59001 | REMOVAL OF AMNIOTIC FLUID TO REDUCE AMOUNT OF FLUID SURROUNDING FETUS USING ULTR | $166.89 |
| 59010 | AMNIOSCOPY | $0.00 |
| 59011 | AMNIOSCOPY (INTRAOVULAR) | $0.00 |
| 59012 | REMOVAL OF BLOOD FROM FETAL UMBILICAL CORD | $187.75 |
| 59015 | CHORIONIC VILLUS SAMPLING, ANY METHOD | $123.28 |
| 59020 | FETAL CONTRACTION STRESS TEST | $72.56 |
| 59025 | FETAL TEST | $49.79 |
| 59030 | REMOVAL OF BLOOD FROM SCALP OF FETUS | $103.88 |
| 59031 | FETAL SCALP BLOOD SAMPLING | $0.00 |
| 59050 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING | $46.32 |
| 59051 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING | $38.71 |
| 59070 | INFUSION OF NORMAL SALINE INTO FETAL AMNIOTIC SAC USING ULTRASOUND GUIDANCE | $289.03 |
| 59072 | OCCLUSION OF FETAL UMBILICAL CORD USING ULTRASOUND GUIDANCE | $485.09 |
| 59074 | DRAINAGE OF FETAL FLUID USING ULTRASOUND GUIDANCE | $289.03 |
| 59076 | PLACEMENT OF SHUNT INTO FETAL CHEST USING ULTRASOUND GUIDANCE | $485.09 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 59100 | INCISION OF UTERUS | $820.01 |
| 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 | $783.16 |
| 59121 | REMOVAL OF OVARIAN OR TUBAL PREGNANCY | $782.81 |
| 59125 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY | $0.00 |
| 59126 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY | $0.00 |
| 59130 | REMOVAL OF PREGNANCY CONTENTS IN ABDOMINAL CAVITY | $905.03 |
| 59136 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH | $859.32 |
| 59140 | REMOVAL OF IMPREGNATED OVUM OUTSIDE UTERUS | $406.92 |
| 59150 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR | $759.95 |
| 59151 | REMOVAL OF OVARIAN OR TUBAL PREGNANCY WITH REMOVAL OF OVARY AND/OR TUBE USING AN | $741.89 |
| 59160 | SCRAPING OF LINING OF UTERUS AFTER DELIVERY | $181.64 |
| 59200 | INSERTION OF DILATOR DEVICE INTO CERVIX | $62.64 |
| 59300 | EPISIOTOMY OR REPAIR OF VAGINA | $139.71 |
| 59305 | EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING | $0.00 |
| 59320 | SUTURE OF CERVIX DURING PREGNANCY THROUGH VAGINA | $143.81 |
| 59325 | SUTURE OF CERVIX DURING PREGNANCY THROUGH ABDOMEN | $225.93 |
| 59350 | REPAIR OF TEAR OF UTERUS | $257.63 |
| 59351 | HYSTERORRHAPHY OF RUPTURED UTERUS | $0.00 |
| 59400 | VAGINAL DELIVERY WITH CARE BEFORE AND AFTER DELIVERY | $2,336.77 |
| 59409 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | $748.94 |
| 59410 | VAGINAL DELIVERY WITH POST DELIVERY CARE | $1,019.73 |
| 59412 | TURNING OF FETUS THROUGH EXTERNAL MANIPULATION | $96.71 |
| 59414 | DELIVERY OF PLACENTA | $84.19 |
| 59420 | ANTEPARTUM CARE ONLY (SEPARATE PROCEDURE) | $0.00 |
| 59425 | PREDELIVERY CARE, 4 TO 6 VISITS | $405.99 |
| 59426 | PREDELIVERY CARE, 7 OR MORE VISITS | $744.21 |
| 59430 | POST DELIVERY CARE | $167.33 |
| 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 | $2,574.58 |
| 59514 | CESAREAN DELIVERY ONLY; | $843.21 |
| 59515 | CESAREAN DELIVERY WITH CARE AFTER DELIVERY | $1,257.86 |
| 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 | $445.19 |
| 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 | $2,425.17 |
| 59612 | VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY | $839.99 |
| 59614 | VAGINAL DELIVERY AND CARE AFTER DELIVERY AFTER PRIOR CESAREAN DELIVERY | $1,088.82 |
| 59618 | CESAREAN DELIVERY AND CARE BEFORE AND AFTER DELIVERY FOLLOWING ATTEMPTED VAGINAL | $2,598.52 |
| 59620 | CESAREAN DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AFTER PREVIOUS CESAREAN DEL | $869.69 |
| 59622 | CESAREAN DELIVERY WITH CARE AFTER DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AF | $1,303.15 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 59811 | TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER | $0.00 |
| 59812 | TREATMENT OF MISCARRIAGE | $299.87 |
| 59820 | TREATMENT OF MISCARRIAGE DURING FIRST TRIMESTER | $384.67 |
| 59821 | TREATMENT OF MISCARRIAGE DURING SECOND TRIMESTER | $371.91 |
| 59830 | TREATMENT OF MISCARRIAGE FROM INFECTION | $451.83 |
| 59840 | INDUCED ABORTION BY DILATION AND SCRAPING OF UTERINE | $217.39 |
| 59841 | INDUCED ABORTION BY DILATION | $360.03 |
| 59850 | INDUCED ABORTION BY AMNIOTIC FLUID INJECTION | $379.61 |
| 59851 | INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID WITH DILATION AND REMOVAL OF P | $420.02 |
| 59852 | INDUCED ABORTION BY INJECTION INTO AMNIOTIC FLUID | $574.72 |
| 59855 | INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY | $410.25 |
| 59856 | INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH DILATION AND REMOVAL O | $477.66 |
| 59857 | INDUCED ABORTION BY INSERTION OF VAGINAL SUPPOSITORY WITH INCISION OF UTERUS | $553.66 |
| 59866 | ELIMINATION OF FETUSES OF A MULTIFETAL PREGNANCY | $223.86 |
| 59870 | REMOVAL OF ABNORMAL PREGNANCY CONTENTS WITH SCRAPING OF UTERINE WALL | $532.21 |
| 59871 | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL) | $126.60 |
| 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 | $166.03 |
| 60100 | NEEDLE BIOPSY OF THYROID THROUGH SKIN | $73.43 |
| 60200 | INCISION OF CYST OR GROWTH OF THYROID | $667.02 |
| 60210 | PARTIAL REMOVAL OF THYROID LOBE ON SIDE OF NECK | $700.47 |
| 60212 | PARTIAL REMOVAL OF THYROID LOBES ON BOTH SIDES OF NECK AND CONNECTING TISSUE | $994.58 |
| 60220 | REMOVAL OF THYROID LOBE ON SIDE OF NECK | $700.91 |
| 60225 | REMOVAL OF THYROID LOBE ON SIDE OF NECK AND PARTIAL REMOVAL OF THYROID LOBE ON O | $929.07 |
| 60240 | REMOVAL OF THYROID | $899.77 |
| 60252 | REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH LIMITED NECK REMOVAL | $1,289.89 |
| 60254 | REMOVAL OF THYROID AND SURROUNDING LYMPH NODES WITH EXTENSIVE NECK REMOVAL | $1,620.99 |
| 60260 | REMOVAL OF REMAINING THYROID TISSUE FROM PRIOR OPERATION | $1,065.61 |
| 60261 | THYROIDECTOMY, SECONDARY | $0.00 |
| 60270 | REMOVAL OF THYROID FROM UNDER BREASTBONE | $1,321.32 |
| 60271 | REMOVAL OF THYROID THROUGH CHEST OR BACK | $1,032.65 |
| 60280 | REMOVAL OF CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT | $466.07 |
| 60281 | REMOVAL OF RECURRENT CYST OF THYROID OR DRAINAGE OF THYROID GLAND DUCT | $605.11 |
| 60300 | ASPIRATION AND/OR INJECTION OF CYST OF THYROID | $46.94 |
| 60500 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); | $950.61 |
| 60502 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION | $1,270.74 |
| 60505 | REMOVAL OR EXPLORATION OF PARATHYROID GLANDS AND BREAST BONE TISSUE | $1,387.81 |
| 60510 | TRANSPLANTATION OF PARATHYROID GLAND(S) DURING THYROIDECTOMY | $0.00 |
| 60512 | REMOVAL AND REIMPLANTATION OF PARATHYROID TISSUE | $228.90 |
| 60520 | REMOVAL OF THYMUS GLAND THROUGH NECK | $1,016.93 |
| 60521 | REMOVAL OF THYMUS GLAND THROUGH STERNUM OR CHEST | $1,070.35 |
| 60522 | REMOVAL OF THYMUS GLAND SURROUNDING LYMPH NODES THROUGH STERNUM OR CHEST | $1,290.73 |
| 60540 | REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN | $1,050.27 |
| 60545 | REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN WITH REMOVAL OF GROWTH | $1,204.63 |
| 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 | $1,271.08 |
| 60605 | REMOVAL OF CAROTID ARTERY AND GROWTH | $1,492.89 |
| 60650 | REMOVAL OR EXPLORATION OF ADRENAL GLAND THROUGH ABDOMEN USING AN ENDOSCOPE | $1,151.56 |
| 60659 | OTHER PROCEDURE ON ENDOCRINE SYSTEM USING AN ENDOSCOPE | $0.00 |
| 60660 | DESTRUCTION USING HEAT OF ONE OR MORE NODULES ON ONE THYROID LOBE | $305.59 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 60661 | DESTRUCTION USING HEAT OF ONE OR MORE NODULES ON ADDITIONAL THYROID LOBE | $209.81 |
| 60699 | OTHER PROCEDURE ON ENDOCRINE SYSTEM | $0.00 |
| 61000 | INITIAL REMOVAL OF CEREBROSPINAL FLUID FROM SKULL BONE SOFT SPOT, INFANT | $109.18 |
| 61001 | SUBSEQUENT ASPIRATION OF CEREBROSPINAL FLUID FROM INFANT SKULL BONE SOFT SPOT | $103.86 |
| 61020 | REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN FOR DIAGNOSIS | $101.94 |
| 61026 | REMOVAL OF CEREBROSPINAL FLUID FROM BRAIN AND INJECTION OF SUBSTANCE | $109.45 |
| 61050 | REMOVAL OF CEREBROSPINAL FLUID FROM UPPER SPINE | $79.44 |
| 61055 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR | $112.96 |
| 61070 | ASPIRATION OF CEREBROSPINAL FLUID AND INJECTION IN SHUNT TUBING OR RESERVOIR | $55.48 |
| 61105 | CREATION OF OPENING IN SKULL FOR REMOVAL OF FLUID FROM BRAIN | $467.06 |
| 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 | $288.38 |
| 61108 | CREATION OF OPENING IN SKULL FOR REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION O | $894.47 |
| 61120 | BURR HOLE FOR INJECTION INTO VENTRICLE OF BRAIN | $740.11 |
| 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 | $1,236.06 |
| 61150 | BURR HOLE WITH DRAINAGE OF ABSCESS OR CYST OF BRAIN | $1,301.65 |
| 61151 | BURR HOLE WITH SUBSEQUENT ASPIRATION OF ABSCESS OR CYST OF BRAIN | $965.77 |
| 61154 | BURR HOLE WITH REMOVAL AND/OR DRAINAGE OF BLOOD ACCUMULATION OUTSIDE OR BELOW BR | $1,245.97 |
| 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 | $1,195.18 |
| 61210 | BURR HOLE FOR INSERTION OF BRAIN TUBE OR MONITORING DEVICE | $338.06 |
| 61215 | INSERTION OF DEVICE FOR CONTINUOUS INFUSION IN BRAIN | $521.93 |
| 61250 | BURR HOLE FOR EXPLORATION OF UPPER BRAIN | $849.78 |
| 61251 | BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, | $0.00 |
| 61253 | BURR HOLE FOR EXPLORATION OF LOWER BRAIN | $965.77 |
| 61304 | REMOVAL OF SKULL BONE FOR EXPLORATION OF UPPER BRAIN | $1,573.74 |
| 61305 | REMOVAL OF SKULL BONE FOR EXPLORATION OF LOWER BRAIN | $1,918.43 |
| 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 | $1,969.55 |
| 61313 | REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN UPPER BRAIN | $1,904.67 |
| 61314 | REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN OUTSID | $1,753.05 |
| 61315 | REMOVAL OF SKULL BONE FOR ASPIRATION OF BLOOD ACCUMULATION IN LOWER BRAIN | $1,974.91 |
| 61316 | PLACEMENT OF BONE GRAFT IN SKULL | $80.76 |
| 61320 | REMOVAL OF SKULL BONE FOR DRAINAGE OF UPPER BRAIN ABSCESS | $1,811.04 |
| 61321 | REMOVAL OF SKULL BONE FOR DRAINAGE OF LOWER BRAIN ABSCESS | $2,027.91 |
| 61322 | REMOVAL OF SKULL BONE TO REDUCE BRAIN PRESSURE | $2,272.07 |
| 61323 | REMOVAL OF SKULL BONE AND BRAIN LOBE TO REDUCE BRAIN PRESSURE | $2,253.31 |
| 61330 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH | $1,722.53 |
| 61331 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL | $0.00 |
| 61333 | EXPLORATION AND REMOVAL OF BONE GROWTH OF EYE SOCKET | $1,920.85 |
| 61340 | SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME) | $1,388.90 |
| 61341 | OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), | $0.00 |
| 61343 | REMOVAL OF SKULL BASE BONE AND UPPER SPINE BONE TO RELEASE SPINAL CORD | $2,090.53 |
| 61345 | REMOVAL OF BASE OF SKULL TO REDUCE PRESSURE ON BRAIN | $1,953.20 |
| 61450 | REMOVAL OF SKULL BONE TO REDUCE FACIAL NERVE PRESSURE | $1,831.74 |
| 61458 | REMOVAL OF SKULL BASE BONE FOR EXPLORATION OR RELEASE OF CRANIAL NERVES | $1,929.52 |
| 61460 | REMOVAL OF SKULL BASE BONE TO SEVER CRANIAL NERVE | $2,011.34 |
| 61491 | CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY | $0.00 |
| 61500 | REMOVAL OF GROWTH OF BRAIN OR OTHER GROWTH OF SKULL BONE | $1,267.24 |
| 61501 | CRANIECTOMY; FOR OSTEOMYELITIS | $1,115.35 |
| 61510 | REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN | $2,117.12 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 61512 | REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF UPPER BRAIN MEMBRANE | $2,428.26 |
| 61514 | REMOVAL OF SKULL BONE FOR REMOVAL OF UPPER BRAIN ABSCESS | $1,837.02 |
| 61516 | REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF UPPER BRAIN | $1,793.69 |
| 61517 | IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN | $80.44 |
| 61518 | REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN | $2,640.31 |
| 61519 | REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF LOWER BRAIN MEMBRANE | $2,791.73 |
| 61520 | REMOVAL OF SKULL BONE FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN GROWTH | $3,537.99 |
| 61521 | REMOVAL OF SKULL BONE FOR REMOVAL OF SKULL BASE BONE GROWTH | $2,997.60 |
| 61522 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN ABSCESS | $2,086.97 |
| 61524 | REMOVAL OF SKULL BONE FOR REMOVAL OR DRAINAGE OF CYST OF BRAIN | $1,991.16 |
| 61526 | REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN T | $3,202.56 |
| 61530 | REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF EIGHTH CRANIAL NERVE BRAIN T | $2,900.70 |
| 61531 | SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE | $1,197.22 |
| 61532 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; | $0.00 |
| 61533 | REMOVAL OF SKULL BONE FOR INSERTION OF BRAIN ELECTRODE FOR SEIZURE MONITORING | $1,469.86 |
| 61534 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES | $1,591.83 |
| 61535 | REMOVAL OF SKULL BONE FOR REMOVAL OF ELECTRODE FROM BRAIN | $987.55 |
| 61536 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO STOP SEIZURES WITH MONITORI | $2,445.94 |
| 61537 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE | $2,322.77 |
| 61538 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE WITH MONITORING | $2,513.87 |
| 61539 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE) WITH | $2,246.10 |
| 61540 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN LOBE (OTHER THAN TEMPORAL LOBE) | $2,074.33 |
| 61541 | REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE | $2,052.61 |
| 61543 | REMOVAL OF SKULL BONE FOR PARTIAL REMOVAL OF BRAIN | $2,074.18 |
| 61544 | REMOVAL OF SKULL BONE FOR REMOVAL OR CLOTTING OF CEREBROSPINAL FLUID SITE | $1,812.58 |
| 61545 | REMOVAL OF SKULL BONE WITH BONE FLAP FOR REMOVAL OF GROWTH OF PITUITARY GLAND | $3,025.87 |
| 61546 | REMOVAL OF SKULL BONE FOR REMOVAL OF GROWTH OF PITUITARY GLAND | $2,197.70 |
| 61548 | REMOVAL OF GROWTH OF PITUITARY GLAND | $1,510.43 |
| 61550 | REMOVAL OF SKULL BONE FOR REPAIR OF SINGLE SKULL SUTURE DEFECT PRESENT AT BIRTH | $1,176.04 |
| 61552 | REMOVAL OF SKULL BONE FOR REPAIR OF MULTIPLE SKULL SUTURE DEFECTS PRESENT AT BIR | $1,440.60 |
| 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 | $1,641.98 |
| 61557 | REMOVAL OF FRONTAL SKULL BONE FOR INCISION OF PREMATURELY CLOSED SKULL SUTURE | $1,630.28 |
| 61558 | EXTENSIVE REMOVAL OF SKULL BONE FOR MULTIPLE SKULL SUTURE DEFECTS | $1,808.90 |
| 61559 | EXTENSIVE REMOVAL OF SKULL BONE WITH BONE GRAFTS FOR MULTIPLE SKULL SUTURE DEFEC | $2,298.87 |
| 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 | $1,893.97 |
| 61564 | REMOVAL OF GROWTH OF SKULL BONE WITH RELEASE OF OPTIC NERVE | $2,294.15 |
| 61566 | REMOVAL OF SKULL BONE FOR REMOVAL OF BRAIN TISSUE TO RELIEVE SEIZURE ACTIVITY | $2,133.35 |
| 61567 | REMOVAL OF SKULL BONE FOR INCISION OF BRAIN TISSUE FOR SEIZURES WITH MONITORING | $2,429.85 |
| 61570 | REMOVAL OF FOREIGN BODY IN BRAIN | $1,794.73 |
| 61571 | CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN | $1,906.15 |
| 61575 | BIOPSY, RELEASE OF PRESSURE, OR REMOVAL OF GROWTH OF BRAIN STEM OF UPPER SPINAL | $2,378.53 |
| 61576 | BIOPSY OF BRAIN STEM OR UPPER SPINAL CORD WITH SPLITTING OF TONGUE AND LOWER JAW | $4,032.36 |
| 61580 | REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN | $2,471.58 |
| 61581 | REMOVAL OF NASAL SINUSES TO APPROACH GROWTH OF BRAIN WITH THE REMOVAL OF THE MAX | $2,712.92 |
| 61582 | REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN OUTSIDE BRAIN MEMBRANE | $2,995.55 |
| 61583 | REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHIN BRAIN MEMBRANE | $2,835.42 |
| 61584 | REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT ORBITAL EXENTERATION | $2,786.95 |
| 61585 | REMOVAL OF FACIAL BONE AND EYEBALL TO APPROACH GROWTH OF BRAIN | $3,148.49 |
| 61586 | REMOVAL OF FACIAL BONE TO APPROACH GROWTH OF BRAIN WITHOUT BONE GRAFT | $2,490.82 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 61590 | REMOVAL OF JAW BONE TO APPROACH GROWTH OF BRAIN | $2,965.88 |
| 61591 | REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN | $3,017.43 |
| 61592 | REMOVAL OF CHEEK BONE AND SKULL TO APPROACH GROWTH OF BRAIN | $3,041.20 |
| 61595 | REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE TEMPORA | $2,351.41 |
| 61596 | REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH GROWTH OF BRAIN THROUGH THE EAR | $2,413.38 |
| 61597 | REMOVAL OF BASE SKULL BONE TO APPROACH GROWTH OF BRAIN | $2,807.63 |
| 61598 | REMOVAL OF SKULL BONE TO APPROACH GROWTH OF BRAIN OR DEFECT AT SKULL BASE WITH T | $2,751.27 |
| 61600 | REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE OUTSIDE MEMBRANES COVERING BR | $2,095.89 |
| 61601 | REMOVAL OF GROWTH OR TISSUE OF FRONT OF SKULL BASE WITHIN MEMBRANES COVERING BRA | $2,348.08 |
| 61605 | REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE OUTSIDE BRAIN MEMBRANE | $2,162.77 |
| 61606 | REMOVAL OF GROWTH OR TISSUE OF LOWER SKULL BASE WITHIN BRAIN MEMBRANE | $2,800.74 |
| 61607 | REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE OUTSIDE BRAIN MEMBRANE | $2,906.93 |
| 61608 | REMOVAL OF GROWTH OR TISSUE OF MIDDLE SKULL BASE WITHIN BRAIN MEMBRANE | $3,125.16 |
| 61611 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST | $430.14 |
| 61613 | OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR | $3,132.84 |
| 61615 | REMOVAL OF GROWTH OR TISSUE OF SKULL BASE OUTSIDE BRAIN MEMBRANE | $2,718.84 |
| 61616 | REMOVAL OF GROWTH OR TISSUE OF SKULL BASE WITHIN BRAIN MEMBRANE | $3,194.13 |
| 61618 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTE | $1,256.87 |
| 61619 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR | $1,389.62 |
| 61623 | BALLOON OCCLUSION OF HEAD OR NECK ARTERY WITH REVIEW BY RADIOLOGIST | $537.20 |
| 61624 | OCCLUSION OF CENTRAL NERVOUS SYSTEM OR SPINAL CORD ARTERY | $1,084.03 |
| 61626 | OCCLUSION OF HEAD OR NECK ARTERY | $850.89 |
| 61630 | BALLOON DILATION OF BLOOD VESSEL IN HEAD | $1,296.36 |
| 61635 | INSERTION OF STENT IN BLOOD VESSEL OF HEAD | $1,416.60 |
| 61640 | BALLOON DILATION OF BLOOD VESSEL SPASM IN HEAD | $429.18 |
| 61641 | BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN SAME VESSEL FAMILY | $150.77 |
| 61642 | BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN DIFFERENT VESSEL FA | $301.53 |
| 61645 | REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USIN | $791.08 |
| 61650 | INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND IMAGI | $544.49 |
| 61651 | INFUSION OF CHEMICAL AGENT INTO ARTERY OF BRAIN WITH INSERTION OF TUBE AND IMAGI | $232.57 |
| 61680 | SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN | $2,155.63 |
| 61682 | COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN UPPER BRAIN | $3,880.39 |
| 61684 | SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN | $2,694.69 |
| 61686 | COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN LOWER BRAIN | $4,215.96 |
| 61690 | SIMPLE REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN | $2,083.88 |
| 61692 | COMPLEX REPAIR OF ABNORMAL ARTERY-VEIN CONNECTION IN MEMBRANE COVERING BRAIN | $3,432.93 |
| 61697 | REPAIR OF COMPLEX ANEURYSM OF NECK ARTERY | $3,966.74 |
| 61698 | REPAIR OF COMPLEX ANEURYSM OF BACK OF BRAIN ARTERY | $4,339.11 |
| 61700 | REPAIR OF SIMPLE ANEURYSM OF NECK ARTERY | $3,220.23 |
| 61702 | REPAIR OF SIMPLE ANEURYSM OF BACK OF BRAIN ARTERY | $3,782.73 |
| 61703 | REPAIR OF ANEURYSM OF NECK ARTERY WITH CLAMP | $1,315.72 |
| 61705 | REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CLAMPING NECK ARTERY | $2,468.20 |
| 61708 | REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING CLOT USING ELECTRICITY | $2,416.02 |
| 61710 | REPAIR OF ABNORMAL BLOOD VESSEL IN BRAIN BY CREATING OBSTRUCTION | $2,040.64 |
| 61711 | CONNECTION OF ARTERIES OF HEAD | $2,474.09 |
| 61712 | MICRODISSECTION, INTRACRANIAL OR SPINAL PROCEDURE (LIST SEPARATELY IN ADDITION T | $0.00 |
| 61715 | MRI GUIDED HIGH INTENSITY FOCUSED ULTRASOUND, COMPUTER-ASSISTED DESTRUCTION OF I | $1,118.26 |
| 61720 | COMPUTER-ASSISTED CREATION OF GROWTH OF BRAIN OF GLOBUS PALLIDUS OR THALAMUS | $1,229.64 |
| 61735 | COMPUTER-ASSISTED CREATION OF GROWTH OF BRAIN OF DEEP BRAIN STRUCTURE | $1,536.76 |
| 61736 | LASER INTERSTITIAL THERMAL THERAPY (LITT) OF SINGLE, SIMPLE GROWTH WITHIN SKULL | $1,139.02 |
| 61737 | LASER INTERSTITIAL THERMAL THERAPY (LITT) OF MULTIPLE OR COMPLEX GROWTH WITHIN S | $1,350.64 |
| 61750 | COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN | $1,356.86 |
| 61751 | COMPUTER-ASSISTED BIOPSY, ASPIRATION, OR EXCISION OF GROWTH OF BRAIN USING CT AN | $1,348.12 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 61760 | COMPUTER-ASSISTED IMPLANTATION OF BRAIN ELECTRODES FOR SEIZURE MONITORING | $1,523.74 |
| 61770 | COMPUTER-ASSISTED INSERTION OF TUBE OR PROBE FOR RADIATION PLACEMENT | $1,553.20 |
| 61780 | STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); FOR INTRODUCTION | $0.00 |
| 61781 | COMPUTER-ASSISTED PROCEDURE INSIDE BRAIN | $217.08 |
| 61782 | COMPUTER-ASSISTED PROCEDURE OUTSIDE MEMBRANE COVERING BRAIN | $167.50 |
| 61783 | STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY | $215.49 |
| 61790 | COMPUTER-ASSISTED CREATION OF GROWTH OF FACE NERVE | $867.49 |
| 61791 | COMPUTER-ASSISTED CREATION OF GROWTH OF BRAINSTEM | $1,094.80 |
| 61796 | COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, FIRST GROWTH | $990.17 |
| 61797 | COMPUTER-ASSISTED RADIOSURGERY OF SIMPLE GROWTH OF BRAIN, EACH ADDITIONAL GROWTH | $201.70 |
| 61798 | COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, FIRST GROWTH | $1,325.07 |
| 61799 | COMPUTER-ASSISTED RADIOSURGERY OF COMPLEX GROWTH OF BRAIN, EACH ADDITIONAL GROWT | $278.49 |
| 61800 | COMPUTER-ASSISTED RADIOSURGERY APPLICATION OF HEADFRAME | $140.03 |
| 61850 | CREATION OF OPENING IN SKULL FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN BRAI | $960.02 |
| 61860 | REMOVAL OF SKULL BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODES IN BRAIN | $1,498.94 |
| 61863 | REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR | $1,456.52 |
| 61864 | REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR | $260.39 |
| 61867 | REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR | $2,171.88 |
| 61868 | REMOVAL OF SKULL BONE WITH COMPUTER-ASSISTED INSERTION OF NEUROSTIMULATOR ELECTR | $458.86 |
| 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES | $587.61 |
| 61885 | INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO SINGLE ELECTR | $531.94 |
| 61886 | INSERTION OF BRAIN NEUROSTIMULATOR PULSE DEVICE WITH CONNECTION TO 2 OR MORE ELE | $885.84 |
| 61888 | REMOVAL OF BRAIN NEUROSTIMULATOR DEVICE | $389.60 |
| 61889 | INSERTION OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | $1,225.30 |
| 61891 | REVISION OR REPLACEMENT OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR | $586.90 |
| 61892 | REMOVAL OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | $824.04 |
| 62000 | ELEVATION OF SIMPLE DEPRESSED BROKEN SKULL BONE | $1,008.74 |
| 62005 | ELEVATION OF COMPLICATED DEPRESSED BROKEN SKULL BONE | $1,230.51 |
| 62010 | ELEVATION OF DEPRESSED BROKEN SKULL BONE WITH REPAIR OF BRAIN | $1,482.65 |
| 62100 | REMOVAL OF SKULL BONE FOR REPAIR OF CEREBROSPINAL FLUID LEAK | $1,518.32 |
| 62115 | REDUCTION OF ENLARGED SKULL BONE | $1,636.55 |
| 62117 | REDUCTION AND RESHAPING OF ENLARGED SKULL BONE | $1,873.61 |
| 62120 | REPAIR OF HERNIATED BRAIN AND RECONSTRUCTION OF SKULL BONE | $2,036.97 |
| 62121 | REMOVAL OF SKULL BONE FOR REPAIR OF HERNIATED BRAIN AT SKULL BASE | $1,522.96 |
| 62140 | REPAIR OF SKULL BONE DEFECT, 5 CM OR LESS | $998.45 |
| 62141 | REPAIR OF SKULL BONE DEFECT, MORE THAN 5.0 CM | $1,112.95 |
| 62142 | REMOVAL OF SKULL BONE FLAP OR SKULL PLATE | $878.85 |
| 62143 | REPLACEMENT OF SKULL BONE FLAP OR SKULL PLATE | $1,019.78 |
| 62145 | REPAIR OF SKULL BONE DEFECT AND BRAIN | $1,350.36 |
| 62146 | REPAIR OF SKULL BONE WITH GRAFT, 5.0 CM OR LESS | $1,209.97 |
| 62147 | REPAIR OF SKULL BONE WITH GRAFT, MORE THAN 5.0 CM | $1,375.22 |
| 62148 | INCISION AND RETRIEVAL OF SKULL BONE FOR GRAFT | $116.00 |
| 62160 | INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE | $173.25 |
| 62161 | REMOVAL OF BRAIN SCAR TISSUE OR DRAINAGE OF CYST AND INSERTION OR REMOVAL TUBE I | $1,469.73 |
| 62162 | DRAINAGE OF CYST OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE | $1,812.04 |
| 62164 | REMOVAL OF GROWTH OF BRAIN AND INSERTION OF TUBE IN BRAIN USING AN ENDOSCOPE | $2,013.15 |
| 62165 | REMOVAL OF GROWTH OF PITUITARY USING AN ENDOSCOPE | $1,473.98 |
| 62180 | CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN BRAIN | $1,537.85 |
| 62190 | CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-ATRIAL, -JUGULAR, -AURICULAR | $913.47 |
| 62192 | CREATION OF BRAIN FLUID DRAINAGE SHUNT, SUB-PERITONEAL, -PLEURAL, OTHER TERMINUS | $969.15 |
| 62194 | REPLACEMENT OR IRRIGATION OF TUBE IN MEMBRANES COVERING BRAIN | $496.26 |
| 62200 | CREATION OF SPINAL FLUID DRAINAGE TRACT IN THIRD VENTRICLE OF BRAIN | $1,326.84 |
| 62201 | COMPUTER-ASSISTED CREATION OF CEREBROSPINAL FLUID DRAINAGE TRACT IN THIRD VENTRI | $1,187.76 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 62220 | CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR | $940.86 |
| 62223 | CREATION OF BRAIN FLUID DRAINAGE SHUNT, VENTRICULO-PERITONEAL, -PLEURAL, OTHER T | $1,009.17 |
| 62225 | REPLACEMENT OR IRRIGATION OF TUBE IN BRAIN | $541.61 |
| 62230 | INSERTION OR REVISION OF CEREBROSPINAL FLUID DRAINAGE SHUNT VALVE OR TUBE | $820.48 |
| 62252 | REPROGRAMMING OF CEREBROSPINAL FLUID SHUNT | $89.41 |
| 62256 | REMOVAL OF CEREBROSPINAL FLUID SHUNT SYSTEM | $608.89 |
| 62258 | REMOVAL AND INSERTION OF CEREBROSPINAL FLUID SHUNT SYSTEM | $1,077.35 |
| 62263 | REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS OVER 2 DAYS OR MORE | $329.88 |
| 62264 | REMOVAL OF SPINAL CANAL SCAR TISSUE, MULTIPLE SESSIONS IN 1 DAY | $242.93 |
| 62267 | ASPIRATION OF SPINAL DISC TISSUE FOR DIAGNOSTIC PURPOSES | $150.25 |
| 62268 | ASPIRATION OF FLUID FROM CYST OF SPINAL CORD OR FLUID-FILLED CAVITY | $312.89 |
| 62269 | BIOPSY OF SPINAL CORD WITH NEEDLE THROUGH SKIN | $254.95 |
| 62270 | REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST | $60.53 |
| 62272 | REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP | $87.31 |
| 62273 | INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH | $111.64 |
| 62280 | INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF NERVE TISSUE IN SPACE AR | $161.14 |
| 62281 | INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF UPPER SPINE NERVE TISSUE | $157.11 |
| 62282 | INJECTION OF SUBSTANCE INTO SPINAL CANAL FOR REMOVAL OF LOWER SPINE NERVE TISSUE | $143.10 |
| 62284 | INJECTION OF CONTRAST FOR IMAGING OF LOWER SPINAL CANAL | $81.33 |
| 62286 | INJCTN PRCDR PNEUMDENCEPHALOGRPHY,LUMBAR | $0.00 |
| 62287 | REMOVAL OF LOWER SPINE DISC TISSUE AT SINGLE OR MULTIPLE LEVELS USING FLUOROSCOP | $612.79 |
| 62290 | INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF LOWER SPINE | $154.15 |
| 62291 | INJECTION OF CONTRAST FOR IMAGING OF EACH LEVEL OF MIDDLE OR UPPER SPINE | $139.37 |
| 62292 | INJECTION FOR REMOVAL OF LOWER SPINE DISC | $588.54 |
| 62293 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, | $0.00 |
| 62294 | INJECTION OF SUBSTANCE TO OCCLUDE SPINAL CORD ARTERY AND/OR VEIN | $930.22 |
| 62302 | X-RAY OF UPPER SPINAL CANAL WITH REVIEW BY RADIOLOGIST | $116.17 |
| 62303 | X-RAY OF MIDDLE SPINAL CANAL WITH REVIEW BY RADIOLOGIST | $116.17 |
| 62304 | X-RAY OF LOWER SPINAL CANAL WITH REVIEW BY RADIOLOGIST | $114.50 |
| 62305 | X-RAY OF MULTIPLE REGIONS OF SPINAL CANAL WITH REVIEW BY RADIOLOGIST | $119.40 |
| 62320 | INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL | $96.58 |
| 62321 | INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL USING IMAGING GUIDANCE | $106.48 |
| 62322 | INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL | $76.46 |
| 62323 | INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING IMAGING GUIDANCE | $98.47 |
| 62324 | INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL | $87.08 |
| 62325 | INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO MIDDLE OR UPPER SPINE CANAL US | $106.76 |
| 62326 | INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL | $83.15 |
| 62327 | INSERTION OF TUBE AND INJECTION OF SUBSTANCE INTO LOWER SPINE CANAL USING IMAGIN | $105.60 |
| 62328 | REMOVAL OF SPINAL FLUID WITH LOWER BACK SPINAL TAP FOR DIAGNOSTIC TEST USING IMA | $82.65 |
| 62329 | REMOVAL OF CEREBROSPINAL FLUID WITH LOWER BACK SPINAL TAP USING IMAGING GUIDANCE | $100.29 |
| 62330 | PARTIAL REMOVAL OF LOWER SPINE LIGAMENT FROM BOTH SIDES OF ONE SPINE INTERSPACE | $495.13 |
| 62331 | PARTIAL REMOVAL OF LOWER SPINE LIGAMENT FROM BOTH SIDES OF EACH ADDITIONAL SPINE | $188.42 |
| 62350 | INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION ADMINI | $398.64 |
| 62351 | INSERTION, REVISION, OR REPOSITIONING OF SPINAL CANAL TUBE FOR MEDICATION ADMINI | $904.92 |
| 62355 | REMOVAL OF IMPLANTED TUBE IN SPINAL CANAL | $284.30 |
| 62360 | INSERTION OF SPINAL CANAL DRUG INFUSION DEVICE BENEATH SKIN | $314.67 |
| 62361 | INSERTION OF SPINAL CANAL DRUG INFUSION PUMP | $436.98 |
| 62362 | INSERTION OF PROGRAMMABLE SPINAL CANAL DRUG INFUSION PUMP | $384.61 |
| 62365 | REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE | $301.00 |
| 62367 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | $23.87 |
| 62368 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | $33.35 |
| 62369 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | $33.72 |
| 62370 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | $44.68 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $1,195.85 |
| 63003 | PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL C | $1,201.92 |
| 63005 | PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL CO | $1,179.40 |
| 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 | $1,079.07 |
| 63012 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD OR NERVES | $1,168.26 |
| 63015 | PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF UPPER SPINAL CO | $1,439.79 |
| 63016 | PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF MIDDLE SPINAL C | $1,475.87 |
| 63017 | PARTIAL REMOVAL OF SPINE BONE WITH EXPLORATION AND/OR RELEASE OF LOWER SPINAL CO | $1,236.73 |
| 63020 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD OR NERVES AND/OR | $1,088.74 |
| 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 | $911.82 |
| 63031 | LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE | $0.00 |
| 63032 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD NERVES WITH IMPL | $128.78 |
| 63035 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER OR LOWER SPINAL CORD OR NERV | $218.56 |
| 63040 | PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER SPINAL CORD | $1,346.53 |
| 63041 | LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED | $0.00 |
| 63042 | PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF LOWER SPINAL CORD | $1,271.93 |
| 63043 | PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER SPINAL CORD | $190.26 |
| 63044 | PARTIAL REMOVAL OF SPINE BONE WITH RE-EXPLORATION, RELEASE OF UPPER OR LOWER SPI | $176.74 |
| 63045 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF UPPER SPINAL CORD AND/OR NERVES, 1 | $1,257.63 |
| 63046 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES, | $1,206.44 |
| 63047 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD AND/OR NERVES, 1 | $1,091.37 |
| 63048 | PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, EACH AD | $197.62 |
| 63050 | RECONSTRUCTION OF UPPER SPINE BONE WITH RELEASE OF UPPER SPINAL CORD, 2 OR MORE | $1,451.85 |
| 63051 | RECONSTRUCTION OF UPPER SPINE BONE AND POSTERIOR BONY ELEMENTS WITH RELEASE OF U | $1,646.26 |
| 63052 | PARTIAL REMOVAL OF BONE OF SINGLE SEGMENT OF SPINE IN LOWER BACK WITH RELEASE OF | $242.24 |
| 63053 | PARTIAL REMOVAL OF BONE OF ADDITIONAL SEGMENT OF SPINE IN LOWER BACK WITH RELEAS | $215.04 |
| 63055 | RELEASE OF MIDDLE SPINAL CORD AND/OR NERVES, SINGLE SEGMENT | $1,566.95 |
| 63056 | RELEASE OF LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT | $1,444.34 |
| 63057 | RELEASE OF MIDDLE OR LOWER SPINAL CORD AND/OR NERVES, SINGLE SEGMENT | $300.60 |
| 63060 | HEMILAMINECTOMY (LAMINECTOMY) FOR HERNIATED INTERVERTEBRAL | $0.00 |
| 63064 | RELEASE OF MIDDLE SPINAL CORD OR NERVES THROUGH RIB AND SPINE JOINT, SINGLE SEGM | $1,702.42 |
| 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 | $189.04 |
| 63075 | REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE INT | $1,318.38 |
| 63076 | REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH ADDIT | $228.99 |
| 63077 | REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, SINGLE IN | $1,445.51 |
| 63078 | REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES, EACH ADDI | $190.24 |
| 63081 | REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR | $1,705.15 |
| 63082 | REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR | $248.75 |
| 63085 | REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO | $1,857.11 |
| 63086 | REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO | $178.57 |
| 63087 | REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM | $2,327.62 |
| 63088 | REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM | $241.15 |
| 63090 | REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE | $1,882.77 |
| 63091 | REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE | $165.12 |
| 63101 | REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL | $2,234.55 |
| 63102 | REMOVAL OF LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL E | $2,219.61 |
| 63103 | REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, | $274.54 |
| 63170 | REMOVAL OF SPINE BONE WITH INCISION OF SPINAL CORD | $1,538.59 |
| 63172 | REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO SPINAL CANAL | $1,364.63 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 63173 | REMOVAL OF SPINE BONE WITH DRAINAGE OF CYST OF SPINAL CORD INTO LUNG OR ABDOMEN | $1,660.03 |
| 63185 | REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, 1-2 SEGMENTS | $1,199.42 |
| 63190 | REMOVAL OF SPINE BONE WITH SEVERING OF NERVE ROOTS, MORE THAN 2 SEGMENTS | $1,235.22 |
| 63191 | LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE | $1,340.58 |
| 63192 | LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE | $0.00 |
| 63197 | PARTIAL REMOVAL OF SPINE BONE WITH INCISION OF BOTH MIDDLE SPINAL CORD TRACTS | $1,647.23 |
| 63200 | LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR | $1,496.79 |
| 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 | $2,802.52 |
| 63251 | REMOVAL OF MIDDLE SPINE BONE AND ARTERY-VEIN MALFORMATION | $2,868.50 |
| 63252 | REMOVAL OF MIDDLE AND LOWER SPINE BONE AND ARTERY-VEIN MALFORMATION | $2,868.18 |
| 63265 | REMOVAL OF UPPER SPINE BONE AND GROWTH OUTSIDE SPINE MEMBRANE | $1,608.06 |
| 63266 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE | $1,656.18 |
| 63267 | REMOVAL OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE | $1,339.25 |
| 63268 | REMOVAL OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE | $1,418.34 |
| 63270 | REMOVAL OF UPPER SPINE BONE AND GROWTH WITHIN SPINE MEMBRANE | $1,985.84 |
| 63271 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE | $1,985.91 |
| 63272 | REMOVAL OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE | $1,818.58 |
| 63273 | REMOVAL OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE | $1,792.88 |
| 63275 | REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE | $1,732.91 |
| 63276 | REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE | $1,722.05 |
| 63277 | REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE OUTSIDE SPINE MEMBRANE | $1,516.46 |
| 63278 | REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE | $1,540.52 |
| 63280 | REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMEDU | $2,026.08 |
| 63281 | REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMED | $2,010.43 |
| 63282 | REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE, EXTRAMEDU | $1,904.77 |
| 63283 | REMOVAL OR BIOPSY OF GROWTH OF SACRAL SPINE BONE WITHIN SPINE MEMBRANE | $1,831.01 |
| 63285 | REMOVAL OR BIOPSY OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE, INTRAMEDU | $2,486.48 |
| 63286 | REMOVAL OR BIOPSY OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, INTRAMED | $2,459.87 |
| 63287 | REMOVAL OR BIOPSY OF GROWTH OF LOWER SPINE BONE WITHIN SPINE MEMBRANE, INTRAMEDU | $2,603.82 |
| 63290 | REMOVAL OR BIOPSY OF GROWTH OF SPINE BONE OUTSIDE AND WITHIN SPINE MEMBRANE | $2,646.76 |
| 63295 | OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY | $304.72 |
| 63300 | REMOVAL OF GROWTH OF UPPER SPINE BONE OUTSIDE SPINE MEMBRANE | $1,757.23 |
| 63301 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, TRANSTHORACIC APP | $2,036.78 |
| 63302 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE OUTSIDE SPINE MEMBRANE, THORACOLUMBAR APP | $2,085.58 |
| 63303 | REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE OUTSIDE SPINE MEMBRANE, TRANSPER | $2,203.85 |
| 63304 | REMOVAL OF GROWTH OF UPPER SPINE BONE WITHIN SPINE MEMBRANE | $2,242.31 |
| 63305 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, TRANSTHORACIC APPR | $2,380.88 |
| 63306 | REMOVAL OF GROWTH OF MIDDLE SPINE BONE WITHIN SPINE MEMBRANE, THORACOLUMBAR APPF | $2,341.21 |
| 63307 | REMOVAL OF GROWTH OF LOWER OR SACRAL SPINE BONE WITHIN SPINE MEMBRANE, PERITONEA | $2,289.52 |
| 63308 | REMOVAL OF GROWTH OF SPINE BONE | $297.30 |
| 63600 | COMPUTER-ASSISTED CREATION OF GROWTH OF SPINAL CORD | $1,061.31 |
| 63610 | COMPUTER-ASSISTED STIMULATION OF SPINAL CORD | $544.56 |
| 63620 | COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, FIRST GROWTH | $1,089.40 |
| 63621 | COMPUTER-ASSISTED RADIOSURGERY OF GROWTH OF SPINE, EACH ADDITIONAL GROWTH | $231.99 |
| 63650 | INSERTION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY THROUGH SKIN | $413.78 |
| 63652 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES INTRADURAL (SPINAL CORD) | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 63655 | REMOVAL OF SPINE BONE FOR INSERTION OF NEUROSTIMULATOR ELECTRODE PLATE IN SPINE | $834.35 |
| 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 | $328.34 |
| 63662 | REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE | $844.72 |
| 63663 | REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE ARRAY USING FLUOROSCOPIC GUIDANCE | $446.06 |
| 63664 | REVISION OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE USING FLUOROSCOPIC GUIDANCE | $878.90 |
| 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR GENERATOR OR RECEIVER | $337.08 |
| 63688 | REMOVAL OR REVISION OF SPINAL NEUROSTIMULATOR GENERATOR OR RECEIVER | $298.61 |
| 63700 | REPAIR OF SPINAL CORD DEFECT, 5.0 CM OR LESS | $1,281.12 |
| 63702 | REPAIR OF SPINAL CORD DEFECT, MORE THAN 5.0 CM | $1,394.43 |
| 63704 | REPAIR OF SPINA BIFIDA, 5.0 CM OR LESS | $1,622.78 |
| 63706 | REPAIR OF SPINA BIFIDA, MORE THAN 5.0 CM | $1,792.34 |
| 63707 | REPAIR OF CEREBROSPINAL FLUID LEAK | $934.86 |
| 63708 | REPAIR DURAL/CSF LEAK | $0.00 |
| 63709 | REPAIR OF CEREBROSPINAL FLUID LEAK WITH PARTIAL REMOVAL OF VERTEBRA | $1,096.64 |
| 63710 | DURAL GRAFT, SPINAL | $1,072.59 |
| 63740 | CREATION OF CEREBROSPINAL FLUID SHUNT WITH PARTIAL REMOVAL OF VERTEBRA | $972.12 |
| 63741 | CREATION OF CEREBROSPINAL FLUID SHUNT | $665.50 |
| 63744 | REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT | $704.76 |
| 63746 | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT | $610.98 |
| 64400 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO FACE NERVE | $50.74 |
| 64405 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER NECK AND BACK OF HEAD NE | $50.38 |
| 64408 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO VAGUS NERVE | $44.65 |
| 64415 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO ARM NERVE BUNDLE (BRACHIAL PLE | $67.60 |
| 64416 | CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO ARM NERVE BUNDLE THR | $73.76 |
| 64417 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UPPER ARM AND SHOULDER NERVE ( | $62.94 |
| 64418 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SUPRASCAPULAR SHOULDER NERVE | $53.92 |
| 64420 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO RIB NERVE | $57.92 |
| 64421 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO MULTIPLE RIB NERVES FOR REGION | $23.96 |
| 64425 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER ABDOMEN AND GROIN NERVE | $53.86 |
| 64430 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO EXTERNAL GENITALS AND ANUS NER | $54.03 |
| 64435 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE | $42.60 |
| 64445 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER BACK AND LEG NERVE (SCIA | $70.54 |
| 64446 | CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO LOWER BACK AND LEG N | $72.15 |
| 64447 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH NERVE (FEMORAL NERVE) | $61.68 |
| 64448 | CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO THIGH NERVE (FEMORAL | $68.96 |
| 64449 | INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LOWER BACK NERVE BUNDL | $63.31 |
| 64450 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO OTHER NERVE OR BRANCH | $41.14 |
| 64451 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SPINE AND PELVIS NERVE USING I | $81.25 |
| 64454 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO KNEE NERVE BRANCH USING IMAGIN | $81.62 |
| 64455 | INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO FOOT NERVE | $32.23 |
| 64461 | INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE, SIN | $74.38 |
| 64462 | INJECTION OF ANESTHETIC AGENT INTO THORACIC VERTEBRA USING IMAGING GUIDANCE, ADD | $46.32 |
| 64463 | INJECTION OF ANESTHETIC AGENT THROUGH TUBE INTO THORACIC VERTEBRA USING IMAGING | $77.74 |
| 64466 | UNILATERAL THORACIC FASCIAL PLANE BLOCK BY INJECTION(S) | $63.13 |
| 64467 | UNILATERAL THORACIC FASCIAL PLANE BLOCK BY CONTINUOUS INFUSION(S) | $72.94 |
| 64468 | BILATERAL THORACIC FASCIAL PLANE BLOCK BY INJECTION(S) | $70.30 |
| 64469 | BILATERAL THORACIC FASCIAL PLANE BLOCK BY INFUSION(S) | $76.59 |
| 64473 | UNILATERAL LOWER EXTREMITY FASCIAL PLANE BLOCK BY INJECTION(S) | $56.48 |
| 64474 | UNILATERAL LOWER EXTREMITY FASCIAL PLANE BLOCK BY INFUSION(S) | $70.30 |
| 64479 | INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE ROO | $130.66 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 64480 | INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO UPPER OR MIDDLE SPINE NERVE ROO | $60.32 |
| 64483 | INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING I | $111.56 |
| 64484 | INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO SACRAL SPINE NERVE ROOT USING I | $49.78 |
| 64486 | INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE USING IMAG | $49.92 |
| 64487 | CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON SIDE | $56.98 |
| 64488 | INJECTION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH SIDES USIN | $57.68 |
| 64489 | CONTINUOUS INFUSION OF LOCAL ANESTHETIC FOR ABDOMINAL WALL PAIN CONTROL ON BOTH | $71.77 |
| 64490 | INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE LE | $105.44 |
| 64491 | INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND LE | $58.09 |
| 64492 | INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD AND | $58.65 |
| 64493 | INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SINGLE LE | $91.09 |
| 64494 | INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, SECOND LE | $49.77 |
| 64495 | INJECTION OF LOWER OR SACRAL SPINE FACET JOINT USING IMAGING GUIDANCE, THIRD AND | $50.52 |
| 64505 | INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE | $105.33 |
| 64510 | INJECTION OF ANESTHETIC AGENT INTO SYMPATHETIC NERVE BUNDLE | $76.95 |
| 64517 | INJECTION OF ANESTHETIC AGENT INTO SACRAL NERVE BUNDLE | $126.82 |
| 64520 | INJECTION OF ANESTHETIC AGENT INTO MIDDLE OR LOWER SPINE SYMPATHETIC NERVE | $85.79 |
| 64530 | INJECTION OF ANESTHETIC AGENT INTO ABDOMINAL SYMPATHETIC NERVE BUNDLE | $94.89 |
| 64553 | INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE | $435.24 |
| 64555 | INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE THROUGH SKIN | $324.86 |
| 64561 | INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY | $297.93 |
| 64566 | INSERTION OF LOWER LEG NEUROSTIMULATOR ELECTRODE | $28.85 |
| 64567 | ELECTRICAL NERVE FIELD STIMULATION OF CRANIAL NERVES THROUGH SKIN | $1,400.61 |
| 64568 | INSERTION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR | $602.48 |
| 64569 | REVISION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES | $755.57 |
| 64570 | REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P | $731.28 |
| 64575 | INSERTION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODE | $318.25 |
| 64580 | INSERTION OF MUSCLE NEUROSTIMULATOR ELECTRODES | $316.25 |
| 64581 | INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODE | $642.16 |
| 64582 | INSERTION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR AND BREAT | $831.44 |
| 64583 | REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND BREAT | $858.16 |
| 64584 | REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ELECTRODE AND GENERATOR AND BREATH | $726.17 |
| 64585 | REVISION OF PERIPHERAL NEUROSTIMULATOR ELECTRODES | $145.99 |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR GENER | $291.58 |
| 64595 | REMOVAL OR REVISION OF A PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GE | $229.21 |
| 64596 | INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR INITIAL ELEC | $329.53 |
| 64597 | INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR EACH ADDITIO | $329.53 |
| 64598 | REVISION OR REMOVAL OF A ELECTRODE ARRAY WITH AN INTEGRATED NEUROSTIMULATOR | $0.00 |
| 64600 | DESTRUCTION OF FIRST DIVISION OF FACE NERVE BRANCH | $238.14 |
| 64605 | DESTRUCTION OF SECOND AND THIRD DIVISION OF FACE NERVE BRANCH | $411.99 |
| 64610 | DESTRUCTION OF FACE NERVE BRANCH UNDER X-RAY MONITORING | $465.14 |
| 64611 | INJECTION OF CHEMICAL FOR PARALYSIS OF SALIVARY GLANDS ON BOTH SIDES OF MOUTH | $115.10 |
| 64612 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF FACE | $121.49 |
| 64615 | INJECTION OF CHEMICAL FOR PARALYSIS OF FACIAL AND NECK NERVE MUSCLES ON BOTH SID | $116.99 |
| 64616 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF NECK EXCLUDING V | $106.50 |
| 64617 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF VOICE BOX | $106.68 |
| 64620 | DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE | $179.37 |
| 64624 | DESTRUCTION OF NERVE BRANCHES OF KNEE USING IMAGING GUIDANCE | $147.48 |
| 64625 | DESTRUCTION OF NERVES SUPPLYING JOINT BETWEEN SPINE AND PELVIS USING IMAGING GUI | $196.67 |
| 64628 | HEAT DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE IN BONES OF SPINE IN LOWER | $409.14 |
| 64629 | HEAT DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE IN ADDITIONAL BONE OF SPINE | $189.96 |
| 64630 | DESTRUCTION OF EXTERNAL GENITAL NERVE | $192.10 |
| 64632 | DESTRUCTION OF FOOT NERVE | $67.99 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 64633 | DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE, | $192.74 |
| 64634 | DESTRUCTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE, | $65.50 |
| 64635 | DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE, | $192.93 |
| 64636 | DESTRUCTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVES USING IMAGING GUIDANCE, | $57.54 |
| 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | $121.00 |
| 64642 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES, | $104.68 |
| 64643 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES, | $67.05 |
| 64644 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MU | $113.70 |
| 64645 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MU | $77.71 |
| 64646 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 1-5 MUSCLES | $112.64 |
| 64647 | INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCLES | $127.66 |
| 64650 | INJECTION OF CHEMICAL FOR PARALYSIS OF UNDERARM SWEAT GLANDS | $39.69 |
| 64653 | INJECTION OF CHEMICAL FOR PARALYSIS OF SWEAT GLANDS | $49.76 |
| 64654 | INITIAL IMPLANTATION OF BAROFLEX ACTIVATION THERAPY SYSTEM | $533.78 |
| 64655 | REVISION OR REPLACEMENT OF BAROFLEX ACTIVATION THERAPY SYSTEM LEAD ONLY | $632.59 |
| 64656 | REVISION OR REPLACEMENT OF BAROFLEX ACTIVATION THERAPY SYSTEM PULSE GENERATOR ON | $412.17 |
| 64657 | REMOVAL OF BAROFLEX ACTIVATION THERAPY TOTAL SYSTEM | $606.54 |
| 64658 | REMOVAL OF BAROFLEX ACTIVATION THERAPY LEAD ONLY | $457.91 |
| 64659 | REMOVAL OF BAROFLEX ACTIVATION THERAPY PULSE GENERATOR ONLY | $425.44 |
| 64680 | INJECTION OF AGENT TO DESTROY ABDOMINAL NERVE BUNDLE | $162.25 |
| 64681 | INJECTION OF AGENT TO DESTROY PRESACRAL NERVE BUNDLE | $221.52 |
| 64702 | RELEASE OF FINGER NERVE | $536.31 |
| 64704 | RELEASE OF HAND OR FOOT NERVE | $336.18 |
| 64708 | RELEASE OF ARM OR LEG NERVE | $528.30 |
| 64712 | RELEASE OF SCIATIC NERVE | $604.27 |
| 64713 | RELEASE OF MAJOR ARM OR LEG NERVE | $801.69 |
| 64714 | RELEASE OF UPPER LEG NERVE | $772.79 |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) | $521.63 |
| 64718 | RELEASE AND/OR RELOCATION OF ELBOW NERVE | $628.53 |
| 64719 | RELEASE AND/OR RELOCATION OF WRIST NERVE | $425.16 |
| 64721 | RELEASE AND/OR RELOCATION OF HAND NERVE | $458.59 |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) | $380.11 |
| 64726 | RELEASE OF SOLE OF FOOT NERVE | $278.43 |
| 64727 | RELEASE OF NERVE USING OPERATING MICROSCOPE | $177.64 |
| 64728 | RELEASE OF HAND NERVE AT CARPAL TUNNEL WITH BALLOON DILATION | $1,511.36 |
| 64732 | INCISION OR REMOVAL OF FOREHEAD, SCALP AND UPPER EYELID NERVE | $462.80 |
| 64734 | INCISION OR REMOVAL OF LOWER EYELID, UPPER LIP, AND MOUTH NERVE | $521.94 |
| 64736 | INCISION OR REMOVAL OF CHIN, LOWER LIP, AND JAW NERVE | $344.38 |
| 64738 | INCISION OR REMOVAL OF TEETH AND JAW BONE NERVE | $463.01 |
| 64740 | INCISION AND REMOVAL OF TONGUE NERVE | $475.02 |
| 64742 | INCISION OR REMOVAL OF FACE NERVE | $510.31 |
| 64744 | INCISION OR REMOVAL OF SCALP AND OVER EAR NERVE | $510.32 |
| 64746 | INCISION OR REMOVAL OF ABDOMEN, GALLBLADDER, AND LIVER NERVE | $422.23 |
| 64755 | INCISION OR REMOVAL OF STOMACH NERVE | $890.07 |
| 64760 | INCISION OR REMOVAL OF ABDOMEN NERVE | $516.91 |
| 64762 | TRANSECTION OR AVULSION OF | $0.00 |
| 64763 | INCISION OR REMOVAL OF OUTSIDE PELVIC AND THIGH NERVE | $511.30 |
| 64764 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH | $0.00 |
| 64766 | INCISION OR REMOVAL OF INSIDE PELVIC AND THIGH NERVE | $628.25 |
| 64768 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, | $0.00 |
| 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL | $620.88 |
| 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL | $566.64 |
| 64774 | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE | $438.54 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 64776 | REMOVAL OF GROWTH OF FINGER OR TOE NERVE, SAME DIGIT | $413.59 |
| 64778 | REMOVAL OF GROWTH OF FINGER OR TOE NERVE, EACH ADDITIONAL DIGIT | $172.98 |
| 64782 | REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, FIRST NERVE | $469.55 |
| 64783 | REMOVAL OF GROWTH OF NERVE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE | $206.64 |
| 64784 | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC | $733.22 |
| 64786 | REMOVAL OR GROWTH OF SCIATIC NERVE | $973.53 |
| 64787 | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO | $226.72 |
| 64788 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE | $419.35 |
| 64790 | REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING | $852.00 |
| 64792 | REMOVAL OF GROWTH OF MAJOR PERIPHERAL NERVE OR NERVE LINING, EXTENSIVE INCLUDING | $1,065.42 |
| 64795 | BIOPSY OF NERVE | $191.20 |
| 64802 | SYMPATHECTOMY, CERVICAL | $841.07 |
| 64803 | SYMPATHECTOMY, CERVICAL | $0.00 |
| 64804 | SYMPATHECTOMY, CERVICOTHORACIC | $1,162.56 |
| 64806 | SYMPATHECTOMY, CERVICOTHORACIC | $0.00 |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR | $1,060.59 |
| 64811 | SYMPATHECTOMY, THORACOLUMBAR | $0.00 |
| 64814 | REMOVE SYMPATHETIC NERVES | $0.00 |
| 64818 | SYMPATHECTOMY, LUMBAR | $782.99 |
| 64819 | SYMPATHECTOMY, LUMBAR | $0.00 |
| 64820 | SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT | $779.90 |
| 64821 | REMOVAL OF LOWER ARM RADIAL ARTERY SYMPATHETIC NERVE | $715.55 |
| 64822 | REMOVAL OF LOWER ARM ULNAR ARTERY SYMPATHETIC NERVE | $715.55 |
| 64823 | REMOVAL OF HAND SYMPATHETIC NERVE | $805.58 |
| 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 | $714.60 |
| 64832 | SUTURE OF HAND OR FOOT DIGITAL NERVE, EACH ADDITIONAL DIGITAL NERVE | $320.93 |
| 64834 | SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE | $759.18 |
| 64835 | SUTURE OF HAND MEDIAN MOTOR NERVE | $823.07 |
| 64836 | SUTURE OF FOREARM AND HAND NERVE | $823.07 |
| 64837 | SUTURE OF HAND OR FOOT NERVE, EACH ADDITIONAL NERVE | $348.41 |
| 64840 | SUTURE OF POSTERIOR TIBIAL NERVE | $966.81 |
| 64856 | SUTURE AND RELOCATION OF ARM OR LEG PERIPHERAL NERVE | $1,003.17 |
| 64857 | SUTURE OF ARM OR LEG PERIPHERAL NERVE | $1,044.80 |
| 64858 | SUTURE OF SCIATIC NERVE | $1,167.81 |
| 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION | $236.70 |
| 64861 | SUTURE OF ARM NERVE BUNDLE | $1,472.89 |
| 64862 | SUTURE OF; LUMBAR PLEXUS | $1,360.44 |
| 64864 | SUTURE OF FACE NERVE OUTSIDE SKULL | $858.90 |
| 64865 | SUTURE OF FACE NERVE AT TEMPLE | $1,086.42 |
| 64866 | CONNECTION OF FACE-SPINAL NERVES TO RESTORE FUNCTION TO THE FACE | $1,251.43 |
| 64868 | CONNECTION OF FACE-HYPOGLOSSAL NERVES TO RESTORE FUNCTION TO THE FACE | $995.78 |
| 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN | $111.02 |
| 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE | $165.81 |
| 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN | $187.68 |
| 64885 | GRAFT OF HEAD OR NECK NERVE, 4.0 CM OR LESS | $1,068.63 |
| 64886 | GRAFT OF HEAD OR NECK NERVE, MORE THAN 4.0 CM | $1,280.12 |
| 64890 | GRAFT OF HAND OR FOOT NERVE , 4.0 CM OR LESS | $1,074.48 |
| 64891 | GRAFT OF HAND OR FOOT NERVE, MORE THAN 4.0 CM | $1,141.32 |
| 64892 | GRAFT OF ARM OR LEG NERVE, 4.0 CM OR LESS | $1,046.27 |
| 64893 | GRAFT OF ARM OR LEG NERVE, MORE THAN 4.0 CM | $1,114.68 |
| 64895 | GRAFT OF MULTIPLE HAND OR FOOT NERVES, 4.0 CM OR LESS | $1,311.11 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 64896 | GRAFT OF MULTIPLE HAND OR FOOT NERVES, MORE THAN 4.0 CM | $1,414.15 |
| 64897 | GRAFT OF MULTIPLE ARM OR LEG NERVES, 4.0 CM OR LESS | $1,254.92 |
| 64898 | GRAFT OF MULTIPLE ARM OR LEG NERVES, MORE THAN 4.0 CM | $1,359.17 |
| 64901 | GRAFT OF SINGLE STRAND OF NERVE, EACH ADDITIONAL NERVE | $568.74 |
| 64902 | GRAFT OF MULTIPLE NERVE SECTIONS | $658.40 |
| 64905 | TRANSFER OF NERVE TO INJURED NERVE, STAGE 1 OF 2 | $988.81 |
| 64907 | TRANSFER OF NERVE TO INJURED NERVE, STAGE 2 OF 2 | $1,285.93 |
| 64910 | NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE | $775.09 |
| 64911 | NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH | $1,032.51 |
| 64912 | REPAIR OF NERVE USING NERVE GRAFT, FIRST STRAND | $905.45 |
| 64913 | REPAIR OF NERVE USING NERVE GRAFT, EACH ADDITIONAL STRAND | $165.38 |
| 64999 | OTHER PROCEDURE ON NERVOUS SYSTEM | $932.99 |
| 65091 | REMOVAL OF EYE CONTENTS | $768.30 |
| 65093 | EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT | $762.30 |
| 65101 | ENUCLEATION OF EYE; WITHOUT IMPLANT | $880.32 |
| 65103 | REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT | $907.98 |
| 65105 | REMOVAL OF EYEBALL WITH INSERTION OF IMPLANT ATTACHED TO MUSCLES | $987.06 |
| 65110 | REMOVAL OF EYE CONTENTS AND EYE SOCKET BONE | $1,352.65 |
| 65112 | REMOVAL OF EYE CONTENTS AND THERAPEUTIC REMOVAL OF EYE SOCKET BONE | $1,547.69 |
| 65114 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL | $1,613.52 |
| 65130 | INSERTION OF EYE IMPLANT IN SCLERAL SHELL AFTER EVISCERATION | $883.27 |
| 65135 | INSERTION OF EYE IMPLANT AFTER REMOVAL OF EYE | $893.36 |
| 65140 | INSERTION OF EYE IMPLANT ATTACHED TO MUSCLES AFTER REMOVAL OF EYE | $959.62 |
| 65150 | REINSERTION OF EYE IMPLANT | $726.98 |
| 65155 | REINSERTION OF EYE IMPLANT USING FOREIGN MATERIAL AND/OR ATTACHMENT TO MUSCLES F | $997.20 |
| 65175 | REMOVAL OF EYE IMPLANT | $808.68 |
| 65205 | REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA) | $29.03 |
| 65210 | REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA OR SCLERA) | $36.26 |
| 65220 | REMOVAL OF FOREIGN BODY IN CORNEA | $40.40 |
| 65222 | REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP | $50.20 |
| 65230 | REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM ANTERIOR CHAMBER, MAGNETIC EXTRACTION | $0.00 |
| 65235 | REMOVAL OF FOREIGN BODY IN EYE OR LENS | $745.67 |
| 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 | $999.86 |
| 65265 | REMOVAL OF FOREIGN BODY IN EYE | $1,121.94 |
| 65270 | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL | $142.54 |
| 65272 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT | $359.64 |
| 65273 | REPAIR OF LACERATED CONJUNCTIVA USING FLAP OR GRAFT WITH HOSPITALIZATION | $385.27 |
| 65275 | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN | $467.86 |
| 65280 | REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA | $678.90 |
| 65285 | REPAIR OF PERFORATING LACERATION OF CORNEA AND/OR SCLERA WITH REPOSITION OR REMO | $1,117.55 |
| 65286 | REPAIR OF LACERATED CORNEA AND/OR SCLERA USING TISSUE GLUE | $503.57 |
| 65290 | REPAIR OF WOUND OF EYE MUSCLE OR TENDON | $497.74 |
| 65300 | DELIMITING KERATOTOMY | $0.00 |
| 65400 | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM | $620.32 |
| 65410 | BIOPSY OF CORNEA | $104.17 |
| 65420 | REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA | $394.36 |
| 65426 | REMOVAL OR RELOCATION OF CORNEAL CONJUNCTIVA WITH GRAFT | $492.25 |
| 65430 | SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE | $102.87 |
| 65435 | REMOVAL OF OUTER LAYER OF CORNEA | $71.36 |
| 65436 | REMOVAL OF OUTER LAYER OF CORNEA WITH APPLICATION OF CHELATING AGENT | $379.29 |
| 65450 | DESTRUCTION OF GROWTH OF CORNEA | $338.46 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 65600 | MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO) | $352.95 |
| 65650 | VENTI MASK | $0.00 |
| 65710 | TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA | $1,164.90 |
| 65730 | PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (EXCEPT IN A | $1,274.05 |
| 65750 | PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN APHAKIA) | $1,278.26 |
| 65755 | PENETRATING TRANSPLANTATION OF TISSUE FROM 1 CORNEA TO OTHER CORNEA (IN PSEUDOPH | $1,274.33 |
| 65756 | TRANSPLANTATION OF OUTER LAYER OF CORNEAL TISSUE | $1,196.78 |
| 65757 | BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION | $111.58 |
| 65765 | KERATOPHAKIA | $0.00 |
| 65767 | EPIKERATOPLASTY | $0.00 |
| 65770 | INSERTION OF CORNEA PROSTHESIS | $1,423.72 |
| 65771 | INCISION IN CORNEA TO CORRECT REFRACTION ERROR | $0.00 |
| 65772 | INCISION OF CORNEA TO CORRECT ASTIGMATISM | $417.02 |
| 65775 | REMOVAL OF CORNEAL TISSUE TO CORRECT ASTIGMATISM | $590.85 |
| 65778 | PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE FOR WOUND HEALING | $43.51 |
| 65779 | PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE WITH SUTURES FOR WOUND HEALING | $104.67 |
| 65780 | OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER | $610.52 |
| 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR | $1,347.68 |
| 65782 | TRANSPLANTATION OF STEM CELLS FROM 1 CORNEA TO OTHER CORNEA | $1,165.90 |
| 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS | $457.55 |
| 65800 | REMOVAL OF EYE FLUID | $88.64 |
| 65810 | COMPLEX REMOVAL OF EYE FLUID | $475.71 |
| 65815 | REMOVAL OF BLOOD FROM EYE | $489.52 |
| 65820 | GONIOTOMY | $847.07 |
| 65825 | GONIOTOMY WITH GONIOPUNCTURE | $0.00 |
| 65830 | GONIOPUNCTURE, WITHOUT GONIOTOMY | $0.00 |
| 65850 | TRABECULOTOMY AB EXTERNO | $856.03 |
| 65855 | LASER REPAIR TO IMPROVE EYE FLUID FLOW | $207.51 |
| 65860 | LASER REMOVAL OF SCAR TISSUE OF EYE | $252.03 |
| 65865 | REMOVAL OF SCAR TISSUE IN EYE (GONIOSYNECHIAE) | $490.27 |
| 65870 | REMOVAL OF SCAR TISSUE IN EYE (ANTERIOR SYNECHIAE) | $609.52 |
| 65875 | REMOVAL OF SCAR TISSUE IN EYE (POSTERIOR SYNECHIAE) | $649.85 |
| 65880 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR | $681.57 |
| 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE | $1,009.66 |
| 65920 | REMOVAL OF IMPLANTED LENS OF EYE | $809.86 |
| 65930 | REMOVAL OF BLOOD CLOT OF EYE | $653.92 |
| 66020 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID | $135.31 |
| 66030 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION | $115.22 |
| 66130 | EXCISION OF LESION, SCLERA | $573.18 |
| 66150 | PARTIAL REMOVAL OF IRIS AND CREATION OF DRAINAGE HOLE FOR TREATMENT OF GLAUCOMA | $900.72 |
| 66155 | PARTIAL REMOVAL OF IRIS USING HEAT FOR TREATMENT OF GLAUCOMA | $900.02 |
| 66160 | REMOVAL OF SCLERA AND IRIS AND CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMEN | $1,007.83 |
| 66170 | CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA | $1,118.31 |
| 66172 | CREATION OF EYE FLUID DRAINAGE TRACT FOR TREATMENT OF GLAUCOMA WITH PREVIOUS SCA | $1,223.58 |
| 66174 | DILATION OF FLUID OUTFLOW DRAINAGE WITHIN EYE | $640.92 |
| 66175 | DILATION OF FLUID OUTFLOW DRAINAGE WITHIN EYE WITH INSERTION OF DEVICE TO MAINTA | $739.62 |
| 66179 | CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW | $1,102.78 |
| 66180 | CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW USING TISSUE GRAFT | $1,160.00 |
| 66183 | INSERTION OF EYE FLUID DRAINAGE DEVICE | $1,050.36 |
| 66184 | REVISION OF EYE FLUID DRAINAGE SHUNT | $813.53 |
| 66185 | REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT | $871.49 |
| 66225 | REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT | $950.54 |
| 66250 | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR | $569.11 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 66500 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION | $408.27 |
| 66505 | INCISION AND DRAINAGE OF EYE FLUID ACCUMULATION OF IRIS | $443.91 |
| 66600 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION | $927.97 |
| 66605 | REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW WITH PARTIAL REMOVAL | $1,106.17 |
| 66625 | REMOVAL OF MARGIN OF IRIS TO IMPROVE EYE FLUID FLOW | $440.34 |
| 66630 | REMOVAL OF SECTION OF IRIS TO IMPROVE EYE FLUID FLOW | $580.13 |
| 66635 | PARTIAL REMOVAL OF IRIS AND EYELID BORDER TO IMPROVE EYE FLUID FLOW | $585.27 |
| 66680 | REPAIR OF IRIS AND LENS | $607.45 |
| 66682 | SUTURE OF IRIS AND LENS | $676.93 |
| 66683 | IMPLANTATION OF IRIS PROSTHESIS | $793.37 |
| 66700 | CILIARY BODY DESTRUCTION; DIATHERMY | $400.23 |
| 66701 | CYCLODIATHERMY; SUBSEQUENT | $0.00 |
| 66702 | CILIARY BODY DESTRUCTION, ANY METHOD (EG, DIATHERMY, CRYOTHERAPY, LASER, DIALYSI | $0.00 |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL | $400.23 |
| 66711 | DESTRUCTION OF TISSUE ENCIRCLING LENS USING AN ENDOSCOPE | $524.64 |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY | $425.35 |
| 66721 | CYCLOCRYOTHERAPY; SUBSEQUENT | $0.00 |
| 66741 | CYCLODIALYSIS; SUBSEQUENT | $0.00 |
| 66761 | CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING A LASER, PER SESSION | $240.96 |
| 66762 | CREATION OF OPENING OF IRIS FOR EYE FLUID DRAINAGE USING A LASER | $436.04 |
| 66770 | DESTRUCTION OF GROWTH OF IRIS USING A LASER | $493.91 |
| 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 | $486.37 |
| 66821 | REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING A LASER | $322.18 |
| 66825 | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE | $855.13 |
| 66830 | REMOVAL OF RECURRING CATARACT IN LENS CAPSULE WITH SECTIONING OF CORNEA AND SCLE | $722.45 |
| 66840 | ASPIRATION OF LENS MATERIAL BY ASPIRATION | $705.64 |
| 66850 | ASPIRATION OF LENS MATERIAL BY FRAGMENTING AND ASPIRATION | $802.13 |
| 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY | $851.48 |
| 66915 | EXPRESSION OF LENS, LINEAR, ONE OR MORE STAGES | $0.00 |
| 66920 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR | $761.42 |
| 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS | $870.02 |
| 66940 | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852) | $798.73 |
| 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 | $756.57 |
| 66983 | REMOVAL OF CATARACT AND CAPSULE WITH INSERTION OF PROSTHETIC LENS | $837.05 |
| 66984 | REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS | $553.60 |
| 66985 | INSERTION OF PROSTHETIC LENS | $785.01 |
| 66986 | EXCHANGE OF PROSTHETIC LENS | $916.11 |
| 66987 | COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMEN | $938.12 |
| 66988 | REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMENT TO DEC | $772.99 |
| 66989 | COMPLEX EXTRACAPSULAR REMOVAL OF CATARACT WITH INSERTION OF ARTIFICIAL LENS AND | $866.20 |
| 66991 | EXTRACAPSULAR REMOVAL OF CATARACT WITH INSERTION OF ARTIFICIAL LENS AND INSERTIO | $696.48 |
| 66999 | OTHER PROCEDURE ON FRONT OF EYE | $0.00 |
| 67005 | PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA | $491.36 |
| 67010 | PARTIAL REMOVAL OF EYE FLUID BETWEEN LENS AND RETINA WITH MECHANICAL REMOVAL OF | $558.72 |
| 67015 | ASPIRATION OR RELEASE OF EYE FLUID BETWEEN LENS AND RETINA | $619.47 |
| 67025 | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS | $644.31 |
| 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), | $858.82 |
| 67028 | INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE) | $92.61 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 67030 | CUTTING OF STRANDS OF EYE FLUID BETWEEN LENS AND RETINA | $575.96 |
| 67031 | RELEASE OF SCAR TISSUE BETWEEN LENS AND RETINA USING A LASER | $362.04 |
| 67035 | VTRCTMY MECHNCL PARS PLANA APPRCH W/WO RMVL LENS | $0.00 |
| 67036 | REMOVAL OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA | $909.68 |
| 67039 | DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA USING A LASER | $971.94 |
| 67040 | DESTRUCTION OF EYE FLUID (VITREOUS) BETWEEN LENS AND RETINA AND ALL OF RETINA US | $1,047.38 |
| 67041 | REMOVAL OF MEMBRANE OF RETINA | $1,152.61 |
| 67042 | REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETI | $1,152.61 |
| 67043 | REMOVAL OF MEMBRANE OF RETINA WITH REMOVAL OF SUBRETINAL MEMBRANE | $1,215.05 |
| 67101 | REPAIR OF DETACHED RETINA BY COLD TREATMENT | $292.23 |
| 67105 | REPAIR OF DETACHED RETINA USING A LASER | $281.80 |
| 67107 | REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND RETINA | $1,133.95 |
| 67108 | REPAIR OF DETACHED RETINA WITH DRAINAGE AND REMOVAL OF EYE FLUID BETWEEN LENS AN | $1,199.27 |
| 67110 | REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC | $830.72 |
| 67113 | COMPLEX REPAIR OF DETACHED RETINA AND DRAINAGE OF EYE FLUID BETWEEN LENS AND RET | $1,339.98 |
| 67115 | RELEASE OF MATERIAL USED FOR RETINA REPAIR | $512.41 |
| 67120 | REMOVAL OF IMPLANT MATERIAL FROM OUTSIDE OF EYE | $567.07 |
| 67121 | REMOVAL OF IMPLANT MATERIAL FROM INSIDE OF EYE | $917.08 |
| 67141 | HEAT OR FREEZING TREATMENT TO PREVENT DETACHMENT OF RETINA | $222.61 |
| 67145 | PHOTOCOAGULATION TREATMENT TO PREVENT DETACHMENT OF RETINA | $222.61 |
| 67208 | DESTRUCTION OF GROWTH OF RETINA BY HEAT OR FREEZING | $587.63 |
| 67210 | DESTRUCTION OF GROWTH OF RETINA USING A LASER | $509.33 |
| 67218 | DESTRUCTION OF GROWTH OF RETINA BY IMPLANTATION OF RADIATION SOURCE | $1,398.23 |
| 67220 | DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTOCOAGULATION | $509.90 |
| 67221 | DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC THERAPY | $207.55 |
| 67225 | DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA BY PHOTODYNAMIC THERAPY | $27.08 |
| 67227 | DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA | $258.78 |
| 67228 | DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA USING LASER | $306.68 |
| 67229 | DESTRUCTION OF LEAKING BLOOD VESSELS OF RETINA, PRETERM INFANT | $1,169.11 |
| 67250 | REPAIR OF DEFECT OF SCLERA | $927.86 |
| 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT | $707.11 |
| 67299 | OTHER PROCEDURE ON BACK OF EYE | $738.96 |
| 67311 | REALIGNMENT OF HORIZONTAL EYE MUSCLE | $467.01 |
| 67312 | REALIGNMENT OF EYE BY REPAIR OF 2 HORIZONTAL MUSCLES | $673.62 |
| 67313 | STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY PROCEDURE, ANY MUS | $0.00 |
| 67314 | REALIGNMENT OF VERTICAL EYE MUSCLE | $467.01 |
| 67316 | REALIGNMENT OF MULTIPLE VERTICAL EYE MUSCLES | $717.99 |
| 67318 | REALIGNMENT OF EYE MUSCLE AT UPPER INNER EDGE OF EYE | $696.13 |
| 67320 | RELOCATION OF EYE MUSCLE TO RESTORE FUNCTION | $172.57 |
| 67331 | REALIGNMENT OF EYE MUSCLE FOLLOWING INJURY OR EYE SURGERY | $125.95 |
| 67332 | REALIGNMENT OF EYE MUSCLE COMPLICATED BY SCARRING OR RESTRICTIVE MUSCLE MOVEMENT | $201.55 |
| 67334 | REALIGNMENT OF EYE MUSCLE BY SUTURE | $123.80 |
| 67335 | PLACEMENT OF ADJUSTABLE SUTURES DURING EYE MUSCLE SURGERY | $185.21 |
| 67340 | REALIGNMENT AND REPAIR OF DETACHED EYE MUSCLE | $288.86 |
| 67343 | RELEASE OF EXTENSIVE SCAR TISSUE OF EYE | $691.97 |
| 67345 | DESTRUCTION OF EYE MUSCLE BY INJECTION OF CHEMICAL | $218.68 |
| 67346 | BIOPSY OF EXTRAOCULAR MUSCLE | $195.32 |
| 67399 | OTHER PROCEDURE ON EYE MUSCLE | $0.00 |
| 67400 | EXPLORATION OF CAVITY BEHIND EYE | $1,063.96 |
| 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | $931.89 |
| 67412 | REMOVAL OF GROWTH OF CAVITY BEHIND EYE | $1,014.06 |
| 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | $989.46 |
| 67414 | REMOVAL OF BONE CAVITY BEHIND EYE FOR DECOMPRESSION | $1,471.38 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 67415 | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS | $102.02 |
| 67420 | REMOVAL OF BONE AND GROWTH OF CAVITY BEHIND EYE | $1,759.09 |
| 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | $1,419.87 |
| 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | $1,377.82 |
| 67445 | REMOVAL OF BONE FROM CAVITY BEHIND EYE WITH BONE FLAP | $1,549.13 |
| 67450 | EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP | $1,427.27 |
| 67500 | INJECTION OF DRUG INTO CAVITY BEHIND EYE | $64.14 |
| 67505 | RETROBULBAR INJECTION; ALCOHOL | $71.96 |
| 67510 | RETROBULBR INJ;RADGRPHY | $0.00 |
| 67515 | INJECTION OF DRUG OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL | $47.10 |
| 67516 | INJECTION OF DRUG INTO THE SPACE BETWEEN THE CORNEA AND RETINA IN THE EYE | $97.56 |
| 67550 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION | $1,113.94 |
| 67560 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION | $1,136.49 |
| 67570 | OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH) | $1,301.35 |
| 67599 | OTHER PROCEDURE ON BONE CAVITY OF EYE | $0.00 |
| 67700 | INCISION AND DRAINAGE OF ABSCESS OF EYELID | $120.68 |
| 67710 | SEVERING OF TARSORRHAPHY | $101.85 |
| 67715 | INCISION OF CORNER OF EYE AT EYELID | $111.06 |
| 67800 | REMOVAL OF CHRONIC GROWTH OF EYELID | $104.65 |
| 67801 | REMOVAL OF MULTIPLE CHRONIC GROWTHS OF SAME EYELID | $133.44 |
| 67805 | REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS | $166.08 |
| 67808 | REMOVAL OF CHRONIC EYELID GROWTH UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPI | $378.69 |
| 67810 | INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN | $67.85 |
| 67820 | REMOVAL OF EYELASHES USING FORCEPS | $22.61 |
| 67825 | CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY | $126.85 |
| 67830 | REMOVAL OF EYELASHES BY INCISION | $141.47 |
| 67835 | REMOVAL OF EYELASHES WITH GRAFT | $453.44 |
| 67840 | REMOVAL OF GROWTH OF EYELID | $160.45 |
| 67850 | DESTRUCTION OF GROWTH OF EYELID MARGIN, 1.0 CM OR LESS | $135.01 |
| 67875 | TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) | $97.32 |
| 67880 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; | $378.87 |
| 67882 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; | $483.66 |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) | $514.88 |
| 67901 | REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING EXTERNAL MA | $602.59 |
| 67902 | REPAIR OF UPPER EYELID MUSCLE TO CORRECT DROOPING OR PARALYSIS USING INTERNAL TI | $738.58 |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL | $489.84 |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL | $606.88 |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING | $514.19 |
| 67908 | REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS | $444.42 |
| 67909 | REVISION OF SURGERY TO CORRECT DROOPING OR PARALYZED UPPER EYELID | $449.03 |
| 67911 | CORRECTION OF LID RETRACTION | $570.70 |
| 67912 | RESTORATION OF EYELID BLINKING FUNCTION WITH IMPLANT | $493.65 |
| 67914 | SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT | $341.36 |
| 67915 | REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT | $207.94 |
| 67916 | REPAIR OF ECTROPION; EXCISION TARSAL WEDGE | $441.67 |
| 67917 | REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS) | $467.00 |
| 67921 | REPAIR OF ENTROPION; SUTURE | $325.08 |
| 67922 | REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT | $209.80 |
| 67923 | REPAIR OF TURNING-INWARD EYELID DEFECT | $441.86 |
| 67924 | EXTENSIVE REPAIR OF TURNING-INWARD EYELID DEFECT | $467.74 |
| 67930 | SUTURE OF RECENT WOUND OF EYELID | $236.29 |
| 67935 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL | $442.03 |
| 67938 | REMOVAL OF EMBEDDED FOREIGN BODY, EYELID | $119.50 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 67950 | RECONSTRUCTION OF EYELID MARGIN | $472.65 |
| 67961 | REMOVAL OF UP TO 1/4 OF EYELID MARGIN AND REPAIR OF EYELID | $465.48 |
| 67966 | REMOVAL OF OVER 1/4 OF EYELID MARGIN AND REPAIR OF EYELID | $664.65 |
| 67971 | RECONSTRUCTION OF UP TO 2/3 OF EYELID WITH TISSUE FROM OPPOSITE EYELID | $729.28 |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP | $936.02 |
| 67974 | RECONSTRUCTION OF UPPER EYELID WITH TISSUE FROM OPPOSITE EYELID | $933.95 |
| 67975 | RECONSTRUCTION OF EYELID BY TRANSFER OF EYELID TISSUE FROM OPPOSITE EYELID | $692.15 |
| 67999 | OTHER PROCEDURE ON EYELID | $0.00 |
| 68020 | INCISION AND DRAINAGE OF CYST OF EYE | $113.16 |
| 68040 | REMOVAL OF SCARS OF EYELID LINING DUE TO INFECTION | $48.29 |
| 68100 | BIOPSY OF EYELID LINING | $97.51 |
| 68110 | REMOVAL OF GROWTH OF EYELID LINING, 1.0 CM OR LESS | $153.39 |
| 68115 | REMOVAL OF GROWTH OF EYELID LINING, MORE THAN 1.0 CM | $187.14 |
| 68130 | REMOVAL OF GROWTH OF EYELID LINING AND SCLERA | $424.96 |
| 68135 | DESTRUCTION OF GROWTH OF EYELID LINING | $154.35 |
| 68200 | SUBCONJUNCTIVAL INJECTION | $34.79 |
| 68320 | REPAIR OF EYELID LINING WITH GRAFT FROM EXTERNAL EYE | $555.55 |
| 68325 | REPAIR OF CONJUNCTIVA WITH GRAFT FROM CHEEK TISSUE | $670.22 |
| 68326 | RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM OUTER EYE OR REARRANGEMENT | $658.41 |
| 68328 | RECONSTRUCTION OF CONJUNCTIVA WITH GRAFT FROM CHEEK | $717.71 |
| 68330 | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT | $473.30 |
| 68335 | RELEASE OF SCAR TISSUE FROM EYELIDS WITH GRAFT | $660.63 |
| 68340 | RELEASE OF SCAR TISSUE FROM EYELIDS | $405.82 |
| 68360 | PARTIAL RELOCATION OF CONJUNCTIVAL FLAP | $422.02 |
| 68362 | RELOCATION OF CONJUNCTIVAL FLAP | $668.83 |
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR | $423.34 |
| 68399 | OTHER PROCEDURE ON CONJUNCTIVA | $0.00 |
| 68400 | INCISION AND DRAINAGE OF TEAR PRODUCING GLAND | $134.82 |
| 68420 | INCISION AND DRAINAGE OF TEAR DUCT SAC | $169.22 |
| 68440 | SNIP INCISION OF TEAR DUCT AT INNER CORNER OF EYE | $105.02 |
| 68500 | REMOVAL OF TEAR PRODUCING GLAND | $1,089.05 |
| 68505 | PARTIAL REMOVAL OF TEAR PRODUCING GLAND | $1,084.42 |
| 68510 | BIOPSY OF TEAR PRODUCING GLAND | $287.27 |
| 68520 | REMOVAL OF TEAR SAC | $758.11 |
| 68525 | BIOPSY OF TEAR SAC | $254.68 |
| 68530 | REMOVAL OF FOREIGN BODY OR STONE IN TEAR PASSAGES | $257.26 |
| 68540 | REMOVAL OF GROWTH OF TEAR PRODUCING GLAND | $1,004.21 |
| 68550 | REMOVAL OF GROWTH OF TEAR PRODUCING GLAND WITH OSTEOTOMY | $1,248.98 |
| 68700 | PLASTIC REPAIR OF TEAR DUCT | $616.48 |
| 68705 | CORRECTION OF EVERTED PUNCTUM, CAUTERY | $170.02 |
| 68720 | CREATION OF DRAINAGE TRACT FROM TEAR SAC TO NASAL CAVITY | $829.87 |
| 68745 | CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY | $835.57 |
| 68750 | CREATION OF TEAR DRAINAGE TRACT TO NASAL CAVITY WITH INSERTION OF TUBE OR STENT | $882.16 |
| 68760 | REPAIR TEAR DUCT OPENING BY HEAT, TYING, OR LASER SURGERY | $150.98 |
| 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH | $121.58 |
| 68770 | CLOSURE OF ABNORMAL TEAR DRAINAGE TRACT | $640.65 |
| 68801 | DILATION OF TEAR DRAINAGE OPENING | $83.37 |
| 68810 | INSERTION OF PROBE INTO NASAL TEAR DUCT | $132.45 |
| 68811 | INSERTION OF PROBE INTO NASAL TEAR DUCT UNDER ANESTHESIA | $139.09 |
| 68815 | PROBING OF NASAL TEAR DUCT WITH INSERTION OF TUBE OR STENT | $229.03 |
| 68816 | PROBING OF NASAL TEAR DUCT WITH BALLOON TUBE DILATION | $160.40 |
| 68840 | PROBING OF NASAL TEAR DUCT | $122.29 |
| 68841 | INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCT OF EYE | $32.93 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 68850 | INJECTION OF CONTRAST FOR IMAGING OF TEAR SAC | $52.24 |
| 68899 | OTHER PROCEDURE ON TEAR PRODUCING DRAINAGE SYSTEM | $0.00 |
| 69000 | SIMPLE DRAINAGE OF ABSCESS OR BLOOD ACCUMULATION OF EXTERNAL EAR | $129.82 |
| 69005 | COMPLICATED DRAINAGE OF EXTERNAL EAR ABSCESS OR BLOOD ACCUMULATION | $165.43 |
| 69020 | DRAINAGE OF ABSCESS OF EAR CANAL | $150.30 |
| 69090 | PIERCING OF EAR | $0.00 |
| 69100 | BIOPSY EXTERNAL EAR | $45.86 |
| 69105 | BIOPSY EXTERNAL AUDITORY CANAL | $66.28 |
| 69110 | PARTIAL REMOVAL OF EXTERNAL EAR WITH SIMPLE REPAIR | $340.48 |
| 69120 | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION | $401.99 |
| 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL | $944.23 |
| 69145 | REMOVAL OF GROWTH IN SOFT TISSUE OF EAR CANAL | $267.98 |
| 69150 | REMOVAL OF GROWTH OF EAR CANAL | $1,016.92 |
| 69155 | REMOVAL OF GROWTH OF EAR CANAL WITH NECK DISSECTION | $1,638.00 |
| 69200 | REMOVAL OF FOREIGN BODY IN EAR CANAL | $47.53 |
| 69205 | REMOVAL OF FOREIGN BODY IN EAR CANAL UNDER ANESTHESIA | $97.79 |
| 69209 | REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL | $17.28 |
| 69210 | REMOVAL OF IMPACTED EAR WAX | $31.41 |
| 69220 | SIMPLE REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY | $51.51 |
| 69221 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE | $0.00 |
| 69222 | COMPLEX REMOVAL OF SKIN DEBRIS AND DRAINAGE OF MASTOID CAVITY | $142.51 |
| 69223 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA | $0.00 |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | $482.20 |
| 69301 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | $0.00 |
| 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE | $1,161.93 |
| 69320 | CREATION OF EAR CANAL | $1,609.41 |
| 69399 | OTHER PROCEDURE ON EXTERNAL EAR | $0.00 |
| 69420 | INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM | $125.94 |
| 69421 | INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA | $157.26 |
| 69424 | VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA | $62.76 |
| 69425 | VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER | $0.00 |
| 69433 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL | $138.03 |
| 69434 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR | $0.00 |
| 69436 | INCISION OF EARDRUM WITH PLACEMENT OF EARDRUM TUBE UNDER GENERAL ANESTHESIA | $165.05 |
| 69437 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL | $0.00 |
| 69440 | EXPLORATION OF MIDDLE EAR | $711.25 |
| 69450 | TYMPANOLYSIS, TRANSCANAL | $566.31 |
| 69501 | TRANSMASTOID ANTROTOMY (''SIMPLE'' MASTOIDECTOMY) | $723.62 |
| 69502 | REMOVAL OF MIDDLE EAR (MASTOID) BONE | $957.21 |
| 69505 | REMOVAL OF MIDDLE EAR BONE AND REMOVAL OF GROWTH OF MIDDLE EAR | $1,271.63 |
| 69511 | EXTENSIVE REMOVAL OF MASTOID BONE | $1,299.33 |
| 69530 | EXTENSIVE REMOVAL OF BONES AROUND INNER EAR AND MASTOID BONE | $1,720.83 |
| 69535 | REMOVAL OF SKULL BONE SURROUNDING EAR | $2,690.27 |
| 69540 | REMOVAL OF POLYP OF OUTER EAR | $135.87 |
| 69550 | REMOVAL OF GROWTH OF OUTER EAR THROUGH EAR CANAL | $1,102.35 |
| 69552 | REMOVAL OF GROWTH OF OUTER EAR THROUGH MASTOID BONE | $1,620.35 |
| 69554 | REMOVAL OF GROWTH OF OUTER EAR | $2,551.81 |
| 69601 | REVISION OF OPERATION OF MIDDLE EAR BONES AND REMOVAL OF REMAINING BONES | $1,032.40 |
| 69602 | REVISION OF PREVIOUS MASTOID BONE SURGERY | $1,107.27 |
| 69603 | EXTENSIVE REVISION OF PREVIOUS MASTOID BONE SURGERY | $1,325.88 |
| 69604 | REVISION OF OPERATION OF MIDDLE EAR AND EARDRUM | $1,130.38 |
| 69610 | TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR | $288.51 |
| 69611 | TYMPANIC MEMBRANE PATCHING WITH TISSUE GRAFT | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 69620 | REPAIR OF DEFECT OR TEAR OF EARDRUM | $512.06 |
| 69631 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR | $912.97 |
| 69632 | REPAIR OF EARDRUM, EAR CANAL, AND BONES | $1,105.40 |
| 69633 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS | $1,077.12 |
| 69635 | REPAIR OF EARDRUM AND EAR CANAL WITH INCISION OF MIDDLE EAR BONE | $1,318.84 |
| 69636 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MIDDLE EAR BONE | $1,454.78 |
| 69637 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH PLACEMENT OF IMPLANT AND OPENING OF | $1,449.01 |
| 69641 | COMPLEX REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MASTOID BONE | $1,061.88 |
| 69642 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MIDDLE EAR BONE | $1,358.94 |
| 69643 | REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE | $1,243.09 |
| 69644 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH REMOVAL OF MASTOID BONE, WITH INTAC | $1,552.08 |
| 69645 | EXTENSIVE REPAIR OF EARDRUM AND EAR CANAL WITH REMOVAL OF MIDDLE EAR BONE | $1,525.08 |
| 69646 | EXTENSIVE REPAIR AND RECONSTRUCTION OF EARDRUM AND EAR CANAL WITH REMOVAL OF MID | $1,609.17 |
| 69650 | STAPES MOBILIZATION | $820.72 |
| 69660 | INCISION OR REMOVAL OF MIDDLE EAR BONE | $938.98 |
| 69661 | INCISION OR REMOVAL OF EAR BONE WITH DRILLING | $1,221.03 |
| 69662 | REVISION OF OPERATION OF EAR BONE | $1,164.81 |
| 69666 | REPAIR OF OPENING OF MIDDLE TO INNER EAR | $825.30 |
| 69667 | REPAIR OF OPENING TO COCHLEA | $825.62 |
| 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE) | $962.93 |
| 69676 | TYMPANIC NEURECTOMY | $854.53 |
| 69677 | TYMPANIC NEURECTOMY | $0.00 |
| 69700 | CLOSURE OF DRAINAGE TRACT OF MIDDLE EAR | $679.59 |
| 69705 | NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILAT | $171.18 |
| 69706 | NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILAT | $238.38 |
| 69710 | INSERTION OR REPLACEMENT OF EAR BONE HEARING DEVICE | $0.00 |
| 69711 | REMOVAL OR REPAIR OF HEARING DEVICE IN SKULL BONE SURROUNDING EAR | $853.88 |
| 69714 | IMPLANTATION OF COCHLEAR STIMULATING SYSTEM INTO SKULL WITH ATTACHMENT THROUGH S | $504.06 |
| 69716 | IMPLANTATION OF COCHLEAR STIMULATING SYSTEM INTO MASTOID BONE OF SKULL WITH MAGN | $626.39 |
| 69717 | REPLACEMENT OF COCHLEAR STIMULATING SYSTEM IN SKULL WITH ATTACHMENT THROUGH SKIN | $568.11 |
| 69719 | REPLACEMENT OF COCHLEAR STIMULATING SYSTEM INTO MASTOID BONE OF SKULL WITH MAGNE | $649.37 |
| 69720 | RELEASE OF FACE NERVE THROUGH SIDE | $1,203.29 |
| 69725 | RELEASE OF FACE NERVE THROUGH BONE SURROUNDING EAR | $1,871.46 |
| 69726 | REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM SKULL WITH ATTACHMENT THROUGH | $485.94 |
| 69727 | REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM MASTOID BONE OF SKULL WITH MA | $539.86 |
| 69728 | REMOVAL OF ENTIRE COCHLEAR STIMULATING SYSTEM FROM OUTSIDE MASTOID BONE OF SKULL | $599.24 |
| 69729 | IMPLANTATION OF COCHLEAR STIMULATING SYSTEM OUTSIDE MASTOID BONE OF SKULL WITH M | $676.42 |
| 69730 | REPLACEMENT OF COCHLEAR STIMULATING SYSTEM OUTSIDE MASTOID BONE OF SKULL WITH MA | $690.86 |
| 69740 | REPAIR OF FACIAL NERVE EXTERNAL TO GENICULATE GANGLION | $1,169.72 |
| 69745 | REPAIR OF FACIAL NERVE INTERNAL TO GENICULATE GANGLION | $1,248.57 |
| 69799 | OTHER PROCEDURE ON MIDDLE EAR | $0.00 |
| 69801 | INCISION OF FLUID CANAL OF INNER EAR WITH INFUSION OF DRUGS | $123.93 |
| 69805 | OPERATION OF INNER EAR | $1,037.02 |
| 69806 | OPERATION OF INNER EAR WITH INSERTION OF SHUNT | $931.23 |
| 69905 | LABYRINTHECTOMY; TRANSCANAL | $937.17 |
| 69910 | REMOVAL OF INNER EAR CANAL AND MASTOID BONE | $998.75 |
| 69915 | SEVERING OF EAR CANAL NERVE THROUGH MIDDLE EAR AND SKULL BONES | $1,501.27 |
| 69930 | INSERTION OF COCHLEAR DEVICE | $1,217.77 |
| 69949 | OTHER PROCEDURE ON INNER EAR | $0.00 |
| 69950 | VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH | $1,737.34 |
| 69955 | RELEASE OF FACE NERVE | $1,965.71 |
| 69960 | RELEASE OF EAR CANAL | $1,876.14 |
| 69965 | EUSTACHIAN TUBOPLASTY | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 69970 | REMOVAL OF GROWTH FROM SKULL BONE SURROUNDING EAR | $2,122.08 |
| 69979 | OTHER PROCEDURE ON SKULL BONE SURROUNDING EAR | $0.00 |
| 69990 | MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY | $200.32 |
| 70002 | PNEUMOENCEPHALOGRAPHY;SPRV & INTERP ONLY | $0.00 |
| 70003 | PNEUMOENCEPHALOGRAPHY;COMPLETE PROCEDURE | $0.00 |
| 70010 | REVIEW BY RADIOLOGIST OF LOWER BACK PORTION OF BRAIN IMAGE | $34.21 |
| 70011 | MYELOGRAPHY, POSTERIOR FOSSA; COMPLETE PROCEDURE | $0.00 |
| 70015 | REVIEW BY RADIOLOGIST OF BRAIN AND SPINAL CORD IMAGE | $105.37 |
| 70016 | CISTERNOGRAPHY, POSITIVE CONTRAST; COMPLETE PROCEDURE | $0.00 |
| 70020 | VENTRICULOGRPHY;AIR CONTRAST SUPRV & INTERP ONLY | $0.00 |
| 70021 | VENTRCLGRAPHY;POSTIVE CNTRST SPRV & INTRP ONLY | $0.00 |
| 70022 | STEREOTACTIC LOCALIZATION,HEAD | $0.00 |
| 70030 | X-RAY OF EYE FOR DETECTION OF FOREIGN BODY | $21.33 |
| 70040 | RADIOLOGIC EXAMINATION, EYE; | $0.00 |
| 70050 | RADIOLOGIC EXAMINATION, EYE; | $0.00 |
| 70100 | X-RAY OF PART OF LOWER JAW, 1-4 VIEWS | $25.12 |
| 70110 | X-RAY OF LOWER JAW, MINIMUM OF 4 VIEWS | $28.26 |
| 70120 | X-RAY OF BONE BEHIND THE EAR, 1-2 VIEWS PER SIDE | $24.90 |
| 70130 | X-RAY OF BONE BEHIND THE EAR, MINIMUM OF 3 VIEWS PER SIDE | $40.37 |
| 70134 | X-RAY OF INSIDE OF EAR CANAL | $39.82 |
| 70140 | X-RAY OF FACE BONES, 1-2 VIEWS | $20.63 |
| 70150 | X-RAY OF FACE BONES, MINIMUM OF 3 VIEWS | $30.24 |
| 70160 | X-RAY OF NOSE BONES, MINIMUM OF 3 VIEWS | $24.48 |
| 70170 | REVIEW BY RADIOLOGIST OF TEAR DRAINAGE STRUCTURE OF EYE IMAGE | $9.68 |
| 70171 | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT; COMPLETE PROCEDURE | $0.00 |
| 70190 | X-RAY OF EYE CANAL | $24.14 |
| 70200 | X-RAY OF EYE SOCKET, MINIMUM OF 4 VIEWS | $30.85 |
| 70210 | X-RAY OF PARANASAL SINUS, 1-2 VIEWS | $20.91 |
| 70220 | X-RAY OF PARANASAL SINUS, MINIMUM OF 3 VIEWS | $24.33 |
| 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 | $21.08 |
| 70250 | X-RAY OF SKULL, 1-3 VIEWS | $23.33 |
| 70260 | X-RAY OF SKULL, MINIMUM OF 4 VIEWS | $28.84 |
| 70300 | X-RAY OF TEETH, 1 VIEW | $8.40 |
| 70310 | X-RAY OF TEETH, LESS THAN FULL MOUTH | $26.51 |
| 70320 | X-RAY OF TEETH, FULL MOUTH | $35.48 |
| 70328 | X-RAY OF JAW JOINT ON 1 SIDE OF MOUTH | $22.22 |
| 70330 | X-RAY OF JAW JOINTS ON BOTH SIDES OF MOUTH | $34.53 |
| 70332 | REVIEW BY RADIOLOGIST OF HINGED JOINT OF UPPER AND LOWER JAW BONES IMAGE | $52.39 |
| 70333 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 70336 | MRI SCAN OF JAW JOINT | $172.31 |
| 70350 | IMAGING OF JAWS AND SKULL | $11.10 |
| 70355 | X-RAY OF LOWER JAWS, UPPER JAWS AND TEETH | $11.90 |
| 70360 | RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE | $20.21 |
| 70370 | RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR | $67.42 |
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING | $71.82 |
| 70374 | LARYNGOGRAPHY, CONTRAST; COMPLETE PROCEDURE | $0.00 |
| 70380 | X-RAY OF SALIVA GLAND | $24.26 |
| 70390 | REVIEW BY RADIOLOGIST OF SALIVARY STRUCTURE IMAGE | $74.15 |
| 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 | $69.45 |
| 70460 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S) | $96.73 |
| 70470 | CT SCAN OF HEAD OR BRAIN BEFORE AND AFTER CONTRAST | $113.16 |
| 70471 | CT SCAN OF BLOOD VESSELS IN THE HEAD AND NECK WITH CONTRAST | $413.96 |
| 70472 | CT SCAN OF BRAIN BLOOD FLOW WITH CONTRAST, WITH IMAGE POST-PROCESSING WITH CONCU | $173.09 |
| 70473 | CT SCAN OF BRAIN BLOOD FLOW WITH CONTRAST | $251.61 |
| 70480 | CT SCAN OF CRANIAL CAVITY WITHOUT CONTRAST | $103.32 |
| 70481 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR | $118.36 |
| 70482 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR | $137.91 |
| 70486 | CT SCAN OF FACE WITHOUT CONTRAST | $83.94 |
| 70487 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S) | $99.18 |
| 70488 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | $120.29 |
| 70490 | CT SCAN OF SOFT TISSUE OF NECK WITHOUT CONTRAST | $97.41 |
| 70491 | CT SCAN OF SOFT TISSUE OF NECK WITH CONTRAST | $119.97 |
| 70492 | CT SCAN OF SOFT TISSUE OF NECK BEFORE AND AFTER CONTRAST | $144.14 |
| 70496 | CT SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST | $171.41 |
| 70498 | CT SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST | $171.41 |
| 70540 | MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITHOUT CONTRAST | $148.38 |
| 70542 | MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITH CONTRAST | $175.47 |
| 70543 | MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST | $221.98 |
| 70544 | MRI SCAN OF BLOOD VESSELS OF HEAD WITHOUT CONTRAST | $141.90 |
| 70545 | MRI SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST | $150.15 |
| 70546 | MRI SCAN OF BLOOD VESSELS OF HEAD BEFORE AND AFTER CONTRAST | $218.35 |
| 70547 | MRI SCAN OF BLOOD VESSELS OF NECK WITHOUT CONTRAST | $142.35 |
| 70548 | MRI SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST | $161.77 |
| 70549 | MRI SCAN OF BLOOD VESSELS OF NECK BEFORE AND AFTER CONTRAST | $228.02 |
| 70550 | MAGNETIC RESONANCE (EG. PROTON) IMAGING; BRAIN | $0.00 |
| 70551 | MRI SCAN OF BRAIN WITHOUT CONTRAST | $128.05 |
| 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH | $177.35 |
| 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT | $208.08 |
| 70554 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND | $249.52 |
| 70555 | FUNCTIONAL MRI SCAN OF BRAIN WITH NEUROFUNCTIONAL TESTING | $392.31 |
| 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 | $16.64 |
| 71046 | X-RAY OF CHEST, 2 VIEWS | $21.66 |
| 71047 | X-RAY OF CHEST, 3 VIEWS | $27.09 |
| 71048 | X-RAY OF CHEST, MINIMUM OF 4 VIEWS | $29.43 |
| 71061 | BRONCHOGRAPHY, BILATERAL; COMPLETE PROCEDURE | $0.00 |
| 71100 | X-RAY OF RIBS ON SIDE OF BODY, 2 VIEWS | $23.67 |
| 71101 | X-RAY OF RIBS ON SIDE OF BODY, MINIMUM OF 3 VIEWS | $27.09 |
| 71110 | X-RAY OF RIBS ON BOTH SIDES OF BODY, 3 VIEWS | $28.15 |
| 71111 | X-RAY OF RIBS ON BOTH SIDES OF BODY, MINIMUM OF 4 VIEWS | $33.74 |
| 71120 | X-RAY OF CHEST BONE, MINIMUM OF 2 VIEWS | $21.49 |
| 71130 | X-RAY OF JOINT BETWEEN BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS | $26.56 |
| 71250 | CT SCAN OF CHEST WITHOUT CONTRAST | $86.51 |
| 71260 | CT SCAN OF CHEST WITH CONTRAST | $109.13 |
| 71270 | CT SCAN OF CHEST BEFORE AND AFTER CONTRAST | $128.60 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 71271 | COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAS | $89.51 |
| 71275 | CT SCAN OF BLOOD VESSELS OF CHEST WITH CONTRAST | $173.43 |
| 71550 | MRI SCAN OF CHEST WITHOUT CONTRAST | $207.38 |
| 71551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND | $246.84 |
| 71552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND | $309.07 |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT | $219.29 |
| 72020 | X-RAY OF SPINE, 1 VIEW | $15.59 |
| 72040 | X-RAY OF UPPER SPINE, 2-3 VIEWS | $25.67 |
| 72050 | X-RAY OF UPPER SPINE, 4-5 VIEWS | $35.12 |
| 72052 | X-RAY OF UPPER SPINE, 6 OR MORE VIEWS | $40.27 |
| 72070 | X-RAY OF MIDDLE SPINE, 2 VIEWS | $21.27 |
| 72072 | X-RAY OF MIDDLE SPINE, 3 VIEWS | $25.42 |
| 72074 | X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS | $28.93 |
| 72080 | X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS | $22.36 |
| 72081 | X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 1 VIEW | $27.79 |
| 72082 | X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 2-3 VIEWS | $45.81 |
| 72083 | X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, 4-5 VIEWS | $52.16 |
| 72084 | X-RAY OF ENTIRE MIDDLE AND LOWER SPINE, MINIMUM OF 6 VIEWS | $64.14 |
| 72100 | X-RAY OF LOWER AND SACRAL SPINE, 2-3 VIEWS | $25.67 |
| 72110 | X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS | $33.81 |
| 72114 | X-RAY LOWER AND SACRAL SPINE, MINIMUM OF 6 VIEWS | $39.82 |
| 72120 | X-RAY LOWER AND SACRAL SPINE, 2-3 VIEWS BENDING VIEWS | $26.34 |
| 72125 | CT SCAN OF UPPER SPINE WITHOUT CONTRAST | $84.84 |
| 72126 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL | $110.07 |
| 72127 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | $128.77 |
| 72128 | CT SCAN OF MIDDLE SPINE WITHOUT CONTRAST | $84.62 |
| 72129 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL | $111.07 |
| 72130 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | $130.33 |
| 72131 | CT SCAN OF LOWER SPINE WITHOUT CONTRAST | $84.40 |
| 72132 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL | $110.52 |
| 72133 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | $128.99 |
| 72140 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, | $0.00 |
| 72141 | MRI SCAN OF UPPER SPINAL CANAL WITHOUT CONTRAST | $124.03 |
| 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; | $180.24 |
| 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 | $124.25 |
| 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; | $178.46 |
| 72148 | MRI SCAN OF LOWER SPINAL CANAL WITHOUT CONTRAST | $124.48 |
| 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; | $176.90 |
| 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | $208.75 |
| 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | $209.20 |
| 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | $208.30 |
| 72159 | MRI SCAN OF BLOOD VESSELS OF SPINAL CANAL | $224.90 |
| 72170 | X-RAY OF PELVIS, 1-2 VIEWS | $18.01 |
| 72180 | RADIOLOGIC EXAMINATION, PELVIS | $0.00 |
| 72190 | X-RAY OF PELVIS, MINIMUM OF 3 VIEWS | $27.15 |
| 72191 | CT SCAN OF BLOOD VESSELS OF PELVIS WITH CONTRAST | $172.46 |
| 72192 | CT SCAN OF PELVIS WITHOUT CONTRAST | $86.48 |
| 72193 | CT SCAN OF PELVIS WITH CONTRAST | $149.71 |
| 72194 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST | $156.45 |
| 72195 | MRI SCAN OF PELVIS WITHOUT CONTRAST | $149.51 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S) | $175.93 |
| 72197 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), | $220.28 |
| 72198 | MRI SCAN OF BLOOD VESSELS OF PELVIS | $222.88 |
| 72200 | X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 1-2 VIEWS | $21.80 |
| 72202 | X-RAY OF JOINT BETWEEN LOWER SPINE AND HIP BONE, 3 OR MORE VIEWS | $25.42 |
| 72220 | X-RAY OF SACRUM AND TAILBONE, MINIMUM OF 2 VIEWS | $21.13 |
| 72240 | REVIEW BY RADIOLOGIST OF UPPER SPINAL CANAL IMAGE | $70.94 |
| 72255 | REVIEW BY RADIOLOGIST OF MIDDLE SPINAL CANAL IMAGE | $67.71 |
| 72256 | MYELOGRAPHY, THORACIC; COMPLETE PROCEDURE | $0.00 |
| 72265 | REVIEW BY RADIOLOGIST OF LOWER SPINAL CANAL IMAGE | $69.28 |
| 72266 | MYELOGRAPHY, LUMBOSACRAL; COMPLETE PROCEDURE | $0.00 |
| 72270 | REVIEW BY RADIOLOGIST OF MULTIPLE SPINAL CANALS IMAGE | $96.13 |
| 72271 | MYELOGRAPHY, ENTIRE SPINAL CANAL; COMPLETE PROCEDURE | $0.00 |
| 72285 | REVIEW BY RADIOLOGIST OF DISC OF UPPER OR MIDDLE SPINE IMAGE | $84.16 |
| 72286 | DISKOGRAPHY, CERVICAL; COMPLETE PROCEDURE | $0.00 |
| 72295 | REVIEW BY RADIOLOGIST OF DISC OF LOWER SPINE IMAGE | $71.06 |
| 72296 | DISKOGRAPHY, LUMBAR; COMPLETE PROCEDURE | $0.00 |
| 73000 | RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE | $21.16 |
| 73010 | RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE | $15.34 |
| 73020 | X-RAY OF SHOULDER, 1 VIEW | $13.83 |
| 73030 | X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS | $22.44 |
| 73040 | REVIEW BY RADIOLOGIST OF SHOULDER JOINT IMAGE | $84.50 |
| 73041 | RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 73050 | X-RAY OF BOTH COLLAR BONES JOINTS | $18.65 |
| 73060 | X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS | $20.72 |
| 73070 | X-RAY OF ELBOW, 2 VIEWS | $18.93 |
| 73080 | X-RAY OF ELBOW, MINIMUM OF 3 VIEWS | $21.13 |
| 73085 | REVIEW BY RADIOLOGIST OF ELBOW IMAGE | $63.54 |
| 73086 | RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 73090 | X-RAY OF FOREARM, 2 VIEWS | $18.93 |
| 73092 | X-RAY OF INFANT ARM, MINIMUM OF 2 VIEWS | $20.27 |
| 73100 | X-RAY OF WRIST, 2 VIEWS | $21.83 |
| 73110 | X-RAY OF WRIST, MINIMUM OF 3 VIEWS | $26.93 |
| 73115 | REVIEW BY RADIOLOGIST OF WRIST JOINT IMAGE | $85.51 |
| 73116 | RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 73120 | X-RAY OF HAND, 2 VIEWS | $20.27 |
| 73130 | X-RAY OF HAND, MINIMUM OF 3 VIEWS | $24.26 |
| 73140 | X-RAY OF FINGER, MINIMUM OF 2 VIEWS | $25.04 |
| 73200 | CT SCAN OF ARM WITHOUT CONTRAST | $101.01 |
| 73201 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S) | $131.43 |
| 73202 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | $156.34 |
| 73206 | CT SCAN OF BLOOD VESSELS OF ARM WITH CONTRAST | $172.35 |
| 73218 | MRI SCAN OF ARM WITHOUT CONTRAST | $199.33 |
| 73219 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; | $217.84 |
| 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; | $269.14 |
| 73221 | MRI SCAN OF ARM JOINT WITHOUT CONTRAST | $133.33 |
| 73222 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH | $204.91 |
| 73223 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT | $252.98 |
| 73225 | MRI SCAN OF BLOOD VESSELS OF ARM | $214.62 |
| 73501 | X-RAY OF HIP, 1 VIEW | $21.55 |
| 73502 | X-RAY OF HIP, 2-3 VIEWS | $31.02 |
| 73503 | X-RAY OF HIP, MINIMUM OF 4 VIEWS | $39.46 |
| 73521 | X-RAY OF BOTH HIPS, 2 VIEWS | $26.79 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 73522 | X-RAY OF BOTH HIPS, 3-4 VIEWS | $35.06 |
| 73523 | X-RAY OF BOTH HIPS, MINIMUM OF 5 VIEWS | $40.24 |
| 73525 | REVIEW BY RADIOLOGIST OF HIP JOINT IMAGE | $81.27 |
| 73551 | X-RAY OF THIGH BONE, 1 VIEW | $19.16 |
| 73552 | X-RAY OF THIGH BONE, MINIMUM 2 VIEWS | $23.11 |
| 73560 | X-RAY OF KNEE, 1-2 VIEWS | $22.05 |
| 73562 | X-RAY OF KNEE, 3 VIEWS | $26.46 |
| 73564 | X-RAY OF KNEE, 4 OR MORE VIEWS | $30.80 |
| 73565 | X-RAY OF BOTH KNEES WHILE STANDING | $26.07 |
| 73580 | REVIEW BY RADIOLOGIST OF KNEE JOINT IMAGE | $69.52 |
| 73581 | RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 73590 | X-RAY OF LOWER LEG, 2 VIEWS | $20.49 |
| 73592 | X-RAY OF INFANT LEG, MINIMUM OF 2 VIEWS | $20.27 |
| 73600 | X-RAY OF ANKLE, 2 VIEWS | $20.72 |
| 73610 | X-RAY OF ANKLE, MINIMUM OF 3 VIEWS | $23.59 |
| 73615 | REVIEW BY RADIOLOGIST OF ANKLE JOINT IMAGE | $81.16 |
| 73616 | RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 73620 | X-RAY OF FOOT, 2 VIEWS | $18.26 |
| 73630 | X-RAY OF FOOT, MINIMUM OF 3 VIEWS | $22.03 |
| 73650 | X-RAY OF HEEL, MINIMUM OF 2 VIEWS | $18.26 |
| 73660 | X-RAY OF TOE, MINIMUM OF 2 VIEWS | $18.80 |
| 73700 | CT SCAN OF LEG WITHOUT CONTRAST | $84.62 |
| 73701 | CT SCAN OF LEG WITH CONTRAST MATERIAL | $108.91 |
| 73702 | CT SCAN OF LEG BEFORE AND AFTER CONTRAST | $128.13 |
| 73706 | CT SCAN OF BLOOD VESSELS OF LOWER LEG WITH CONTRAST | $174.99 |
| 73718 | MRI SCAN OF LEG WITHOUT CONTRAST | $146.15 |
| 73719 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH | $172.35 |
| 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; | $220.64 |
| 73721 | MRI SCAN OF LEG JOINT WITHOUT CONTRAST | $133.10 |
| 73722 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH | $206.02 |
| 73723 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT | $252.31 |
| 73725 | MRI SCAN OF BLOOD VESSELS OF LEG | $221.71 |
| 74018 | X-RAY OF ABDOMEN, 1 VIEW | $19.32 |
| 74019 | X-RAY OF ABDOMEN, 2 VIEWS | $23.86 |
| 74021 | X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS | $27.53 |
| 74022 | X-RAY SERIES OF ABDOMEN WITH SINGLE X-RAY OF CHEST | $32.18 |
| 74150 | CT SCAN OF ABDOMEN WITHOUT CONTRAST | $88.42 |
| 74160 | CT SCAN OF ABDOMEN WITH CONTRAST | $151.96 |
| 74170 | CT SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST | $161.39 |
| 74174 | CT SCAN OF BLOOD VESSELS OF ABDOMEN AND PELVIS WITH CONTRAST | $249.71 |
| 74175 | CT SCAN OF BLOOD VESSELS OF ABDOMEN WITH CONTRAST | $173.10 |
| 74176 | CT SCAN OF ABDOMEN AND PELVIS WITHOUT CONTRAST | $118.48 |
| 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL | $198.30 |
| 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT | $222.17 |
| 74181 | MRI SCAN OF ABDOMEN WITHOUT CONTRAST | $127.43 |
| 74182 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S) | $198.68 |
| 74183 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), | $221.17 |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S) | $221.77 |
| 74190 | REVIEW BY RADIOLOGIST OF ABDOMINAL CAVITY LINING IMAGE | $14.15 |
| 74210 | X-RAY OF VOICE BOX AND/OR ESOPHAGUS WITH CONTRAST | $59.83 |
| 74220 | SINGLE CONTRAST X-RAY OF ESOPHAGUS | $62.03 |
| 74221 | DOUBLE CONTRAST X-RAY OF ESOPHAGUS | $69.66 |
| 74230 | SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY | $79.40 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $77.84 |
| 74246 | DOUBLE CONTRAST X-RAY OF UPPER DIGESTIVE TRACT | $88.03 |
| 74248 | FOLLOW-THROUGH X-RAY OF SMALL INTESTINES | $51.82 |
| 74250 | SINGLE CONTRAST X-RAY OF SMALL INTESTINE | $77.37 |
| 74251 | DOUBLE CONTRAST X-RAY OF SMALL INTESTINE | $155.37 |
| 74261 | DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITHOUT CONTRAST | $140.65 |
| 74262 | DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITH CONTRAST | $192.87 |
| 74270 | SINGLE CONTRAST X-RAY OF LARGE INTESTINE | $97.22 |
| 74280 | DOUBLE CONTRAST X-RAY OF LARGE INTESTINE | $139.28 |
| 74283 | ENEMA USING AIR OR CONTRAST | $166.62 |
| 74285 | RAD XM,CLN;HGH KIL TECH POLYP STUDY | $0.00 |
| 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST; | $54.48 |
| 74300 | REVIEW BY RADIOLOGIST OF BILE AND/OR PANCREATIC DUCT IMAGE DURING SURGERY | $72.13 |
| 74301 | REVIEW BY RADIOLOGIST OF ADDITIONAL BILE AND/OR PANCREATIC DUCT IMAGE DURING SUR | $70.41 |
| 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 | $16.95 |
| 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 | $19.36 |
| 74340 | REVIEW BY RADIOLOGIST OF PLACEMENT OF LONG SMALL BOWEL TUBE | $17.81 |
| 74351 | PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE; COMPLETE PROCEDURE | $0.00 |
| 74355 | REVIEW BY RADIOLOGIST OF PLACEMENT OF SMALL BOWEL TUBE | $24.20 |
| 74356 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE; COMPLETE PROCEDURE | $0.00 |
| 74360 | REVIEW BY RADIOLOGIST OF IMAGE TO GUIDE OPENING OF DIGESTIVE TRACT | $19.19 |
| 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 | $220.32 |
| 74400 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG | $86.66 |
| 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; | $91.12 |
| 74415 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH | $97.91 |
| 74420 | IMAGING OF URINARY TRACT FOLLOWING INJECTION OF A CONTRAST AGENT | $50.34 |
| 74425 | REVIEW BY RADIOLOGIST OF UPPER URINARY TRACT IMAGE | $87.27 |
| 74430 | REVIEW BY RADIOLOGIST OF URINARY BLADDER IMAGE | $26.38 |
| 74431 | CYSTOGRAPHY, MINIMUM OF THREE VIEWS; COMPLETE PROCEDURE | $0.00 |
| 74440 | REVIEW BY RADIOLOGIST OF MALE INTERNAL GENITALS IMAGE | $62.45 |
| 74441 | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 74445 | REVIEW BY RADIOLOGIST OF PENIS IMAGE | $32.89 |
| 74446 | CORPORA CAVERNOSOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 74450 | REVIEW BY RADIOLOGIST OF URINARY BLADDER AND URETHRA IMAGES WITH CONTRAST | $10.78 |
| 74451 | URETHROCYSTOGRAPHY, RETROGRADE; COMPLETE PROCEDURE | $0.00 |
| 74455 | REVIEW BY RADIOLOGIST OF URINARY BLADDER AND URETHRA IMAGES WITH CONTRAST AND AF | $66.61 |
| 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 | $16.21 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 74481 | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR | $0.00 |
| 74485 | REVIEW BY RADIOLOGIST OF URETER OR URETHRA IMAGE | $75.86 |
| 74486 | DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC MONITORING AND RADIOGRAPHY; | $0.00 |
| 74712 | MRI SCAN OF FETUS FOR SINGLE OR FIRST PREGNANCY | $250.95 |
| 74713 | MRI SCAN OF FETUS FOR EACH ADDITIONAL PREGNANCY | $128.31 |
| 74720 | RADIOLOGIC EXAMINATION, ABDOMEN, FOR FETAL AGE, FETAL POSITION | $0.00 |
| 74725 | RADIOLOGIC EXAMINATION, ABDOMEN, FOR FETAL AGE, FETAL POSITION | $0.00 |
| 74730 | PLACENTOGRAPHY WITH CONTRAST CYSTOGRAPHY; | $0.00 |
| 74731 | PLACENTOGRAPHY WITH CONTRAST CYSTOGRAPHY; | $0.00 |
| 74740 | REVIEW BY RADIOLOGIST OF UTERINE TUBE AND OVARY IMAGE | $58.99 |
| 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) | $19.07 |
| 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 | $179.60 |
| 75559 | MRI SCAN OF HEART WITHOUT CONTRAST WITH STRESS IMAGING | $241.09 |
| 75561 | MRI SCAN OF HEART BEFORE AND AFTER CONTRAST | $235.40 |
| 75563 | MRI SCAN OF HEART BEFORE AND AFTER CONTRAST WITH STRESS IMAGING | $274.38 |
| 75565 | MRI SCAN OF BLOOD FLOW OF HEART | $29.49 |
| 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT | $65.99 |
| 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST | $148.56 |
| 75573 | CT SCAN OF CONGENITAL HEART DISEASE WITH CONTRAST | $198.74 |
| 75574 | CT SCAN OF BLOOD VESSELS AND GRAFTS OF HEART WITH CONTRAST | $210.66 |
| 75577 | COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES WITH IN | $1,156.13 |
| 75580 | ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR | $575.37 |
| 75600 | REVIEW BY RADIOLOGIST OF CHEST AORTA IMAGE | $113.63 |
| 75601 | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 75605 | REVIEW BY RADIOLOGIST OF CHEST AORTA SERIAL IMAGES | $75.61 |
| 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 | $77.17 |
| 75627 | AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATI | $0.00 |
| 75628 | AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 75630 | REVIEW BY RADIOLOGIST OF ABDOMINAL AORTA AND BOTH LEG ARTERIES IMAGE | $95.95 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 75631 | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY | $0.00 |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOW | $188.48 |
| 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 | $159.70 |
| 75706 | ANGIOGRAPHY, SPINAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 75710 | REVIEW BY RADIOLOGIST OF ARM OR LEG ARTERY IMAGE | $91.21 |
| 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 | $100.28 |
| 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 | $106.19 |
| 75728 | ANGIOGRAPHY, VISCERAL; SUPRASELECTIVE, COMPLETE PROCEDURE | $0.00 |
| 75731 | REVIEW BY RADIOLOGIST OF ADRENAL GLAND ARTERY IMAGE | $99.04 |
| 75732 | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 75733 | REVIEW BY RADIOLOGIST OF BOTH ADRENAL GLANDS ARTERIES IMAGE | $110.81 |
| 75734 | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 75736 | REVIEW BY RADIOLOGIST OF PELVIS ARTERY IMAGE | $92.01 |
| 75738 | ANGIOGRAPHY, PELVIC; SUPRASELECTIVE, COMPLETE PROCEDURE | $0.00 |
| 75741 | REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE | $81.37 |
| 75742 | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 75743 | REVIEW BY RADIOLOGIST OF ARTERIES OF BOTH LUNGS IMAGE | $92.28 |
| 75744 | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 75746 | REVIEW BY RADIOLOGIST OF LUNG ARTERY IMAGE WITH CONTRAST | $86.10 |
| 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 | $103.59 |
| 75757 | ANGIOGRAPHY, INTERNAL MAMMARY; COMPLETE PROCEDURE | $0.00 |
| 75762 | ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPER | $0.00 |
| 75764 | ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION; COMPLETE 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 75774 | REVIEW BY RADIOLOGIST OF ADDITIONAL ARTERY IMAGE | $60.17 |
| 75775 | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION; | $0.00 |
| 75801 | REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF ARM OR LEG IMAGE | $30.47 |
| 75802 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL; COMPLETE PROCEDURE | $0.00 |
| 75803 | REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF BOTH ARMS OR LEGS IMAGE | $38.59 |
| 75804 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL; COMPLETE PROCEDURE | $0.00 |
| 75805 | REVIEW BY RADIOLOGIST OF LYMPHATIC SYSTEM OF SIDE OF PELVIS AND ABDOMEN IMAGE | $29.38 |
| 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 | $52.37 |
| 75810 | REVIEW BY RADIOLOGIST OF SPLEEN AND LIVER VEIN IMAGE | $40.54 |
| 75811 | SPLENOPORTOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 75820 | REVIEW BY RADIOLOGIST OF 1 ARM OR LEG VEIN OF 1 ARM OR LEG IMAGE | $66.96 |
| 75821 | VENOGRAPHY, EXTREMITY, UNILATERAL; COMPLETE PROCEDURE | $0.00 |
| 75822 | REVIEW BY RADIOLOGIST OF BOTH ARMS AND LEGS VEINS OF BOTH ARMS OR LEGS IMAGE | $82.88 |
| 75823 | VENOGRAPHY, EXTREMITY, BILATERAL; COMPLETE PROCEDURE | $0.00 |
| 75825 | REVIEW BY RADIOLOGIST OF MAJOR LOWER BODY VEIN IMAGE | $71.14 |
| 75827 | REVIEW BY RADIOLOGIST OF MAJOR UPPER BODY VEIN IMAGE | $73.60 |
| 75828 | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY; COMPLETE PROCEDURE | $0.00 |
| 75831 | REVIEW BY RADIOLOGIST OF KIDNEY IMAGE | $75.62 |
| 75833 | REVIEW BY RADIOLOGIST OF BOTH KIDNEYS VEINS IMAGE | $91.97 |
| 75840 | REVIEW BY RADIOLOGIST OF ADRENAL GLAND VEIN IMAGE | $81.54 |
| 75841 | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE | $0.00 |
| 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 | $79.85 |
| 75861 | VENOGRAPHY, SINUS OR JUGULAR, CATHETER; COMPLETE PROCEDURE | $0.00 |
| 75870 | REVIEW BY RADIOLOGIST OF HEAD VEIN SYSTEM IMAGE | $103.79 |
| 75871 | VENOGRAPHY, SUPERIOR SAGITTAL SINUS; COMPLETE PROCEDURE, INCLUDING DIRECT PUNCTU | $0.00 |
| 75872 | REVIEW BY RADIOLOGIST OF SPINAL CANAL VEIN IMAGE | $81.54 |
| 75873 | VENOGRAPHY, EPIDURAL; COMPLETE PROCEDURE | $0.00 |
| 75880 | REVIEW BY RADIOLOGIST OF EYE SOCKET VEIN OF EYE SOCKET IMAGE | $69.32 |
| 75881 | VENOGRAPHY, ORBITAL; COMPLETE PROCEDURE | $0.00 |
| 75885 | REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE WITH | $86.34 |
| 75887 | REVIEW BY RADIOLOGIST OF THE VEIN THAT TRANSPORTS BLOOD TO THE LIVER IMAGE | $86.79 |
| 75888 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION; COMPLETE | $0.00 |
| 75889 | REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE WITH ASSESSMENT OF BLOOD FLOW | $78.19 |
| 75891 | REVIEW BY RADIOLOGIST OF LIVER VEIN IMAGE | $78.75 |
| 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 | $68.22 |
| 75894 | REVIEW BY RADIOLOGIST OF IMAGE FOR INSERTION OF MATERIAL TO BLOCK BLOOD FLOW | $65.89 |
| 75895 | TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIO | $0.00 |
| 75897 | TRANSCATHETER THERAPY, INFUSION (EG, THROMBOLYSIS OTHER THAN CORONARY), INCLUDIN | $0.00 |
| 75898 | ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER | $52.74 |
| 75901 | REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF OBSTRUCTIVE MATERIAL | $146.53 |
| 75902 | REVIEW BY RADIOLOGIST OF IMAGE FOR REMOVAL OF TISSUE OR OBSTRUCTIVE MATERIAL FRO | $55.50 |
| 75941 | PERCUTANEOUS PLACEMENT OF IVC FILTER; COMPLETE PROCEDURE | $0.00 |
| 75950 | TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 75951 | TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG | $0.00 |
| 75955 | TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON, COIL, OR METHACRYLATE), PERM | $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 | $33.65 |
| 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 | $60.02 |
| 75985 | CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY T | $0.00 |
| 75989 | REVIEW BY RADIOLOGIST OF IMAGE FOR DRAINAGE OF FLUID | $69.68 |
| 75990 | RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTI | $0.00 |
| 76000 | IMAGING GUIDANCE FOR PROCEDURE, 60 MINUTES OR LESS | $27.44 |
| 76010 | X-RAY FROM NOSE TO RECTUM | $18.87 |
| 76014 | ASSESSMENT BY TRAINED CLINICAL STAFF OF IMPLANT AND/OR FOREIGN BODY FOR MR SAFET | $7.24 |
| 76015 | ASSESSMENT BY TRAINED CLINICAL STAFF OF IMPLANT AND/OR FOREIGN BODY FOR MR SAFET | $34.89 |
| 76016 | DETERMINATION OF MR SAFETY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESS | $46.75 |
| 76017 | MEDICAL PHYSICS EXAMINATION CUSTOMIZATION, PLANNING AND PERFORMANCE MONITORING B | $147.96 |
| 76018 | PREPARATION UNDER SUPERVISION OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFES | $74.31 |
| 76019 | IMPLANT POSITIONING AND/OR IMMOBILIZATION UNDER SUPERVISION OF PHYSICIAN OR OTHE | $97.93 |
| 76080 | REVIEW BY RADIOLOGIST OF ABSCESS OR SINUS CAVITY STUDY | $38.01 |
| 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 | $27.53 |
| 76100 | X-RAY OF BODY PLANE | $56.62 |
| 76120 | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | $71.92 |
| 76125 | IMAGING OF ORGAN, COMPLIMENTING ROUTINE EXAM | $8.90 |
| 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 | $652.91 |
| 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 | $16.36 |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC | $50.10 |
| 76380 | LIMITED OR FOLLOW-UP CT SCAN | $85.23 |
| 76390 | MRI STUDY FOR MEASURING BIOCHEMICAL CHANGES IN THE BRAIN | $241.66 |
| 76391 | MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY | $131.38 |
| 76496 | OTHER FLUOROSCOPIC PROCEDURE | $0.00 |
| 76497 | OTHER CT SCAN | $0.00 |
| 76498 | OTHER MRI SCAN | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $70.75 |
| 76510 | 1D AND 2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES | $43.02 |
| 76511 | 1D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES | $35.61 |
| 76512 | 2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES | $30.04 |
| 76513 | ULTRASOUND SCAN OF EYE USING WATER BATH METHOD | $47.76 |
| 76514 | ULTRASOUND SCAN OF CORNEA TO DETERMINE THICKNESS | $6.95 |
| 76515 | TOMOGRAPHY, W/W/O A OR M-MODE | $0.00 |
| 76516 | ULTRASOUND SCAN TO DETERMINE EYE LENGTH | $29.83 |
| 76517 | B-SCAN A/OR REAL TIME W/IMAGE DOCUMENTATION | $0.00 |
| 76519 | ULTRASOUND SCAN TO DETERMINE EYE LENGTH AND LENS POWER | $43.70 |
| 76529 | ULTRASOUND SCAN OF EYE FOR FOREIGN BODY LOCALIZATION | $54.20 |
| 76530 | ECHOGRAPHY THYROID;A-MODE | $0.00 |
| 76536 | ULTRASOUND SCAN OF HEAD AND NECK SOFT TISSUE | $70.95 |
| 76601 | ECHOGRPHY,CHEST;A-MODE | $0.00 |
| 76604 | ULTRASOUND SCAN OF CHEST | $36.64 |
| 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 | $65.56 |
| 76642 | LIMITED ULTRASOUND SCAN OF 1 BREAST | $54.10 |
| 76700 | COMPLETE ULTRASOUND SCAN OF ABDOMEN | $74.13 |
| 76705 | LIMITED ULTRASOUND SCAN OF ABDOMEN | $55.82 |
| 76706 | ULTRASOUND SCAN OF ABDOMINAL AORTA | $69.31 |
| 76770 | COMPLETE ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY | $69.20 |
| 76775 | LIMITED ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY | $38.45 |
| 76776 | ULTRASOUND SCAN OF TRANSPLANTED KIDNEY | $94.79 |
| 76800 | ULTRASOUND SCAN OF SPINAL CANAL | $109.51 |
| 76801 | ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), SINGLE OR FIRST FETUS | $74.39 |
| 76802 | ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), EACH ADDITIONAL FETUS | $37.17 |
| 76805 | ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS | $86.10 |
| 76810 | ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), EACH ADDITIONAL FETUS | $54.58 |
| 76811 | ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, SIN | $112.34 |
| 76812 | ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, EAC | $120.61 |
| 76813 | ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF THE | $71.95 |
| 76814 | ULTRASOUND SCAN OF PREGNANT UTERUS (LESS THAN 14 WEEKS), WITH MEASUREMENT OF THE | $45.85 |
| 76815 | LIMITED ULTRASOUND OF PREGNANT UTERUS | $51.63 |
| 76816 | FOLLOW-UP ULTRASOUND SCAN OF PREGNANT UTERUS | $69.67 |
| 76817 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL | $58.70 |
| 76818 | FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING | $75.78 |
| 76819 | ULTRASOUND SCAN OF FETUS | $54.63 |
| 76820 | ULTRASOUND SCAN OF FETAL UMBILICAL ARTERY BLOOD FLOW RATE | $27.76 |
| 76821 | ULTRASOUND SCAN OF FETAL BRAIN ARTERY BLOOD FLOW RATE | $56.28 |
| 76825 | ULTRASOUND SCAN OF FETAL HEART | $165.41 |
| 76826 | FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART | $99.94 |
| 76827 | ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW | $43.92 |
| 76828 | FOLLOW-UP ULTRASOUND SCAN OF FETAL HEART BLOOD FLOW | $30.26 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 76830 | ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA | $76.15 |
| 76831 | ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY | $73.73 |
| 76855 | ECHOGRAPHY, PELVIC AREA (DOPPLER) | $0.00 |
| 76856 | COMPLETE ULTRASOUND SCAN OF PELVIS | $67.46 |
| 76857 | LIMITED ULTRASOUND SCAN OF PELVIS | $31.66 |
| 76870 | ULTRASOUND SCAN OF SCROTUM | $64.25 |
| 76872 | ULTRASOUND SCAN OF PELVIC REGION THROUGH RECTUM | $92.21 |
| 76873 | ULTRASOUND SCAN OF PROSTATE THROUGH RECTUM | $111.57 |
| 76881 | COMPLETE ULTRASOUND SCAN OF JOINT | $32.51 |
| 76882 | LIMITED ULTRASOUND SCAN OF JOINT OR OTHER EXTREMITY STRUCTURE EXCEPT BLOOD VESSE | $40.47 |
| 76883 | COMPREHENSIVE ULTRASOUND SCAN OF ENTIRE LENGTH OF NERVES IN EXTREMITY | $44.21 |
| 76885 | ULTRASOUND SCAN OF INFANT HIP DURING MOVEMENT | $81.25 |
| 76886 | ULTRASOUND SCAN OF INFANT HIP | $63.98 |
| 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 | $22.55 |
| 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 | $163.66 |
| 76937 | ULTRASONIC GUIDANCE FOR BLOOD VESSEL ACCESS | $24.43 |
| 76939 | ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION; COMPLET | $0.00 |
| 76940 | ULTRASOUND GUIDANCE FOR TISSUE REMOVAL | $63.67 |
| 76941 | ULTRASONIC GUIDANCE FOR FETAL TRANSFUSION OR UMBILICAL BLOOD SAMPLING | $39.52 |
| 76942 | ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT | $37.08 |
| 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 | $23.51 |
| 76946 | ULTRASONIC GUIDANCE FOR REMOVAL OF AMNIOTIC FLUID | $20.97 |
| 76947 | ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; COMPLETE PROCEDURE | $0.00 |
| 76948 | ULTRASONIC GUIDANCE FOR RETRIEVAL OF EGG | $51.13 |
| 76949 | ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA; COMPLETE PROCEDURE | $0.00 |
| 76965 | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | $59.33 |
| 76975 | REVIEW BY RADIOLOGIST OF ULTRASOUND OF DIGESTIVE TRACT USING AN ENDOSCOPE | $26.06 |
| 76977 | ULTRASOUND SCAN OF BONE FOR MEASURING LOSS | $4.53 |
| 76978 | ULTRASOUND SCAN OF GROWTH USING CONTRAST, FIRST GROWTH | $124.07 |
| 76979 | ULTRASOUND SCAN OF GROWTH USING CONTRAST, EACH ADDITIONAL GROWTH | $79.48 |
| 76980 | ULTRSND XM OUTSIDE REG HRS | $0.00 |
| 76981 | ULTRASOUND SCAN OF ORGAN TISSUE FOR MEASURING ELASTICITY | $68.41 |
| 76982 | ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, FIRST GROWTH | $59.61 |
| 76983 | ULTRASOUND SCAN OF GROWTH FOR MEASURING ELASTICITY, EACH ADDITIONAL GROWTH | $37.99 |
| 76984 | ULTRASOUND OF CHEST AORTA DURING SURGERY | $0.00 |
| 76987 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INC | $0.00 |
| 76988 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INC | $0.00 |
| 76989 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INT | $0.00 |
| 76990 | SPCL ULTRSNC DISPLY/IMAGNG TECNIQUES | $0.00 |
| 76991 | INTRALUMINAL ULTRASOUND STUDY (EG, TRANSRECTAL, TRANSVAGINAL) | $0.00 |
| 76998 | ULTRASONIC GUIDANCE, INTRAOPERATIVE | $40.79 |
| 76999 | OTHER ULTRASOUND PROCEDURE | $0.00 |
| 77001 | FLUOROSCOPIC GUIDANCE FOR INSERTION OR REMOVAL OF CENTRAL VEIN ACCESS DEVICE | $63.22 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT | $74.02 |
| 77003 | FLUOROSCOPIC GUIDANCE FOR SPINE OR BACK MUSCLE INJECTION | $66.49 |
| 77011 | CT GUIDANCE FOR NEEDLE OR TUBE LOCALIZATION | $141.43 |
| 77012 | REVIEW BY RADIOLOGIST OF CT GUIDANCE FOR NEEDLE PLACEMENT | $78.93 |
| 77013 | CT GUIDANCE FOR TISSUE REMOVAL | $129.87 |
| 77021 | REVIEW BY RADIOLOGIST OF MRI GUIDANCE FOR NEEDLE PLACEMENT | $272.83 |
| 77022 | MRI GUIDANCE FOR TISSUE REMOVAL | $138.58 |
| 77046 | MRI SCAN OF 1 BREAST WITHOUT CONTRAST | $138.73 |
| 77047 | MRI SCAN OF BOTH BREASTS WITHOUT CONTRAST | $142.64 |
| 77048 | MRI SCAN OF 1 BREAST | $220.12 |
| 77049 | MRI SCAN OF BOTH BREASTS | $223.66 |
| 77053 | REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, 1 DUCT | $34.52 |
| 77054 | REVIEW BY RADIOLOGIST OF BREAST DUCT IMAGE, MULTIPLE DUCTS | $44.74 |
| 77063 | SCREENING 3D BREAST MAMMOGRAPHY | $32.93 |
| 77065 | DIAGNOSTIC MAMMOGRAPHY OF 1 BREAST | $81.04 |
| 77066 | DIAGNOSTIC MAMMOGRAPHY OF BOTH BREASTS | $102.35 |
| 77067 | SCREENING MAMMOGRAPHY | $83.09 |
| 77071 | APPLICATION OF STRESS BY PHYSICIAN FOR JOINT IMAGING | $34.48 |
| 77072 | X-RAY FOR ESTIMATING BONE AGE | $16.39 |
| 77073 | X-RAY FOR BONE LENGTH ASSESSMENT | $29.23 |
| 77074 | LIMITED X-RAY OF BODY BONES | $42.09 |
| 77075 | COMPLETE X-RAY OF BODY BONES | $64.07 |
| 77076 | X-RAY OF INFANT BODY BONES | $68.87 |
| 77077 | X-RAY OF JOINTS, MULTIPLE | $29.70 |
| 77078 | CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE | $65.95 |
| 77080 | DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE | $25.51 |
| 77081 | DXA BONE DENSITY MEASUREMENT OF FOREARM, FINGER, HAND, OR FOOT | $20.60 |
| 77084 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY | $208.31 |
| 77085 | DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE INCLUDING SPINE FRACTURE ASSE | $34.92 |
| 77086 | FRACTURE ASSESSMENT OF SPINE BONES USING DXA | $22.25 |
| 77089 | CALCULATION OF TRABECULAR BONE SCORE (TBS) USING IMAGING DATA WITH INTERPRETATIO | $25.84 |
| 77090 | TECHNICAL PREPARATION AND TRANSMISSION OF IMAGING DATA FOR ANALYSIS OF TRABECULA | $1.89 |
| 77091 | TECHNICAL CALCULATION OF TRABECULAR BONE SCORE (TBS) | $18.17 |
| 77092 | INTERPRETATION OF TRABECULAR BONE SCORE (TBS) AND REPORT ON FRACTURE RISK | $5.77 |
| 77261 | SIMPLE RADIATION THERAPY PLANNING | $42.83 |
| 77262 | INTERMEDIATE RADIATION THERAPY PLANNING | $65.88 |
| 77263 | COMPLEX RADIATION THERAPY PLANNING | $101.91 |
| 77280 | OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 1 TREATMENT AR | $176.69 |
| 77285 | OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 2 TREATMENT AR | $293.76 |
| 77290 | OBTAINING DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT, 3 OR MORE TREA | $289.26 |
| 77293 | OBTAINING RESPIRATORY DATA NEEDED TO DEVELOP THE OPTIMAL RADIATION TREATMENT | $262.46 |
| 77295 | 3D RADIATION THERAPY PLANNING | $310.21 |
| 77299 | OTHER MANAGEMENT OF RADIATION THERAPY OR THERAPEUTIC RADIOLOGY | $0.00 |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, | $42.80 |
| 77301 | HIGH PRECISION RADIATION THERAPY PLANNING | $1,208.32 |
| 77306 | SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION | $95.50 |
| 77307 | COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION | $185.02 |
| 77316 | SIMPLE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION | $160.83 |
| 77317 | INTERMEDIATE RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION | $211.65 |
| 77318 | COMPLEX RADIATION THERAPY PLANNING FOR DELIVERY OF INTERNAL RADIATION | $299.63 |
| 77321 | SPECIAL RADIATION THERAPY PLANNING FOR DELIVERY OF EXTERNAL RADIATION | $60.46 |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY | $40.84 |
| 77332 | DESIGN AND CONSTRUCTION OF SIMPLE RADIATION TREATMENT DEVICE | $25.78 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 77333 | DESIGN AND CONSTRUCTION OF INTERMEDIATE RADIATION TREATMENT DEVICE | $89.03 |
| 77334 | DESIGN AND CONSTRUCTION OF COMPLEX RADIATION TREATMENT DEVICE | $80.84 |
| 77336 | CONTINUING RADIATION THERAPY CONSULTATION PER WEEK | $60.30 |
| 77338 | DESIGN AND CONSTRUCTION OF RADIATION TREATMENT DEVICE FOR HIGH PRECISION RADIATI | $302.96 |
| 77370 | SPECIAL MEDICAL RADIATION THERAPY CONSULTATION | $98.52 |
| 77371 | COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RADIATION | $1,461.61 |
| 77372 | COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RADIATION AND A M | $620.88 |
| 77373 | CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS | $651.41 |
| 77399 | OTHER MANAGEMENT OF RADIATION THERAPY AND MEDICAL RADIATION PHYSICS | $0.00 |
| 77400 | DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; SIMPLE | $0.00 |
| 77402 | DELIVERY OF LEVEL 1 RADIATION TREATMENT | $58.71 |
| 77405 | DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; INTERMEDIATE | $0.00 |
| 77407 | DELIVERY OF LEVEL 2 RADIATION TREATMENT | $68.94 |
| 77410 | DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; COMPLEX | $0.00 |
| 77412 | DELIVERY OF LEVEL 3 RADIATION TREATMENT | $76.99 |
| 77415 | THERAPEUTIC RADIOLOGY TREATMENT PORT FILM INTERPRETATION AND VERIFICATION, PER T | $0.00 |
| 77417 | X-RAY DURING RADIATION THERAPY | $10.70 |
| 77423 | DELIVERY OF SPECIALIZED EXTERNAL RADIATION TREATMENT | $66.22 |
| 77427 | RADIATION TREATMENT MANAGEMENT, 5 TREATMENT SESSIONS | $116.73 |
| 77431 | RADIATION TREATMENT MANAGEMENT, 1-2 TREATMENT SESSIONS | $66.08 |
| 77432 | MANAGEMENT OF COMPLETE SINGLE SESSION COURSE OF CRANIAL LESION SURGERY USING RAD | $257.13 |
| 77435 | MANAGEMENT OF CRANIAL LESION SURGERY USING RADIATION OVER MULTIPLE SESSIONS | $389.13 |
| 77436 | TREATMENT PLANNING AND SIMULATION-AIDED FIELD SETTING FOR SUPERFICIAL OR ORTHOVO | $86.88 |
| 77437 | DELIVERY OF SUPERFICIAL SURFACE RADIATION THERAPY | $135.01 |
| 77438 | DELIVERY OF ORTHOVOLTAGE SURFACE RADIATION THERAPY | $136.53 |
| 77439 | ULTRASOUND GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS FOR TREATMENT OF S | $16.86 |
| 77465 | DAILY KILOVOLTAGE TREATMENT MANAGEMENT | $0.00 |
| 77469 | MANAGEMENT OF INTRAOPERATIVE RADIATION TREATMENT | $194.87 |
| 77470 | SPECIAL RADIATION TREATMENT | $91.11 |
| 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 | $650.46 |
| 77522 | SIMPLE PROTON BEAM RADIATION TREATMENT WITH COMPENSATION | $650.46 |
| 77523 | INTERMEDIATE PROTON BEAM RADIATION TREATMENT | $746.92 |
| 77525 | COMPLEX PROTON BEAM RADIATION TREATMENT | $843.37 |
| 77600 | USE OF EXTERNALLY GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL, HEATING | $358.89 |
| 77605 | USE OF EXTERNALLY GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL, HEATING | $619.08 |
| 77610 | USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL, | $445.63 |
| 77615 | USE OF INTERSTITIAL PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL, | $703.19 |
| 77620 | USE OF BODY CAVITY PROBE GENERATED HEAT TO INCREASE TEMPERATURE OF CANCER CELL | $412.83 |
| 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 | $249.84 |
| 77755 | SUPERVSN & CONSULT RADIOELEMNT APPLCTN ONLY | $0.00 |
| 77760 | INTRACAVITY RADIUM APPLICATION | $0.00 |
| 77761 | SIMPLE BODY CAVITY RADIATION SOURCE APPLICATION | $271.90 |
| 77762 | INTERMEDIATE BODY CAVITY RADIATION SOURCE APPLICATION | $355.56 |
| 77763 | COMPLEX BODY CAVITY RADIATION SOURCE APPLICATION | $502.77 |
| 77765 | INTRACAVITRY RADIOISOTOPE APPLICATION | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 77767 | HIGH DOSE SKIN SURFACE RADIATION THERAPY, 1 CHANNEL OR LESION DIAMETER 2.0 CM OR | $163.74 |
| 77768 | HIGH DOSE SKIN SURFACE RADIATION THERAPY, 2 CHANNELS AND LESION DIAMETER MORE TH | $240.99 |
| 77770 | HIGH DOSE RADIATION THERAPY, 1 CHANNEL | $226.92 |
| 77771 | HIGH DOSE RADIATION THERAPY, 2-12 CHANNELS | $395.46 |
| 77772 | HIGH DOSE RADIATION THERAPY, MORE THAN 12 CHANNELS | $592.06 |
| 77775 | INTERSTITIAL RADIOISOTOPE THERAPY | $0.00 |
| 77778 | COMPLEX APPLICATION OF RADIATION SOURCE | $594.18 |
| 77780 | RADIUM HANDLING & LOODING | $0.00 |
| 77789 | SURFACE APPLICATION OF LOW DOSE RATE SOURCE | $85.44 |
| 77790 | SUPERVISION, HANDLING, AND LOADING OF RADIATION SOURCE | $12.48 |
| 77799 | OTHER ADMINISTRATION OF RADIATION THERAPY | $0.00 |
| 78012 | NUCLEAR MEDICINE STUDY OF THYROID FUNCTION | $53.18 |
| 78013 | NUCLEAR MEDICINE STUDY OF THYROID | $110.86 |
| 78014 | NUCLEAR MEDICINE STUDY OF THYROID AND THYROID FUNCTION | $140.81 |
| 78015 | NUCLEAR MEDICINE STUDY OF LIMITED AREA FOR THYROID CANCER | $137.08 |
| 78016 | NUCLEAR MEDICINE STUDIES FOR THYROID CANCER, ADDITIONAL STUDIES | $162.85 |
| 78017 | THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS | $0.00 |
| 78018 | NUCLEAR MEDICINE STUDY OF WHOLE BODY FOR THYROID CANCER | $183.59 |
| 78020 | NUCLEAR MEDICINE STUDY OF THYROID FUNCTION FOR THYROID CANCER | $50.66 |
| 78070 | NUCLEAR MEDICINE STUDY OF PARATHYROID | $173.83 |
| 78071 | NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT | $205.57 |
| 78072 | NUCLEAR MEDICINE STUDY OF PARATHYROID WITH SPECT AND CT SCAN | $254.36 |
| 78075 | NUCLEAR MEDICINE STUDY OF ADRENAL GLANDS | $262.09 |
| 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | $0.00 |
| 78102 | NUCLEAR MEDICINE STUDY OF BONE MARROW LIMITED AREA | $104.09 |
| 78103 | NUCLEAR MEDICINE STUDY OF BONE MARROW MULTIPLE AREAS | $110.10 |
| 78104 | NUCLEAR MEDICINE STUDY OF BONE MARROW WHOLE BODY | $147.19 |
| 78110 | NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, 1 SAMPLING | $45.49 |
| 78111 | NUCLEAR MEDICINE STUDY OF PLASMA VOLUME, MULTIPLE SAMPLINGS | $60.12 |
| 78120 | NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, SINGLE SAMPLE | $46.49 |
| 78121 | NUCLEAR MEDICINE STUDY OF RED BLOOD CELL VOLUME, MULTIPLE SAMPLES | $61.61 |
| 78122 | NUCLEAR MEDICINE STUDY OF WHOLE BLOOD VOLUME | $64.47 |
| 78130 | NUCLEAR MEDICINE STUDY OF RED BLOOD CELL SURVIVAL | $80.73 |
| 78140 | NUCLEAR MEDICINE STUDY OF RADIOISOTOPE LABELED RED BLOOD CELLS | $70.81 |
| 78180 | RADIOIRON BODY DISTRIBUTION/STDRAG POOLS | $0.00 |
| 78185 | NUCLEAR MEDICINE STUDY OF SPLEEN | $100.63 |
| 78186 | SPLEEN IMAGING ONLY; WITH VASCULAR FLOW | $0.00 |
| 78191 | NUCLEAR MEDICINE STUDY OF PLATELET SURVIVAL | $80.73 |
| 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 | $207.46 |
| 78199 | NUCLEAR MEDICINE STUDY OF BLOOD AND LYMPHATIC SYSTEMS | $0.00 |
| 78201 | NUCLEAR MEDICINE STUDY OF LIVER | $115.12 |
| 78202 | NUCLEAR MEDICINE STUDY OF LIVER AND BLOOD FLOW | $127.73 |
| 78215 | NUCLEAR MEDICINE STUDY OF LIVER AND SPLEEN | $118.09 |
| 78216 | NUCLEAR MEDICINE STUDY OF LIVER, SPLEEN, AND BLOOD FLOW | $88.31 |
| 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 | $190.95 |
| 78227 | NUCLEAR MEDICINE STUDY OF LIVER AND BILE DUCT SYSTEM WITH USE OF DRUGS | $256.72 |
| 78230 | NUCLEAR MEDICINE STUDY OF SALIVARY GLAND | $106.39 |
| 78231 | NUCLEAR MEDICINE STUDY OF SALIVARY GLAND WITH SERIAL IMAGES | $67.50 |
| 78232 | NUCLEAR MEDICINE STUDY OF SALIVARY GLAND FUNCTION | $66.53 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 78240 | PANCREAS IMAGING | $0.00 |
| 78258 | NUCLEAR MEDICINE STUDY OF ESOPHAGUS TO ASSESS MOVEMENT | $128.41 |
| 78261 | NUCLEAR MEDICINE STUDY OF STOMACH LINING | $118.74 |
| 78262 | NUCLEAR MEDICINE STUDY OF STOMACH AND ESOPHAGUS TO ASSESS REFLUX | $146.20 |
| 78264 | NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING | $194.71 |
| 78265 | NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL BOWEL MOVEMENT | $232.07 |
| 78266 | NUCLEAR MEDICINE STUDY OF STOMACH TO ASSESS EMPTYING AND SMALL AND LARGE BOWEL M | $261.10 |
| 78267 | NUCLEAR MEDICINE STUDY TO ACQUIRE EXHALED BREATH SAMPLES | $11.06 |
| 78268 | NUCLEAR MEDICINE STUDY TO ASSESS EXHALED BREATH SAMPLES | $94.41 |
| 78276 | GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION | $0.00 |
| 78278 | NUCLEAR MEDICINE STUDY TO ASSESS BLOOD LOSS | $205.06 |
| 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 | $194.47 |
| 78291 | NUCLEAR MEDICINE STUDY TO ASSESS THE DEGREE OF OPENNESS OF SHUNT FROM JUGULAR VE | $155.76 |
| 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | $0.00 |
| 78300 | NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT LIMITED AREA | $133.10 |
| 78305 | NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT MULTIPLE AREAS | $161.93 |
| 78306 | NUCLEAR MEDICINE STUDY OF BONE AND/OR JOINT WHOLE BODY | $173.21 |
| 78310 | BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY | $0.00 |
| 78315 | NUCLEAR MEDICINE STUDY OF BONE TAKEN AT DIFFERENT TIMES | $203.41 |
| 78350 | NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 1 PHOTON BEAM | $20.54 |
| 78351 | NUCLEAR MEDICINE STUDY TO MEASURE BONE LOSS USING 2 PHOTON BEAMS | $8.72 |
| 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 | $53.14 |
| 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 | $111.12 |
| 78429 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION AND CONCURRENT | $831.72 |
| 78430 | NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS WIT | $757.96 |
| 78431 | NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS W | $1,264.56 |
| 78432 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION | $1,115.93 |
| 78433 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION | $1,405.01 |
| 78434 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE BLOOD FLOW BY PET | $89.47 |
| 78435 | CARDIAC FLOW IMAGING (IE, ANGIOCARDIOGRAPHY) | $0.00 |
| 78445 | NUCLEAR MEDICINE STUDY OF NON-CARDIAC BLOOD FLOW | $112.40 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 78451 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT | $199.81 |
| 78452 | NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT | $275.81 |
| 78453 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D IM | $172.59 |
| 78454 | NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D | $255.88 |
| 78456 | NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN USING RADIOLABELED PEPTIDE | $184.18 |
| 78457 | NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF SIDE | $100.20 |
| 78458 | NUCLEAR MEDICINE STUDY TO ASSESS BLOOD CLOT IN VEIN OF BOTH SIDES | $123.82 |
| 78459 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION | $664.34 |
| 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 | $104.14 |
| 78467 | MYOCARDIAL IMAGING, INFARCT AVID, AT REST; QUANTITATIVE | $0.00 |
| 78468 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH MEASUREMENT O | $118.20 |
| 78469 | NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH SPECT | $132.90 |
| 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 | $134.29 |
| 78473 | NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS W | $170.22 |
| 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 | $104.19 |
| 78483 | NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY FIRST PASS TECHNIQUE WITH | $140.45 |
| 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 | $135.46 |
| 78496 | NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION OVER SINGLE CYCLE | $25.98 |
| 78499 | OTHER NUCLEAR MEDICINE STUDY OF CARDIOVASCULAR SYSTEM | $63.79 |
| 78579 | PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS) | $110.85 |
| 78580 | NUCLEAR MEDICINE STUDY OF LUNG CIRCULATION | $139.44 |
| 78581 | PULMONARY PERFUSION IMAGING; GASEOUS | $0.00 |
| 78582 | NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION | $194.24 |
| 78597 | NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND BLOOD FLOW TO LUNG | $118.46 |
| 78598 | NUCLEAR MEDICINE STUDY OF LUNG VENTILATION AND CIRCULATION AND BLOOD FLOW TO LUN | $176.48 |
| 78599 | OTHER NUCLEAR MEDICINE STUDY OF RESPIRATORY SYSTEM | $0.00 |
| 78600 | NUCLEAR MEDICINE STUDY OF BRAIN, LESS THAN 4 STATIC VIEWS | $109.32 |
| 78601 | NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW | $129.19 |
| 78605 | NUCLEAR MEDICINE STUDY OF BRAIN, 4 STATIC VIEWS OR MORE | $120.32 |
| 78606 | NUCLEAR MEDICINE STUDY OF BRAIN AND BLOOD FLOW, 4 STATIC VIEWS OR MORE | $194.59 |
| 78608 | NUCLEAR MEDICINE STUDY OF BRAIN WITH METABOLIC EVALUATION | $1,045.96 |
| 78610 | NUCLEAR MEDICINE STUDY OF BRAIN WITH BLOOD FLOW | $105.38 |
| 78630 | NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST I | $198.71 |
| 78635 | NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW AFTER INJECTION OF CONTRAST I | $199.36 |
| 78640 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION | $0.00 |
| 78645 | NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO EVALUATE SHUNT | $191.45 |
| 78650 | NUCLEAR MEDICINE STUDY OF CEREBROSPINAL FLUID FLOW TO LOCATE LEAKAGE | $159.67 |
| 78660 | NUCLEAR MEDICINE STUDY OF TEAR DRAINAGE STRUCTURE | $85.76 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 78699 | OTHER NUCLEAR MEDICINE STUDY OF NERVOUS SYSTEM | $0.00 |
| 78700 | NUCLEAR MEDICINE STUDY OF KIDNEY | $102.82 |
| 78701 | NUCLEAR MEDICINE STUDY OF KIDNEY AND BLOOD FLOW | $135.26 |
| 78707 | NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD FLOW, AND FUNCTION | $138.36 |
| 78708 | NUCLEAR MEDICINE STUDY OF KIDNEY, BLOOD, FLOW, AND FUNCTION WITH DRUG ADMINISTRA | $112.99 |
| 78709 | NUCLEAR MEDICINE STUDIES OF KIDNEY, BLOOD FLOW, AND FUNCTION | $216.44 |
| 78720 | KIDNEY FUNCTION STUDY ONLY (IE, RENOGRAM) | $0.00 |
| 78725 | NUCLEAR MEDICINE STUDY OF KIDNEY FUNCTION | $63.45 |
| 78730 | URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | $43.61 |
| 78740 | NUCLEAR MEDICINE STUDY TO ASSESS URINE FLOW | $137.49 |
| 78761 | NUCLEAR MEDICINE STUDY OF TESTICLE AND BLOOD FLOW | $127.26 |
| 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 | $149.65 |
| 78801 | NUCLEAR MEDICINE STUDY, MULTIPLE AREAS | $160.32 |
| 78802 | NUCLEAR MEDICINE STUDY, WHOLE BODY | $180.75 |
| 78803 | NUCLEAR MEDICINE STUDY, SPECT IMAGING, 1 AREA OR SINGLE ACQUISITION, SINGLE DAY | $222.05 |
| 78804 | NUCLEAR MEDICINE STUDY, WHOLE BODY REQUIRING MULTIPLE IMAGING DAYS | $376.81 |
| 78808 | INJECTION OF RADIOACTIVE CONTRAST INTO A VEIN FOR NON-IMAGING GAMMA PROBE | $26.01 |
| 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK) | $941.81 |
| 78812 | NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH | $1,057.98 |
| 78813 | NUCLEAR MEDICINE STUDY WHOLE BODY | $1,058.89 |
| 78814 | NUCLEAR MEDICINE STUDY LIMITED AREA WITH CT SCAN | $1,065.00 |
| 78815 | NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH WITH CT SCAN | $1,072.10 |
| 78816 | NUCLEAR MEDICINE STUDY WHOLE BODY WITH CT SCAN | $1,072.60 |
| 78830 | NUCLEAR MEDICINE STUDY, SPECT IMAGING WITH CONCURRENT CT SCAN, 1 AREA OR SINGLE | $278.87 |
| 78831 | NUCLEAR MEDICINE STUDY, SPECT IMAGING, AT LEAST 2 AREAS OR SEPARATE ACQUISITIONS | $415.60 |
| 78832 | NUCLEAR MEDICINE STUDY, SPECT IMAGING WITH CONCURRENT CT SCAN, AT LEAST 2 AREAS | $527.45 |
| 78835 | QUANTIFICATION OF RADIOACTIVE MATERIALS | $57.39 |
| 78895 | BEDSIDE UNIT REQUIRED | $0.00 |
| 78999 | OTHER NUCLEAR MEDICINE STUDY | $0.00 |
| 79005 | RADIOACTIVE DRUG THERAPY BY MOUTH | $83.86 |
| 79101 | RADIOACTIVE DRUG THERAPY THROUGH A VEIN | $90.65 |
| 79200 | RADIOACTIVE DRUG THERAPY INTO A BODY CAVITY | $81.09 |
| 79300 | RADIOACTIVE DRUG THERAPY INTO A TISSUE | $0.00 |
| 79403 | RADIOACTIVE DRUG THERAPY OF RADIOLABELED MONOCLONAL ANTIBODY THROUGH A VEIN | $106.42 |
| 79440 | RADIOACTIVE DRUG THERAPY INTO A JOINT | $72.51 |
| 79445 | RADIOACTIVE DRUG THERAPY THROUGH A TUBE INSERTED IN AN ARTERY | $176.60 |
| 79999 | RADIOACTIVE DRUG THERAPY | $32.54 |
| 80031 | THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA (IF DRUG | $0.00 |
| 80032 | THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 2 DRUGS | $0.00 |
| 80033 | THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 3 DRUGS | $0.00 |
| 80034 | THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA; 4 OR MOR | $0.00 |
| 80040 | SERUM RADIOIMMUNOASSAY FOR CIRCULATING ANTIBIOTIC LEVELS | $0.00 |
| 80042 | SERUM ANTIMICROBIAL LEVEL, BIOASSAY METHOD | $0.00 |
| 80047 | BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED) | $13.73 |
| 80048 | BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL) | $8.46 |
| 80050 | GENERAL HEALTH PANEL | $35.13 |
| 80051 | BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE) | $7.01 |
| 80052 | PRE-MARITAL PROFILE | $0.00 |
| 80053 | BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS | $10.56 |
| 80055 | OBSTETRIC BLOOD TEST PANEL | $47.81 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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) | $13.39 |
| 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 | $8.68 |
| 80070 | THYROID PANEL; | $0.00 |
| 80071 | THYROID PANEL; WITH THYROTROPIN RELEASING HORMONE (TRH) | $0.00 |
| 80074 | ACUTE HEPATITIS PANEL | $47.63 |
| 80075 | PARATHYROID PANEL | $0.00 |
| 80076 | LIVER FUNCTION BLOOD TEST PANEL | $8.17 |
| 80080 | PROSTATIC PANEL | $0.00 |
| 80081 | BLOOD TEST PANEL FOR OBSTETRICS ( CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV, | $74.86 |
| 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 | $18.64 |
| 80145 | ADALIMUMAB | $38.57 |
| 80150 | AMIKACIN | $15.08 |
| 80151 | AMIODARONE | $18.64 |
| 80155 | CAFFEINE LEVEL | $38.57 |
| 80156 | CARBAMAZEPINE LEVEL, TOTAL | $14.57 |
| 80157 | CARBAMAZEPINE LEVEL, FREE | $13.25 |
| 80158 | CYCLOSPORINE | $18.05 |
| 80159 | CLOZAPINE LEVEL | $20.15 |
| 80161 | CARBAMAZEPINE; -10,11-EPOXIDE | $18.64 |
| 80162 | DIGOXIN LEVEL, TOTAL | $13.28 |
| 80164 | VALPROIC ACID LEVEL, TOTAL | $13.54 |
| 80167 | FELBAMATE | $18.64 |
| 80168 | ETHOSUXIMIDE | $16.34 |
| 80169 | EVEROLIMUS LEVEL | $13.73 |
| 80170 | GENTAMICIN | $16.38 |
| 80171 | GABAPENTIN LEVEL | $21.67 |
| 80173 | HALOPERIDOL | $15.78 |
| 80175 | LAMOTRIGINE LEVEL | $13.25 |
| 80176 | LIDOCAINE | $14.69 |
| 80177 | LEVETIRACETAM LEVEL | $13.25 |
| 80178 | LITHIUM | $6.61 |
| 80179 | SALICYLATE | $18.64 |
| 80180 | MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL | $18.05 |
| 80181 | FLECAINIDE | $18.64 |
| 80183 | OXCARBAZEPINE LEVEL | $13.25 |
| 80184 | PHENOBARBITAL | $15.30 |
| 80185 | PHENYTOIN LEVEL, TOTAL | $13.25 |
| 80186 | PHENYTOIN LEVEL, FREE | $13.76 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 80187 | POSACONAZOLE | $27.11 |
| 80188 | PRIMIDONE | $16.59 |
| 80189 | ITRACONAZOLE | $27.11 |
| 80190 | PROCAINAMIDE; | $60.00 |
| 80192 | PROCAINAMIDE LEVEL, WITH METABOLITES | $16.75 |
| 80193 | LEFLUNOMIDE | $38.57 |
| 80194 | QUINIDINE | $14.60 |
| 80195 | SIROLIMUS | $13.73 |
| 80197 | TACROLIMUS | $13.73 |
| 80198 | THEOPHYLLINE | $14.14 |
| 80199 | TIAGABINE LEVEL | $27.11 |
| 80200 | TOBRAMYCIN | $16.13 |
| 80201 | TOPIRAMATE | $11.92 |
| 80202 | VANCOMYCIN | $13.54 |
| 80203 | ZONISAMIDE LEVEL | $13.25 |
| 80204 | METHOTREXATE | $38.57 |
| 80210 | RUFINAMIDE | $27.11 |
| 80220 | MEASUREMENT OF HYDROXYCHLOROQUINE | $18.64 |
| 80230 | INFLIXIMAB | $38.57 |
| 80235 | LACOSAMIDE | $27.11 |
| 80280 | VEDOLIZUMAB | $38.57 |
| 80285 | VORICONAZOLE | $27.11 |
| 80299 | QUANTITATION OF THERAPEUTIC DRUG | $18.64 |
| 80305 | TESTING FOR PRESENCE OF DRUG, READ BY DIRECT OBSERVATION | $12.60 |
| 80306 | TESTING FOR PRESENCE OF DRUG, READ BY INSTRUMENT ASSISTED OBSERVATION | $17.14 |
| 80307 | TESTING FOR PRESENCE OF DRUG, BY CHEMISTRY ANALYZERS | $62.14 |
| 80400 | HORMONAL PANEL FOR ADRENAL GLAND ASSESSMENT (ADRENAL GLAND INSUFFICIENCY) | $32.62 |
| 80402 | HORMONE PANEL FOR ADRENAL GLAND ASSESSMENT (21 HYDROXYLASE DEFICIENCY) | $86.96 |
| 80406 | HORMONE PANEL ADRENAL GLAND ASSESSMENT (3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY) | $78.26 |
| 80408 | ALDOSTERONE SUPPRESSION EVALUATION PANEL | $125.50 |
| 80410 | CALCITONIN STIMULATION PANEL | $80.37 |
| 80412 | ADRENAL GLAND STIMULATION PANEL | $801.62 |
| 80414 | REPRODUCTIVE HORMONE PANEL (TESTOSTERONE) | $51.64 |
| 80415 | REPRODUCTIVE HORMONE PANEL (ESTRADIOL) | $55.89 |
| 80416 | RENAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL | $209.32 |
| 80417 | PERIPHERAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL | $43.99 |
| 80418 | ANTERIOR PITUITARY GLAND EVALUATION PANEL | $579.48 |
| 80420 | DEXAMETHASONE (STEROID) SUPPRESSION EVALUATION PANEL, 48 HOUR | $161.88 |
| 80422 | GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR INSULINOMA (PANCREATIC TUMOR) | $46.07 |
| 80424 | GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL G | $50.50 |
| 80426 | GONADOTROPIN RELEASING HORMONE (REPRODUCTIVE HORMONE) PANEL | $148.41 |
| 80428 | GROWTH HORMONE STIMULATION PANEL | $66.70 |
| 80430 | GROWTH HORMONE SUPPRESSION PANEL | $129.33 |
| 80432 | INSULIN-INDUCED C-PEPTIDE (PROTEIN) SUPPRESSION PANEL | $165.61 |
| 80434 | INSULIN TOLERANCE PANEL FOR ACTH (ADRENAL GLAND HORMONE) INSUFFICIENCY | $285.03 |
| 80435 | INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY | $103.00 |
| 80436 | METYRAPONE (HORMONE ANTIBODY) PANEL | $91.16 |
| 80438 | THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 1 | $50.41 |
| 80439 | THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 2 | $67.21 |
| 80503 | PATHOLOGY CLINICAL CONSULTATION FOR CLINICAL PROBLEM, 5-20 MINUTES | $21.71 |
| 80504 | PATHOLOGY CLINICAL CONSULTATION FOR MODERATELY COMPLEX CLINICAL PROBLEM, 21-40 M | $46.51 |
| 80505 | PATHOLOGY CLINICAL CONSULTATION FOR COMPLEX CLINICAL PROBLEM, 41-60 MINUTES | $88.35 |
| 80506 | PATHOLOGY CLINICAL CONSULTATION, ADDITIONAL 30 MINUTES | $42.21 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81000 | MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, NON-AUTOMATED | $4.02 |
| 81001 | MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED | $3.17 |
| 81002 | URINALYSIS, MANUAL TEST | $3.48 |
| 81003 | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, | $2.25 |
| 81004 | URINALYSIS; COMPONENTS, SINGLE, NOT OTHERWISE LISTED, SPECIFY | $0.00 |
| 81005 | ANALYSIS OF URINE, EXCEPT IMMUNOASSAYS | $2.17 |
| 81006 | URNLYSIS; URINE VOL MEASUREMENT | $0.00 |
| 81007 | URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK | $29.98 |
| 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 | $3.05 |
| 81020 | URINALYSIS, 2 OR 3 GLASS TEST | $4.70 |
| 81025 | URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS | $8.61 |
| 81030 | QUANTITATIVE SEDIMENT ANALYSIS AND QUANTITATIVE PROTEIN (ADDIS COUNT) | $0.00 |
| 81050 | VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH | $3.64 |
| 81099 | UNLISTED ANALYSIS OF URINE | $0.00 |
| 81105 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 1) FOR COMMON VARIANT | $122.22 |
| 81106 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 2) FOR COMMON VARIANT | $122.22 |
| 81107 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 3) FOR COMMON VARIANT | $122.22 |
| 81108 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 4) FOR COMMON VARIANT | $122.22 |
| 81109 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 5) FOR COMMON VARIANT | $122.22 |
| 81110 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 6) FOR COMMON VARIANT | $122.22 |
| 81111 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 9) FOR COMMON VARIANT | $122.22 |
| 81112 | GENE ANALYSIS (HUMAN PLATELET ANTIGEN 15) FOR COMMON VARIANT | $122.22 |
| 81120 | GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) FOR COMMON VARIANTS | $193.25 |
| 81121 | GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) FOR COMMON VAR | $295.79 |
| 81161 | GENE ANALYSIS (DYSTROPHIN) | $279.00 |
| 81162 | GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE AND ANALYSIS FOR DUPLICAT | $1,824.88 |
| 81163 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, | $468.00 |
| 81164 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, | $584.23 |
| 81165 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) | $282.88 |
| 81166 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) | $301.35 |
| 81167 | BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) | $282.88 |
| 81168 | CCND1/IGH (T(11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BR | $207.31 |
| 81170 | GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) | $300.00 |
| 81171 | GENE ANALYSIS (FRAGILE X INTELLECTUAL DISABILITY 2) FOR DETECTION OF ABNORMAL AL | $137.00 |
| 81172 | GENE ANALYSIS (FRAGILE X INTELLECTUAL DISABILITY 2) FOR CHARACTERIZATION OF ALLE | $274.83 |
| 81173 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, | $301.35 |
| 81174 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, | $185.20 |
| 81175 | GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) FULL SEQU | $676.50 |
| 81176 | GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) TARGETED | $241.90 |
| 81177 | ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVAL | $137.00 |
| 81178 | ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC | $137.00 |
| 81179 | ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC | $137.00 |
| 81180 | ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALY | $137.00 |
| 81181 | ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC | $137.00 |
| 81182 | ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG, SPINOCEREBELLAR ATAXIA | $137.00 |
| 81183 | ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DET | $137.00 |
| 81184 | CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT | $137.00 |
| 81185 | CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT | $846.27 |
| 81186 | CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT | $185.20 |
| 81187 | CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPH | $137.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81188 | CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO | $137.00 |
| 81189 | CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQ | $274.83 |
| 81190 | CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIA | $185.20 |
| 81191 | NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION | $207.31 |
| 81192 | NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION | $207.31 |
| 81193 | NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION | $207.31 |
| 81194 | NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID | $518.28 |
| 81195 | OPTICAL GENOME MAPPING FOR HEMATOLOGIC MALIGNANCY | $1,263.53 |
| 81200 | GENE ANALYSIS (ASPARTOACYLASE) | $47.25 |
| 81201 | GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE | $780.00 |
| 81202 | GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS | $280.00 |
| 81203 | GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION OR DELETION VARIANTS | $200.00 |
| 81204 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, | $137.00 |
| 81205 | GENE ANALYSIS (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) | $94.99 |
| 81206 | TRANSLOCATION ANALYSIS (BCR/ABL1) MAJOR BREAKPOINT | $163.96 |
| 81207 | TRANSLOCATION ANALYSIS (BCR/ABL1) MINOR BREAKPOINT | $144.84 |
| 81209 | GENE ANALYSIS (BLOOM SYNDROME, RECQ HELICASE-LIKE) | $39.31 |
| 81210 | BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A | $175.40 |
| 81212 | GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR 185DELAG, 5385INSC, 6174DELT VARIANTS | $440.00 |
| 81215 | GENE ANALYSIS (BREAST CANCER 1) FOR KNOWN FAMILIAL VARIANT | $375.25 |
| 81216 | GENE ANALYSIS (BREAST CANCER 2) OF FULL SEQUENCE | $185.12 |
| 81217 | GENE ANALYSIS (BREAST CANCER 2) FOR KNOWN FAMILIAL VARIANT | $375.25 |
| 81218 | GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) FULL GENE SEQUENCE | $241.90 |
| 81219 | GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS | $121.63 |
| 81220 | GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) | $556.60 |
| 81221 | GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) | $97.22 |
| 81222 | GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) | $435.07 |
| 81223 | GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) | $499.00 |
| 81224 | GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) | $168.75 |
| 81225 | GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) COMMON VA | $291.36 |
| 81226 | GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) COMMON VAR | $450.91 |
| 81228 | GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER VARIANTS | $900.00 |
| 81229 | GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHI | $1,160.00 |
| 81230 | GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) FOR COMMON VARIANT | $174.81 |
| 81231 | GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) FOR COMMON VARIANT | $174.81 |
| 81232 | GENE ANALYSIS (DIHYDROPYRIMIDINE DEHYDROGENASE) FOR COMMON VARIANT | $174.81 |
| 81233 | BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, | $175.40 |
| 81234 | DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUAT | $137.00 |
| 81235 | GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS | $324.58 |
| 81236 | EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, MYELODYSPL | $282.88 |
| 81237 | EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, DIFFUSE LA | $175.40 |
| 81238 | GENE ANALYSIS (COAGULATION FACTOR IX) FULL SEQUENCE ANALYSIS | $600.00 |
| 81239 | DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACT | $274.83 |
| 81240 | GENE ANALYSIS (PROTHROMBIN, COAGULATION FACTOR II) A VARIANT | $65.69 |
| 81241 | F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI | $73.37 |
| 81242 | GENE ANALYSIS (FANCONI ANEMIA, COMPLEMENTATION GROUP C) COMMON VARIANT | $36.62 |
| 81243 | GENE ANALYSIS (FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY) FOR DETECTI | $57.04 |
| 81244 | GENE ANALYSIS (FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY) FOR CHARACT | $44.89 |
| 81245 | FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS | $165.51 |
| 81247 | GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR COMMON VARIANT | $174.81 |
| 81248 | GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR KNOWN FAMILIAL VARIANT | $375.25 |
| 81249 | GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FULL SEQUENCE ANALYSIS | $600.00 |
| 81250 | GENE ANALYSIS (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) COMMON VARIANTS | $58.49 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81251 | GENE ANALYSIS (GLUCOSIDASE, BETA, ACID) COMMON VARIANTS | $47.25 |
| 81252 | GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE SEQU | $101.12 |
| 81253 | GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL | $61.52 |
| 81254 | GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON VARIANT | $35.00 |
| 81255 | GENE ANALYSIS (HEXOSAMINIDASE A) COMMON VARIANTS | $51.45 |
| 81256 | HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VAR | $65.36 |
| 81257 | GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) COMMON DELETION | $102.26 |
| 81258 | GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR KNOWN FAMILIAL VARIANT | $375.25 |
| 81259 | GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FULL SEQUENCE ANALYSIS | $600.00 |
| 81260 | GENE ANALYSIS (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KI | $39.31 |
| 81261 | IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G | $197.99 |
| 81262 | IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G | $68.55 |
| 81263 | GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS), VARIABLE REGION | $294.52 |
| 81264 | IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL | $172.73 |
| 81265 | COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPAR | $233.07 |
| 81266 | COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS OF PATIENT AND SPEC | $304.81 |
| 81267 | CHIMERISM ANALYSIS POST TRANSPLANTATION, WITHOUT CELL SELECTION | $207.46 |
| 81268 | CHIMERISM ANALYSIS POST TRANSPLANTATION, WITH CELL SELECTION | $260.79 |
| 81269 | GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR DUPLICATION/DELETION VARIA | $202.40 |
| 81270 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617P | $91.66 |
| 81271 | HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT AB | $137.00 |
| 81272 | GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), T | $329.51 |
| 81273 | GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D | $124.87 |
| 81274 | HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALL | $274.83 |
| 81275 | KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI | $193.25 |
| 81276 | GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS | $193.25 |
| 81277 | CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMI | $1,160.00 |
| 81278 | IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BRE | $207.31 |
| 81279 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYS | $185.20 |
| 81283 | GENE ANALYSIS (INTERFERON, LAMBDA 3) FOR RS12979860 VARIANT | $73.37 |
| 81284 | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNOR | $137.00 |
| 81285 | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELE | $274.83 |
| 81286 | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE | $274.83 |
| 81287 | GENE ANALYSIS (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) FOR PROMOTER METHYLATION | $124.64 |
| 81289 | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S) | $185.20 |
| 81290 | GENE ANALYSIS (MUCOLIPIN 1) COMMON VARIANTS | $39.31 |
| 81291 | GENE ANALYSIS (5, 10-METHYLENETETRAHYDROFOLATE REDUCTASE) COMMON VARIANTS | $65.34 |
| 81292 | GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) FULL SEQUENCE | $675.40 |
| 81293 | GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) KNOWN FAMILIAL | $331.00 |
| 81294 | GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) DUPLICATION OR | $202.40 |
| 81295 | GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) FULL SEQUENCE | $381.70 |
| 81296 | GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) KNOWN FAMILIAL | $337.73 |
| 81297 | GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) DUPLICATION OR | $213.30 |
| 81298 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, | $641.85 |
| 81299 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, | $308.00 |
| 81300 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, | $238.00 |
| 81301 | MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN | $348.56 |
| 81302 | GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) FULL SEQUENCE ANALYS | $527.87 |
| 81303 | GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) KNOWN FAMILIAL VARIA | $120.00 |
| 81304 | GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) DUPLICATION OR DELET | $150.00 |
| 81305 | MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WALDENSTROM'S MACROGLOB | $175.40 |
| 81306 | NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT( | $291.36 |
| 81307 | PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A | $676.50 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81308 | PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A | $301.35 |
| 81309 | PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) | $274.83 |
| 81310 | NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT | $246.52 |
| 81311 | NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS], ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINO | $295.79 |
| 81312 | PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROP | $137.00 |
| 81314 | GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) TARG | $329.51 |
| 81315 | PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) | $207.31 |
| 81316 | PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) | $207.31 |
| 81317 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P | $676.50 |
| 81318 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P | $331.00 |
| 81319 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P | $203.50 |
| 81320 | PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS | $291.36 |
| 81321 | GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS | $600.00 |
| 81322 | GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT | $46.60 |
| 81323 | GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION OR DELETION VARIANT | $300.00 |
| 81324 | GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), DUPLICATION OR DELETION ANALYSIS | $758.36 |
| 81325 | GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS | $769.58 |
| 81326 | GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT | $46.60 |
| 81328 | GENE ANALYSIS (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) FOR | $174.81 |
| 81329 | SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE | $137.00 |
| 81330 | GENE ANALYSIS (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) COMMON VARIANT | $47.00 |
| 81331 | METHYLATION ANALYSIS (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE | $51.07 |
| 81332 | GENE ANALYSIS (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTI | $43.65 |
| 81333 | TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL DYSTROPHY) GENE ANA | $137.00 |
| 81334 | GENE ANALYSIS (RUNT RELATED TRANSCRIPTION FACTOR 1) TARGETED SEQUENCE ANALYSIS | $329.51 |
| 81335 | GENE ANALYSIS (THIOPURINE S-METHYLTRANSFERASE) FOR COMMON VARIANT | $174.81 |
| 81336 | SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE | $301.35 |
| 81337 | SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE | $185.20 |
| 81338 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORD | $150.33 |
| 81339 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORD | $185.20 |
| 81340 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE | $208.92 |
| 81341 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE | $49.59 |
| 81342 | TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANG | $201.50 |
| 81343 | PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG, SPINOCEREBELLAR AT | $137.00 |
| 81344 | TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALU | $137.00 |
| 81345 | TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MUL | $185.20 |
| 81346 | GENE ANALYSIS (THYMIDYLATE SYNTHETASE) FOR COMMON VARIANT | $174.81 |
| 81347 | SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYEL | $193.25 |
| 81348 | SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME | $175.40 |
| 81349 | GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIA | $1,197.94 |
| 81350 | GENE ANALYSIS (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) FOR DETECTI | $234.00 |
| 81351 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQU | $641.85 |
| 81352 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUE | $329.51 |
| 81353 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL | $308.00 |
| 81354 | DETECTION OF ABNORMALITIES ASSOCIATED WITH CONSTITUTIONAL CHROMOSOMAL ABNORMALIT | $1,263.53 |
| 81355 | GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COM | $88.20 |
| 81357 | U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, A | $193.25 |
| 81360 | ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG, | $193.25 |
| 81361 | GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR COMMON VARIANT | $174.81 |
| 81362 | GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR KNOWN FAMILIAL VARIANT | $375.25 |
| 81363 | GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR DUPLICATION/DELETION VARIANT | $202.40 |
| 81364 | GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FULL SEQUENCE ANALYSIS | $324.58 |
| 81370 | HLA CLASS I AND II TYPING LOW RESOLUTION HLA-A, -B, -C, -DRB1/3/4/5 AND -DQB1 | $402.12 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81371 | HLA CLASS I AND II TYPING, LOW RESOLUTION HLA-A, -B, AND -DRB1 | $404.52 |
| 81372 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA- | $403.59 |
| 81373 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA | $127.43 |
| 81374 | HLA CLASS I TYPING, LOW RESOLUTION ONE ANTIGEN EQUIVALENT | $74.33 |
| 81375 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN | $220.74 |
| 81376 | HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS | $122.22 |
| 81377 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV | $94.74 |
| 81378 | HLA CLASS I AND II TYPING HIGH RESOLUTION HLA-A, -B, -C, AND -DRB1 | $345.57 |
| 81379 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE | $335.38 |
| 81380 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E | $177.25 |
| 81381 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O | $169.90 |
| 81382 | HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS | $123.68 |
| 81383 | HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE | $109.13 |
| 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 | $63.96 |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 | $137.00 |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 | $150.33 |
| 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 GENETIC ANALYSIS | $185.20 |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 GENETIC ANALYSIS | $274.83 |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 GENETIC ANALYSIS | $301.35 |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 GENETIC ANALYSIS | $282.88 |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 GENETIC ANALYSIS | $846.27 |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 GENETIC ANALYSIS | $2,000.00 |
| 81410 | TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE, GENOMIC SEQUENCE ANALYSI | $504.00 |
| 81411 | TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE, DUPLICATION/DELETION ANA | $1,350.19 |
| 81412 | TEST FOR DETECTING GENES FOR DISORDERS RELATED TO ASHKENAZI JEWS, GENOMIC SEQUEN | $2,448.56 |
| 81415 | TEST FOR DETECTING EXOME, SEQUENCE ANALYSIS | $4,780.00 |
| 81416 | TEST FOR DETECTING EXOME, SEQUENCE ANALYSIS, EACH COMPARATOR EXOME | $12,000.00 |
| 81417 | REEVALUATION TEST OF PREVIOUSLY OBTAINED EXOME SEQUENCE | $320.00 |
| 81418 | GENOMIC SEQUENCE ANALYSIS PANEL OF AT LEAST 6 GENES ASSOCIATED WITH DRUG METABOL | $917.08 |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CAC | $2,448.56 |
| 81420 | TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE, ANEUPLOIDY GENOMIC SEQUE | $759.05 |
| 81430 | TEST FOR DETECTING GENES CAUSING HEARING LOSS GENOMIC SEQUENCE ANALYSIS PANEL, A | $1,625.00 |
| 81431 | TEST FOR DETECTING GENES CAUSING HEARING LOSS, DUPLICATION/DELETION ANALYSIS PAN | $679.57 |
| 81432 | TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED BREAST CANCER-RELATED DISORDE | $1,303.95 |
| 81434 | GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE | $597.91 |
| 81437 | TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED NEUROENDOCRINE TUMOR-RELATED | $1,303.95 |
| 81440 | TEST FOR DETECTING GENES | $3,324.00 |
| 81441 | GENE SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES ASSOCIATED WITH INHERITED BONE MA | $2,448.56 |
| 81442 | NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME | $2,143.60 |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI | $2,448.56 |
| 81448 | GENE ANALYSIS PANEL FOR HEREDITARY DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM | $584.90 |
| 81449 | GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 5-50 GENES ASSOCIATED WITH SOLID ORGAN | $597.91 |
| 81451 | GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 5-50 GENES ASSOCIATED WITH BLOOD AND L | $759.53 |
| 81456 | GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 51 OR MORE GENES ASSOCIATED WITH BLOOD | $2,919.60 |
| 81457 | GENOMIC SEQUENCE ANALYSIS PANEL OF DNA FOR MICROSATELLITE INSTABILITY IN SOLID O | $896.87 |
| 81458 | GENOMIC SEQUENCE ANALYSIS PANEL OF DNA FOR MICROSATELLITE INSTABILITY AND COPY N | $1,046.35 |
| 81459 | GENOMIC SEQUENCE ANALYSIS PANEL OF DNA OR COMBINED DNA AND RNA FOR COPY NUMBER V | $2,989.55 |
| 81462 | GENOMIC SEQUENCE ANALYSIS OF DNA OR COMBINED DNA AND RNA IN PLASMA FOR COPY NUMB | $1,195.83 |
| 81463 | GENOMIC SEQUENCE ANALYSIS OF DNA IN PLASMA FOR COPY NUMBER VARIANTS AND MICROSAT | $1,345.31 |
| 81464 | GENOMIC SEQUENCE ANALYSIS OF DNA OR COMBINED DNA AND RNA IN PLASMA FOR COPY NUMB | $3,288.51 |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | $0.00 |
| 81490 | AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, | $840.65 |
| 81493 | CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF | $1,050.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 81500 | GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS, ASSAYS OF TWO PROTEINS | $260.50 |
| 81503 | GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS, ASSAYS OF FIVE PROTEINS | $897.00 |
| 81504 | GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS | $520.00 |
| 81506 | ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE, | $68.92 |
| 81507 | DNA ANALYSIS USING MATERNAL PLASMA | $795.00 |
| 81508 | FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A, HCG | $54.30 |
| 81509 | FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A, HC | $1,487.37 |
| 81510 | FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3, | $55.54 |
| 81511 | FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, H | $153.50 |
| 81512 | FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, T | $69.52 |
| 81513 | INFECTIOUS DISEASE, BACTERIAL VAGINOSIS, QUANTITATIVE REAL-TIME AMPLIFICATION OF | $142.63 |
| 81514 | INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, QUANTITATIVE REAL-TIME AM | $262.99 |
| 81515 | TEST FOR DETECTION OF BACTERIA CAUSING VAGINOSIS AND VAGINITIS | $262.99 |
| 81517 | TEST FOR DETECTING 3 BIOMARKERS ASSOCIATED WITH RISK FOR LIVER DISEASE | $176.19 |
| 81518 | ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GEN | $3,873.00 |
| 81519 | TEST FOR DETECTING GENES ASSOCIATED WITH BREAST CANCER | $3,873.00 |
| 81520 | GENE ANALYSIS OF BREAST TUMOR TISSUE, PROFILING BY HYBRID CAPTURE OF 58 GENES | $2,510.21 |
| 81521 | GENE ANALYSIS OF BREAST TUMOR TISSUE, PROFILING OF 70 CONTENT GENES AND 465 HOUS | $3,873.00 |
| 81522 | ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONT | $3,873.00 |
| 81523 | NEXT-GENERATION SEQUENCING OF BREAST CANCER PROFILING 70 CONTENT GENES AND 31 HO | $3,873.00 |
| 81524 | DNA METHYLATION ANALYSIS OF AT LEAST 10,000 METHYLATION SITES USING DNA, REPORTE | $0.00 |
| 81525 | ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENE | $3,116.00 |
| 81528 | ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIF | $508.87 |
| 81529 | ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-P | $7,193.00 |
| 81535 | CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, FIRST SI | $579.46 |
| 81536 | CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING, EACH ADD | $177.56 |
| 81538 | ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UT | $2,871.00 |
| 81540 | ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME | $3,750.00 |
| 81541 | GENE ANALYSIS OF PROSTATE TUMOR TISSUE, PROFILING BY REAL-TIME RT-PCR OF 46 GENE | $3,873.00 |
| 81542 | ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GE | $3,873.00 |
| 81546 | ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FI | $3,600.00 |
| 81551 | GENE ANALYSIS OF PROSTATE TUMOR TISSUE, PROFILING BY REAL-TIME PCR OF 3 GENES | $2,030.00 |
| 81552 | MRNA GENE EXPRESSION ANALYSIS OF 15 GENES IN EYE MELANOMA O TISSUE OR FINE NEEDL | $7,776.00 |
| 81554 | PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION A | $5,445.00 |
| 81558 | TEST FOR DETECTING 139 GENES ASSOCIATED WITH KIDNEY TRANSPLANT REJECTION | $3,240.00 |
| 81560 | MEASUREMENT OF DONOR AND THIRD-PARTY MEMORY CELLS FOR TRANSPLANTATION MEDICINE | $640.73 |
| 81595 | CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUAN | $3,240.00 |
| 81596 | INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL A | $72.19 |
| 82005 | ACETOACETIC ACID | $0.00 |
| 82009 | KETONE BODIES ANALYSIS, QUALITATIVE | $4.52 |
| 82010 | KETONE BODIES ANALYSIS, QUANTITATIVE | $8.17 |
| 82011 | ACETYLSALICYLIC ACID; QUANTITATIVE | $0.00 |
| 82012 | ACETYLSALICYLIC ACID; QUALITATIVE | $0.00 |
| 82013 | ACETYLCHOLINESTERASE | $12.29 |
| 82016 | ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN | $16.49 |
| 82017 | ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN | $16.87 |
| 82024 | ADRENOCORTICOTROPIC HORMONE (ACTH) | $38.62 |
| 82030 | ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP) LEVEL | $25.80 |
| 82035 | ADENOSINE; 5'-TRIPHOSPHATE, BLOOD | $0.00 |
| 82040 | ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD | $4.95 |
| 82042 | CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL | $7.78 |
| 82043 | ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE | $5.78 |
| 82044 | ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY) | $6.23 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82045 | ALBUMIN; ISCHEMIA MODIFIED | $33.94 |
| 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 | $30.00 |
| 82076 | ALCOHOL; ISOPROPYL | $0.00 |
| 82077 | ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT URINE AND BREATH, IMMUNOASSAY (EG, IA, EI | $17.27 |
| 82078 | ALCOHOL; METHYL | $0.00 |
| 82085 | ALDOLASE | $9.71 |
| 82086 | ALDOLASE, BLOOD; COLORIMETRIC | $0.00 |
| 82087 | ALDOSTERONE; DOUBLE ISOTOPE TECHNIQUE | $0.00 |
| 82088 | ALDOSTERONE | $40.75 |
| 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 | $13.44 |
| 82104 | ALPHA-1-ANTITRYPSIN (PROTEIN) BLOOD TEST, PHENOTYPE | $14.46 |
| 82105 | ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM | $16.77 |
| 82106 | ALPHA-FETOPROTEIN (AFP) LEVEL, AMNIOTIC FLUID | $17.00 |
| 82107 | ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO) | $64.41 |
| 82108 | ALUMINUM | $25.48 |
| 82112 | AMIKACIN | $0.00 |
| 82120 | AMINES, VAGINAL FLUID, QUALITATIVE | $5.99 |
| 82126 | AMINO ACID NITROGEN, ALPHA | $0.00 |
| 82127 | AMINO ACID ANALYSIS, QUALITATIVE, EACH SPECIMEN | $14.18 |
| 82128 | AMINO ACID ANALYSIS, MULTIPLE AMINO ACIDS, QUALITATIVE, EACH SPECIMEN | $13.87 |
| 82130 | AMINO ACIDS, URINE OR PLASMA, CHROMATOGRAPHIC FRACTIONATION | $0.00 |
| 82131 | AMINO ACID ANALYSIS, QUANTITATIVE, EACH SPECIMEN | $22.98 |
| 82134 | AMINOHIPPURATE, PARA (PAH) | $0.00 |
| 82135 | AMINOLEVULINIC ACID, DELTA (ALA) | $16.45 |
| 82136 | AMINO ACID LEVEL, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN | $19.61 |
| 82137 | AMINOPHYLLINE | $0.00 |
| 82138 | AMITRIPTYLINE | $0.00 |
| 82139 | AMINO ACID LEVEL, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN | $16.87 |
| 82140 | AMMONIA | $14.57 |
| 82141 | AMMONIA; URINE | $0.00 |
| 82142 | AMMONIUM CHLORIDE LOADING TEST | $0.00 |
| 82143 | AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC) | $9.35 |
| 82150 | AMYLASE | $6.48 |
| 82154 | ANDROSTANEDIOL GLUCURONIDE | $28.83 |
| 82155 | AMYLASE, SERUM; | $0.00 |
| 82156 | AMYLASE, URINE (DIASTASE) | $0.00 |
| 82157 | ANDROSTENEDIONE | $29.28 |
| 82159 | ANDROSTERONE; | $0.00 |
| 82160 | ANDROSTERONE | $25.55 |
| 82163 | ANGIOTENSIN II | $20.52 |
| 82164 | ANGIOTENSIN I - CONVERTING ENZYME (ACE) | $14.60 |
| 82165 | ANILINE | $0.00 |
| 82166 | TEST FOR ANTI-MULLERIAN HORMONE | $38.62 |
| 82168 | ANTIHISTAMINES | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82170 | ANTIMONY, URINE | $0.00 |
| 82172 | APOLIPOPROTEIN, EACH | $21.09 |
| 82173 | ARGININE TOLERANCE TEST | $0.00 |
| 82175 | ARSENIC | $18.97 |
| 82180 | ASCORBIC ACID (VITAMIN C) LEVEL, BLOOD | $9.89 |
| 82190 | ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE | $15.90 |
| 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 | $16.18 |
| 82233 | TEST FOR BETA-AMYLOID 1-40 | $128.92 |
| 82234 | TEST FOR BETA-AMYLOID 1-42 | $128.92 |
| 82235 | BICARBONATE EXCRETION, URINE | $0.00 |
| 82236 | BICARBONATE LOADING TEST | $0.00 |
| 82239 | BILE ACIDS LEVEL, TOTAL | $17.12 |
| 82240 | BILE ACIDS LEVEL, CHOLYLGLYCINE | $26.58 |
| 82245 | BILE PIGMENTS, URINE | $0.00 |
| 82247 | BILIRUBIN LEVEL, TOTAL | $5.02 |
| 82248 | BILIRUBIN LEVEL, DIRECT | $5.02 |
| 82252 | BILIRUBIN; FECES, QUALITATIVE | $4.56 |
| 82260 | BILIRUBIN; URINE, QUANTITATIVE | $0.00 |
| 82261 | BIOTINIDASE, EACH SPECIMEN | $16.87 |
| 82265 | BILIRUBIN; AMNIOTIC FLUID, QUANTITATIVE | $0.00 |
| 82268 | BISMUTH | $0.00 |
| 82270 | BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUT | $4.38 |
| 82271 | BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES | $5.32 |
| 82272 | STOOL ANALYSIS FOR BLOOD, BY PEROXIDASE ACTIVITY | $4.23 |
| 82274 | STOOL ANALYSIS FOR BLOOD, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY | $15.92 |
| 82280 | BORIC ACID; BLOOD | $0.00 |
| 82285 | BORIC ACID; URINE | $0.00 |
| 82286 | BRADYKININ | $5.16 |
| 82290 | BROMIDES; BLOOD | $0.00 |
| 82291 | BROMIDES; URINE | $0.00 |
| 82300 | CADMIUM | $23.64 |
| 82305 | CAFFEINE | $0.00 |
| 82306 | VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED | $29.60 |
| 82308 | CALCITONIN | $26.79 |
| 82310 | CALCIUM LEVEL, TOTAL | $5.16 |
| 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 | $13.68 |
| 82331 | CALCIUM LEVEL, AFTER CALCIUM INFUSION TEST | $13.34 |
| 82335 | CALCIUM, URINE; QUALITATIVE (SULKOWITCH) | $0.00 |
| 82340 | CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN | $6.03 |
| 82345 | CALCIUM, FECES, QUANTITATIVE, TIMED SPECIMEN | $0.00 |
| 82355 | CALCULUS; QUALITATIVE ANALYSIS | $11.58 |
| 82360 | CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL | $12.87 |
| 82365 | CALCULUS; INFRARED SPECTROSCOPY | $12.90 |
| 82370 | CALCULUS; X-RAY DIFFRACTION | $12.52 |
| 82372 | CARBAMAZEPINE, SERUM | $0.00 |
| 82373 | CARBOHYDRATE DEFICIENT TRANSFERRIN | $18.06 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82374 | CARBON DIOXIDE (BICARBONATE) | $4.88 |
| 82375 | CARBOXYHEMOGLOBIN; QUANTITATIVE | $12.32 |
| 82376 | CARBOXYHEMOGLOBIN; QUALITATIVE | $14.07 |
| 82378 | CARCINOEMBRYONIC ANTIGEN (CEA) | $18.96 |
| 82379 | CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN | $16.87 |
| 82380 | CAROTENE | $9.22 |
| 82382 | CATECHOLAMINES; TOTAL URINE | $27.30 |
| 82383 | CATECHOLAMINES; BLOOD | $29.08 |
| 82384 | CATECHOLAMINES; FRACTIONATED | $25.25 |
| 82387 | CATHEPSIN-D | $18.06 |
| 82390 | CERULOPLASMIN | $10.74 |
| 82397 | CHEMILUMINESCENT ASSAY | $14.12 |
| 82400 | CHLORAL HYDRATE; BLOOD | $0.00 |
| 82415 | CHLORAMPHENICOL | $12.67 |
| 82418 | CHLORAZEPATE DIPOTASSIUM | $0.00 |
| 82420 | CHLORDIAZEPOXIDE; BLOOD | $0.00 |
| 82425 | CHLORDIAZEPOXIDE; URINE | $0.00 |
| 82435 | CHLORIDE; BLOOD | $4.60 |
| 82436 | CHLORIDE; URINE | $5.75 |
| 82437 | CHLORIDES; SWEAT (WITHOUT IONTOPHORESIS) | $0.00 |
| 82438 | CHLORIDE; OTHER SOURCE | $5.00 |
| 82441 | CHLORINATED HYDROCARBONS, SCREEN | $6.01 |
| 82443 | CHLOROTHIAZIDE-HYDROCHLOROTHIAZIDE | $0.00 |
| 82465 | CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL | $4.35 |
| 82470 | CHOLESTEROL, SERUM; TOTAL AND ESTERS | $0.00 |
| 82480 | CHOLINESTERASE (ENZYME) LEVEL, TO TEST FOR EXPOSURE TO CHEMICAL OR LIVER DISEASE | $7.87 |
| 82482 | CHOLINESTERASE; RBC | $9.81 |
| 82484 | CHOLINESTERASE; SERUM AND RBC | $0.00 |
| 82485 | CHONDROITIN B SULFATE, QUANTITATIVE | $20.65 |
| 82490 | CHROMIUM; | $0.00 |
| 82495 | CHROMIUM | $20.28 |
| 82505 | CHYMOTRYPSIN, DUODENAL CONTENTS | $0.00 |
| 82507 | CITRATE | $27.80 |
| 82512 | CLONAZEPAM | $0.00 |
| 82523 | COLLAGEN CROSS LINKS TEST, (URINE TEST TO EVALUATE BONE HEALTH) | $18.68 |
| 82525 | COPPER | $12.41 |
| 82526 | COPPER; URINE | $0.00 |
| 82528 | CORTICOSTERONE | $22.52 |
| 82529 | CORTISOL; FLUOROMETRIC, PLASMA | $0.00 |
| 82530 | CORTISOL (HORMONE) MEASUREMENT, FREE | $16.71 |
| 82531 | CORTISOL; CPB, PLASMA | $0.00 |
| 82532 | CORTISOL; CPB, URINE | $0.00 |
| 82533 | CORTISOL (HORMONE) MEASUREMENT, TOTAL | $16.30 |
| 82534 | CORTISOL; RIA, URINE | $0.00 |
| 82536 | CORTISOL; AFTER ADRENOCORTICOTROPIC HORMONE (ACTH) ADMINISTRATION | $0.00 |
| 82537 | CORTISOL; 48 HOURS AFTER CONTINUOUS ACTH INFUSION | $0.00 |
| 82538 | CORTISOL; AFTER METYRAPONE TARTRATE ADMINISTRATION | $0.00 |
| 82539 | CORTISOL; DEXAMETHASONE SUPPRESSION TEST, PLASMA AND/OR URINE | $0.00 |
| 82540 | CREATINE | $4.64 |
| 82542 | CHEMICAL ANALYSIS USING CHROMATOGRAPHY TECHNIQUE | $24.09 |
| 82545 | CREATINE; URINE | $0.00 |
| 82546 | CREATINE AND CREATININE | $0.00 |
| 82550 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, TOTAL | $6.51 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82552 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, ISOENZYMES | $13.39 |
| 82553 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, MB FRACTION ONLY | $11.55 |
| 82554 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, ISOFORMS | $11.87 |
| 82555 | CREATINE PHOSPHOKINASE (CPK), BLOOD; COLORIMETRIC | $0.00 |
| 82565 | CREATININE; BLOOD | $5.12 |
| 82570 | CREATININE; OTHER SOURCE | $5.18 |
| 82575 | CREATININE; CLEARANCE | $9.46 |
| 82585 | CRYOFIBRINOGEN | $14.14 |
| 82595 | CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT) | $6.47 |
| 82600 | CYANIDE | $19.40 |
| 82601 | CYANIDE; TISSUE | $0.00 |
| 82606 | CYANOCOBALAMIN (VITAMIN B-12); BIOASSAY | $0.00 |
| 82607 | CYANOCOBALAMIN (VITAMIN B-12); | $15.08 |
| 82608 | CYANOCOBALAMIN (VITAMIN B-12) LEVEL, UNSATURATED BINDING CAPACITY | $14.32 |
| 82610 | CYSTATIN C | $18.52 |
| 82614 | CYSTINE, BLOOD, QUALITATIVE | $0.00 |
| 82615 | CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE | $9.55 |
| 82620 | CYSTINE AND HOMOCYSTINE, URINE; QUANTITATIVE | $0.00 |
| 82624 | CYSTINE AMINOPEPTIDASE | $0.00 |
| 82626 | DEHYDROEPIANDROSTERONE (DHEA) | $25.27 |
| 82627 | DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S) | $22.23 |
| 82628 | DESIPRAMINE | $0.00 |
| 82633 | DESOXYCORTICOSTERONE, 11 (HORMONE) LEVEL | $30.98 |
| 82634 | DEOXYCORTISOL, 11 (HORMONE) LEVEL | $29.28 |
| 82635 | DIACETIC ACID | $0.00 |
| 82636 | DIAZEPAM | $0.00 |
| 82638 | DIBUCAINE NUMBER | $12.25 |
| 82639 | DICUMAROL | $0.00 |
| 82640 | DIGITOXIN (DIGITALIS); BLOOD, RIA | $0.00 |
| 82641 | DIGITOXIN (DIGITALIS); URINE | $0.00 |
| 82642 | DIHYDROTESTOSTERONE (DHT) | $29.28 |
| 82652 | DIHYDROXYVITAMIN D, 1, 25 LEVEL | $38.50 |
| 82653 | MEASUREMENT OF PANCREATIC ELASTASE (ENZYME) IN STOOL | $22.97 |
| 82656 | DETECTION OF PANCREATIC ELASTASE (ENZYME) IN STOOL | $11.53 |
| 82657 | ENZYME ACTIVITY MEASUREMENT, NONRADIOACTIVE SUBSTRATE | $22.17 |
| 82658 | ENZYME ACTIVITY MEASUREMENT, RADIOACTIVE SUBSTRATE | $44.03 |
| 82660 | DRUG SCREEN (AMPHETAMINES, BARBITURATES, ALKALOIDS) | $0.00 |
| 82662 | IMMUNOASSAY TECHNIQUE FOR DRUGS | $0.00 |
| 82664 | ELECTROPHORESIS, LABORATORY TESTING TECHNIQUE | $61.50 |
| 82668 | ERYTHROPOIETIN | $18.79 |
| 82670 | MEASUREMENT OF TOTAL ESTRADIOL (HORMONE) | $27.94 |
| 82671 | ESTROGEN ANALYSIS, FRACTIONATED | $32.30 |
| 82672 | ESTROGEN ANALYSIS, TOTAL | $21.70 |
| 82673 | ESTRIOL; FLUOROMETRIC | $0.00 |
| 82674 | ESTRIOL; GLC | $0.00 |
| 82676 | ESTRIOL; CHEMICAL | $0.00 |
| 82677 | ESTRIOL | $24.18 |
| 82678 | ESTRONE; CHEMICAL | $0.00 |
| 82679 | ESTRONE | $24.95 |
| 82681 | ESTRADIOL; FREE, DIRECT MEASUREMENT (EG, EQUILIBRIUM DIALYSIS) | $27.94 |
| 82691 | ETHCHLORVYNOL; URINE | $0.00 |
| 82692 | ETHOSUXIMIDE | $0.00 |
| 82693 | ETHYLENE GLYCOL | $14.90 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82694 | ETIOCHOLANOLONE | $0.00 |
| 82696 | ETIOCHOLANOLONE | $26.24 |
| 82705 | STOOL FAT OR LIPIDS ANALYSIS, QUALITATIVE | $5.10 |
| 82710 | STOOL FAT OR LIPIDS ANALYSIS, QUANTITATIVE | $16.80 |
| 82715 | STOOL FAT DIFFERENTIAL MEASUREMENT, QUANTITATIVE | $22.97 |
| 82720 | FATTY ACIDS, BLOOD; ESTERIFIED | $0.00 |
| 82725 | FATTY ACIDS, NONESTERIFIED | $18.77 |
| 82726 | VERY LONG CHAIN FATTY ACIDS | $19.75 |
| 82727 | FERRIC CHLORIDE, URINE | $0.00 |
| 82728 | FERRITIN | $13.63 |
| 82730 | FIBRINOGEN, QUANTITATIVE | $0.00 |
| 82731 | FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE | $64.41 |
| 82735 | FLUORIDE | $18.54 |
| 82740 | FLUORIDE; URINE | $0.00 |
| 82741 | FLUCYTOSINE (5-FLUOROCYTOSINE) | $0.00 |
| 82745 | FOLIC ACID (FOLATE), BLOOD; BIOASSAY | $0.00 |
| 82746 | FOLIC ACID LEVEL, SERUM | $14.70 |
| 82747 | FOLIC ACID LEVEL, RBC | $17.65 |
| 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 | $17.34 |
| 82759 | GALACTOKINASE, RBC | $21.48 |
| 82760 | GALACTOSE | $11.20 |
| 82763 | GALACTOSE; TOLERANCE TEST | $0.00 |
| 82765 | GALACTOSE; URINE | $0.00 |
| 82775 | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE | $21.07 |
| 82776 | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN | $11.74 |
| 82777 | GALECTIN-3 | $44.25 |
| 82780 | GALLIUM | $0.00 |
| 82784 | GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH | $9.30 |
| 82785 | GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE | $16.46 |
| 82786 | GAMMAGLOBULIN, SALT PRECIPITATION METHOD | $0.00 |
| 82787 | GAMMAGLOBULIN (IMMUNE SYSTEM PROTEIN) MEASUREMENT, IMMUNOGLOBULIN SUBCLASSES | $8.02 |
| 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 | $11.00 |
| 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 | $26.07 |
| 82805 | BLOOD GASES MEASUREMENT, WITH O2 SATURATION | $78.77 |
| 82810 | BLOOD GAS, OXYGEN SATURATION MEASUREMENT | $9.77 |
| 82812 | GASES, BLOOD; PO2 BY MANOMETRY | $0.00 |
| 82817 | GASES, BLOOD; PH, PCO2 BY TONOMETRY | $0.00 |
| 82820 | HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN) | $13.34 |
| 82929 | GASTRIC ACID, FREE OR TOTAL; EACH ADDITIONAL SPECIMEN | $0.00 |
| 82930 | GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN | $6.71 |
| 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 | $17.69 |
| 82941 | GASTRIN | $17.63 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 82942 | GLOBULIN, SERUM | $0.00 |
| 82943 | GLUCAGON | $14.29 |
| 82944 | GLUCOSAMINE | $0.00 |
| 82945 | GLUCOSE, BODY FLUID, OTHER THAN BLOOD | $3.93 |
| 82946 | GLUCAGON TOLERANCE TEST | $17.77 |
| 82947 | GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP) | $3.93 |
| 82948 | GLUCOSE; BLOOD, REAGENT STRIP | $5.04 |
| 82949 | GLUCOSE; FERMENTATION | $0.00 |
| 82950 | GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE) | $4.75 |
| 82951 | BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, 3 SPECIMENS | $12.87 |
| 82952 | BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS | $3.92 |
| 82954 | GLUCOSE, URINE | $0.00 |
| 82955 | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE | $9.70 |
| 82960 | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN | $6.05 |
| 82962 | GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY | $3.28 |
| 82963 | GLUCOSIDASE, BETA | $21.48 |
| 82965 | GLUTAMATE DEHYDROGENASE | $13.15 |
| 82977 | GLUTAMYLTRANSFERASE, GAMMA (GGT) | $7.20 |
| 82978 | GLUTATHIONE | $15.45 |
| 82979 | GLUTATHIONE REDUCTASE, RBC | $9.44 |
| 82985 | GLYCATED PROTEIN | $16.76 |
| 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 | $18.58 |
| 83002 | GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL | $18.52 |
| 83003 | GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN) | $16.67 |
| 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 | $67.36 |
| 83010 | HAPTOGLOBIN; QUANTITATIVE | $12.58 |
| 83011 | HAPTOGLOBIN; QUANTITATIVE, ELECTROPHORESIS | $0.00 |
| 83012 | HAPTOGLOBIN; PHENOTYPES | $26.89 |
| 83013 | HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE | $67.36 |
| 83014 | HELICOBACTER PYLORI; DRUG ADMINISTRATION | $7.86 |
| 83015 | HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN | $20.94 |
| 83018 | HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); | $21.96 |
| 83019 | HELICOBACTER PYLORI, BREATH TEST (INCLUDING DRUG AND BREATH SAMPLE COLLECTION KI | $0.00 |
| 83020 | HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS | $12.87 |
| 83021 | HEMOGLOBIN ANALYSIS AND MEASUREMENT, CHROMATOGRAPHY | $18.06 |
| 83026 | HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED | $4.01 |
| 83030 | HEMOGLOBIN; F (FETAL), CHEMICAL | $10.74 |
| 83033 | HEMOGLOBIN; F (FETAL), QUALITATIVE | $8.00 |
| 83036 | HEMOGLOBIN; GLYCOSYLATED (A1C) | $9.71 |
| 83040 | HEMOGLOBIN; METHEMOGLOBIN, ELECTROPHORETIC SEPARATION | $0.00 |
| 83045 | METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUALITATIVE | $6.49 |
| 83050 | METHEMOGLOBIN (HEMOGLOBIN) ANALYSIS, QUANTITATIVE | $8.20 |
| 83051 | HEMOGLOBIN; PLASMA | $7.31 |
| 83052 | HEMOGLOBIN; SICKLE, TURBIDIMETRIC | $0.00 |
| 83053 | HEMOGLOBIN; SOLUBILITY, S-D, ETC | $0.00 |
| 83060 | HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE | $8.80 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 83065 | HEMOGLOBIN; THERMOLABILE | $9.00 |
| 83068 | HEMOGLOBIN; UNSTABLE, SCREEN | $9.47 |
| 83069 | HEMOGLOBIN; URINE | $3.95 |
| 83070 | HEMOSIDERIN; QUALITATIVE | $4.75 |
| 83080 | B-HEXOSAMINIDASE, EACH ASSAY | $16.87 |
| 83086 | HISTIDINE; BLOOD, QUALITATIVE | $0.00 |
| 83087 | HISTIDINE; URINE, QUALITATIVE | $0.00 |
| 83088 | HISTAMINE | $29.53 |
| 83090 | HOMOCYSTINE | $17.92 |
| 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) | $22.41 |
| 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 | $17.90 |
| 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) | $12.90 |
| 83498 | HYDROXYPROGESTERONE, 17-D (SYNTHETIC HORMONE) LEVEL | $27.17 |
| 83500 | HYDROXYPROLINE (AMINO ACID) MEASUREMENT, FREE | $22.65 |
| 83505 | HYDROXYPROLINE (AMINO ACID) MEASUREMENT, TOTAL | $24.30 |
| 83510 | HYDROXYPROLINE, URINE; FREE AND TOTAL | $0.00 |
| 83516 | ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, MULTIPLE STEP METHOD | $11.53 |
| 83518 | ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, SINGLE STEP METHOD | $9.64 |
| 83519 | MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, BY RADIOIMMUNOASSAY | $18.40 |
| 83520 | IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT | $17.27 |
| 83521 | MEASUREMENT OF IMMUNOGLOBULIN LIGHT CHAINS | $17.27 |
| 83523 | IMIPRAMINE | $0.00 |
| 83524 | INDICAN, URINE | $0.00 |
| 83525 | INSULIN MEASUREMENT, TOTAL | $11.43 |
| 83526 | INSULIN TOLERANCE TEST | $0.00 |
| 83527 | INSULIN MEASUREMENT, FREE | $12.95 |
| 83528 | INTRINSIC FACTOR | $19.82 |
| 83529 | MEASUREMENT OF INTERLEUKIN-6 | $17.27 |
| 83530 | INULIN CLEARANCE | $0.00 |
| 83533 | IODINE PROTEIN BOUND (PBI) | $0.00 |
| 83534 | IODINE;TOTAL | $0.00 |
| 83540 | IRON | $6.47 |
| 83545 | IRON, SERUM; AUTOMATED | $0.00 |
| 83546 | IRON, SERUM; RADIOACTIVE UPTAKE METHOD | $0.00 |
| 83550 | IRON BINDING CAPACITY | $8.74 |
| 83555 | IRON BINDING CAPACITY, SERUM; AUTOMATED | $0.00 |
| 83565 | IRON BINDING CAPACITY, SERUM; RADIOACTIVE UPTAKE METHOD | $0.00 |
| 83570 | ISOCITRIC DEHYDROGENASE (IDH) | $8.85 |
| 83571 | ISOCITRIC DEHYDROGENASE (IDH), BLOOD; COLORIMETRIC | $0.00 |
| 83576 | ISONICOTINIC ACID HYDRAZIDE (INH) | $0.00 |
| 83578 | KANAMYCIN | $0.00 |
| 83582 | KETOGENIC STEROIDS, FRACTIONATION | $15.47 |
| 83583 | KETOGENIC STEROIDS, URINE; 11-DESOXY: 11-OXY RATIO | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 83584 | KETOGLUTARATE, ALPHA | $0.00 |
| 83586 | KETOSTEROIDS, 17 (HORMONE) MEASUREMENT, TOTAL | $12.80 |
| 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 | $28.50 |
| 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) | $11.57 |
| 83610 | LACTIC DEHYDROGENASE (LDH), RIA | $0.00 |
| 83615 | LACTATE DEHYDROGENASE (LD), (LDH); | $6.04 |
| 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 | $12.79 |
| 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 | $19.70 |
| 83631 | LACTOFERRIN, FECAL; QUANTITATIVE | $19.63 |
| 83632 | LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN | $20.22 |
| 83633 | LACTOSE, URINE; QUALITATIVE | $11.25 |
| 83645 | LEAD, SCREENING; BLOOD | $0.00 |
| 83650 | LEAD, SCREENING; URINE | $0.00 |
| 83655 | LEAD | $12.11 |
| 83660 | LEAD, QUANTITATIVE; URINE | $0.00 |
| 83661 | FETAL LUNG MATURITY ASSESSMENT, LECITHIN SPHINGOMYELIN (L/S) RATIO | $21.99 |
| 83662 | FETAL LUNG MATURITY ASSESSMENT, FOAM STABILITY TEST | $18.91 |
| 83663 | FETAL LUNG MATURITY ASSESSMENT, FLUORESCENCE POLARIZATION | $18.91 |
| 83664 | FETAL LUNG MATURITY ASSESSMENT, LAMELLAR BODY DENSITY | $19.32 |
| 83670 | LEUCINE AMINOPEPTIDASE (LAP) | $9.81 |
| 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 | $6.89 |
| 83695 | LIPOPROTEIN (A) | $14.32 |
| 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2) | $46.31 |
| 83700 | LIPOPROTEIN LEVEL, ELECTROPHORETIC SEPARATION AND QUANTITATION | $11.26 |
| 83701 | LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI | $33.86 |
| 83704 | LIPOPROTEIN LEVEL, QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) | $34.19 |
| 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) | $8.19 |
| 83719 | LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL | $12.75 |
| 83720 | LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA | $0.00 |
| 83721 | LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL | $10.50 |
| 83722 | LIPOPROTEIN, DIRECT MEASUREMENT; SMALL DENSE LDL CHOLESTEROL | $34.19 |
| 83727 | LUTEINIZING RELEASING FACTOR (LRH) | $17.19 |
| 83730 | MACROGLOBULINS (SIA TEST) | $0.00 |
| 83735 | MAGNESIUM | $6.70 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $7.37 |
| 83785 | MANGANESE | $26.65 |
| 83789 | MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NOT | $24.11 |
| 83790 | MANNITOL CLEARANCE | $0.00 |
| 83795 | MELANIN, URINE, QUALITATIVE | $0.00 |
| 83799 | MEPERIDINE, QUANTITATIVE | $0.00 |
| 83825 | MERCURY, QUANTITATIVE | $16.26 |
| 83830 | MERCURY, QUANTITATIVE; URINE | $0.00 |
| 83835 | METANEPHRINES | $16.94 |
| 83842 | METHAPYRILENE | $0.00 |
| 83845 | METHAQUALONE | $0.00 |
| 83857 | METHEMALBUMIN | $10.74 |
| 83859 | METHYPRYLON | $0.00 |
| 83860 | MORPHINE; SCREENING | $0.00 |
| 83861 | MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE | $22.48 |
| 83862 | MORPHINE; RIA | $0.00 |
| 83864 | MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE | $28.50 |
| 83865 | MUCOPOLYSACCHARIDES, ACID, URINE; QUANTITATIVE | $0.00 |
| 83872 | MUCIN, SYNOVIAL FLUID (ROPES TEST) | $5.86 |
| 83873 | MYELIN BASIC PROTEIN (NERVE PROTEIN) LEVEL, SPINAL FLUID | $17.20 |
| 83874 | MYOGLOBIN | $12.92 |
| 83875 | MYOGLOBIN, URINE | $0.00 |
| 83876 | MYELOPEROXIDASE (MPO) | $50.86 |
| 83880 | NATRIURETIC PEPTIDE | $39.26 |
| 83883 | NEPHELOMETRY, TEST METHOD USING LIGHT | $13.60 |
| 83884 | TEST FOR NEUROFILAMENT LIGHT CHAIN | $116.23 |
| 83885 | NICKEL | $24.51 |
| 83895 | NITROGEN, TOTAL; URINE, 24-HOUR SPECIMEN | $0.00 |
| 83910 | NONPROTEIN NITROGEN (NPN), BLOOD | $0.00 |
| 83915 | NUCLEOTIDASE 5' (ENZYME) LEVEL | $11.15 |
| 83916 | OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS) | $27.39 |
| 83917 | ORGANIC ACIDS; SCREEN, QUALITATIVE | $0.00 |
| 83918 | ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN | $23.60 |
| 83919 | ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN | $16.45 |
| 83920 | ORNITHINE CARBAMYL TRANSFERASE (OCT) | $0.00 |
| 83921 | ORGANIC ACID, SINGLE, QUANTITATIVE | $21.21 |
| 83930 | OSMOLALITY; BLOOD | $6.61 |
| 83935 | OSMOLALITY; URINE | $6.82 |
| 83937 | OSTEOCALCIN (BONE G1A PROTEIN) | $29.85 |
| 83938 | OUABAIN | $0.00 |
| 83945 | OXALATE | $14.45 |
| 83946 | OXAZEPAM | $0.00 |
| 83947 | OXYBUTYRIC ACID, BETA | $0.00 |
| 83948 | OXYCODINONE | $0.00 |
| 83949 | OXYTOCINASE, RIA | $0.00 |
| 83950 | ONCOPROTEIN; HER-2/NEU | $64.41 |
| 83951 | ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP) | $64.41 |
| 83965 | PARALDEHYDE, BLOOD, QUANTITATIVE | $0.00 |
| 83970 | PARATHORMONE (PARATHYROID HORMONE) | $41.28 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $3.58 |
| 83987 | PH; EXHALED BREATH CONDENSATE | $3.58 |
| 83992 | PHENCYCLIDINE (PCP) | $12.32 |
| 83993 | CALPROTECTIN, FECAL | $19.63 |
| 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 | $5.50 |
| 84031 | PHENYLALANINE (PKU), BLOOD; FLUOROMETRIC | $0.00 |
| 84033 | PHENYLBUTAZONE | $0.00 |
| 84035 | PHENYLKETONES, QUALITATIVE | $3.98 |
| 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 | $7.64 |
| 84065 | PHOSPHATASE, ACID; PROSTATIC FRACTION | $0.00 |
| 84066 | PHOSPHATASE, PROSTATIC (PROSTATE ENZYME) LEVEL | $9.66 |
| 84075 | PHOSPHATASE (ENZYME) LEVEL, ALKALINE | $5.18 |
| 84078 | PHOSPHATASE (ENZYME) LEVEL, ALKALINE, HEAT STABLE | $8.26 |
| 84080 | PHOSPHATASE (ENZYME) MEASUREMENT, ALKALINE, ISOENZYMES | $14.78 |
| 84081 | PHOSPHATIDYLGLYCEROL | $16.52 |
| 84082 | PHOSPHATES, TUBULAR REABSORPTION OF (TRP) | $0.00 |
| 84083 | PHOSPHOGLUCOMUTASE, ISOENZYMES | $0.00 |
| 84085 | PHOSPHOGLUCONATE, 6, DEHYDROGENASE (ENZYME) LEVEL | $9.44 |
| 84087 | PHOSPHOHEXOSE ISOMERASE | $10.73 |
| 84090 | PHOSPHOLIPIDS, BLOOD | $0.00 |
| 84100 | PHOSPHORUS INORGANIC (PHOSPHATE); | $4.74 |
| 84105 | PHOSPHORUS INORGANIC (PHOSPHATE); URINE | $5.78 |
| 84106 | PORPHOBILINOGEN, URINE; QUALITATIVE | $5.82 |
| 84110 | PORPHOBILINOGEN, URINE; QUANTITATIVE | $8.44 |
| 84112 | CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN | $98.11 |
| 84118 | PORPHYRINS, COPRO-, URINE; QUANTITATIVE | $0.00 |
| 84119 | PORPHYRINS, URINE; QUALITATIVE | $13.36 |
| 84120 | PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION | $14.71 |
| 84121 | PORPHYRINS; URO-, COPRO- AND PORPHOBILINOGEN, URINE | $0.00 |
| 84126 | PORPHYRINS, FECES; QUANTITATIVE | $39.11 |
| 84128 | PORPHYRINS, PLASMA | $0.00 |
| 84132 | POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD | $4.76 |
| 84133 | POTASSIUM; URINE | $4.73 |
| 84134 | PREALBUMIN | $14.59 |
| 84135 | PREGNANEDIOL | $21.27 |
| 84136 | PREGNANEDIOL; OTHER METHOD (SPECIFY) | $0.00 |
| 84138 | PREGNANETRIOL | $21.05 |
| 84139 | PREGNANETRIOL; OTHER METHOD (SPECIFY) | $0.00 |
| 84140 | PREGNENOLONE | $20.67 |
| 84141 | PRIMIDONE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 84142 | PROCAINAMIDE | $0.00 |
| 84143 | 17-HYDROXYPREGNENOLONE | $22.81 |
| 84144 | PROGESTERONE | $20.86 |
| 84145 | PROCALCITONIN (PCT) | $27.22 |
| 84146 | PROLACTIN | $19.38 |
| 84147 | PROPOXYPHENE | $0.00 |
| 84149 | PROPRANOLOL | $0.00 |
| 84150 | PROSTAGLANDIN, EACH | $41.77 |
| 84152 | PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, COMPLEXED | $18.39 |
| 84153 | PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, TOTAL | $18.39 |
| 84154 | PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT, FREE | $18.39 |
| 84155 | TOTAL PROTEIN LEVEL, BLOOD | $3.67 |
| 84156 | TOTAL PROTEIN LEVEL, URINE | $3.67 |
| 84157 | TOTAL PROTEIN LEVEL, BODY FLUID | $4.00 |
| 84160 | PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE | $5.61 |
| 84163 | PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A) | $15.05 |
| 84165 | PROTEIN MEASUREMENT, SERUM | $10.74 |
| 84166 | PROTEIN MEASUREMENT, BODY FLUID | $17.83 |
| 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 | $17.03 |
| 84182 | PROTEIN MEASUREMENT, IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION | $29.21 |
| 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 | $14.35 |
| 84203 | PROTOPORPHYRIN, RBC; SCREEN | $9.74 |
| 84205 | PROTRIPTYLENE | $0.00 |
| 84206 | PROINSULIN | $26.69 |
| 84207 | PYRIDOXAL PHOSPHATE (VITAMIN B-6) | $28.10 |
| 84208 | PYROPHOSPHATE VS URATE, CRYSTALS (POLARIZATION) | $0.00 |
| 84210 | PYRUVATE | $14.48 |
| 84220 | PYRUVATE KINASE | $9.44 |
| 84228 | QUININE | $11.63 |
| 84230 | QUINIDINE, BLOOD | $0.00 |
| 84231 | RADIOIMMUNOASSAY (RIA) NOT ELSEWHERE SPECIFIED | $0.00 |
| 84232 | RELEASING FACTOR | $0.00 |
| 84233 | RECEPTOR ASSAY; ESTROGEN | $87.88 |
| 84234 | RECEPTOR ASSAY; PROGESTERONE | $64.88 |
| 84235 | RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE) | $71.23 |
| 84236 | RECEPTOR ASSAY; PROGESTERONE AND ESTROGEN | $0.00 |
| 84238 | RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR) | $36.57 |
| 84244 | RENIN | $21.99 |
| 84246 | RENIN (ANGIOTENSIN I); FUROSEMIDE TEST | $0.00 |
| 84252 | RIBOFLAVIN (VITAMIN B-2) | $20.24 |
| 84255 | SELENIUM | $25.53 |
| 84260 | SEROTONIN | $30.98 |
| 84270 | SEX HORMONE BINDING GLOBULIN (SHBG) | $21.73 |
| 84275 | SIALIC ACID | $13.44 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 84285 | SILICA | $25.21 |
| 84295 | SODIUM; SERUM, PLASMA OR WHOLE BLOOD | $4.81 |
| 84300 | SODIUM; URINE | $5.06 |
| 84302 | SODIUM; OTHER SOURCE | $4.86 |
| 84305 | SOMATOMEDIN | $21.26 |
| 84307 | SOMATOSTATIN | $18.28 |
| 84310 | SORBITOL DEHYDROGENASE, SERUM | $0.00 |
| 84311 | SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED | $8.10 |
| 84315 | SPECIFIC GRAVITY (EXCEPT URINE) | $3.28 |
| 84317 | STARCH, FECES, SCREENING | $0.00 |
| 84318 | STERCOBILIN, QUALITATIVE, FECES | $0.00 |
| 84324 | STRYCHNINE | $0.00 |
| 84375 | SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY | $39.00 |
| 84376 | CARBOHYDRATE ANALYSIS, SINGLE QUALITATIVE | $5.50 |
| 84377 | CARBOHYDRATE ANALYSIS, MULTIPLE QUALITATIVE | $5.50 |
| 84378 | CARBOHYDRATE ANALYSIS, SINGLE QUANTITATIVE | $11.53 |
| 84379 | CARBOHYDRATE ANALYSIS, MULTIPLE QUANTITATIVE | $11.53 |
| 84382 | SULFOBROMOPHTHALEIN (BSP) | $0.00 |
| 84392 | SULFATE, URINE | $5.49 |
| 84393 | TEST FOR PHOSPHORYLATED TAU PROTEIN | $128.92 |
| 84394 | TEST FOR TOTAL TAU PROTEIN | $128.92 |
| 84395 | SULFONAMIDE, BLOOD, CHEMICAL | $0.00 |
| 84397 | SULFONAMIDE;CRYSTALS, QUALITATIVE | $0.00 |
| 84401 | TESTOSTRN,BLD;DBL ISOTOPE | $0.00 |
| 84402 | TESTOSTERONE (HORMONE) LEVEL, FREE | $25.47 |
| 84403 | TESTOSTERONE (HORMONE) LEVEL, TOTAL | $25.81 |
| 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) | $51.28 |
| 84420 | THEOPHYLLINE, BLOOD OR SALIVA | $0.00 |
| 84425 | THIAMINE (VITAMIN B-1) | $21.23 |
| 84430 | THIOCYANATE | $11.63 |
| 84431 | THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE | $35.11 |
| 84432 | THYROGLOBULIN | $16.06 |
| 84433 | EVALUATION OF THIOPURINE S-METHYLTRANSFERASE (TPMT) | $22.17 |
| 84434 | THIORIDAZINE | $0.00 |
| 84435 | THYROXINE, (T-4), CPB OR RESIN UPTAKE | $0.00 |
| 84436 | THYROXINE (THYROID CHEMICAL), TOTAL | $6.87 |
| 84437 | THYROXINE (THYROID CHEMICAL), REQUIRING ELUTION | $6.47 |
| 84439 | THYROXINE (THYROID CHEMICAL), FREE | $9.02 |
| 84442 | THYROXINE BINDING GLOBULIN (TBG) | $14.78 |
| 84443 | BLOOD TEST, THYROID STIMULATING HORMONE (TSH) | $16.80 |
| 84444 | THYROTROPIN RELEASING FACTOR (TRF) | $0.00 |
| 84445 | THYROID STIMULATING IMMUNE GLOBULINS (TSI) | $50.86 |
| 84446 | TOCOPHEROL ALPHA (VITAMIN E) | $14.18 |
| 84447 | TOXICOLOGY, SCREEN; GENERAL | $0.00 |
| 84448 | TOXICOLOGY, SCREEN; SEDATIVE (ACID AND NEUTRAL DRUGS, VOLATILES) | $0.00 |
| 84449 | TRANSCORTIN (CORTISOL BINDING GLOBULIN) | $18.00 |
| 84450 | LIVER ENZYME (SGOT), LEVEL | $5.18 |
| 84455 | TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD; COLORIMETRIC OR FLUOROMETRIC | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 84460 | LIVER ENZYME (SGPT), LEVEL | $5.30 |
| 84465 | TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD; COLORIMETRIC OR FLUOROMETRIC | $0.00 |
| 84466 | TRANSFERRIN | $12.76 |
| 84472 | TRICHLOROETHANOL | $0.00 |
| 84474 | TRICHLOROACETIC ACID | $0.00 |
| 84476 | TRIFLUOPERAZINE | $0.00 |
| 84478 | TRIGLYCERIDES | $5.74 |
| 84479 | THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR) | $6.47 |
| 84480 | THYROID HORMONE, T3 MEASUREMENT, TOTAL | $14.18 |
| 84481 | THYROID HORMONE, T3 MEASUREMENT, FREE | $16.94 |
| 84482 | THYROID HORMONE, T3 MEASUREMENT, REVERSE | $15.76 |
| 84483 | TRIMETHADIONE | $0.00 |
| 84484 | TROPONIN (PROTEIN) ANALYSIS, QUANTITATIVE | $12.47 |
| 84485 | TRYPSIN (PANCREATIC ENZYME) MEASUREMENT, INTESTINAL FLUID | $7.20 |
| 84488 | TRYPSIN (PANCREATIC ENZYME) ANALYSIS, STOOL | $7.30 |
| 84490 | STOOL TRYPSIN (PANCREATIC ENZYME) ANALYSIS, 24-HOUR COLLECTION | $9.93 |
| 84510 | TYROSINE | $10.63 |
| 84512 | TROPONIN (PROTEIN) ANALYSIS, QUALITATIVE | $10.09 |
| 84520 | UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, QUANTITATIVE | $3.95 |
| 84525 | UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, SEMIQUANTITATIVE | $5.13 |
| 84540 | UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, URINE | $5.56 |
| 84545 | UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, CLEARANCE | $7.20 |
| 84550 | URIC ACID LEVEL, BLOOD | $4.52 |
| 84555 | URIC ACID; URICASE, ULTRAVIOLET METHOD | $0.00 |
| 84560 | URIC ACID; OTHER SOURCE | $5.08 |
| 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 | $16.80 |
| 84578 | UROBILINOGEN (METABOLISM SUBSTANCE) ANALYSIS, URINE | $4.47 |
| 84580 | UROBILINOGEN (METABOLISM SUBSTANCE) LEVEL, URINE | $9.55 |
| 84583 | UROBILINOGEN (METABOLISM SUBSTANCE) MEASUREMENT, URINE | $6.05 |
| 84584 | UROPEPSIN, URINE | $0.00 |
| 84585 | VANILLYLMANDELIC ACID (VMA), URINE | $15.50 |
| 84586 | VASOACTIVE INTESTINAL PEPTIDE (VIP) | $35.33 |
| 84588 | VASOPRESSIN (ANTIDIURETIC HORMONE, ADH) | $33.94 |
| 84589 | VISCOSITY | $0.00 |
| 84590 | VITAMIN A | $11.61 |
| 84591 | VITAMIN, NOT OTHERWISE SPECIFIED | $17.06 |
| 84595 | VITAMIN A, BLOOD; INCLUDING CAROTENE | $0.00 |
| 84597 | VITAMIN K | $13.72 |
| 84600 | VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, | $17.11 |
| 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 | $12.91 |
| 84630 | ZINC | $11.39 |
| 84635 | ZINC, QUANTITATIVE; URINE | $0.00 |
| 84645 | ZINC SULFATE TURBIDITY | $0.00 |
| 84681 | C-PEPTIDE | $20.81 |
| 84695 | GENTAMICIN | $0.00 |
| 84701 | GONADOTROPIN, CHORIONIC, BETA SUBUNIT, RIA | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 84702 | GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL | $15.05 |
| 84703 | GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE | $7.52 |
| 84704 | GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) MEASUREMENT | $15.29 |
| 84800 | THYROID STIMULATING HORMONE (TSH), NEONATAL | $0.00 |
| 84810 | TOBRAMYCIN | $0.00 |
| 84830 | OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING | $12.70 |
| 84999 | UNLISTED CHEMISTRY PROCEDURE | $0.00 |
| 85000 | BLEEDING TIME; DUKE | $0.00 |
| 85002 | BLEEDING TIME | $4.82 |
| 85003 | BLEEDING TIME;ADELSON-CRSBY IMMRSN MTHD | $0.00 |
| 85004 | BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT | $6.47 |
| 85005 | BLOOD COUNT; BASOPHIL COUNT, DIRECT | $0.00 |
| 85007 | BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC | $3.80 |
| 85008 | BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL | $3.43 |
| 85009 | BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT | $5.07 |
| 85012 | BLOOD COUNT; EOSINOPHIL COUNT, DIRECT | $0.00 |
| 85013 | BLOOD COUNT; SPUN MICROHEMATOCRIT | $7.00 |
| 85014 | BLOOD COUNT; HEMATOCRIT (HCT) | $2.37 |
| 85018 | BLOOD COUNT, HEMOGLOBIN | $2.37 |
| 85025 | COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE | $7.77 |
| 85027 | COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE | $6.47 |
| 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 | $4.31 |
| 85041 | RED BLOOD CELL COUNT, AUTOMATED TEST | $3.02 |
| 85044 | RED BLOOD COUNT, MANUAL TEST | $4.31 |
| 85045 | RED BLOOD COUNT, AUTOMATED TEST | $3.99 |
| 85046 | RED BLOOD COUNT AUTOMATED, WITH ADDITIONAL CALCULATIONS | $5.57 |
| 85048 | BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED | $2.54 |
| 85049 | PLATELET COUNT, AUTOMATED TEST | $4.48 |
| 85055 | RETICULATED PLATELET ASSAY | $35.74 |
| 85060 | BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT | $23.28 |
| 85097 | BONE MARROW, SMEAR INTERPRETATION | $46.74 |
| 85100 | BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION, STAINING AND INTERPRETATION | $0.00 |
| 85101 | BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION AND STAINING ONLY | $0.00 |
| 85103 | BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND INTERPRETATION | $0.00 |
| 85105 | BONE MARROW BIOPSY, NEEDLE OR TROCAR; INTERPRETATION ONLY | $0.00 |
| 85109 | BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND PREPARATION ONLY | $0.00 |
| 85120 | BONE MARROW TRANSPLNT | $0.00 |
| 85130 | CHROMOGENIC SUBSTRATE ASSAY | $11.89 |
| 85160 | CALCIUM SATURATION CLOTTING TEST | $0.00 |
| 85165 | CAPILLARY FRAGILITY TEST, RUMPEL-LEEDE (SEPARATE | $0.00 |
| 85170 | BLOOD CLOT EVALUATION, (RETRACTION TIME) | $16.30 |
| 85171 | CLOT RETRACTION; QUANTITATIVE | $0.00 |
| 85172 | CLOT RETRACTION; INHIBITION BY DRUGS | $0.00 |
| 85175 | BLOOD CLOT EVALUATION, (CLOT DISSOLVING TIME) | $20.37 |
| 85210 | CLOTTING FACTOR II PROTHROMBIN, MEASUREMENT | $12.98 |
| 85220 | CLOTTING FACTOR V (ACG OR PROACCELERIN) MEASUREMENT | $17.65 |
| 85230 | CLOTTING FACTOR VII (PROCONVERTIN, STABLE FACTOR) | $17.90 |
| 85240 | CLOTTING; FACTOR VIII (AHG), ONE STAGE | $17.90 |
| 85242 | CLOTTING; FACTOR VIII (AHG), TWO STAGE | $0.00 |
| 85244 | CLOTTING; FACTOR VIII RELATED ANTIGEN | $20.42 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 85245 | CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR | $22.94 |
| 85246 | CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN | $22.94 |
| 85247 | CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS | $22.94 |
| 85250 | CLOTTING; FACTOR IX (PTC OR CHRISTMAS) | $19.04 |
| 85260 | CLOTTING; FACTOR X (STUART-PROWER) | $17.90 |
| 85270 | CLOTTING; FACTOR XI (PTA) | $17.90 |
| 85280 | CLOTTING; FACTOR XII (HAGEMAN) | $19.35 |
| 85290 | CLOTTING; FACTOR XIII (FIBRIN STABILIZING) | $16.34 |
| 85291 | CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY | $9.11 |
| 85292 | CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY) | $18.93 |
| 85293 | CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY) | $18.93 |
| 85300 | CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY | $11.85 |
| 85301 | CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY | $10.81 |
| 85302 | PROTEIN C, (CLOTTING INHIBITOR) ACTIVITY | $12.01 |
| 85303 | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY | $13.84 |
| 85305 | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL | $11.61 |
| 85306 | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE | $15.32 |
| 85307 | ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY | $15.32 |
| 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 | $12.87 |
| 85337 | THROMBOMODULIN | $17.27 |
| 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 | $4.69 |
| 85347 | COAGULATION TIME MEASUREMENT, ACTIVATED | $4.28 |
| 85348 | COAGULATION TIME MEASUREMENT, OTHER METHODS | $4.49 |
| 85360 | EUGLOBULIN LYSIS | $8.41 |
| 85362 | COAGULATION FUNCTION ANALYSIS, AGGLUTINATION SLIDE, SEMIQUANTITATIVE | $6.89 |
| 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 | $80.46 |
| 85367 | FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PRECIPITATION | $0.00 |
| 85368 | FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PROTAMINE PARACOAGULATION (PPP) | $0.00 |
| 85369 | FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); STAPHYLOCOCCAL CLUMPING | $0.00 |
| 85370 | COAGULATION FUNCTION MEASUREMENT, QUANTITATIVE | $12.43 |
| 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 | $9.72 |
| 85379 | COAGULATION FUNCTION MEASUREMENT, D-DIMER; QUANTITATIVE | $10.18 |
| 85380 | COAGULATION FUNCTION MEASUREMENT, ULTRASENSITIVE, QUALITATIVE OR SEMIQUANTITATIV | $10.18 |
| 85384 | FIBRINOGEN; ACTIVITY | $9.72 |
| 85385 | FIBRINOGEN; ANTIGEN | $14.46 |
| 85390 | FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT | $15.48 |
| 85392 | FIBRINOLYSINS; WITH EACA CONTROL | $0.00 |
| 85395 | FIBRINOLYSINS; SEMIQUANTITATIVE | $0.00 |
| 85396 | COAGULATION OR FIBRINOLYSIS (CLOT DISSOLVING) FUNCTION MEASUREMENT WITH INTERPRE | $19.02 |
| 85397 | COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, | $30.86 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 85398 | FIBRINOLYSIS, QUANTITATIVE | $0.00 |
| 85400 | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN | $7.71 |
| 85410 | FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN | $7.71 |
| 85415 | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR | $17.19 |
| 85420 | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY | $6.53 |
| 85421 | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY | $10.18 |
| 85426 | FIBRINOLYTIC MECHANISMS; VON WILLEBRAND FACTOR ASSAY | $0.00 |
| 85441 | EVALUATION OF RED BLOOD CELL DEFECT (HEINZ BODIES), DIRECT | $4.20 |
| 85445 | EVALUATION OF RED BLOOD CELL DEFECT (HEINZ BODIES), INDUCED | $6.82 |
| 85460 | FETAL HEMOGLOBIN OR RED BLOOD CELLS MEASUREMENT FOR ASSESSMENT OF FETAL-MATERNAL | $7.73 |
| 85461 | FETAL HEMOGLOBIN OR RED BLOOD CELLS MEASUREMENT FOR ASSESSMENT OF FETAL-MATERNAL | $9.36 |
| 85475 | HEMOLYSIN, ACID | $8.87 |
| 85520 | HEPARIN ASSAY | $13.09 |
| 85525 | HEPARIN NEUTRALIZATION | $11.84 |
| 85530 | HEPARIN-PROTAMINE TOLERANCE TEST | $13.09 |
| 85536 | IRON STAIN, PERIPHERAL BLOOD | $6.88 |
| 85538 | LEDER STAIN (ESTERASE) BLOOD OR BONE MARROW | $0.00 |
| 85540 | LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT | $8.60 |
| 85544 | LUPUS ERYTHEMATOSUS (LE) CELL PREP | $0.00 |
| 85547 | MECHANICAL FRAGILITY, RBC | $8.60 |
| 85548 | MORPHOLOGY OF RED BLOOD CELLS, ONLY | $0.00 |
| 85549 | MURAMIDASE | $18.75 |
| 85555 | RED BLOOD CELL FRAGILITY MEASUREMENT, UNINCUBATED | $7.47 |
| 85556 | OSMOTIC FRAGILITY, RBC; INCUBATED, QUALITATIVE | $0.00 |
| 85557 | RED BLOOD CELL FRAGILITY MEASUREMENT, INCUBATED | $13.36 |
| 85560 | PEROXIDASE STAIN, WBC | $0.00 |
| 85575 | PLATELET; IN VITRO | $0.00 |
| 85576 | PLATELET AGGREGATION FUNCTION TEST | $24.91 |
| 85577 | PLATELET; RETENTION (IN VITRO), GLASS BEAD | $0.00 |
| 85580 | PLATELET; COUNT (REES-ECKER) | $0.00 |
| 85597 | PHOSPHOLIPID NEUTRALIZATION; PLATELET | $17.98 |
| 85598 | PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID | $17.98 |
| 85610 | BLOOD TEST, CLOTTING TIME | $4.29 |
| 85611 | BLOOD TEST, CLOTTING TIME, SUBSTITUTION | $3.94 |
| 85612 | CLOTTING FACTOR X ASSESSMENT TEST, UNDILUTED | $17.49 |
| 85613 | CLOTTING FACTOR X ASSESSMENT TEST, DILUTED | $9.58 |
| 85614 | PROTHROMBIN TIME | $0.00 |
| 85615 | PROTHROMBIN UTILIZATION (CONSUMPTION) | $0.00 |
| 85618 | PROTHROMBIN-PROCONVERTIN, P&P (OWREN) | $0.00 |
| 85630 | RED BLOOD CELL SIZE (PRICE-JONES) | $0.00 |
| 85632 | RED BLOOD CELL PEROXIDE HEMOLYSIS | $0.00 |
| 85635 | REPTILASE TEST | $9.85 |
| 85650 | SEDIMENTATION RATE (ESR); WINTROBE TYPE | $0.00 |
| 85651 | RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, NON-AUTOMATED | $4.27 |
| 85652 | RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, AUTOMATED | $2.70 |
| 85660 | SICKLING OF RBC, REDUCTION | $5.51 |
| 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 | $5.77 |
| 85675 | THROMBIN TIME, FIBRINOGEN SCREENING TEST, TITER | $6.85 |
| 85700 | THROMBOPLASTIN GENERATION TEST; SCREENING (HICKS-PITNEY) | $0.00 |
| 85705 | THROMBOPLASTIN INHIBITION, TISSUE | $9.63 |
| 85710 | THROMBOPLASTIN GENERATION TEST; DEFINITIVE, WITH PLATELET SUBSTITUTE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $6.01 |
| 85732 | COAGULATION ASSESSMENT BLOOD TEST, SUBSTITUTION, PLASMA FRACTIONS | $6.47 |
| 85810 | VISCOSITY | $11.67 |
| 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 | $6.98 |
| 86001 | MEASUREMENT OF ANTIBODY (IGG) TO ALLERGIC SUBSTANCE, EACH ALLERGEN | $7.82 |
| 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 | $5.22 |
| 86004 | AGGLUTININS; WARM | $0.00 |
| 86005 | MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE, MULTIALLERGEN SCREEN | $7.97 |
| 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 | $17.93 |
| 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 | $12.05 |
| 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 | $15.05 |
| 86022 | ANTIBODY IDENTIFICATION TEST, PLATELET ANTIBODIES | $18.37 |
| 86023 | ANTIBODY IDENTIFICATION TEST, PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY | $12.46 |
| 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 |
| 86036 | SCREENING TEST FOR ANTINEUTROPHIL CYTOPLASMIC ANTIBODY | $12.05 |
| 86037 | ANTINEUTROPHIL CYTOPLASMIC ANTIBODY TITER | $12.05 |
| 86038 | ANTINUCLEAR ANTIBODIES (ANA); | $12.09 |
| 86039 | MEASUREMENT OF ANTIBODY FOR ASSESSMENT OF AUTOIMMUNE DISORDER, TITER | $11.16 |
| 86041 | TEST FOR ACETYLCHOLINE RECEPTOR BINDING ANTIBODY | $18.40 |
| 86042 | TEST FOR ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY | $18.40 |
| 86043 | TEST FOR ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY | $12.05 |
| 86045 | ANTISTREPTOCOCCAL CARBOHYDRATE, ANTI-A CHO | $0.00 |
| 86051 | ELISA DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY | $11.53 |
| 86052 | CELL-BASED IMMUNOFLUORESCENCE (CBA) DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTI | $12.05 |
| 86053 | FLOW CYTOMETRY DETECTION OF AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY | $37.73 |
| 86060 | ANTISTREPTOLYSIN 0; TITER | $7.30 |
| 86063 | ANTISTREPTOLYSIN 0; SCREEN | $5.77 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $47.86 |
| 86078 | BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING | $48.23 |
| 86079 | BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD | $47.86 |
| 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; | $5.18 |
| 86141 | MEASUREMENT C-REACTIVE PROTEIN FOR DETECTION OF INFECTION OR INFLAMMATION, HIGH | $12.95 |
| 86146 | BETA 2 GLYCOPROTEIN I ANTIBODY, EACH | $25.45 |
| 86147 | CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS | $25.45 |
| 86148 | ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY | $16.07 |
| 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 | $250.78 |
| 86153 | CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME | $0.00 |
| 86155 | CHEMOTAXIS ASSAY, SPECIFY METHOD | $15.99 |
| 86156 | COLD AGGLUTININ; SCREEN | $8.07 |
| 86157 | COLD AGGLUTININ; TITER | $8.06 |
| 86158 | COMPLEMENT; C'1 ESTERASE | $0.00 |
| 86159 | COMPLEMENT; C'2 ESTERASE | $0.00 |
| 86160 | MEASUREMENT OF COMPLEMENT (IMMUNE SYSTEM PROTEINS), ANTIGEN, | $12.00 |
| 86161 | COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT | $12.00 |
| 86162 | MEASUREMENT OF COMPLEMENT (IMMUNE SYSTEM PROTEINS), TOTAL HEMOLYTIC | $20.32 |
| 86163 | COMPLEMENT; C'3 ESTERASE | $0.00 |
| 86164 | COMPLEMENT; C'4 ESTERASE | $0.00 |
| 86171 | MEASUREMENT OF COMPLEMENT FIXATION TESTS (IMMUNE SYSTEM PROTEINS) | $10.01 |
| 86200 | CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY | $12.95 |
| 86202 | CRYPRCPTATE PRPRTON;W/THWNG & POOLNG EA UNIT | $0.00 |
| 86209 | CYTOTOXIC TESTING | $0.00 |
| 86215 | DEOXYRIBONUCLEASE, ANTIBODY | $13.25 |
| 86225 | MEASUREMENT OF DNA ANTIBODY, NATIVE OR DOUBLE STRANDED | $13.74 |
| 86226 | MEASUREMENT OF DNA ANTIBODY, SINGLE STRANDED | $12.11 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 86227 | ENZYME IMMUNOASSAY FOR INFECTIOUS AGENT ANTIAGENT | $0.00 |
| 86229 | ENZYME IMMUNOASSAY FOR CHEMICAL CONSTITUENT | $0.00 |
| 86231 | DETECTION OF ENDOMYSIAL ANTIBODY (EMA) | $12.09 |
| 86235 | MEASUREMENT OF ANTIBODY FOR ASSESSMENT OF AUTOIMMUNE DISORDER, ANY METHOD | $17.93 |
| 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 | $12.05 |
| 86256 | FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY | $12.05 |
| 86258 | DETECTION OF GLIADIN (DEAMIDATED) (DGP) ANTIBODY | $12.05 |
| 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 | $15.74 |
| 86280 | HEMAGGLUTINATION INHIBITION TEST (HAI) | $8.19 |
| 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 | $25.57 |
| 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 | $20.81 |
| 86301 | IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUANTITATIVE; CA 19-9 | $20.81 |
| 86304 | IMMUNOLOGIC ANALYSIS FOR DETECTION OF TUMOR ANTIGEN, QUANTITATIVE; CA 125 | $20.81 |
| 86305 | HUMAN EPIDIDYMIS PROTEIN 4 (HE4) | $20.81 |
| 86308 | HETEROPHILE ANTIBODIES; SCREENING | $5.18 |
| 86309 | MONONUCLEOSIS ANTIBODY LEVEL, TITER | $6.47 |
| 86310 | MONONUCLEOSIS ANTIBODY LEVEL, TITERS AFTER ABSORPTION | $7.37 |
| 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, | $20.81 |
| 86317 | DETECTION OF INFECTIOUS AGENT ANTIBODY, QUANTITATIVE | $14.99 |
| 86318 | TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE | $18.09 |
| 86319 | IMMUNOASSAY TECHNIQUE FOR DRUGS | $0.00 |
| 86320 | IMMUNOELECTROPHORESIS; SERUM | $29.92 |
| 86325 | IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH | $23.13 |
| 86328 | TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) | $45.28 |
| 86329 | IMMUNOLOGIC ANALYSIS TECHNIQUE, UNSPECIFIED | $14.05 |
| 86331 | IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR | $11.98 |
| 86332 | IMMUNE COMPLEX ASSAY | $24.37 |
| 86333 | IMMUNE COMPLEX ASSAY; RAJI CELL | $0.00 |
| 86334 | IMMUNOLOGIC ANALYSIS TECHNIQUE ON SERUM (IMMUNOFIXATION) | $22.34 |
| 86335 | IMMUNOLOGIC ANALYSIS TECHNIQUE ON BODY FLUID, OTHER FLUIDS WITH CONCENTRATION | $29.35 |
| 86336 | INHIBIN A | $15.59 |
| 86337 | INSULIN ANTIBODIES | $21.41 |
| 86338 | INSULIN FACTOR ANTIBODIES, RIA | $0.00 |
| 86340 | INTRINSIC FACTOR ANTIBODIES | $15.08 |
| 86341 | ISLET CELL ANTIBODY | $23.57 |
| 86342 | IRRADIATION OF BLOOD PRODUCTS, EACH | $0.00 |
| 86343 | LEUKOCYTE HISTAMINE RELEASE TEST (LHR) | $12.46 |
| 86344 | LEUKOCYTE PHAGOCYTOSIS | $10.39 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $135.86 |
| 86353 | WHITE BLOOD CELL FUNCTION MEASUREMENT, MITOGEN OR ANTIGEN INDUCED BLASTOGENESIS | $49.03 |
| 86355 | B CELLS, TOTAL COUNT | $37.73 |
| 86356 | MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI | $26.78 |
| 86357 | NATURAL KILLER (NK) CELLS, TOTAL COUNT | $37.73 |
| 86358 | LYMPHOCYTES; B-CELL EVALUATION | $0.00 |
| 86359 | T CELLS COUNT, TOTAL | $37.73 |
| 86360 | T CELL COUNT AND RATIO, INCLUDING RATIO | $46.98 |
| 86361 | T CELLS; ABSOLUTE CD4 COUNT | $26.78 |
| 86362 | CELL-BASED IMMUNOFLUORESCENCE (CBA) DETECTION OF MYELIN OLIGODENDROCYTE GLYCOPRO | $12.05 |
| 86363 | FLOW CYTOMETRY DETECTION OF MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIB | $37.73 |
| 86364 | MEASUREMENT OF TISSUE TRANSGLUTAMINASE | $11.53 |
| 86365 | MAST CELL DEGRANULATION TEST | $0.00 |
| 86366 | TEST FOR MUSCLE-SPECIFIC KINASE ANTIBODY | $18.40 |
| 86367 | STEM CELLS COUNT, TOTAL | $77.78 |
| 86376 | MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH | $14.55 |
| 86377 | MICROSOMAL ANTIBODY (THYROID); OTHER METHOD (SPECIFY) | $0.00 |
| 86381 | MEASUREMENT OF MITOCHONDRIAL ANTIBODY | $25.45 |
| 86382 | NEUTRALIZATION TEST, VIRAL | $16.91 |
| 86384 | NITROBLUE TETRAZOLIUM DYE TEST (NTD) | $13.61 |
| 86385 | PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); | $0.00 |
| 86386 | PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN S | $21.78 |
| 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 | $11.54 |
| 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 | $10.64 |
| 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 | $6.14 |
| 86431 | RHEUMATOID FACTOR; QUANTITATIVE | $5.67 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $61.98 |
| 86481 | TUBERCULOSIS TEST, ENUMERATION OF T-CELLS | $100.00 |
| 86485 | SKIN TEST; CANDIDA | $9.45 |
| 86486 | SKIN TEST; UNLISTED ANTIGEN, EACH | $6.87 |
| 86495 | SKIN TEST;DIPHTHERIA (SCHICK) | $0.00 |
| 86500 | SKIN TEST;ECHINOCOCCOSIS | $0.00 |
| 86510 | SKIN TEST; HISTOPLASMOSIS | $8.36 |
| 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 | $10.96 |
| 86581 | TEST FOR STREPTOCOCCUS PNEUMONIA ANTIBODY | $92.03 |
| 86590 | STREPTOKINASE, ANTIBODY | $12.66 |
| 86592 | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART) | $4.27 |
| 86593 | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE | $4.40 |
| 86594 | THYROID AUTOANTIBODIES | $0.00 |
| 86595 | TISSUE CULTURE | $0.00 |
| 86596 | MEASUREMENT OF VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY | $12.05 |
| 86597 | TISSUE;TYPING | $0.00 |
| 86600 | TOXOPLASMOSIS, DYE TEST | $0.00 |
| 86602 | ANTIBODY; ACTINOMYCES | $10.18 |
| 86603 | ANTIBODY; ADENOVIRUS | $12.87 |
| 86606 | ANTIBODY; ASPERGILLUS | $15.05 |
| 86609 | ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED | $12.88 |
| 86611 | ANTIBODY; BARTONELLA | $10.18 |
| 86612 | ANTIBODY; BLASTOMYCES | $12.90 |
| 86615 | ANTIBODY; BORDETELLA | $13.19 |
| 86617 | ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN | $15.49 |
| 86618 | ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) | $17.03 |
| 86619 | ANTIBODY; BORRELIA (RELAPSING FEVER) | $13.38 |
| 86622 | ANTIBODY; BRUCELLA | $8.93 |
| 86625 | ANTIBODY; CAMPYLOBACTER | $13.12 |
| 86628 | ANTIBODY; CANDIDA | $12.01 |
| 86630 | TRANSFER FACTOR TEST (TFT) | $0.00 |
| 86631 | ANTIBODY; CHLAMYDIA | $11.82 |
| 86632 | ANTIBODY; CHLAMYDIA, IGM | $12.68 |
| 86635 | ANTIBODY; COCCIDIOIDES | $11.47 |
| 86638 | ANTIBODY; COXIELLA BURNETII (Q FEVER) | $12.12 |
| 86641 | ANTIBODY; CRYPTOCOCCUS | $14.41 |
| 86644 | ANTIBODY; CYTOMEGALOVIRUS (CMV) | $14.39 |
| 86645 | ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM | $16.85 |
| 86648 | ANTIBODY; DIPHTHERIA | $15.21 |
| 86650 | TREPONEMA ANTIBODIES, FLUORESCENT, ABSORBED (FTA-ABS) | $0.00 |
| 86651 | ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE) | $13.19 |
| 86652 | ANTIBODY; ENCEPHALITIS, EASTERN EQUINE | $13.19 |
| 86653 | ANTIBODY; ENCEPHALITIS, ST. LOUIS | $13.19 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 86654 | ANTIBODY; ENCEPHALITIS, WESTERN EQUINE | $13.19 |
| 86658 | ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO) | $13.03 |
| 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 | $13.12 |
| 86664 | ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), NUCLEAR ANTIG | $15.29 |
| 86665 | ANALYSIS FOR ANTIBODY TO EPSTEIN-BARR VIRUS (MONONUCLEOSIS VIRUS), VIRAL CAPSID | $18.14 |
| 86666 | ANTIBODY; EHRLICHIA | $10.18 |
| 86668 | ANTIBODY; FRANCISELLA TULARENSIS | $14.16 |
| 86670 | WASHD RED CELLS TRNSFUS, NO UNIT CLCT/PRCSS | $0.00 |
| 86671 | ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED | $12.25 |
| 86674 | ANTIBODY; GIARDIA LAMBLIA | $14.72 |
| 86677 | ANTIBODY; HELICOBACTER PYLORI | $16.85 |
| 86681 | ADRENAL CORTEX ANTIBODIES, RIA | $0.00 |
| 86682 | ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED | $13.01 |
| 86684 | ANTIBODY; HAEMOPHILUS INFLUENZA | $15.84 |
| 86685 | ANTI-ACHR (ACETYLCHOLINE RECEPTOR) ANTIBODY TITER | $0.00 |
| 86687 | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1) | $9.09 |
| 86688 | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2) | $14.00 |
| 86689 | CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV | $19.35 |
| 86692 | ANTIBODY; HEPATITIS, DELTA AGENT | $17.16 |
| 86694 | ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST | $14.39 |
| 86695 | ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1 | $13.19 |
| 86696 | ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2 | $19.35 |
| 86698 | ANTIBODY; HISTOPLASMA | $13.79 |
| 86701 | ANTIBODY; HIV-1 | $8.89 |
| 86702 | ANTIBODY; HIV-2 | $13.52 |
| 86703 | ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT | $13.71 |
| 86704 | HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL | $12.05 |
| 86705 | HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY | $11.77 |
| 86706 | HEPATITIS B SURFACE ANTIBODY (HBSAB) | $10.74 |
| 86707 | HEPATITIS BE ANTIBODY (HBEAB) | $11.57 |
| 86708 | HEPATITIS A ANTIBODY (HAAB); TOTAL | $12.39 |
| 86709 | HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY | $11.26 |
| 86710 | ANTIBODY; INFLUENZA VIRUS | $13.55 |
| 86711 | ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS | $16.89 |
| 86713 | ANTIBODY; LEGIONELLA | $15.30 |
| 86717 | ANTIBODY; LEISHMANIA | $12.25 |
| 86720 | ANTIBODY; LEPTOSPIRA | $16.20 |
| 86723 | ANTIBODY; LISTERIA MONOCYTOGENES | $13.19 |
| 86727 | ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS | $12.87 |
| 86732 | ANTIBODY; MUCORMYCOSIS | $15.00 |
| 86735 | ANTIBODY; MUMPS | $13.05 |
| 86738 | ANTIBODY; MYCOPLASMA | $13.24 |
| 86741 | ANTIBODY; NEISSERIA MENINGITIDIS | $13.19 |
| 86744 | ANTIBODY; NOCARDIA | $15.99 |
| 86747 | ANTIBODY; PARVOVIRUS | $15.03 |
| 86750 | ANTIBODY; PLASMODIUM (MALARIA) | $13.19 |
| 86753 | ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED | $12.39 |
| 86756 | ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS | $15.89 |
| 86757 | ANTIBODY; RICKETTSIA | $19.35 |
| 86759 | ANTIBODY; ROTAVIRUS | $18.23 |
| 86762 | ANTIBODY; RUBELLA | $14.39 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 86765 | ANTIBODY; RUBEOLA | $12.88 |
| 86768 | ANTIBODY; SALMONELLA | $13.19 |
| 86769 | MEASURE OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY | $42.13 |
| 86771 | ANTIBODY; SHIGELLA | $24.48 |
| 86774 | ANTIBODY; TETANUS | $14.80 |
| 86777 | ANTIBODY; TOXOPLASMA | $14.39 |
| 86778 | ANTIBODY; TOXOPLASMA, IGM | $14.41 |
| 86780 | ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM | $13.24 |
| 86784 | ANTIBODY; TRICHINELLA | $12.56 |
| 86787 | ANTIBODY; VARICELLA-ZOSTER | $12.88 |
| 86788 | ANTIBODY; WEST NILE VIRUS, IGM | $16.85 |
| 86789 | ANTIBODY; WEST NILE VIRUS | $14.39 |
| 86790 | ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED | $12.88 |
| 86793 | ANTIBODY; YERSINIA | $13.19 |
| 86794 | ANALYSIS FOR ANTIBODY TO ZIKA VIRUS | $16.85 |
| 86800 | THYROGLOBULIN ANTIBODY | $15.91 |
| 86803 | HEPATITIS C ANTIBODY; | $14.27 |
| 86804 | HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT) | $15.49 |
| 86805 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, WITH TITRATION | $189.51 |
| 86806 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, WITHOUT TITRATION | $47.59 |
| 86807 | TRANSPLANT ANTIBODY MEASUREMENT, STANDARD METHOD | $78.65 |
| 86808 | TRANSPLANT ANTIBODY MEASUREMENT, QUICK METHOD | $29.68 |
| 86810 | TISSUE TYPING | $0.00 |
| 86812 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, A, B, OR C, SINGLE ANTIGEN | $25.81 |
| 86813 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, A, B, OR C, MULTIPLE ANTIGENS | $58.00 |
| 86816 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, DR/DQ, SINGLE ANTIGEN | $30.17 |
| 86817 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, DR/DQ, MULTIPLE ANTIGENS | $106.14 |
| 86821 | IMMUNOLOGIC ANALYSIS FOR AUTOIMMUNE DISEASE, LYMPHOCYTE CULTURE, MIXED | $36.56 |
| 86825 | IMMUNOLOGIC ANALYSIS FOR ORGAN TRANSPLANT, FIRST SERUM SAMPLE OR DILUTION | $109.49 |
| 86826 | IMMUNOLOGIC ANALYSIS FOR ORGAN TRANSPLANT, EACH ADDITIONAL SERUM SAMPLE OR SAMPL | $36.53 |
| 86828 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES | $64.19 |
| 86829 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES | $64.19 |
| 86830 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC | $95.52 |
| 86831 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC | $81.88 |
| 86832 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU | $323.75 |
| 86833 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU | $325.80 |
| 86834 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I | $357.56 |
| 86835 | ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE ASSAYS | $322.96 |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE | $18.98 |
| 86850 | ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE | $9.77 |
| 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 | $5.39 |
| 86885 | RED BLOOD CELL ANTIBODY DETECTION TEST, INDIRECT | $5.72 |
| 86886 | ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER | $5.18 |
| 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 | $2.99 |
| 86901 | BLOOD TYPING; RH (D) | $2.99 |
| 86902 | SCREENING TEST FOR COMPATIBLE BLOOD UNIT, USING REAGENT SERUM | $6.35 |
| 86904 | SCREENING TEST FOR COMPATIBLE BLOOD UNIT, USING PATIENT SERUM | $16.34 |
| 86905 | BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH | $3.83 |
| 86906 | BLOOD TYPING RH PHENOTYPING | $7.75 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $8.77 |
| 86941 | HEMOLYSINS AND AGGLUTININS; INCUBATED | $12.11 |
| 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 | $16.84 |
| 87015 | CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS | $6.68 |
| 87040 | CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE | $10.32 |
| 87045 | CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION | $9.44 |
| 87046 | STOOL CULTURE, ADDITIONAL PATHOGENS | $9.44 |
| 87070 | BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC | $8.62 |
| 87071 | CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE | $9.89 |
| 87073 | CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE | $9.66 |
| 87075 | BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC | $9.47 |
| 87076 | CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR | $8.08 |
| 87077 | CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE | $8.08 |
| 87081 | CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; | $6.63 |
| 87084 | CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY | $27.07 |
| 87086 | BACTERIAL COLONY COUNT, URINE | $8.07 |
| 87088 | CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLAT | $8.09 |
| 87101 | FUNGAL CULTURE (MOLD OR YEAST) OF SKIN, HAIR, OR NAIL | $7.71 |
| 87102 | CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF | $8.41 |
| 87103 | CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF | $20.46 |
| 87106 | FUNGAL CULTURE, YEAST | $10.32 |
| 87107 | CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD | $10.32 |
| 87109 | CULTURE, MYCOPLASMA, ANY SOURCE | $15.39 |
| 87110 | CULTURE, CHLAMYDIA, ANY SOURCE | $19.60 |
| 87116 | CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY | $10.80 |
| 87118 | CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE | $14.61 |
| 87140 | IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, IMMUNOFLUORESCENT METHOD | $5.57 |
| 87143 | CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID | $12.52 |
| 87147 | IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN IMMUNOFLUORESCEN | $5.18 |
| 87149 | IDENTIFICATION OF ORGANISMS BY GENETIC ANALYSIS, DIRECT PROBE TECHNIQUE | $20.05 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 87150 | IDENTIFICATION OF ORGANISMS BY GENETIC ANALYSIS, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87152 | CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING | $7.74 |
| 87153 | IDENTIFICATION OF ORGANISMS BY NUCLEIC ACID SEQUENCING METHOD | $115.36 |
| 87154 | AMPLIFED NUCLEIC ACID PROBE TYPING OF DISEASE AGENT IN BLOOD CULTURE SPECIMEN | $218.06 |
| 87158 | CULTURE, TYPING; OTHER METHODS | $7.74 |
| 87164 | DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, INCLUDES SPECIMEN COLLECTION | $10.74 |
| 87166 | DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, WITHOUT COLLECTION | $11.30 |
| 87168 | MACROSCOPIC EXAMINATION; ARTHROPOD | $4.27 |
| 87169 | MACROSCOPIC EXAMINATION; PARASITE | $4.31 |
| 87172 | PINWORM EXAM (EG, CELLOPHANE TAPE PREP) | $4.27 |
| 87173 | ENDOTOXIN, BACTERIAL (PYROGENS); | $0.00 |
| 87176 | HOMOGENIZATION, TISSUE, FOR CULTURE | $5.88 |
| 87177 | OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION | $8.90 |
| 87181 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), AGAR DILUT | $4.75 |
| 87182 | SUSCEPTIBILITY STUDIES BY MULTIPLEX IMMUNOASSAY TO DETECT ANTIBIOTIC ENZYME | $0.00 |
| 87183 | SUSCEPTIBILITY STUDIES BY AMPLIFIED PROBE TECHNIQUE TO DETECT ANTIBIOTIC RESISTA | $35.09 |
| 87184 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL) | $7.48 |
| 87185 | DETECTION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL) | $4.75 |
| 87186 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUT | $8.65 |
| 87187 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUT | $40.17 |
| 87188 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MACROBROTH | $6.64 |
| 87190 | ANTIMICROBIAL STUDY, MYCOBACTERIA (TB ORGANISM FAMILY) | $7.31 |
| 87197 | SERUM BACTERICIDAL TITER (SCHLICTER TEST) | $15.02 |
| 87205 | SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM | $4.27 |
| 87206 | SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM | $5.39 |
| 87207 | SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES | $5.99 |
| 87209 | SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME, | $17.98 |
| 87210 | SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, | $5.82 |
| 87220 | TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI | $4.27 |
| 87230 | TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN) | $19.74 |
| 87250 | INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL FOR VIRUS ISOLATION | $19.56 |
| 87252 | VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE | $26.07 |
| 87253 | VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE | $20.20 |
| 87254 | VIRUS ISOLATION, CENTRIFUGE ENHANCED | $19.56 |
| 87255 | VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN | $33.86 |
| 87260 | INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS | $14.43 |
| 87265 | INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA | $11.98 |
| 87267 | DETECTION TEST FOR ENTEROVIRUS (INTESTINAL VIRUS), DIRECT FLUORESCENT ANTIBODY | $13.42 |
| 87269 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR GIARDIA (INTESTINAL PARASITE) | $13.61 |
| 87270 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CHLAMYDIA | $11.98 |
| 87271 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CYTOMEGALOVIRUS (CMV) | $13.42 |
| 87272 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CRYPTOSPORIDIUM (PARASITE) | $11.98 |
| 87273 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 2 | $11.98 |
| 87274 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1 | $11.98 |
| 87275 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR INFLUENZA B VIRUS | $12.25 |
| 87276 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR INFLUENZA A VIRUS | $16.07 |
| 87278 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR LEGIONELLA PNEUMOPHILA (WATER | $15.60 |
| 87279 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PARAINFLUENZA VIRUS | $16.43 |
| 87280 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RESPIRATORY SYNCYTIAL VIRUS (R | $13.42 |
| 87281 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR PNEUMOCYSTIS CARINII (RESPIRAT | $11.98 |
| 87283 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR RUBEOLA (MEASLES VIRUS) | $60.80 |
| 87285 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR TREPONEMA PALLIDUM (SYPHILIS O | $12.18 |
| 87290 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR VARICELLA (CHICKEN POX) ZOSTER | $13.42 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 87299 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR ORGANISM | $16.10 |
| 87300 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR MULTIPLE ORGANISMS | $11.98 |
| 87301 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87305 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87320 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS | $15.00 |
| 87324 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87327 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE, MULTISTEP METHOD, FOR CRYPTOCOCCUS NEOF | $13.42 |
| 87328 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $13.82 |
| 87329 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87332 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87335 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR ESCHERICHIA COLI 0157 (E. COLI) | $12.66 |
| 87336 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $16.00 |
| 87337 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 87338 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HELICOBACTER PYLORI (GI TRACT BACTER | $14.38 |
| 87339 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $16.00 |
| 87340 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $10.33 |
| 87341 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $10.33 |
| 87350 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.53 |
| 87380 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $18.36 |
| 87385 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $13.25 |
| 87389 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN AND HIV-1 AND HIV-2 AN | $24.08 |
| 87390 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN | $24.06 |
| 87391 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-2 ANTIGEN | $21.90 |
| 87400 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR INFLUENZA VIRUS | $14.13 |
| 87420 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $13.91 |
| 87425 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE | $11.98 |
| 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) | $11.98 |
| 87428 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CO | $70.29 |
| 87430 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR STREPTOCOCCUS, GROUP A (STREP) | $16.81 |
| 87449 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR OTHER ORGANISM | $11.98 |
| 87450 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE | $13.25 |
| 87451 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR MULTIPLE ORGANISMS, EACH POLYVALENT | $10.51 |
| 87467 | DETECTION OF HEPATITIS B SURFACE ANTIGEN (HBSAG) | $25.32 |
| 87468 | DETECTION OF ANAPLASMA PHAGOCYTOPHILUM BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE | $35.09 |
| 87469 | DETECTION OF BABESIA MICROTIM BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE | $35.09 |
| 87471 | DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA (BACTERIA) | $35.09 |
| 87472 | DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BARTONELLA QUINTANA (BACTERIA) | $42.84 |
| 87475 | DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), DIRECT PROBE TECH | $20.05 |
| 87476 | DETECTION BY NUCLEIC ACID FOR BORRELIA BURGDORFERI (BACTERIA), AMPLIFIED PROBE T | $35.09 |
| 87478 | DETECTION OF BABESIA BORRELIA MIYAMOTOI BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQU | $35.09 |
| 87480 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), DIRECT PROBE TECHNIQUE | $20.05 |
| 87481 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87482 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), QUANTIFICATION | $55.74 |
| 87483 | CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MANGITIDIS, STREPTOCOCCUS PNEUMON | $416.78 |
| 87484 | DETECTION OF EHRLICHIA CHAFFEENSIS BY AMPLIFIED NUCLEIC ACID PROBE TECHNIQUE | $35.09 |
| 87485 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE | $20.05 |
| 87486 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQ | $35.09 |
| 87487 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, QUANTIFICATION | $42.84 |
| 87490 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE | $22.75 |
| 87491 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNI | $35.09 |
| 87492 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, QUANTIFICATION | $53.47 |
| 87493 | DETECTION TEST BY NUCLEIC ACID FOR CLOSTRIDIUM DIFFICILE, AMPLIFIED PROBE TECHNI | $37.27 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 87494 | DETECTION TEST BY NUCLEIC ACID (DNA OR RNA) MULTIPLEX AMPLIFIED PROBE TECHNIQUE | $70.18 |
| 87495 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), DIRECT PROBE TECHNIQUE | $30.03 |
| 87496 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), AMPLIFIED PROBE TECHNI | $35.09 |
| 87497 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION | $42.84 |
| 87498 | DETECTION TEST BY NUCLEIC ACID FOR ENTEROVIRUS (INTESTINAL VIRUS), AMPLIFIED PRO | $35.09 |
| 87500 | DETECTION TEST BY NUCLEIC ACID FOR VANCOMYCIN RESISTANCE STREP (VRE), AMPLIFIED | $35.09 |
| 87501 | DETECTION TEST BY NUCLEIC ACID FOR INFLUENZA VIRUS, EACH TYPE OR SUBTYPE | $51.31 |
| 87502 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES INFLUENZA VIRUS | $95.80 |
| 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 | $20.05 |
| 87511 | DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87512 | DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), QUANTIFICATION | $41.76 |
| 87513 | DETECTION TEST BY NUCLEIC ACID FOR HELICOBACTER PYLORI CLARITHROMYCIN RESISTANCE | $35.09 |
| 87516 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87517 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS, QUANTIFICATION | $42.84 |
| 87520 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, DIRECT PROBE TECHNIQUE | $31.22 |
| 87521 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87522 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, QUANTIFICATION | $42.84 |
| 87523 | DETECTION OF HEPATITIS D (DELTA) | $42.84 |
| 87525 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, DIRECT PROBE TECHNIQUE | $29.80 |
| 87526 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, AMPLIFIED PROBE TECHNIQUE | $39.26 |
| 87527 | DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS G VIRUS, QUANTIFICATION | $41.76 |
| 87528 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE | $20.05 |
| 87529 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQ | $35.09 |
| 87530 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, QUANTIFICATION | $42.84 |
| 87531 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, DIRECT PROBE TECHNIQUE | $58.00 |
| 87532 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87533 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, QUANTIFICATION | $41.76 |
| 87534 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, DIRECT PROBE TECHNIQUE | $21.92 |
| 87535 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87536 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, QUANTIFICATION | $85.10 |
| 87537 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, DIRECT PROBE TECHNIQUE | $21.92 |
| 87538 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87539 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, QUANTIFICATION | $58.62 |
| 87540 | DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA) | $20.05 |
| 87541 | DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA) | $35.09 |
| 87542 | DETECTION TEST BY NUCLEIC ACID FOR LEGIONELLA PNEUMOPHILA (WATER BORNE BACTERIA) | $41.76 |
| 87550 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), DIRECT PROBE | $20.05 |
| 87551 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), AMPLIFIED PR | $48.24 |
| 87552 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA SPECIES (BACTERIA), QUANTIFICATI | $42.84 |
| 87555 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), DIRE | $26.88 |
| 87556 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), AMPL | $41.68 |
| 87557 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA TUBERCULOSIS (TB BACTERIA), QUAN | $42.84 |
| 87560 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA), | $27.29 |
| 87561 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA), | $35.09 |
| 87562 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIA AVIUM-INTRACELLULARE (BACTERIA), | $42.84 |
| 87563 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM, | $35.09 |
| 87564 | DETECTION TEST BY NUCLEIC ACID FOR MYCOBACTERIUM TUBERCULOSIS RIFAMPIN RESISTANC | $76.77 |
| 87580 | DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), DIRECT PROB | $20.05 |
| 87581 | DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), AMPLIFIED P | $35.09 |
| 87582 | DETECTION TEST BY NUCLEIC ACID FOR MYCOPLASMA PNEUMONIAE (BACTERIA), QUANTIFICAT | $302.62 |
| 87590 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), | $26.88 |
| 87591 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), | $35.09 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 87592 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), | $42.84 |
| 87593 | DETECTION OF ORTHOPOXVIRUS | $51.31 |
| 87594 | DETECTION TEST BY NUCLEIC ACID FOR PNEUMOCYSTIS JIROVECII | $35.09 |
| 87623 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES | $35.09 |
| 87624 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES | $35.09 |
| 87625 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 O | $40.55 |
| 87626 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), SEPARATELY REPORT | $70.20 |
| 87627 | DETECTION TEST FOR JOINT SPACE PATHOGENS AND DRUG RESISTANCE GENES | $679.77 |
| 87631 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE | $142.63 |
| 87632 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE | $218.06 |
| 87633 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES OF RESPIRATORY VIRUS, MULTIPLE | $416.78 |
| 87634 | DETECTION TEST BY NUCLEIC ACID FOR RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE | $70.20 |
| 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 | $35.09 |
| 87641 | DETECTION TEST BY NUCLEIC ACID FOR STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT | $35.09 |
| 87650 | DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), DIRECT PROBE | $20.05 |
| 87651 | DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), AMPLIFIED PRO | $35.09 |
| 87652 | DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP A), QUANTIFICATIO | $41.76 |
| 87653 | DETECTION TEST BY NUCLEIC ACID FOR STREP (STREPTOCOCCUS, GROUP B), AMPLIFIED PRO | $35.09 |
| 87660 | DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE), DIR | $20.05 |
| 87661 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, | $35.09 |
| 87662 | DETECTION TEST BY NUCLEIC ACID FOR ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE | $51.31 |
| 87797 | DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE | $30.03 |
| 87798 | DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, AMPLIFIED PROBE TECHNIQUE | $35.09 |
| 87799 | DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, QUANTIFICATION | $42.84 |
| 87800 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, DIRECT PROBE(S) TECHNIQUE | $43.67 |
| 87801 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNI | $70.20 |
| 87802 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS, | $12.73 |
| 87803 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CLOSTRIDIUM DIF | $16.00 |
| 87804 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR INFLUENZA VIRUS | $16.55 |
| 87807 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR RESPIRATORY SYN | $13.10 |
| 87808 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR TRICHOMONAS VAG | $15.29 |
| 87809 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR ADENOVIRUS | $21.76 |
| 87810 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CHLAMYDIA TRACH | $35.29 |
| 87811 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE RE | $41.38 |
| 87812 | DETECTION TEST FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 AND INFLUENZA | $74.48 |
| 87850 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA GONOR | $24.56 |
| 87880 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS, | $16.53 |
| 87899 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR OTHER ORGANISM | $16.07 |
| 87900 | INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATE | $130.35 |
| 87901 | ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS | $257.45 |
| 87902 | ANALYSIS TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS | $257.45 |
| 87903 | ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, FIRST THROUGH 10 DRUGS TESTED | $488.66 |
| 87904 | ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, EACH ADDITIONAL DRUG TESTED | $26.07 |
| 87905 | INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN | $12.22 |
| 87906 | ANALYSIS TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, OTHER REGION | $128.73 |
| 87910 | ANALYSIS TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, CYTOMEGALOVIRUS | $257.45 |
| 87912 | ANALYSIS TEST BY NUCLEIC ACID FOR HEPATITIS B VIRUS | $257.45 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $85.93 |
| 88106 | CELL EXAMINATION OF BODY FLUID, SIMPLE FILTER METHOD | $76.81 |
| 88108 | CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE | $75.55 |
| 88109 | 88104 SMEARS & CELLS BLOCK W/INTERPRETATION | $0.00 |
| 88112 | CELL EXAMINATION OF SPECIMEN, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE | $72.37 |
| 88120 | CELL EXAMINATION OF URINE, MANUAL | $616.54 |
| 88121 | CELL EXAMINATION OF URINE, COMPUTER-ASSISTED | $446.36 |
| 88125 | CYTOPATHOLOGY, FORENSIC (EG, SPERM) | $30.70 |
| 88130 | SEX IDENTIFICATION, BARR BODIES | $17.98 |
| 88140 | SEX IDENTIFICATION, PERIPHERAL BLOOD SMEAR | $7.99 |
| 88141 | PAP TEST | $26.43 |
| 88142 | PAP TEST, MANUAL SCREENING | $20.26 |
| 88143 | PAP TEST, MANUAL SCREENING AND RESCREENING | $23.04 |
| 88147 | PAP TEST (PAP SMEAR), AUTOMATED SYSTEM | $50.56 |
| 88148 | PAP TEST (PAP SMEAR), AUTOMATED SYSTEM WITH MANUAL RESCREENING | $18.19 |
| 88150 | PAP TEST, SLIDES, MANUAL SCREENING | $18.19 |
| 88152 | PAP TEST, SLIDES, AUTOMATED SYSTEM WITH COMPUTER-ASSISTED RESCREENING | $27.64 |
| 88153 | PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING | $24.03 |
| 88155 | PAP TEST, SLIDES, DEFINITIVE HORMONAL EVALUATION | $14.65 |
| 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 | $89.93 |
| 88161 | SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND INTERPRETATI | $90.68 |
| 88162 | SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY | $142.75 |
| 88164 | PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM) | $18.19 |
| 88165 | PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING (THE BETHESDA SYSTEM) | $42.22 |
| 88166 | PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING (THE BETHES | $18.19 |
| 88167 | PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL | $18.19 |
| 88172 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD | $59.10 |
| 88173 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT | $183.19 |
| 88174 | PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM | $25.37 |
| 88175 | PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREEN | $26.61 |
| 88177 | PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL EVALUAT | $30.86 |
| 88182 | FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS | $174.11 |
| 88184 | FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, FIRST MARKER | $86.40 |
| 88185 | FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, EACH ADDITIONAL MARKER | $25.27 |
| 88187 | FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 2 TO 8 MARKERS | $35.26 |
| 88188 | FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 9 TO 15 MARKERS | $60.16 |
| 88189 | FLOW CYTOMETRY TECHNIQUE FOR DNA OR CELL ANALYSIS, 16 OR MORE MARKERS | $81.53 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE | $15.32 |
| 88230 | TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE | $116.49 |
| 88233 | TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY | $140.73 |
| 88235 | TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS | $150.30 |
| 88237 | TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS | $143.75 |
| 88239 | TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR | $147.52 |
| 88240 | CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS | $13.07 |
| 88241 | THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT | $12.09 |
| 88245 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, BASELINE SISTER CHROMATID EXCHANGE (SCE | $173.17 |
| 88248 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, BASELINE BREAKAGE, SCORE 50-100 CELLS, | $173.17 |
| 88249 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, SCORE 100 CELLS, CLASTOGEN STRESS | $173.17 |
| 88261 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 5 CELLS | $264.34 |
| 88262 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 15-20 CELLS | $125.49 |
| 88263 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, COUNT 45 CELLS FOR MOSAICISM | $150.29 |
| 88264 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 20-25 CELLS | $144.61 |
| 88267 | CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 | $188.57 |
| 88269 | CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 | $173.66 |
| 88271 | MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH) | $21.42 |
| 88272 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 3-5 CELLS | $40.70 |
| 88273 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 10-30 CELLS | $34.81 |
| 88274 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 25-99 CELLS | $42.38 |
| 88275 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ANALYZE 100-300 CELLS | $51.19 |
| 88280 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL KARYOTYPES, EACH STUDY | $33.47 |
| 88283 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL SPECIALIZED BANDING TECHNIQU | $68.60 |
| 88285 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL CELLS COUNTED, EACH STUDY | $26.91 |
| 88289 | CHROMOSOME ANALYSIS FOR GENETIC DEFECTS, ADDITIONAL HIGH RESOLUTION STUDY | $34.43 |
| 88291 | CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT | $35.02 |
| 88299 | UNLISTED CYTOGENETIC STUDY | $0.00 |
| 88300 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION | $17.82 |
| 88302 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE | $36.16 |
| 88304 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY | $46.13 |
| 88305 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY | $75.91 |
| 88307 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY | $310.63 |
| 88309 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY | $462.20 |
| 88311 | DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL | $21.13 |
| 88312 | SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E | $121.33 |
| 88313 | SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON | $89.89 |
| 88314 | SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN | $92.78 |
| 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 | $147.77 |
| 88321 | SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE | $81.87 |
| 88323 | SURGICAL PATHOLOGY CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPAR | $119.95 |
| 88325 | SURGICAL PATHOLOGY CONSULTATION AND REPORT, COMPREHENSIVE | $131.71 |
| 88329 | PATHOLOGY CONSULTATION DURING SURGERY; | $34.29 |
| 88331 | PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, FIRST TISSUE BLOCK | $105.94 |
| 88332 | PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL TISSUE BLOCK | $57.73 |
| 88333 | PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, INITIAL SITE | $95.11 |
| 88334 | PATHOLOGY CYTOLOGIC EXAMINATION OF SPECIMEN DURING SURGERY, EACH ADDITIONAL SITE | $58.36 |
| 88341 | SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH ADDITIONAL PROCEDURE | $104.52 |
| 88342 | SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, INITIAL PROCEDURE | $121.50 |
| 88344 | SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE, EACH MULTIPLEX PROCEDURE | $188.06 |
| 88346 | ANTIBODY EVALUATION, INITIAL SINGLE ANTIBODY STAIN PROCEDURE | $156.79 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 88348 | ELECTRON MICROSCOPY; DIAGNOSTIC | $538.82 |
| 88350 | ANTIBODY EVALUATION, EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE | $119.80 |
| 88355 | MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE | $148.84 |
| 88356 | MORPHOMETRIC ANALYSIS; NERVE | $248.50 |
| 88358 | MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY) | $145.00 |
| 88360 | MICROSCOPIC GENETIC ANALYSIS OF TUMOR, MANUAL | $128.21 |
| 88361 | MICROSCOPIC GENETIC ANALYSIS OF TUMOR, USING COMPUTER-ASSISTED TECHNOLOGY | $124.01 |
| 88362 | NERVE TEASING PREPARATIONS | $244.84 |
| 88363 | EXAMINATION OF ARCHIVAL TISSUE FOR GENETIC ANALYSIS | $18.65 |
| 88364 | GENETIC SEQUENCING LOCALIZATION, EACH ADDITIONAL PROCEDURE | $140.08 |
| 88365 | GENETIC SEQUENCING LOCALIZATION, INITIAL PROCEDURE | $189.20 |
| 88366 | GENETIC SEQUENCING LOCALIZATION, EACH MULTIPLEX PROCEDURE | $291.89 |
| 88367 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL PR | $117.44 |
| 88368 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, INITIAL PROCEDURE | $161.32 |
| 88369 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL PROCEDURE | $141.94 |
| 88371 | PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; | $22.23 |
| 88372 | PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT | $26.22 |
| 88373 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, EACH ADDIT | $70.23 |
| 88374 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, COMPUTER-ASSISTED TECHNOLOGY, INITIAL PR | $298.59 |
| 88375 | MICROSCOPIC IMAGING USING AN ENDOSCOPE, INTERPRETATION AND REPORT, REAL-TIME OR | $46.51 |
| 88377 | MICROSCOPIC GENETIC ANALYSIS OF TISSUE, MANUAL, EACH ADDITIONAL MULTIPLEX STAIN | $424.73 |
| 88380 | MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L | $134.04 |
| 88381 | PREPARATION OF SPECIMEN, MANUAL | $213.17 |
| 88387 | PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE | $33.80 |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | $22.00 |
| 88720 | BILIRUBIN, TOTAL, TRANSCUTANEOUS | $5.02 |
| 88738 | HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS | $5.02 |
| 88740 | HEMOGLOBIN MEASUREMENT, PER DAY | $9.37 |
| 88741 | HEMOGLOBIN MEASUREMENT, PER DAY, METHEMOGLOBIN | $9.37 |
| 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 | $58.03 |
| 89050 | CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EX | $4.72 |
| 89051 | CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), | $5.60 |
| 89055 | WHITE BLOOD CELL MEASURE, STOOL SPECIMEN | $4.27 |
| 89060 | CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALY | $7.33 |
| 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 | $5.88 |
| 89160 | MEAT FIBERS, FECES | $4.85 |
| 89190 | NASAL SMEAR FOR EOSINOPHILS | $5.79 |
| 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) | $20.99 |
| 89230 | SWEAT COLLECTION BY IONTOPHORESIS | $3.15 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $9.84 |
| 89310 | SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST) | $8.61 |
| 89320 | SEMEN EVALUATION VOLUME, SPERM COUNT, MOTILITY AND ANALYSIS | $12.31 |
| 89321 | SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED | $12.05 |
| 89322 | SEMEN EVALUATION, VOLUME, SPERM COUNT, MOTILITY, AND ANALYSIS | $15.50 |
| 89325 | SPERM ANTIBODIES | $10.67 |
| 89329 | SPERM EVALUATION, HAMSTER PENETRATION TEST | $19.59 |
| 89330 | SPERM EVALUATION, CERVICAL MUCUS PENETRATION TEST | $10.38 |
| 89331 | SPERM EVALUATION, FOR REVERSE EJACULATION, URINE SPECIMEN | $19.59 |
| 89345 | SPUTUM XM HEMDSIDERIN/FORGN MATRL | $0.00 |
| 90000 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE | $0.00 |
| 90010 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE | $0.00 |
| 90015 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE | $0.00 |
| 90017 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE | $0.00 |
| 90020 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE | $0.00 |
| 90030 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVIC | $0.00 |
| 90040 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE | $0.00 |
| 90050 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVIC | $48.18 |
| 90060 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE S | $48.18 |
| 90070 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVI | $0.00 |
| 90080 | OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE | $0.00 |
| 90100 | HOME MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE | $0.00 |
| 90110 | HOME MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE | $0.00 |
| 90115 | HOME MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE | $0.00 |
| 90117 | HOME MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE | $0.00 |
| 90130 | HOME MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE | $0.00 |
| 90140 | HOME MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE | $0.00 |
| 90150 | HOME MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVICE | $0.00 |
| 90160 | HOME MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE | $0.00 |
| 90170 | HOME MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICE | $0.00 |
| 90200 | INITIAL HOSPITAL CARE; BRIEF HISTORY AND EXAMINATION, INITIATION OF DIAGNOSTIC A | $0.00 |
| 90215 | INITIAL HOSPITAL CARE; INTERMEDIATE HISTORY AND EXAMINATION, INITIATION OF DIAGN | $0.00 |
| 90225 | HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A | $0.00 |
| 90240 | SUBSEQUENT HOSPITAL CARE, EACH DAY; BRIEF SERVICES | $0.00 |
| 90250 | SUBSEQUENT HOSPITAL CARE, EACH DAY; LIMITED SERVICES | $0.00 |
| 90260 | SUBSEQUENT HOSPITAL CARE, EACH DAY; INTERMEDIATE SERVICES | $0.00 |
| 90270 | SUBSEQUENT HOSPITAL CARE, EACH DAY; EXTENDED SERVICES | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | ADMINISTRATION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VAC | $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 |
| 90589 | CHIKUNGUNYA VIRUS VACCINE | $0.00 |
| 90590 | PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED | $0.00 |
| 90605 | INITIAL CONSULTATION; INTERMEDIATE | $0.00 |
| 90610 | INITIAL CONSULTATION; EXTENDED | $0.00 |
| 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 ML DOSAGE, FOR PERCUTA | $43.32 |
| 90623 | MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A, C, W, Y, B-FHBP, PENTAVALENT, TETA | $0.00 |
| 90624 | MENINGOCOCCAL PENTAVALENT VACCINE, MEN B-4C RECOMBINANT PROTEINS AND OUTER MEMBF | $0.00 |
| 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 |
| 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 |
| 90637 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (QIRV), MRNA; 30 MCG/0.5 ML DOSAGE, FOR IN | $0.00 |
| 90638 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (QIRV), MRNA; 60 MCG/0.5 ML DOSAGE, FOR IN | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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, ANTIBIOTIC FREE, 0.5 M | $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 |
| 90683 | RESPIRATORY SYNCYTIAL VIRUS VACCINE MRNA LIPID NANOPARTICLES | $0.00 |
| 90684 | PNEUMOCOCCAL CONJUGATE VACCINE, 21 VALENT (PCV21), FOR INTRAMUSCULAR USE | $0.00 |
| 90685 | INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.25 ML DOSAGE | $4.00 |
| 90686 | INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5 ML DOSAGE | $4.00 |
| 90687 | INFLUENZA VACCINE, QUADRIVALENT, 0.25 ML DOSAGE | $4.00 |
| 90688 | INFLUENZA VACCINE, QUADRIVALENT, 0.5 ML DOSAGE | $4.00 |
| 90689 | INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.25 ML DOSAGE | $4.00 |
| 90690 | TYPHOID VACCINE | $4.00 |
| 90691 | TYPHOID VACCINE FOR INJECTION INTO MUSCLE | $4.00 |
| 90694 | INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.5 ML DOSAGE | $0.00 |
| 90696 | DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, AND POLIO VACCINE | $4.00 |
| 90697 | DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B, | $0.00 |
| 90698 | DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, AND HAEMOPHILUS INFLUENZAE 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $12.34 |
| 90790 | CHEMOTHERAPY MALIGNANT DISEASE;PARENTERAL | $0.00 |
| 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION | $143.86 |
| 90792 | PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES | $164.97 |
| 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 | $69.44 |
| 90833 | PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES | $64.92 |
| 90834 | PSYCHOTHERAPY, 45 MINUTES | $91.68 |
| 90836 | PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 45 MINUTES | $82.48 |
| 90837 | PSYCHOTHERAPY, 1 HOUR | $135.59 |
| 90838 | PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 1 HOUR | $109.94 |
| 90839 | PSYCHOTHERAPY FOR CRISIS, FIRST HOUR | $131.35 |
| 90840 | PSYCHOTHERAPY FOR CRISIS, EACH ADDITIONAL 30 MINUTES | $65.29 |
| 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 | $88.12 |
| 90846 | FAMILY PSYCHOTHERAPY WITHOUT PATIENT, 50 MINUTES | $99.17 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 90847 | FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES | $103.47 |
| 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | $30.31 |
| 90853 | GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | $24.36 |
| 90855 | INTERACTIVE INDIVIDUAL MEDICAL PSYCHOTHERAPY | $0.00 |
| 90869 | TREATMENT USING MAGNETIC FIELD TO STIMULATE NERVE CELLS IN BRAIN, SUBSEQUENT MOT | $115.35 |
| 90870 | THERAPY USING ELECTRICAL CURRENTS | $102.01 |
| 90880 | GUIDED HYPNOSIS | $82.90 |
| 90899 | OTHER PSYCHIATRIC SERVICE OR PROCEDURE | $0.00 |
| 90912 | BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDI | $41.73 |
| 90913 | BIOFEEDBACK TRAINING FOR BOWEL OR BLADDER CONTROL, EACH ADDITIONAL 15 MINUTES | $23.41 |
| 90935 | HEMODIALYSIS PROCEDURE WITH PHYSICIAN EVALUATION | $69.39 |
| 90937 | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION | $100.34 |
| 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 | $86.10 |
| 90947 | DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION | $119.53 |
| 90951 | DIALYSIS SERVICES, 4 OR MORE VISITS PER MONTH (YOUNGER THAN 2 YEARS) | $1,139.47 |
| 90952 | DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (YOUNGER THAN 2 YEARS) | $505.91 |
| 90953 | DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (YOUNGER THAN 2 YEARS OF AGE) | $431.11 |
| 90954 | DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (2-11 YEARS) | $981.71 |
| 90955 | DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (2-11 YEARS) | $517.33 |
| 90956 | DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (2-11 YEARS OF AGE) | $347.85 |
| 90957 | DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (12-19 YEARS) | $756.84 |
| 90958 | DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (12-19 YEARS) | $494.22 |
| 90959 | DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (12-19 YEARS) | $324.38 |
| 90960 | DIALYSIS SERVICES, 4 OR MORE PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER) | $353.34 |
| 90961 | DIALYSIS SERVICES, 2-3 PHYSICIAN VISITS PER MONTH (20 YEARS OR OLDER) | $293.99 |
| 90962 | DIALYSIS SERVICES, 1 PHYSICIAN VISIT PER MONTH (20 YEARS OR OLDER) | $204.77 |
| 90963 | HOME DIALYSIS SERVICES PER MONTH (YOUNGER THAN 2 YEARS) | $596.45 |
| 90964 | HOME DIALYSIS SERVICES PER MONTH (2-11 YEARS) | $512.08 |
| 90965 | HOME DIALYSIS SERVICES PER MONTH (12-19 YEARS) | $493.45 |
| 90966 | HOME DIALYSIS SERVICES PER MONTH (20 YEARS OR OLDER) | $293.99 |
| 90967 | DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (YOUNGER THAN 2 YEARS) | $17.26 |
| 90968 | DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (2-11 YEARS) | $16.94 |
| 90969 | DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (12-19 YEARS) | $16.61 |
| 90970 | DIALYSIS SERVICES, PER DAY, LESS THAN FULL MONTH SERVICE (20 YEARS OR OLDER) | $9.72 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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) | $86.22 |
| 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 | $232.96 |
| 91013 | STUDY OF ESOPHAGUS TO ASSESS MOVEMENT WITH STIMULATION OR TUBE | $26.82 |
| 91020 | STUDY OF STOMACH TO ASSESS MOVEMENT | $291.66 |
| 91022 | STUDY OF UPPER SMALL BOWEL TO ASSESS MOVEMENT | $183.32 |
| 91030 | ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS | $154.48 |
| 91034 | MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE | $202.12 |
| 91035 | MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH A CAPSULE ATTACHED TO TH | $476.73 |
| 91037 | MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE WITH ELECTROD | $178.16 |
| 91038 | PROLONGED MONITORING AND RECORDING OF ESOPHAGEAL FUNCTION THROUGH NASAL TUBE WI | $424.31 |
| 91040 | STUDY OF ESOPHAGEAL SENSATION BY BALLOON DISTENSION | $544.05 |
| 91065 | MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR STOMACH AND BOWEL SYMPTOMS | $71.50 |
| 91090 | GASTROINTESTINAL STRING TEST FOR UPPER GASTROINTESTINAL BLEEDING, | $0.00 |
| 91110 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS | $764.27 |
| 91111 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS | $918.29 |
| 91112 | MEASUREMENT OF COMPLEX STOMACH AND BOWEL MOTOR FUNCTION | $1,686.29 |
| 91113 | IMAGING OF COLON USING CAPSULE ENDOSCOPE, WITH INTERPRETATION AND REPORT | $935.90 |
| 91117 | STUDY OF LARGE INTESTINE TO ASSESS MOVEMENT | $134.93 |
| 91124 | TEST FOR TONE AND SENSATION OF RECTUM AND ANUS | $856.55 |
| 91125 | STUDY OF RECTUM SENSITIVITY AND FUNCTION | $379.82 |
| 91132 | RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY | $461.87 |
| 91133 | RECORDING AND INTERPRETATION OF STOMACH ELECTRICAL ACTIVITY WITH DRUG ADMINISTRA | $484.24 |
| 91200 | MEASUREMENT OF LIVER STIFFNESS | $32.43 |
| 91299 | OTHER DIAGNOSTIC PROCEDURE FOR GASTROINTESTINE | $0.00 |
| 92002 | NEW PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM | $45.18 |
| 92004 | NEW PATIENT COMPLETE EXAM OF VISUAL SYSTEM | $93.05 |
| 92012 | ESTABLISHED PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM | $50.00 |
| 92014 | ESTABLISHED PATIENT COMPLETE EXAM OF VISUAL SYSTEM | $75.28 |
| 92015 | TEST TO DETERMINE IF PRESCRIPTION EYE WEAR IS NEEDED | $18.23 |
| 92018 | COMPLETE EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA | $141.02 |
| 92019 | LIMITED EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA | $73.39 |
| 92020 | EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE | $20.33 |
| 92025 | CT SCAN OF CORNEA | $38.44 |
| 92060 | EXAM TO MEASURE EYE DEVIATION AND RANGE OF MOTION | $67.28 |
| 92066 | EYE TRAINING EXERCISE UNDER SUPERVISION OF HEALTH CARE PROFESSIONAL | $29.54 |
| 92071 | FITTING OF CONTACT LENS FOR TREATMENT OF EYE SURFACE DISEASE | $31.99 |
| 92072 | FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL CONDITION | $91.96 |
| 92081 | EXAM OF VISUAL FIELD WITH LIMITED TESTING | $35.34 |
| 92082 | EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING | $49.72 |
| 92083 | EXAM OF VISUAL FIELD WITH EXTENDED TESTING | $67.45 |
| 92100 | MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD | $31.99 |
| 92132 | IMAGING OF FRONT THIRD OF EYE | $31.30 |
| 92133 | IMAGING OF OPTIC NERVE | $32.32 |
| 92134 | IMAGING OF RETINA | $34.13 |
| 92136 | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS | $49.42 |
| 92137 | IMAGING OF RETINA WITH OPTICAL COHERENCE TOMOGRAPHY ANGIOGRAPHY | $61.95 |
| 92145 | MEASUREMENT OF CORNEAL PRESSURE | $13.63 |
| 92201 | EXTENDED EXAM OF THE BACK PART OF THE EYE WITH RETINAL DRAWING | $22.59 |
| 92202 | EXTENDED EXAM OF THE BACK PART OF THE EYE WITH OPTIC NERVE DRAWING | $14.54 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 92227 | IMAGING OF RETINA WITH REMOTE REVIEW BY CLINICAL STAFF | $19.51 |
| 92228 | IMAGING OF RETINA WITH REMOTE REVIEW BY PHYSICIAN | $31.16 |
| 92229 | IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE; POINT-OF-CARE AUTOMATE | $49.98 |
| 92230 | EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE | $31.28 |
| 92235 | EXAM OF RETINAL BLOOD VESSELS USING A SPECIAL CAMERA AFTER INJECTION OF A DYE | $171.43 |
| 92240 | EXAM OF BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AND RETINA USING A SPECIAL C | $257.76 |
| 92242 | EXAM OF RETINAL BLOOD VESSELS AND BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AN | $355.92 |
| 92250 | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | $38.57 |
| 92260 | MEASUREMENT OF EYE ARTERY PRESSURE | $10.74 |
| 92265 | MEASUREMENT OF EYE MUSCLE ELECTRICAL ACTIVITY AND THEIR NERVE CELLS WITH NEEDLE | $92.72 |
| 92270 | MEASUREMENT OF EYE MOVEMENT | $129.32 |
| 92273 | MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION | $133.62 |
| 92274 | MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE SEPARATE LOCA | $96.28 |
| 92283 | EXTENDED EXAM INVOLVING COLOR VISION TESTING | $59.38 |
| 92284 | EVALUATION OF EYE ADAPTATION TO LIGHT AND DARK WITH INTERPRETATION AND REPORT | $33.63 |
| 92285 | EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF | $25.02 |
| 92286 | IMAGING OF FRONT THIRD OF EYE USING A SPECIAL MICROSCOPE | $40.80 |
| 92287 | IMAGING OF FRONT THIRD OF EYE USING A SPECIAL CAMERA AFTER INJECTION OF A DYE | $144.50 |
| 92310 | CONTACT LENS SERVICES BOTH EYES | $56.03 |
| 92311 | CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT | $50.35 |
| 92312 | CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT | $60.63 |
| 92313 | CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA | $42.58 |
| 92314 | CONTACT LENS SERVICES BOTH EYES WITH FITTING BY INDEPENDENT TECHNICIAN | $33.08 |
| 92315 | CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT WITH FITTING BY INDEPEN | $20.68 |
| 92316 | CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT WITH FITTING BY IND | $31.10 |
| 92317 | CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA WITH FITTING BY INDEPENDEN | $20.68 |
| 92325 | MODIFICATION OF CONTACT LENS | $49.98 |
| 92326 | REPLACEMENT OF CONTACT LENS | $42.55 |
| 92340 | FITTING OF MONOFOCAL SPECTACLES | $17.91 |
| 92341 | FITTING OF BIFOCAL SPECTACLES | $22.44 |
| 92342 | FITTING OF MULTIFOCAL SPECTACLES | $25.49 |
| 92352 | FITTING OF MONOFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT | $17.91 |
| 92353 | FITTING OF MULTIFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT | $24.15 |
| 92358 | FITTING AND PROVISION OF TEMPORARY CONTACT LENS WHERE NATURAL LENS IS ABSENT | $12.82 |
| 92370 | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA | $15.55 |
| 92371 | REPAIR AND REFITTING OF SPECTACLE WHERE NATURAL LENS IS ABSENT | $13.19 |
| 92499 | OTHER SERVICE OR PROCEDURE ON EYE | $65.23 |
| 92502 | EXAM OF HEAD, NECK, INCLUDING EARS, NOSE AND THROAT UNDER GENERAL ANESTHESIA | $97.12 |
| 92504 | EXAM OF EAR USING A MICROSCOPE | $9.35 |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING D | $79.39 |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING D | $25.35 |
| 92511 | EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE | $38.67 |
| 92512 | STUDY OF NASAL FUNCTION | $26.69 |
| 92516 | STUDY OF FACIAL NERVE FUNCTION | $22.26 |
| 92517 | VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP | $42.03 |
| 92518 | VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP | $42.58 |
| 92519 | VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH INTERPRETATION AND REP | $63.70 |
| 92520 | STUDY OF VOICE BOX FUNCTION | $40.41 |
| 92521 | EVALUATION OF SPEECH CONTINUITY, SMOOTHNESS, RATE, AND EFFORT | $138.40 |
| 92522 | EVALUATION OF SPEECH SOUND PRODUCTION | $114.48 |
| 92523 | EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION | $236.41 |
| 92524 | ANALYSIS OF VOICE AND RESONANCE PRODUCTION | $112.44 |
| 92526 | TREATMENT OF SWALLOWING AND FEEDING DISORDER | $88.12 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 92537 | TEST TO ASSESS BALANCE DURING WARM AND COOL IRRIGATION IN BOTH EARS | $40.21 |
| 92538 | TEST TO ASSESS BALANCE DURING WARM OR COOL IRRIGATION IN BOTH EARS | $22.70 |
| 92540 | EVALUATION AND TESTING FOR BALANCE WITH RECORDING | $108.90 |
| 92541 | TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING | $25.57 |
| 92542 | TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING | $29.27 |
| 92544 | TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING | $18.39 |
| 92545 | TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH W | $17.37 |
| 92546 | TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR | $145.21 |
| 92547 | USE OF ELECTRODES DURING BALANCE TESTING | $11.52 |
| 92548 | TEST FOR BALANCE AND POSTURE | $48.23 |
| 92549 | TEST FOR BALANCE AND POSTURE WITH MOTOR CONTROL AND ADAPTION TEST | $67.53 |
| 92550 | TEST FOR EARDRUM AND MUSCLE FUNCTION | $22.28 |
| 92551 | TEST FOR SCREENING HEARING | $13.93 |
| 92552 | TEST FOR HEARING VARIOUS PITCHES USING EARPHONE | $44.41 |
| 92553 | TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BO | $53.70 |
| 92555 | TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS | $33.63 |
| 92556 | TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION | $52.21 |
| 92557 | COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST | $32.04 |
| 92562 | TEST TO DETECT LOUDNESS DIFFERENCES | $55.19 |
| 92563 | TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS | $39.58 |
| 92565 | TEST TO ASSESS HEARING LOSS | $24.34 |
| 92566 | IMPEDANCE TESTING | $0.00 |
| 92567 | TEST TO ASSESS MIDDLE EAR FUNCTION | $10.74 |
| 92568 | TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX | $15.14 |
| 92570 | COMPREHENSIVE HEARING TEST | $28.93 |
| 92571 | TEST TO ASSESS BY HEARING BY EXAMINING THE REPETITION OF REAL WORDS VERSUS NONSE | $35.12 |
| 92572 | TEST TO ASSESS HEARING USING 2 SYLLABLE WORDS | $63.36 |
| 92575 | TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES | $82.13 |
| 92576 | TEST TO ASSESS HEARING LOSS USING GRAMMATICALLY INCORRECT SENTENCES | $50.36 |
| 92577 | TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAM | $25.45 |
| 92579 | TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS | $37.13 |
| 92581 | EVOKED RESPONSE (EEG) AUDIOMETRY | $0.00 |
| 92582 | TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK | $99.42 |
| 92583 | TEST TO ASSESS HEARING USING PICTURES | $65.97 |
| 92584 | TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF S | $114.84 |
| 92587 | DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM | $22.09 |
| 92588 | PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTE | $34.13 |
| 92596 | MEASUREMENT OF ADEQUACY OF HEARING PROTECTION DEVICE | $89.01 |
| 92601 | ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS) | $123.25 |
| 92602 | ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS) | $69.73 |
| 92603 | ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER) | $119.77 |
| 92604 | ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER) | $66.62 |
| 92605 | EVALUATION AND PRESCRIPTION OF NONSPEECH-GENERATING AND ALTERNATIVE COMMUNICATIO | $84.43 |
| 92606 | THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING | $67.18 |
| 92607 | EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION | $129.32 |
| 92608 | EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION | $50.88 |
| 92609 | THERAPY SERVICE FOR USE OF SPEECH-GENERATING DEVICE WITH PROGRAMMING | $107.97 |
| 92610 | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION | $72.14 |
| 92611 | EVALUATION OF SWALLOWING FUNCTION IMAGE | $94.80 |
| 92612 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO | $66.52 |
| 92613 | EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE | $36.33 |
| 92614 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR | $65.21 |
| 92615 | EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING AN | $32.25 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 92616 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY | $99.42 |
| 92617 | EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY FU | $40.03 |
| 92620 | EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR | $80.09 |
| 92621 | EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES | $18.94 |
| 92622 | ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INN | $66.99 |
| 92623 | ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INN | $17.55 |
| 92625 | EVALUATION OF HEARING RINGING IN EAR | $60.97 |
| 92626 | EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, F | $75.00 |
| 92627 | EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, E | $17.55 |
| 92628 | EVALUATION FOR HEARING AIDS IN ONE OR BOTH EARS, FIRST 30 MINUTES | $0.00 |
| 92629 | EVALUATION FOR HEARING AIDS IN ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES | $0.00 |
| 92630 | THERAPY SERVICE FOR HEARING LOSS PRIOR TO SPEECH AND LANGUAGE DEVELOPMENT | $88.44 |
| 92631 | HEARING AID SELECTION SERVICES FOR ONE OR BOTH EARS, FIRST 30 MINUTES | $0.00 |
| 92632 | HEARING AID SELECTION SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES | $0.00 |
| 92633 | THERAPY SERVICE FOR HEARING LOSS AFTER SPEECH AND LANGUAGE DEVELOPMENT | $88.44 |
| 92634 | HEARING AID FITTING SERVICES FOR ONE OR BOTH EARS, FIRST 60 MINUTES | $0.00 |
| 92635 | HEARING AID FITTING SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES | $0.00 |
| 92636 | HEARING AID POST-FITTING FOLLOW-UP SERVICES FOR ONE OR BOTH EARS, FIRST 30 MINUT | $0.00 |
| 92637 | HEARING AID POST-FITTING FOLLOW-UP SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONA | $0.00 |
| 92638 | BEHAVIORAL VERIFICATION OF AMPLIFICATION FOR HEARING AIDS | $0.00 |
| 92639 | HEARING-AID MEASUREMENT VERIFICATION WITH PROBE-MICROPHONE | $0.00 |
| 92640 | EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR | $94.45 |
| 92641 | HEARING DEVICE VERIFICATION THROUGH ELECTROACOUSTIC ANALYSIS | $0.00 |
| 92642 | SUPPLEMENTAL TECHNOLOGY FITTING SERVICES FOR HEARING ASSISTIVE DEVICE | $0.00 |
| 92651 | AUDITORY EVOKED POTENTIALS; FOR HEARING STATUS DETERMINATION, BROADBAND STIMULI, | $82.50 |
| 92652 | AUDITORY EVOKED POTENTIALS; FOR THRESHOLD ESTIMATION AT MULTIPLE FREQUENCIES, WI | $112.23 |
| 92653 | AUDITORY EVOKED POTENTIALS; NEURODIAGNOSTIC, WITH INTERPRETATION AND REPORT REP | $84.30 |
| 92700 | OTHER PROCEDURE ON EAR, NOSE, OR THROAT | $0.00 |
| 92920 | BALLOON DILATION OF SINGLE CORONARY ARTERY AND/OR ITS BRANCH(ES) | $486.01 |
| 92924 | REMOVAL OF PLAQUE WITH BALLOON DILATION OF SINGLE CORONARY ARTERY OR BRANCH | $578.92 |
| 92928 | INSERTION OF STENTS FOR 1 LESION, WITH BALLOON DILATION OF CORONARY ARTERY OR BR | $540.21 |
| 92930 | INSERTION OF 2 STENTS FOR 2 OR MORE LESIONS IN 2 OR MORE CORONARY SEGMENTS OR , | $503.65 |
| 92933 | REMOVAL OF PLAQUE, INSERTION OF STENT AND BALLOON DILATION OF SINGLE CORONARY AR | $606.13 |
| 92937 | REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY | $539.88 |
| 92941 | REMOVAL OF PLAQUE AND BLOOD CLOT, INSERTION OF STENT AND/OR BALLOON DILATION OF | $606.97 |
| 92943 | REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY | $606.78 |
| 92945 | REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY | $629.75 |
| 92950 | MANUAL ATTEMPT TO RESTORE BLOOD CIRCULATION AND BREATHING | $174.93 |
| 92953 | TEMPORARY TRANSCUTANEOUS PACING | $0.88 |
| 92960 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL | $106.62 |
| 92961 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL | $227.12 |
| 92970 | PLACEMENT OF INTERNAL DEVICE TO ASSIST CIRCULATION | $173.21 |
| 92971 | PLACEMENT OF EXTERNAL DEVICE TO ASSIST CIRCULATION | $93.32 |
| 92972 | SHOCKWAVE DESTRUCTION OF CALCIFIED PLAQUE IN CORONARY ARTERY ACCESSED THROUGH SK | $140.55 |
| 92973 | REMOVAL OF BLOOD CLOT IN HEART ARTERY | $161.71 |
| 92974 | INSERTION OF RADIATION DELIVERY DEVICE INTO HEART ARTERY | $148.04 |
| 92978 | ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY RADIOLOGIST, | $95.75 |
| 92979 | ULTRASOUND EVALUATION OF HEART BLOOD VESSEL OR GRAFT WITH REVIEW BY RADIOLOGIST, | $74.36 |
| 92986 | BALLOON DILATION REPAIR OF AORTIC VALVE | $1,246.90 |
| 92987 | BALLOON DILATION REPAIR OF MITRAL VALVE | $1,285.26 |
| 92990 | BALLOON DILATION REPAIR OF PULMONARY VALVE | $1,032.36 |
| 92997 | BALLOON DILATION OF PULMONARY ARTERY, SINGLE VESSEL | $588.33 |
| 92998 | BALLOON DILATION OF PULMONARY ARTERY, EACH ADDITIONAL VESSEL | $293.35 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 93000 | ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND | $14.78 |
| 93005 | ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH TRACING | $6.87 |
| 93010 | ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND | $7.91 |
| 93015 | EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH SUP | $77.02 |
| 93016 | EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH SUP | $20.68 |
| 93017 | EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) | $42.36 |
| 93018 | EXERCISE OR DRUG-INDUCED HEART STRESS TEST WITH ELECTROCARDIOGRAM (ECG) WITH REV | $13.97 |
| 93024 | ERGONOVINE PROVOCATION TEST | $119.02 |
| 93025 | ELECTROCARDIOGRAM (ECG) ASSESSMENT OF IRREGULAR HEART BEATS | $137.97 |
| 93040 | ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN | $13.76 |
| 93041 | ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS | $7.24 |
| 93042 | ELECTROCARDIOGRAM (ECG) 1 TO 3 LEADS WITH REVIEW BY PHYSICIAN ONLY | $6.52 |
| 93045 | RHYTHM ECG, ONE TO THREE LEADS | $0.00 |
| 93050 | ANALYSIS OF CENTRAL ARTERIAL PRESSURE WITH REVIEW BY PHYSICIAN | $17.01 |
| 93145 | EVALUATION OF CAROTID SINUS BAROFLEX ACTIVATION THERAPY MODULATION SYSTEM WITHOU | $27.61 |
| 93146 | EVALUATION OF CAROTID SINUS BAROFLEX ACTIVATION THERAPY MODULATION SYSTEM WITH P | $39.20 |
| 93150 | ACTIVATION OF IMPLANTED PHRENIC NERVE STIMULATOR | $41.04 |
| 93151 | EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM | $38.68 |
| 93152 | EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM DURING S | $85.76 |
| 93153 | EVALUATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM | $21.14 |
| 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 | $75.97 |
| 93225 | ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS | $19.88 |
| 93226 | ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REPORT | $38.09 |
| 93227 | ELECTROCARDIOGRAM (ECG) 2-DAY CONTINUOUS WITH REVIEW BY HEALTH CARE PROFESSIONAL | $18.00 |
| 93228 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH REVIEW AND REPORT BY HEALT | $24.99 |
| 93229 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH TRANSMISSION OF PATIENT TR | $854.04 |
| 93240 | BALLISTOCARDIOGRAM | $0.00 |
| 93241 | HEART RHYTHM RECORDING, ANALYSIS, REPORT, REVIEW, AND INTERPRETATION OF CONTINOU | $295.27 |
| 93242 | HEART RHYTHM RECORDING CONTINOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7 DA | $12.82 |
| 93243 | HEART RHYTHM ANALYSIS AND REPORT OF CONTINOUS EXTERNAL EKG OVER MORE THAN 48 HOU | $259.97 |
| 93244 | HEART RHYTHM REVIEW, AND INTERPRETATION OF CONTINOUS EXTERNAL EKG OVER MORE THAN | $22.48 |
| 93245 | HEART RHYTHM RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM R | $307.30 |
| 93246 | HEART RHYTHM RECORDING OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS | $12.82 |
| 93247 | HEART RHYTHM ANALYSIS AND REPORT OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS | $269.64 |
| 93248 | HEART RHYTHM REVIEW AND INTERPRETATION OF CONTINOUS EXTERNAL EKG OVER 8-15 DAYS | $24.84 |
| 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 | $79.14 |
| 93261 | EVALUATION OF IMPLANTABLE DEFIBRILLATOR SYSTEM | $73.17 |
| 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 | $34.32 |
| 93266 | ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NON-CONTINUOUS | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 93268 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND REV | $184.42 |
| 93269 | PATIENT DEMAND SINGLE EVENT ECG RECORDING | $0.00 |
| 93270 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING | $8.73 |
| 93271 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING AND TRA | $152.19 |
| 93272 | ELECTROCARDIOGRAM (ECG) UP TO 30 DAYS CONTINUOUS WITH SYMPTOM MONITORING, TRANSM | $23.50 |
| 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 | $33.72 |
| 93279 | PROGRAMMING OF SINGLE LEAD PACEMAKER SYSTEM | $70.26 |
| 93280 | PROGRAMMING OF DUAL LEAD PACEMAKER SYSTEM | $81.94 |
| 93281 | PROGRAMMING OF MULTIPLE LEAD PACEMAKER SYSTEM | $86.94 |
| 93282 | PROGRAMMING OF SINGLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM | $82.48 |
| 93283 | PROGRAMMING OF DUAL LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM | $100.92 |
| 93284 | PROGRAMMING OF MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM | $108.98 |
| 93285 | PROGRAMMING OF CARDIAC RHYTHM MONITOR SYSTEM | $62.34 |
| 93286 | PROGRAMMING OF SINGLE, DUAL, OR MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM BEFOR | $47.60 |
| 93287 | PROGRAMMING OF SINGLE, DUAL OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM BE | $54.69 |
| 93288 | EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM | $59.24 |
| 93289 | EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM | $74.42 |
| 93290 | EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM | $55.34 |
| 93291 | EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM | $51.36 |
| 93292 | EVALUATION OF WEARABLE DEFIBRILLATOR SYSTEM | $53.48 |
| 93293 | TELEPHONIC RHYTHM STRIP EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PA | $44.21 |
| 93294 | EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM, REMOTE U | $28.68 |
| 93295 | EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM, R | $35.44 |
| 93296 | EVALUATION OF SINGLE, DUAL, MULTIPLE LEAD OR LEADLESS PACEMAKER SYSTEM OR IMPLAN | $22.11 |
| 93297 | EVALUATION OF IMPLANTABLE HEART AND BLOOD VESSEL MONITORING SYSTEM, REMOTE UP TO | $63.82 |
| 93298 | EVALUATION OF CARDIAC RHYTHM MONITOR SYSTEM, REMOTE UP TO 30 DAYS | $108.97 |
| 93300 | ECHOCARDIOGRAPHY, M-MODE | $0.00 |
| 93303 | ULTRASOUND OF HEART FOR CONGENITAL DEFECT | $232.12 |
| 93304 | ULTRASOUND OF HEART FOR CONGENITAL DEFECT, FOLLOW-UP | $164.36 |
| 93305 | ECHOCARDIOGRAPHY, M-MODE | $0.00 |
| 93306 | ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE, DIRECTION AND VALVE FU | $207.57 |
| 93307 | ULTRASOUND OF HEART | $145.14 |
| 93308 | ULTRASOUND OF HEART, FOLLOW-UP | $105.21 |
| 93309 | ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE DOCUMENTATION (2D) | $0.00 |
| 93312 | ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS, WITH REPORT | $246.06 |
| 93313 | INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND | $10.63 |
| 93314 | INTERPRETATION AND REPORT OF ULTRASOUND OF HEART | $235.37 |
| 93315 | ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS FOR CONGENITAL DEFECT, WITH REPORT | $374.20 |
| 93316 | INSERTION OF PROBE IN ESOPHAGUS FOR CONGENITAL HEART ULTRASOUND | $24.22 |
| 93317 | INTERPRETATION AND REPORT OF CONGENITAL HEART ULTRASOUND | $199.34 |
| 93318 | ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS TO ASSESS HEART PUMP FUNCTION | $486.28 |
| 93319 | 3D ULTRASOUND IMAGING OF HEART FOR EVALUATION OF HEART STRUCTURE PERFORMED DURIN | $22.47 |
| 93320 | ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS | $53.54 |
| 93321 | ULTRASOUND OF HEART BLOOD FLOW, VALVES AND CHAMBERS, FOLLOW-UP | $26.59 |
| 93325 | ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE AND VALVE FUNCTION | $24.94 |
| 93350 | ULTRASOUND OF HEART DURING REST, EXERCISE AND/OR DRUG-INDUCED STRESS WITH REPORT | $195.12 |
| 93351 | ULTRASOUND OF HEART WITH CONTINUOUS ELECTROCARDIOGRAM (ECG) DURING REST, EXERCIS | $245.56 |
| 93352 | INJECTION OF X-RAY CONTRAST DURING ULTRASOUND OF HEART | $37.73 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 93355 | ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS DURING SURGERY ON HEART OR GREAT BLO | $216.56 |
| 93356 | HEART MUSCLE STRAIN IMAGING | $11.47 |
| 93451 | INSERTION OF TUBE IN RIGHT HEART CHAMBERS FOR MEASUREMENT | $889.54 |
| 93452 | INSERTION OF TUBE IN LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIS | $915.45 |
| 93453 | INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS FOR DIAGNOSIS WITH REVIEW BY | $1,166.07 |
| 93454 | INSERTION OF TUBE IN CORONARY ARTERY FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST | $921.75 |
| 93455 | INSERTION OF TUBE IN BYPASS GRAFT FOR DIAGNOSIS WITH REVIEW BY RADIOLOGIST | $1,026.97 |
| 93456 | INSERTION OF TUBE IN RIGHT HEART CHAMBERS AND CORONARY ARTERY FOR DIAGNOSIS WITH | $1,145.33 |
| 93457 | INSERTION OF TUBE IN RIGHT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS GRAFT FOR | $1,248.17 |
| 93458 | INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER AND CORONARY ARTERY FOR DIAGNOSIS | $1,058.71 |
| 93459 | INSERTION OF TUBE IN LEFT LOWER HEART CHAMBER, CORONARY ARTERY AND BYPASS GRAFT | $1,137.18 |
| 93460 | INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS AND CORONARY ARTERY FOR DIAGN | $1,260.97 |
| 93461 | INSERTION OF TUBE IN RIGHT AND LEFT HEART CHAMBERS, CORONARY ARTERY, AND BYPASS | $1,391.09 |
| 93462 | INSERTION OF TUBE IN LEFT HEART CHAMBER THROUGH HEART SEPTUM | $191.46 |
| 93463 | PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI | $93.98 |
| 93464 | PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE | $227.45 |
| 93503 | INSERTION OF TUBE IN PULMONARY ARTERY FOR MONITORING | $83.02 |
| 93505 | BIOPSY OF HEART MUSCLE | $654.55 |
| 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 | $48.26 |
| 93564 | INJECTION FOR IMAGING OF HEART VESSEL GRAFTS DURING EVALUATION OF CONGENITAL ABN | $50.87 |
| 93565 | INJECTION FOR IMAGING OF LEFT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST | $24.85 |
| 93566 | INJECTION FOR IMAGING OF RIGHT HEART CHAMBERS WITH REVIEW BY RADIOLOGIST | $24.31 |
| 93567 | INJECTION FOR IMAGING OF AORTA ABOVE HEART VALVE WITH REVIEW BY RADIOLOGIST | $34.47 |
| 93568 | INJECTION FOR NONSELECTIVE IMAGING OF PULMONARY ARTERY DURING HEART CATHETERIZAT | $43.25 |
| 93569 | INJECTION FOR SELECTIVE IMAGING OF PULMONARY ARTERY DURING HEART CATHETERIZATION | $36.17 |
| 93571 | ULTRASOUND EVALUATION OF HEART BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT, INITI | $288.16 |
| 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 | $60.23 |
| 93574 | INJECTION FOR SELECTIVE IMAGING OF PULMONARY VEIN DURING HEART CATHETERIZATION | $66.98 |
| 93575 | INJECTION FOR SELECTIVE IMAGING OF MAJOR AORTOPULMONARY COLLATERAL ARTERIES DURI | $88.99 |
| 93580 | REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN UPPER HEART CHAMBERS WITH IMPLA | $898.60 |
| 93581 | REPAIR OF CONGENITAL ABNORMALITY IN WALL BETWEEN LOWER HEART CHAMBERS WITH IMPLA | $1,217.42 |
| 93582 | REPAIR OF CONGENITAL ABNORMALITY OF PULMONARY ARTERY TO AORTA | $606.95 |
| 93583 | REPAIR OF WALL BETWEEN LOWER HEART CHAMBERS INCLUDING PACEMAKER INSERTION | $681.46 |
| 93584 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF SUPERIOR VE | $56.61 |
| 93585 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF THE AZYGOS/ | $53.23 |
| 93586 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF CORONARY SI | $67.57 |
| 93587 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF VENOVENOUS | $99.21 |
| 93588 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF VENOVENOUS | $100.41 |
| 93590 | REPAIR OF LEAK ADJACENT TO MITRAL VALVE, FIRST CLOSURE DEVICE | $1,027.30 |
| 93591 | REPAIR OF LEAK ADJACENT TO AORTIC VALVE, FIRST CLOSURE DEVICE | $850.44 |
| 93592 | REPAIR OF LEAD ADJACENT TO HEART VALVE, EACH ADDITIONAL CLOSURE DEVICE | $371.15 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $112.10 |
| 93602 | RECORDING OF UPPER HEART CHAMBER RHYTHM | $108.81 |
| 93603 | RECORDING OF RIGHT LOWER HEART CHAMBER RHYTHM | $110.15 |
| 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 | $259.17 |
| 93610 | INTRA-ATRIAL PACING | $152.98 |
| 93612 | INTRAVENTRICULAR PACING | $152.22 |
| 93613 | INSERTION OF TUBE FOR 3D MAPPING OF ELECTRICAL IMPULSES TO HEART MUSCLE | $268.82 |
| 93614 | BUNDLE OF HIS PACING | $0.00 |
| 93615 | INSERTION OF PROBE IN ESOPHAGUS FOR RECORDING ELECTRICAL IMPULSES TO UPPER AND L | $35.90 |
| 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 | $208.37 |
| 93619 | INSERTION OF CATHETERS FOR RECORDING AND PACING OF RIGHT HEART CHAMBERS RHYTHM | $372.44 |
| 93620 | INSERTION OF CATHETERS FOR RECORDING AND PACING OF RIGHT HEART CHAMBERS RHYTHM A | $918.62 |
| 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 | $278.47 |
| 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 | $177.60 |
| 93641 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI | $299.22 |
| 93642 | PROGRAMMING OF PACING CARDIOVERTER-DEFIBRILLATOR | $324.42 |
| 93644 | PROGRAMMING OF IMPLANTABLE DEFIBRILLATOR | $194.00 |
| 93650 | DESTRUCTION OF HEART CONDUCTION TISSUE TO CREATE HEART BLOCK | $540.39 |
| 93653 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA | $772.50 |
| 93654 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA | $930.63 |
| 93655 | INSERTION OF CATHETERS AND DESTRUCTION OF TISSUE TO TREAT ABNORMAL HEART RHYTHM | $283.47 |
| 93656 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH CATHETER DESTRUCTION OF ABNORMA | $875.85 |
| 93657 | DESTRUCTION OF TISSUE OF UPPER HEART CHAMBER THROUGH TUBE TO TREAT ABNORMAL HEAR | $283.84 |
| 93660 | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU | $172.23 |
| 93662 | ULTRASOUND EVALUATION OF HEART BLOOD VESSEL WITH REVIEW BY RADIOLOGIST | $434.45 |
| 93668 | PERIPHERAL ARTERIAL DISEASE REHABILITATION, EACH SESSION | $16.16 |
| 93700 | PERIPHERAL VASCULAR DISEASE | $0.00 |
| 93701 | BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS | $29.17 |
| 93702 | MEASUREMENT OF LYMPHEDEMA EXTRACELLULAR FLUID | $131.56 |
| 93710 | PHONOANGIOGRPHY, CAROTID | $0.00 |
| 93724 | ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES | $282.10 |
| 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 | $38.51 |
| 93780 | CIRCULATION TIME; | $0.00 |
| 93781 | CIRCULATION TIME; | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 93784 | AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING, SCANNING | $48.89 |
| 93786 | AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH RECORDING | $25.08 |
| 93788 | AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH SCANNING ANALYSIS AN | $6.13 |
| 93790 | AMBULATORY BLOOD PRESSURE MONITORING, 1 DAY OR LONGER, WITH REVIEW, INTERPRETATI | $17.68 |
| 93791 | ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYS; | $0.00 |
| 93792 | PATIENT/CAREGIVER TRAINING FOR MONITORING OF ANTICOAGULANT THERAPY | $75.99 |
| 93793 | ANTICOAGULANT MANAGEMENT OF PATIENT TAKING WARFARIN | $11.58 |
| 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 | $8.23 |
| 93798 | OUTPATIENT HEART REHABILITATION WITH ELECTROCARDIOGRAM (ECG) MONITORING, QUALITY | $13.14 |
| 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 | $203.31 |
| 93882 | ULTRASOUND OF ONE SIDE OF HEAD AND NECK BLOOD FLOW | $133.03 |
| 93886 | COMPLETE ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW | $279.77 |
| 93888 | ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW | $157.01 |
| 93892 | ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS | $179.70 |
| 93893 | ULTRASOUND OF BLOOD FLOW WITHIN BRAIN FOR ATYPICAL BLOOD FLOW DETECTION WITH MIC | $180.25 |
| 93896 | ULTRASOUND OF BLOOD FLOW WITHING BRAIN TO ASSESS FLEXIBILITY OF VESSELS | $193.79 |
| 93897 | ULTRASOUND OF VESSELS IN BRAIN FOR DETECTION OF BLOOD CLOTS | $245.28 |
| 93898 | DETECTION OF ABNORMAL BLOOD FLOW IN BRAIN VESSELS USING ULTRASOUND WITH MICROBUB | $256.59 |
| 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 | $88.90 |
| 93923 | COMPLETE ULTRASOUND STUDY OF ARM AND LEG ARTERIES | $140.89 |
| 93924 | ULTRASOUND OF LEG ARTERIES AT REST AND AFTER EXERCISE | $173.35 |
| 93925 | ULTRASOUND OF LEG ARTERIES OR ARTERY GRAFTS | $257.38 |
| 93926 | ULTRASOUND OF ONE LEG ARTERIES OR ARTERY GRAFTS | $143.44 |
| 93930 | ULTRASOUND OF ARM ARTERIES OR ARTERY GRAFTS | $213.33 |
| 93931 | ULTRASOUND OF ONE ARM ARTERIES OR ARTERY GRAFTS | $132.48 |
| 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 | $200.63 |
| 93971 | ULTRASOUND STUDY OF ONE ARM OR LEG VEINS WITH COMPRESSION AND MANEUVERS | $128.45 |
| 93975 | COMPLETE ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW | $282.39 |
| 93976 | ULTRASOUND OF ABDOMEN AND PELVIS ARTERY AND VEIN BLOOD FLOW | $158.72 |
| 93978 | COMPLETE ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS | $193.25 |
| 93979 | ULTRASOUND OF AORTA, VENA CAVA, GROIN VESSELS OR BYPASS GRAFTS | $125.97 |
| 93980 | COMPLETE ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW | $123.11 |
| 93981 | ULTRASOUND OF PENIS ARTERY AND VEIN BLOOD FLOW | $75.54 |
| 93985 | COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON BOTH SIDE | $267.20 |
| 93986 | COMPLETE ULTRASOUND OF ARTERY AND VEIN BLOOD FLOW PRE-OP ASSESSMENT ON SIDE OF B | $143.43 |
| 93990 | ULTRASOUND OF HEMODIALYSIS ACCESS | $143.24 |
| 93998 | OTHER NONINVASIVE VASCULAR DIAGNOSTIC STUDY | $0.00 |
| 94002 | INITIAL HOSPITAL INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT | $88.46 |
| 94003 | FOLLOW-UP INPATIENT OR OBSERVATION VENTILATION ASSISTANCE AND MANAGEMENT | $62.10 |
| 94004 | NURSING FACILITY VENTILATION ASSISTANCE AND MANAGEMENT | $45.88 |
| 94005 | EVALUATION OF HOME VENTILATOR MANAGEMENT CARE PLAN, 30 MINUTES | $91.97 |
| 94010 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME | $29.28 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 94011 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME (2 YEARS OR YOUNGER) | $82.38 |
| 94012 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME BEFORE AND AFTER MEDICATION ADMINI | $134.10 |
| 94013 | TEST TO MEASURE REMAINING AIR OR LUNG CAPACITY AFTER EXHALATION (2 YEARS OR YOUN | $17.89 |
| 94014 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING TRA | $59.36 |
| 94015 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT INCLUDING TRA | $35.49 |
| 94016 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME INITIATED BY PATIENT AND EVALUATED | $23.87 |
| 94060 | TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME CHANGES BEFORE AND AFTER MEDICATIO | $42.04 |
| 94070 | TEST TO MEASURE LUNG AIRWAY SENSITIVITY | $66.96 |
| 94150 | TEST TO MEASURE THE TOTAL VOLUME OF AIR THAT CAN BE EXHALED AFTER INHALING | $27.53 |
| 94200 | TEST TO MEASURE LARGEST AMOUNT OF AIR BREATHED IN AN OUT | $16.10 |
| 94375 | TEST TO MEASURE RATE OF AIRFLOW | $41.61 |
| 94450 | TEST TO MEASURE LUNG FUNCTION RESPONSE TO LOW OXYGEN | $95.06 |
| 94452 | TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE | $54.62 |
| 94453 | TEST TO MEASURE LUNG FUNCTION AT HIGH ALTITUDE WITH EVALUATION OF OXYGEN NEEDS A | $72.02 |
| 94610 | INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALT | $54.40 |
| 94617 | TEST FOR EXERCISE-INDUCED SPASM OF LUNG AIRWAYS | $95.47 |
| 94618 | TEST FOR EXERCISE-INDUCED LUNG STRESS | $35.40 |
| 94619 | EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY AND PULSE OXI | $69.91 |
| 94621 | TEST FOR EXERCISE-INDUCED HEART AND LUNG STRESS | $164.26 |
| 94625 | PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION, PER SESSION | $17.20 |
| 94626 | PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION WITH CONTINUOUS MO | $25.16 |
| 94640 | INHALATION TREATMENT FOR AIRWAY OBSTRUCTION OR SPUTUM PRODUCTION | $8.73 |
| 94642 | INHALATION TREATMENT FOR PNEUMONIA | $34.79 |
| 94644 | INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, FIRST HOUR | $63.92 |
| 94645 | INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION, EACH ADDITIONAL HOUR | $18.76 |
| 94660 | THERAPY PROCEDURE USING A POSITIVE PRESSURE VENTILATOR | $35.90 |
| 94664 | EVALUATION OF USE OF BREATHING DEVICE | $19.69 |
| 94667 | INITIAL THERAPY SERVICE TO FACILITATE LUNG FUNCTION | $27.87 |
| 94668 | FOLLOW-UP THERAPY SERVICE TO FACILITATE LUNG FUNCTION | $42.73 |
| 94669 | THERAPY PROCEDURE TO CLEAR AIRWAY USING AN INFLATABLE VEST | $23.03 |
| 94680 | TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION DURING REST AND EXER | $56.71 |
| 94681 | TEST TO MEASURE EXHALED AIR AND CARBON DIOXIDE FOR EVALUATION OF LUNG FUNCTION | $51.98 |
| 94690 | TEST TO MEASURE EXHALED AIR FOR EVALUATION OF LUNG FUNCTION AT REST | $53.17 |
| 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 | $61.36 |
| 94727 | TEST TO DETERMINE LUNG VOLUMES USING GAS DILUTION OR WASHOUT | $48.54 |
| 94728 | TEST TO MEASURE RESISTANCE OF THE AIRWAYS AND LUNGS TO DIFFERING FREQUENCIES | $47.80 |
| 94729 | TEST TO EXAMINE HOW WELL THE LUNGS EXCHANGE GASES | $61.14 |
| 94760 | TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE | $3.90 |
| 94761 | TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE MULTIPLE TIMES | $4.27 |
| 94762 | TEST TO MEASURE OXYGEN LEVEL IN BLOOD USING EAR OR FINGER DEVICE CONTINUOUSLY OV | $27.31 |
| 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 | $22.39 |
| 94781 | TEST OF CAR SEAT OR BED (1 YEAR OR YOUNGER), EACH ADDITIONAL 30 MINUTES | $7.91 |
| 94799 | OTHER SERVICE OR PROCEDURE ON LUNG | $20.00 |
| 95000 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; UP TO 30 | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 95001 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 31-60 TE | $0.00 |
| 95002 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 61-90 TE | $0.00 |
| 95003 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; MORE THA | $0.00 |
| 95004 | TEST FOR ALLERGY USING ALLERGENIC EXTRACT | $3.85 |
| 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 | $20.62 |
| 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 | $3.56 |
| 95018 | TEST FOR ALLERGY USING COMBINATION OF METHODS WITH DRUG OR BIOLOGICAL | $6.94 |
| 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 | $0.88 |
| 95027 | TEST FOR ALLERGY USING AIRBORNE ALLERGENIC EXTRACT INJECTED INTO SKIN | $4.96 |
| 95028 | TEST FOR ALLERGY USING ALLERGENIC EXTRACT INJECTED INTO SKIN WITH DELAYED REACTI | $13.56 |
| 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 | $5.38 |
| 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 | $6.13 |
| 95056 | TEST FOR ALLERGY USING ULTRAVIOLET LIGHT | $58.71 |
| 95060 | TEST FOR ALLERGY USING ALLERGENIC EXTRACT APPLIED TO EYE | $44.04 |
| 95065 | TEST FOR ALLERGY USING ALLERGENIC EXTRACT BY SNIFFING | $32.52 |
| 95070 | TEST FOR ALLERGY USING DRUGS | $38.83 |
| 95076 | TEST FOR ALLERGY USING INGESTED ITEMS, INITIAL 2 HOURS | $73.21 |
| 95077 | FOOD ALLERGENIC EXTRACT IMMUNOTHERAPY | $0.00 |
| 95079 | TEST FOR ALLERGY USING INGESTED ITEMS, EACH ADDITIONAL HOUR | $67.47 |
| 95080 | PASSIVE TRANSFER TESTS; UP TO 10 TESTS | $0.00 |
| 95081 | PASSIVE TRANSFER TESTS; 11-20 TESTS | $0.00 |
| 95082 | PASSIVE TRANSFER TESTS; MORE THAN 20 TESTS | $0.00 |
| 95105 | MEDICAL CONFERENCE SERVICES (EG, USE OF MECHANICAL AND ELECTRIC DEVICES, CLIMATO | $0.00 |
| 95115 | PROFESSIONAL SERVICE FOR SINGLE INJECTION OF ALLERGEN | $11.70 |
| 95117 | PROFESSIONAL SERVICE FOR MULTIPLE INJECTIONS OF ALLERGEN | $13.56 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $3.24 |
| 95145 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 1 STINGING INSECT VENOM | $3.24 |
| 95146 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 2 STINGING INSECT VENOM | $3.24 |
| 95147 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 3 STINGING INSECT VENOM | $3.24 |
| 95148 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 4 STINGING INSECT VENOM | $3.24 |
| 95149 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF 5 STINGING INSECT VENOM | $3.24 |
| 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 | $3.24 |
| 95170 | PROFESSIONAL SERVICE FOR PREPARATION AND PROVISION OF WHOLE BODY EXTRACT OF BITI | $3.24 |
| 95180 | INJECTION FOR RAPID DESENSITIZATION TO ALLERGEN | $102.34 |
| 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 | $72.83 |
| 95250 | CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER SK | $159.43 |
| 95251 | CONTINUOUS MONITORING OF BLOOD SUGAR LEVEL IN TISSUE FLUID USING SENSOR UNDER SK | $34.15 |
| 95700 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), CONTINUOUS | $299.16 |
| 95705 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS | $269.21 |
| 95706 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH INTERMITTENT MONITORIN | $437.86 |
| 95707 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH CONTINUOUS MONITORING | $458.03 |
| 95708 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS | $336.64 |
| 95709 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH INTERMITTENT MONITORI | $841.93 |
| 95710 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH CONTINUOUS MONITORING | $1,069.08 |
| 95711 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS | $269.21 |
| 95712 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH INTERMITTE | $505.29 |
| 95713 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH CONTINUOUS | $610.86 |
| 95714 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS | $336.64 |
| 95715 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH INTERMITT | $942.50 |
| 95716 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH CONTINUOU | $1,297.88 |
| 95717 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS WITH HEALTH CARE PROFESSION | $104.76 |
| 95718 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOURS WITH REVIEW AND | $131.51 |
| 95719 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS WITH HEALTH CARE PROFESSIO | $157.52 |
| 95720 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOURS WITH REVIEW AN | $202.40 |
| 95721 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 37-60 HOURS WITH HEALTH CARE PROFESSIO | $201.85 |
| 95722 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 37-60 HOURS WITH REVIEW AN | $245.15 |
| 95723 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-84 HOURS WITH HEALTH CARE PROFESSIO | $247.51 |
| 95724 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 61-84 HOURS WITH REVIEW AN | $310.94 |
| 95725 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), MORE THAN 84 HOURS WITH REVIEW AND REP | $283.75 |
| 95726 | MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), MORE THAN 84 HOURS WITH RE | $395.45 |
| 95782 | SLEEP STUDY IN SLEEP LAB (YOUNGER THAN 6 YEARS) | $1,064.20 |
| 95783 | SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (YOUNGER THAN 6 YEARS) | $1,127.38 |
| 95800 | SLEEP STUDY INCLUDING HEART RATE, BREATHING, AND SLEEP TIME | $138.04 |
| 95801 | SLEEP STUDY INCLUDING HEART RATE AND BREATHING | $103.48 |
| 95803 | SLEEP STUDY AND WAKE PATTERNS, 3-14 DAYS WITH REPORT | $140.41 |
| 95805 | SLEEP STUDY, MULTIPLE TRIALS | $480.09 |
| 95807 | SLEEP STUDY INCLUDING HEART RATE AND BREATHING ATTENDED BY TECHNICIAN | $452.39 |
| 95808 | SLEEP STUDY IN SLEEP LAB | $534.71 |
| 95810 | SLEEP STUDY IN SLEEP LAB (6 YEARS OR OLDER) | $682.48 |
| 95811 | SLEEP STUDY IN SLEEP LAB WITH CONTINUOUS AIRWAY PRESSURE (6 YEARS OR OLDER) | $714.70 |
| 95812 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 41-60 MINUTES | $380.54 |
| 95813 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 61-119 MINUTES | $484.18 |
| 95816 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND DROWSY | $425.14 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 95819 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), AWAKE AND ASLEEP | $495.94 |
| 95822 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), IN COMA OR ASLEEP | $458.22 |
| 95824 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) TO EVALUATE BRAIN DEATH | $281.25 |
| 95828 | POLYSOMNOGRAPHY (RECORDING, ANALYSIS AND INTERPRETATION OF THE MULTIPLE SIMULTAN | $0.00 |
| 95829 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) DURING SURGERY | $1,900.33 |
| 95830 | INSERTION OF ELECTRODES FOR MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) | $90.05 |
| 95836 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH IMPLANTED BRAIN NEUROSTIMULATOR GE | $104.49 |
| 95851 | MEASUREMENT OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION | $7.59 |
| 95852 | MEASUREMENT OF RANGE OF MOTION OF HAND | $5.60 |
| 95857 | CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS | $27.90 |
| 95860 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY | $117.44 |
| 95861 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES | $162.95 |
| 95863 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES | $222.87 |
| 95864 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES | $235.48 |
| 95865 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN VOICE BOX MUSCLES | $153.34 |
| 95866 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN HALF OF DIAPHRAGM MUSCLES | $137.60 |
| 95867 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY | $110.83 |
| 95868 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON BOTH SIDES OF BODY | $132.73 |
| 95869 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES | $98.74 |
| 95870 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LI | $86.84 |
| 95872 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE, INCLUDING JITTER, BLOCKING | $186.56 |
| 95873 | ELECTRICAL STIMULATION FOR GUIDANCE WITH INJECTION OF CHEMICAL FOR PARALYSIS OF | $73.85 |
| 95874 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLE WITH INJECTION OF CHEMICAL F | $79.79 |
| 95875 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY OF MUSCLES WITH LOW BLOOD FLOW WITH SP | $127.55 |
| 95885 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, LIMITED STUDY | $64.65 |
| 95886 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, COMPLETE STUDY | $99.35 |
| 95887 | NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN TRUNK OR HEAD MUSCLES | $86.69 |
| 95905 | NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REP | $35.80 |
| 95907 | NERVE CONDUCTION, 1-2 STUDIES | $92.72 |
| 95908 | NERVE CONDUCTION, 3-4 STUDIES | $115.67 |
| 95909 | NERVE CONDUCTION, 5-6 STUDIES | $139.18 |
| 95910 | NERVE CONDUCTION, 7-8 STUDIES | $181.73 |
| 95911 | NERVE CONDUCTION, 9-10 STUDIES | $217.40 |
| 95912 | NERVE CONDUCTION, 11-12 STUDIES | $252.51 |
| 95913 | NERVE CONDUCTION, 13 OR MORE STUDIES | $295.52 |
| 95919 | MEASUREMENT OF PUPIL WITH HEALTHCARE PROFESSIONAL INTERPRETATION AND REPORT | $16.59 |
| 95921 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION AND HEART RATE RESPONSE TO DEEP BRE | $91.16 |
| 95922 | TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, HEART RATE RESPONSE | $93.09 |
| 95923 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE | $125.91 |
| 95924 | TESTING OF AUTONOMIC (SYMPATHETIC AND PARASYMPATHETIC) NERVOUS SYSTEM FUNCTION, | $153.66 |
| 95925 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN ARMS | $167.22 |
| 95926 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN LEGS | $152.92 |
| 95927 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES IN TRUNK OR HEA | $192.87 |
| 95928 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN ARM | $254.39 |
| 95929 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN LEG | $254.95 |
| 95930 | MEASUREMENT OF NERVE CONDUCTION USING VISUAL STIMULATION TESTING WITH REPORT | $71.52 |
| 95933 | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING | $85.59 |
| 95937 | TESTING OF NERVE-MUSCLE JUNCTION | $109.09 |
| 95938 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF STIMULATED SITES ON ARMS AND LEG | $409.48 |
| 95939 | PLACEMENT OF SKIN ELECTRODES AND MEASUREMENT OF CENTRAL MOTOR STIMULATION IN ARM | $601.03 |
| 95940 | CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES | $32.03 |
| 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 | $412.36 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 95955 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) OUTSIDE THE BRAIN DURING SURGERY | $196.36 |
| 95957 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), DIGITAL ANALYSIS | $312.08 |
| 95958 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) IN SPECIFIC AREA OF BRAIN | $765.51 |
| 95961 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE SEI | $345.13 |
| 95962 | MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) WITH ELECTRODES ON BRAIN TO PROVOKE SEI | $292.70 |
| 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 | $18.18 |
| 95971 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH SIMPLE SPINAL CO | $37.84 |
| 95972 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX SPINAL C | $38.67 |
| 95976 | ELECTRONIC ANALYSIS OF NEUROSTIMULATOR GENERATOR WITH SIMPLE CRANIAL NERVE STIMU | $36.79 |
| 95977 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR GENERATOR WITH COMPLEX CRANIAL | $49.18 |
| 95980 | ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR DURING SURGER | $42.52 |
| 95981 | ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR | $17.30 |
| 95982 | ELECTRONIC ANALYSIS OF IMPLANTED GASTRIC NEUROSTIMULATOR GENERATOR WITH PROGRAMM | $35.28 |
| 95983 | ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULAT | $47.98 |
| 95984 | ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULAT | $42.39 |
| 95990 | MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP | $96.24 |
| 95991 | MAINTENANCE OF SPINAL CANAL OR BRAIN DRUG INFUSION PUMP BY HEALTH CARE PROFESSIO | $38.25 |
| 95992 | REPOSITIONING EXERCISES OF HEAD FOR TREATMENT OF DIZZINESS, EACH DAY | $35.21 |
| 95999 | OTHER DIAGNOSTIC NEUROLOGICAL OR NEUROMUSCULAR PROCEDURE | $0.00 |
| 96020 | TEST OF NEUROLOGICAL FUNCTION DURING FUNCTIONAL MRI | $243.67 |
| 96041 | COUNSELING FOR GENETIC TESTING PROVIDED BY A GENETIC COUNSELOR, EACH 30 MINUTES | $56.85 |
| 96105 | TEST TO ASSESS THE LOSS OF THE ABILITY TO SPEAK, WRITE, AND UNDERSTAND LANGUAGE | $98.21 |
| 96112 | ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR | $119.16 |
| 96113 | ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES | $49.03 |
| 96116 | EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR | $77.42 |
| 96121 | EXAM OF NEUROBEHAVIORAL STATUS, EACH ADDITIONAL HOUR | $64.21 |
| 96125 | TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO E | $105.33 |
| 96127 | ASSESSMENT OF EMOTIONAL OR BEHAVIORAL PROBLEMS | $5.01 |
| 96130 | EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR | $107.09 |
| 96131 | EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR | $73.04 |
| 96132 | EVALUATION OF NEUROPSYCHOLOGICAL TEST, FIRST HOUR | $103.95 |
| 96133 | EVALUATION OF NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR | $73.42 |
| 96136 | ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES | $22.79 |
| 96137 | ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30 M | $17.29 |
| 96138 | ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST | $38.46 |
| 96139 | ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH A | $38.46 |
| 96146 | ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY SINGLE STANDARDIZE | $2.41 |
| 96156 | ASSESSMENT OF HEALTH BEHAVIOR | $87.38 |
| 96158 | TREATMENT OF BEHAVIOR IMPACTING HEALTH, INITIAL 30 MINUTES | $59.96 |
| 96159 | TREATMENT OF BEHAVIOR IMPACTING HEALTH, EACH ADDITIONAL 15 MINUTES | $20.57 |
| 96160 | ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH | $3.34 |
| 96161 | ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRE | $3.34 |
| 96164 | TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, INITIAL 30 MINUTES | $9.48 |
| 96165 | TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, EACH ADDITIONAL 30 MINU | $4.30 |
| 96167 | TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, INITIAL 30 MINUT | $63.52 |
| 96168 | TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, EACH ADDITIONAL | $22.74 |
| 96170 | TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, INITIAL 30 MINUTES | $71.90 |
| 96171 | TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY, EACH ADDITIONAL 30 MINUTES | $25.82 |
| 96199 | IMMUNOSUPPRESSION THERAPY | $0.00 |
| 96202 | MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT/MODIFICATION TRAINING, FACE-TO-FACE, I | $21.52 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 96203 | MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT/MODIFICATION TRAINING, FACE-TO-FACE, E | $6.11 |
| 96360 | INFUSION INTO A VEIN FOR HYDRATION, 31-60 MINUTES | $20.13 |
| 96361 | INFUSION INTO A VEIN FOR HYDRATION, EACH ADDITIONAL HOUR | $7.65 |
| 96365 | INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, 1 HOUR OR LESS | $38.85 |
| 96366 | INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, EACH ADDITIONAL HOUR | $12.75 |
| 96367 | INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, ADDITIONAL SEQUENTIA | $17.62 |
| 96368 | INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS CONCURRENT WITH ANOTH | $12.11 |
| 96369 | INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, 1 HOUR OR LESS | $91.59 |
| 96370 | INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, EACH ADDITIONAL HOUR | $10.29 |
| 96371 | ESTABLISHMENT OF NEW INFUSION SITE INTO TISSUE WITH PUMP SET UP | $38.24 |
| 96372 | INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE | $8.98 |
| 96373 | INJECTION OF DRUG OR SUBSTANCE INTO ARTERY | $12.11 |
| 96374 | INJECTION OF DRUG OR SUBSTANCE INTO VEIN | $22.67 |
| 96375 | INJECTION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN | $9.41 |
| 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 | $11.44 |
| 96379 | INJECTION OR INFUSION INTO A VEIN OR ARTERY FOR THERAPY, PREVENTION, OR DIAGNOSI | $0.00 |
| 96380 | ADMINISTRATION OF SEASONAL DOSE BY INTRAMUSCULAR INJECTION, WITH COUNSELING BY P | $14.58 |
| 96381 | ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOS | $12.55 |
| 96401 | ADMINISTRATION OF NON-HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO M | $44.65 |
| 96402 | ADMINISTRATION OF HORMONAL ANTI-NEOPLASTIC CHEMOTHERAPY UNDER SKIN OR INTO MUSCL | $23.31 |
| 96405 | ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, 1-7 | $17.33 |
| 96406 | ADMINISTRATION OF CHEMOTHERAPY INTO GROWTH, MORE THAN 7 | $26.67 |
| 96409 | ADMINISTRATION OF CHEMOTHERAPY INTO VEIN USING PUSH TECHNIQUE | $62.51 |
| 96411 | ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN USING PUSH TECHNIQU | $34.09 |
| 96413 | ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, 1 HOUR OR LESS | $80.79 |
| 96415 | ADMINISTRATION OF CHEMOTHERAPY INTO VEIN, EACH ADDITIONAL HOUR | $16.95 |
| 96416 | ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO VEIN | $79.77 |
| 96417 | ADMINISTRATION OF ADDITIONAL NEW DRUG OR SUBSTANCE INTO VEIN, 1 HOUR OR LESS | $39.64 |
| 96420 | ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY USING PUSH TECHNIQUE | $64.05 |
| 96422 | ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, 1 HOUR OR LESS | $98.05 |
| 96423 | ADMINISTRATION OF CHEMOTHERAPY INTO ARTERY, EACH ADDITIONAL HOUR | $45.21 |
| 96425 | ADMINISTRATION OF PROLONGED CHEMOTHERAPY INTO ARTERY | $105.41 |
| 96440 | ADMINISTRATION OF CHEMOTHERAPY INTO CHEST CAVITY | $82.47 |
| 96446 | ADMINISTRATION OF CHEMOTHERAPY INTO ABDOMINAL CAVITY | $11.17 |
| 96450 | ADMINISTRATION OF CHEMOTHERAPY INTO FLUID-FILLED SPACE BETWEEN THE TISSUE THAT C | $44.93 |
| 96500 | CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT, | $0.00 |
| 96501 | CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT, | $0.00 |
| 96504 | CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS, | $0.00 |
| 96505 | CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS, | $0.00 |
| 96508 | CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR | $0.00 |
| 96509 | CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR | $0.00 |
| 96510 | CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR | $0.00 |
| 96511 | CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR | $0.00 |
| 96512 | CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR | $0.00 |
| 96521 | REFILLING AND MAINTENANCE OF PORTABLE PUMP | $77.43 |
| 96522 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY | $73.41 |
| 96523 | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS | $15.83 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 96542 | INJECTION OF CHEMOTHERAPY VIA RESERVOIR UNDER SKIN | $24.69 |
| 96547 | INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, FIRST 60 MINUTES | $206.41 |
| 96548 | INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, EACH ADDITIONAL 30 MINUTES | $94.74 |
| 96549 | OTHER CHEMOTHERAPY PROCEDURE | $41.60 |
| 96567 | APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH | $146.62 |
| 96570 | APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE, INITIA | $51.49 |
| 96571 | APPLICATION OF LIGHT TO DESTROY PRECANCER SKIN GROWTH USING AN ENDOSCOPE, EACH A | $24.09 |
| 96573 | APPLICATION OF LIGHT BY QUALIFIED HEALTH CARE PROFESSIONAL TO DESTROY PRECANCER | $241.86 |
| 96574 | APPLICATION OF LIGHT WITH DEBRIDEMENT TO DESTROY PRECANCER SKIN GROWTH | $295.05 |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT) | $27.68 |
| 96904 | PHOTOGRAPH OF ENTIRE BODY | $73.77 |
| 96910 | THERAPY PROCEDURE USING ULTRAVIOLET RADIATION WITH TAR OR PETROLEUM JELLY APPLIC | $130.07 |
| 96912 | THERAPY PROCEDURE USING ULTRAVIOLET RADIATION | $110.37 |
| 96913 | THERAPY PROCEDURE USING ULTRAVIOLET RADIATION, 4-8 HOURS | $167.42 |
| 96920 | TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, LESS THAN 250.0 SQ CM | $51.73 |
| 96921 | TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, 250.0-500.0 SQ CM | $59.20 |
| 96922 | TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, MORE THAN 500.0 SQ CM | $97.02 |
| 96931 | IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, FIRST GR | $181.21 |
| 96932 | IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST GROWTH | $137.70 |
| 96933 | INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, FIRST GROW | $43.52 |
| 96934 | IMAGING OF SKIN GROWTH USING MICROSCOPE WITH INTERPRETATION AND REPORT, EACH ADD | $126.96 |
| 96935 | IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH ADDITIONAL GROWTH | $84.74 |
| 96936 | INTERPRETATION AND REPORT OF IMAGING OF SKIN GROWTH USING MICROSCOPE, EACH ADDIT | $42.22 |
| 96999 | OTHER SPECIAL SERVICE OR PROCEDURE ON SKIN | $0.00 |
| 97000 | OFFICE VST W/ ONE MODALITY TO ONE AREA | $0.00 |
| 97007 | MECHANICAL SCALP COOLING, WITH INDIVIDUAL CAP SUPPLY WITH HEAD MEASUREMENT, FITT | $1,928.66 |
| 97008 | MECHANICAL SCALP COOLING, WITH HAIR PREPARATION, INDIVIDUAL CAP PLACEMENT, THERA | $11.21 |
| 97009 | MECHANICAL SCALP COOLING PROVIDED AFTER DISCONTINUATION OF CHEMOTHERAPY, EACH 30 | $7.22 |
| 97010 | APPLICATION OF HOT OR COLD PACKS | $6.95 |
| 97012 | APPLICATION OF MECHANICAL TRACTION | $14.96 |
| 97014 | APPLICATION OF ELECTRICAL STIMULATION | $13.07 |
| 97016 | APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE | $12.32 |
| 97018 | APPLICATION OF HOT WAX BATH | $6.58 |
| 97022 | APPLICATION OF WHIRLPOOL THERAPY | $16.83 |
| 97024 | APPLICATION OF HEAT WAVE THERAPY | $7.70 |
| 97026 | APPLICATION OF LOW ENERGY HEAT | $7.33 |
| 97028 | APPLICATION OF ULTRAVIOLET LIGHT | $8.72 |
| 97032 | APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES | $14.96 |
| 97033 | APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES | $20.11 |
| 97034 | APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES | $14.41 |
| 97035 | APPLICATION OF ULTRASOUND, EACH 15 MINUTES | $14.78 |
| 97036 | APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES | $37.86 |
| 97039 | OTHER PHYSICAL MEDICINE SERVICE OR PROCEDURE | $10.37 |
| 97110 | THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION | $30.72 |
| 97112 | THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUT | $34.19 |
| 97113 | THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES | $39.49 |
| 97116 | THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES | $30.72 |
| 97124 | THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES | $32.32 |
| 97129 | THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES | $21.93 |
| 97130 | THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES | $21.28 |
| 97139 | OTHER THERAPEUTIC PROCEDURE | $12.02 |
| 97140 | THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES | $28.96 |
| 97150 | THERAPY PROCEDURE IN A GROUP SETTING | $18.48 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 97151 | BEHAVIOR IDENTIFICATION ASSESSMENT BY PROFESSIONAL, EACH 15 MINUTES | $32.13 |
| 97152 | BEHAVIOR IDENTIFICATION ASSESSMENT BY TECHNICIAN, EACH 15 MINUTES | $20.24 |
| 97153 | ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN USING AN ESTABLISHED PLAN, EACH 15 MIN | $17.66 |
| 97154 | ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN WITH MULTIPLE PATIENTS USING AN ESTABL | $12.58 |
| 97155 | ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL USING AN ESTABLISHED PLAN, EACH 15 M | $35.94 |
| 97156 | ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLA | $8.61 |
| 97157 | ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS U | $24.86 |
| 97158 | ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH GROUP USING AN ESTABLISHED PLAN | $24.86 |
| 97161 | EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES | $104.43 |
| 97162 | EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES | $104.43 |
| 97163 | EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES | $104.43 |
| 97164 | RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES | $72.67 |
| 97165 | EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES | $107.40 |
| 97166 | EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES | $107.40 |
| 97167 | EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR | $107.40 |
| 97168 | RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES | $74.71 |
| 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 | $37.46 |
| 97533 | THERAPY PROCEDURE USING SENSORY EXPERIENCES | $67.00 |
| 97535 | TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES | $34.44 |
| 97542 | EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES | $32.80 |
| 97545 | EVALUATION FOR WORK HARDENING OR CONDITIONING, INITIAL 2 HOURS | $0.00 |
| 97546 | EVALUATION FOR WORK HARDENING OR CONDITIONING, EACH ADDITIONAL HOUR | $0.00 |
| 97550 | CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNC | $45.90 |
| 97551 | CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNC | $24.71 |
| 97552 | GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT' | $10.59 |
| 97597 | REMOVAL OF TISSUE FROM WOUND, 20.0 SQ CM OR LESS | $34.36 |
| 97598 | REMOVAL OF TISSUE FROM WOUND, EACH ADDITIONAL 20.0 SQ CM | $23.40 |
| 97602 | REMOVAL OF TISSUE FROM WOUND GRADUALLY | $20.46 |
| 97605 | THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA 50.0 SQ | $24.29 |
| 97606 | THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA MORE THA | $26.28 |
| 97607 | THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL EQ | $20.49 |
| 97608 | THERAPY PROCEDURE USING A SPECIAL BANDAGE, VACUUM PUMP AND DISPOSABLE MEDICAL EQ | $23.39 |
| 97610 | THERAPY PROCEDURE USING ULTRASOUND | $17.58 |
| 97750 | TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES | $35.92 |
| 97755 | EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES | $39.74 |
| 97760 | TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG AND/OR TRUNK, EACH 15 MINU | $50.18 |
| 97761 | TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES | $43.86 |
| 97763 | FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG AND/OR | $55.10 |
| 97799 | OTHER PHYSICAL MEDICINE OR REHABILITATION SERVICE OR PROCEDURE | $0.00 |
| 98016 | ESTABLISHED PATIENT BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE WITH 5-10 MINUT | $14.90 |
| 98900 | MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O | $0.00 |
| 98902 | MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O | $0.00 |
| 98910 | MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION | $0.00 |
| 98912 | MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION | $0.00 |
| 98920 | TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME | $0.00 |
| 98921 | TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME | $0.00 |
| 98922 | TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME | $0.00 |
| 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT, 1-2 BODY REGIONS | $22.49 |
| 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT, 3-4 BODY REGIONS | $34.10 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT, 5-6 BODY REGIONS | $45.34 |
| 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT, 7-8 BODY REGIONS | $57.32 |
| 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT, 9-10 BODY REGIONS | $68.19 |
| 98960 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES | $34.56 |
| 98966 | TELEPHONE DISCUSSION PROVIDED TO AN ESTABLISHED PATIENT BY NONPHYSICIAN PROFESSI | $11.61 |
| 98967 | TELEPHONE DISCUSSION PROVIDED TO AN ESTABLISHED PATIENT BY NONPHYSICIAN PROFESSI | $22.48 |
| 98968 | TELEPHONE DISCUSSION PROVIDED TO AN ESTABLISHED PATIENT BY NONPHYSICIAN PROFESSI | $31.31 |
| 98975 | SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE THERAPEUTIC MONITORI | $22.29 |
| 98976 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RES | $49.24 |
| 98977 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUS | $49.24 |
| 98978 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COG | $52.59 |
| 98979 | REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHE | $11.31 |
| 98980 | REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHE | $30.07 |
| 98981 | REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHE | $29.38 |
| 98984 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RES | $53.74 |
| 98985 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUS | $45.39 |
| 98986 | DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COG | $0.00 |
| 99014 | TELEPHONE CALLS FOR CONSULTATION OR MEDICAL MANAGEMENT | $0.00 |
| 99015 | TELEPHONE CALLS FOR CONSULTATION OR MEDICAL MANAGEMENT | $0.00 |
| 99062 | EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS IN TH | $0.00 |
| 99064 | EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE | $0.00 |
| 99065 | EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE | $0.00 |
| 99070 | PROVISION OF SUPPLY AND MATERIAL BY PHYSICIAN | $0.00 |
| 99080 | PREPARATION OF SPECIAL REPORTS BEYOND WHAT IS FOUND IN THE MEDICAL RECORD | $125.00 |
| 99082 | UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT) | $22.00 |
| 99151 | USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR | $23.41 |
| 99152 | USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR | $11.60 |
| 99153 | USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN PERFORMING A PR | $13.00 |
| 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 | $78.28 |
| 99156 | USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING | $70.77 |
| 99157 | USE OF A DRUG TO INDUCE DEPRESSION OF CONSCIOUSNESS BY PHYSICIAN NOT PERFORMING | $55.06 |
| 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 | $82.38 |
| 99171 | CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; BRIEF EXAMINATION, EVALUATION AND/OR | $0.00 |
| 99175 | IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED | $33.26 |
| 99180 | HYPERBARIC OXYGEN THERAPY; INITIAL | $0.00 |
| 99182 | HYPERBARIC OXYGEN THERAPY; SUBSEQUENT | $0.00 |
| 99183 | MANAGEMENT OF OXYGEN CHAMBER THERAPY | $102.14 |
| 99184 | TREATMENT BY LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE | $208.43 |
| 99188 | APPLICATION OF TOPICAL FLUORIDE | $9.62 |
| 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 | $99.22 |
| 99199 | OTHER SPECIAL SERVICE, PROCEDURE, OR REPORT | $0.00 |
| 99202 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISI | $46.22 |
| 99203 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION | $80.30 |
| 99204 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECI | $131.20 |
| 99205 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISI | $178.48 |
| 99211 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHE | $8.61 |
| 99212 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICA | $34.70 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 99213 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OD DECISION | $65.05 |
| 99214 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECI | $95.68 |
| 99215 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL | $141.95 |
| 99221 | INITIAL HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKI | $80.34 |
| 99222 | INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE WITH MODERATE LEVEL OF MEDICAL DE | $127.49 |
| 99223 | INITIAL HOSPITAL CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING T | $169.95 |
| 99231 | SUBSEQUENT HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION M | $47.92 |
| 99232 | SUBSEQUENT HOSPITAL INPATIENT OR OBSERVATION CARE WITH HIGH LEVEL OF MEDICAL DEC | $77.58 |
| 99233 | SUBSEQUENT HOSPITAL CARE WITH MODERATE LEVELOF MEDICAL DECISION MAKING, IF USING | $116.02 |
| 99234 | INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH STRAIGHTFORWARD | $95.10 |
| 99235 | INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH MODERATE LEVEL | $155.24 |
| 99236 | INITIAL HOSPITAL CARE WITH SAME-DAY ADMISSION AND DISCHARGE WITH HIGH LEVEL OF M | $202.31 |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS | $80.43 |
| 99239 | HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES | $113.70 |
| 99281 | EMERGENCY DEPARTMENT VISIT FOR PROBLEM THAT MAY NOT REQUIRE HEALTH CARE PROFESSI | $10.86 |
| 99282 | EMERGENCY DEPARTMENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING | $40.07 |
| 99283 | EMERGENCY DEPARTMENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING | $67.67 |
| 99284 | EMERGENCY DEPARTMENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING | $115.08 |
| 99285 | EMERGENCY DEPARTMENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING | $166.55 |
| 99291 | CRITICAL CARE, FIRST 30-74 MINUTES | $206.32 |
| 99292 | CRITICAL CARE, EACH ADDITIONAL 30 MINUTES | $103.35 |
| 99304 | INITIAL NURSING FACILITY CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECIS | $79.69 |
| 99305 | INITIAL NURSING FACILITY CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PE | $132.46 |
| 99306 | INITIAL NURSING FACILITY CARE WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DA | $180.39 |
| 99307 | SUBSEQUENT NURSING FACILITY CARE WITH STRAIGHTFORWARD LEVEL OF MEDICAL DECISION | $40.09 |
| 99308 | SUBSEQUENT NURSING FACILITY CARE WITH STRAIGHTFORWARD LEVEL OF MEDICAL DECISION | $74.72 |
| 99309 | SUBSEQUENT NURSING FACILITY CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, | $107.95 |
| 99310 | SUBSEQUENT NURSING FACILITY CARE WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER | $153.29 |
| 99315 | NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS | $81.18 |
| 99316 | NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES | $129.48 |
| 99341 | RESIDENCE VISIT FOR NEW PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PE | $49.05 |
| 99342 | RESIDENCE VISIT FOR NEW PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER D | $77.68 |
| 99344 | RESIDENCE VISIT FOR NEW PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, | $140.34 |
| 99345 | RESIDENCE VISIT FOR NEW PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER | $199.17 |
| 99347 | RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MA | $45.08 |
| 99348 | RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKIN | $76.36 |
| 99349 | RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION | $126.06 |
| 99350 | RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKI | $182.69 |
| 99358 | EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, FIRST HOUR | $86.79 |
| 99359 | EXTENDED PATIENT SERVICE WITHOUT DIRECT PATIENT CONTACT, EACH ADDITIONAL 30 MINU | $35.76 |
| 99381 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (YOUNGER THAN 1 YEAR) | $71.90 |
| 99382 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS) | $76.98 |
| 99383 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS) | $81.70 |
| 99384 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS) | $96.41 |
| 99385 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS) | $92.34 |
| 99386 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS) | $111.91 |
| 99387 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (65 YEARS OR OLDER) | $120.19 |
| 99391 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (YOUNGER THAN 1 YEA | $65.65 |
| 99392 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (1-4 YEARS) | $71.90 |
| 99393 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (5-11 YEARS) | $71.90 |
| 99394 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (12-17 YEARS) | $81.70 |
| 99395 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS) | $84.43 |
| 99396 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS) | $91.69 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 99397 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (65 YEAR OLD OR OLD | $96.41 |
| 99406 | SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES | $11.47 |
| 99407 | SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES | $24.33 |
| 99415 | EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, FIRST HOUR | $22.85 |
| 99416 | EXTENDED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH ADDITIONAL 3 | $10.59 |
| 99421 | ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR | $12.54 |
| 99422 | ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR | $25.08 |
| 99423 | ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR | $39.24 |
| 99424 | PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, FIRST 30 MINU | $73.61 |
| 99425 | PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, EACH ADDITION | $50.53 |
| 99426 | PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, FIRST 30 MINU | $48.67 |
| 99427 | PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, EACH ADDITION | $35.21 |
| 99437 | CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, ADDITIONAL | $49.05 |
| 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 | $33.77 |
| 99445 | REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAIL | $53.74 |
| 99451 | TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH | $33.77 |
| 99452 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S | $34.52 |
| 99453 | REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE | $22.29 |
| 99454 | REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAIL | $49.24 |
| 99456 | WORK-RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSIC | $0.00 |
| 99457 | MANAGEMENT USING THE RESULTS OF REMOTE PHYSIOLOGIC MONITORING DURING THE CALENDA | $29.38 |
| 99458 | MANAGEMENT USING THE RESULTS OF REMOTE PHYSIOLOGIC MONITORING DURING THE CALENDA | $29.38 |
| 99459 | PELVIC EXAM | $23.79 |
| 99460 | INITIAL EVALUATION AND MANAGEMENT OF NEWBORN PER DAY | $90.11 |
| 99461 | INITIAL EVALUATION AND MANAGEMENT OF NEWBORN NOT IN HOSPITAL OR BIRTHING CENTER | $59.30 |
| 99462 | FOLLOW-UP HOSPITAL CARE OF NEWBORN PER DAY | $39.23 |
| 99463 | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT | $105.99 |
| 99464 | ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUAL | $70.40 |
| 99465 | DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION | $137.80 |
| 99466 | CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, FIRST 30-74 MINUTES (2 YEARS | $224.85 |
| 99467 | CRITICAL CARE DURING TRANSPORT BETWEEN FACILITIES, EACH ADDITIONAL 30 MINUTES (2 | $112.87 |
| 99468 | INITIAL INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER) | $867.14 |
| 99469 | FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGE | $375.29 |
| 99470 | MANAGEMENT USING THE RESULTS OF REMOTE PHYSIOLOGIC MONITORING DURING THE CALENDA | $0.00 |
| 99471 | INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29 DA | $750.56 |
| 99472 | FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (29 | $387.07 |
| 99473 | EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE | $15.79 |
| 99474 | SELF MEASURED BLOOD PRESSURE MEASUREMENTS | $8.61 |
| 99475 | INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (2-5 Y | $545.06 |
| 99476 | FOLLOW-UP INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD PER DAY (2-5 | $330.33 |
| 99477 | INITIAL INTENSIVE CARE OF NEWBORN PER DAY (28 DAYS OR YOUNGER) | $328.98 |
| 99478 | FOLLOW-UP INTENSIVE CARE OF RECOVERING VERY LOW BIRTH WEIGHT INFANT PER DAY | $129.01 |
| 99479 | FOLLOW-UP INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT PER DAY | $117.22 |
| 99480 | FOLLOW-UP INTENSIVE CARE OF RECOVERING MEDIUM BIRTH WEIGHT INFANT PER DAY | $112.87 |
| 99483 | ASSESSMENT OF AND CARE PLANNING FOR PATIENT WITH IMPAIRED THOUGHT PROCESSING, TY | $190.06 |
| 99490 | CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MINUTES OF CLINICAL STAFF TIME DIRECT | $49.05 |
| 99491 | CHRONIC CARE MANAGEMENT SERVICES FOR TWO OR MORE CHRONIC CONDITIONS, FIRST 30 MI | $74.12 |
| 99492 | INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST CALENDAR MONTH, FIRST 7 | $92.90 |
| 99493 | FOLLOW-UP PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, SUBSEQUENT CALENDAR MONTH, | $101.00 |
| 99494 | PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT PER CALENDAR MONTH, EACH ADDITIONAL 30 | $39.89 |
| 99497 | ADVANCE CARE PLANNING, FIRST 30 MINUTES | $74.12 |
| 99498 | ADVANCE CARE PLANNING, EACH ADDITIONAL 30 MINUTES | $70.14 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $107.00 |
| A0130 | NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN | $50.00 |
| 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 |
| 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 (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| A2002 | MIRRAGEN ADVANCED WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY I | $0.00 |
| A2003 | BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A2004 | XCELLISTEM, PER SQUARE CENTIMETER | $0.00 |
| A2005 | MICROLYTE MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| A2006 | NOVOSORB SYNPATH DERMAL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY I | $0.00 |
| A2007 | RESTRATA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| A2008 | THERAGENESIS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| A2009 | SYMPHONY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| A2010 | APIS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROC | $0.00 |
| A2011 | SUPRA SDRM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| A2012 | SUPRATHEL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| A2013 | INNOVAMATRIX FS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| A2014 | OMEZA COLLAGEN MATRIX, PER 100 MG | $0.00 |
| A2015 | PHOENIX WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| A2016 | PERMEADERM B, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| A2017 | PERMEADERM GLOVE, EACH | $0.00 |
| A2018 | PERMEADERM C, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| A2019 | KERECIS OMEGA3 MARIGEN SHIELD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| A2020 | AC5 ADVANCED WOUND SYSTEM (AC5) | $0.00 |
| A2021 | NEOMATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| A2022 | INNOVABURN OR INNOVAMATRIX XL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| A2023 | INNOVAMATRIX PD, 1 MG | $0.00 |
| A2024 | RESOLVE MATRIX OR XENOPATCH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN A | $0.00 |
| A2025 | MIRO3D, PER CUBIC CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PRO | $0.00 |
| A2026 | RESTRATA MINIMATRIX, 5 MG | $0.00 |
| A2027 | MATRIDERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| A2028 | MICROMATRIX FLEX, PER MG | $0.00 |
| A2029 | MIROTRACT WOUND MATRIX SHEET, PER CUBIC CENTIMETER (ADD-ON, LIST SEPARATELY IN A | $0.00 |
| A2030 | MIRO3D FIBERS, PER MILLIGRAM | $0.00 |
| A2031 | MIRODRY WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| A2032 | MYRIAD MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| A2033 | MYRIAD MORCELLS, 4 MILLIGRAMS | $0.00 |
| A2034 | FOUNDATION DRS SOLO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| A2035 | CORPLEX P OR THERACOR P OR ALLACOR P, PER MILLIGRAM | $0.00 |
| A2036 | COHEALYX COLLAGEN DERMAL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY | $0.00 |
| A2037 | G4DERM PLUS, PER MILLILITER | $0.00 |
| A2038 | MARIGEN PACTO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| A2039 | INNOVAMATRIX FD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| A2040 | MICROLYTE PAINGUARD, PER SQUARE CENTIMETER | $0.00 |
| A2041 | FOUNDATION DRS+ DUO, PER SQUARE CENTIMETER | $0.00 |
| A2042 | FOUNDATION DRS+ SOLO, PER SQUARE CENTIMETER | $0.00 |
| A2043 | BIOBRANE, PER SQUARE CENTIMETER | $0.00 |
| A2044 | BIOBRANE GLOVE, EACH | $0.00 |
| A2045 | NOVASHIELD OR NOVOGEN WOUND MATRIX, PER SQUARE CENTIMETER | $0.00 |
| A4100 | NON-SHEET FORM 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 | $0.95 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A4217 | STERILE WATER/SALINE, 500 ML | $3.78 |
| A4220 | REFILL KIT FOR IMPLANTABLE INFUSION PUMP | $0.00 |
| A4224 | SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK | $29.39 |
| A4225 | SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EA | $3.51 |
| 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 | $0.00 |
| A4234 | REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO | $0.00 |
| A4235 | REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS | $0.00 |
| A4236 | REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G | $0.00 |
| 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 | $267.92 |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT | $0.73 |
| A4245 | ALCOHOL WIPES, PER BOX | $0.01 |
| A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT | $6.17 |
| A4247 | BETADINE OR IODINE SWABS/WIPES, PER BOX | $5.82 |
| A4250 | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS) | $24.00 |
| A4253 | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 | $0.00 |
| A4255 | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX | $6.34 |
| A4256 | NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS | $3.38 |
| A4257 | REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH | $17.83 |
| A4258 | SPRING-POWERED DEVICE FOR LANCET, EACH | $2.12 |
| A4259 | LANCETS, PER BOX OF 100 | $1.42 |
| 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 | $4.76 |
| 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 |
| A4271 | INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MO | $33.43 |
| A4280 | ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH | $7.84 |
| 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 |
| A4287 | DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH | $0.00 |
| A4288 | VALVE FOR BREAST PUMP, REPLACEMENT | $0.00 |
| A4290 | SACRAL NERVE STIMULATION TEST LEAD, EACH | $0.00 |
| A4295 | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, HYDROPHILIC COATING, EACH | $1.69 |
| A4296 | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, HYDROPHILIC COATING, EACH | $15.27 |
| A4297 | INTERMITTENT URINARY CATHETER; HYDROPHILIC COATING, WITH INSERTION SUPPLIES | $10.75 |
| 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) | $14.13 |
| A4311 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, | $27.45 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A4312 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, | $35.00 |
| A4313 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, | $39.70 |
| A4314 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY | $40.95 |
| A4315 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, | $47.42 |
| A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, | $47.42 |
| A4318 | FEMALE EXTERNAL URINARY COLLECTION CUP, WITH OR WITHOUT RING ATTACHMENT, PER DAY | $0.00 |
| A4320 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE | $6.66 |
| A4322 | IRRIGATION SYRINGE, BULB OR PISTON, EACH | $5.47 |
| A4326 | MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH | $14.12 |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH | $77.36 |
| A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH | $16.25 |
| A4330 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH | $10.38 |
| A4331 | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR | $4.85 |
| A4332 | LUBRICANT, INDIVIDUAL STERILE PACKET, EACH | $0.16 |
| A4333 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH | $4.31 |
| A4334 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH | $3.95 |
| A4336 | INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH | $2.01 |
| A4337 | INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH | $0.00 |
| A4338 | INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, | $18.51 |
| A4340 | INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH | $42.34 |
| A4341 | INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEME | $340.93 |
| A4342 | ACCESSORIES FOR PATIENT INSERTED INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH V | $860.84 |
| A4343 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX WITH TEFLON COATING | $0.00 |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH | $26.91 |
| A4345 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, SILICONE WITH ELASTOMER COATING | $0.00 |
| A4346 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH | $28.66 |
| A4349 | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH | $3.15 |
| A4350 | CATHETER CARE KIT | $0.00 |
| A4351 | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SI | $1.66 |
| A4352 | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFL | $14.97 |
| A4353 | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES | $10.54 |
| A4354 | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER | $26.77 |
| A4355 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY | $13.42 |
| A4356 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP | $77.95 |
| A4357 | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR | $15.09 |
| A4358 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, | $9.84 |
| A4360 | DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, | $0.92 |
| A4361 | OSTOMY FACEPLATE, EACH | $40.34 |
| A4362 | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH | $5.10 |
| A4363 | OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH | $2.79 |
| A4364 | ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ | $3.28 |
| A4366 | OSTOMY VENT, ANY TYPE, EACH | $1.80 |
| A4367 | OSTOMY BELT, EACH | $10.51 |
| A4368 | OSTOMY FILTER, ANY TYPE, EACH | $0.37 |
| A4369 | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ | $2.51 |
| A4371 | OSTOMY SKIN BARRIER, POWDER, PER OZ | $5.02 |
| A4372 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV | $6.34 |
| A4373 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN | $9.45 |
| A4375 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH | $25.90 |
| A4376 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH | $71.80 |
| A4377 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH | $6.50 |
| A4378 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH | $46.38 |
| A4379 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH | $22.69 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A4380 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH | $56.31 |
| A4381 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH | $6.95 |
| A4382 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH | $37.17 |
| A4383 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH | $42.57 |
| A4384 | OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH | $14.54 |
| A4385 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN | $7.67 |
| A4387 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), | $3.14 |
| A4388 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH | $6.59 |
| A4389 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 | $9.36 |
| A4390 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN | $14.53 |
| A4391 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH | $10.70 |
| A4392 | OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN | $11.42 |
| A4393 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN | $12.63 |
| A4394 | OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID | $3.86 |
| A4395 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET | $0.05 |
| A4396 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | $56.56 |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG, EACH | $20.86 |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH | $14.42 |
| A4400 | OSTOMY IRRIGATION SET | $89.19 |
| A4402 | LUBRICANT, PER OUNCE | $5.59 |
| A4404 | OSTOMY RING, EACH | $2.55 |
| A4405 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE | $4.77 |
| A4406 | OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE | $8.00 |
| A4407 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED | $12.24 |
| A4408 | OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, | $13.79 |
| A4409 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, | $8.67 |
| A4410 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, | $12.63 |
| A4411 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE | $7.12 |
| A4412 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE | $3.78 |
| A4413 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE | $7.70 |
| A4414 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT | $6.87 |
| A4415 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT | $8.38 |
| A4416 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | $3.85 |
| A4417 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH | $5.21 |
| A4418 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | $2.53 |
| A4419 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER | $2.41 |
| 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 | $0.15 |
| A4423 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 | $2.59 |
| A4424 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | $6.65 |
| A4425 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH | $5.00 |
| A4426 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE | $3.81 |
| A4427 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 | $3.90 |
| A4428 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE | $9.11 |
| A4429 | OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH | $11.53 |
| A4430 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN | $11.90 |
| A4431 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE | $8.67 |
| A4432 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH | $5.01 |
| A4433 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH | $4.69 |
| A4434 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE | $5.25 |
| A4435 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYST | $8.56 |
| A4436 | IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH | $10.26 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A4437 | IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH | $10.26 |
| A4438 | ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR | $1.66 |
| A4440 | NOT OTHERWISE CLASSIFIED URETEROSTOMY SUPPLIES | $0.00 |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES | $0.00 |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES | $0.00 |
| A4453 | RECTAL CATHETER FOR USE WITH THE MANUAL PUMP-OPERATED ENEMA SYSTEM, REPLACEMENT | $13.76 |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE | $2.37 |
| A4457 | ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH | $0.00 |
| A4458 | ENEMA BAG WITH TUBING, REUSABLE | $1.86 |
| A4461 | SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH | $4.98 |
| A4463 | SURGICAL DRESSING HOLDER, REUSABLE, EACH | $18.60 |
| A4465 | NON-ELASTIC BINDER FOR EXTREMITY | $8.10 |
| A4467 | BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE | $0.00 |
| A4468 | EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES | $0.00 |
| A4470 | GRAVLEE JET WASHER | $0.00 |
| A4479 | ELECTRONIC TRANSANAL IRRIGATION SYSTEM, INCLUDES ELECTRONIC PUMP, WATER RESERVOI | $0.00 |
| A4480 | VABRA ASPIRATOR | $0.00 |
| A4481 | TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH | $0.75 |
| 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 |
| A4540 | DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES | $0.00 |
| A4541 | MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733 | $39.61 |
| A4542 | SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPH | $516.52 |
| A4543 | SUPPLIES FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, FOR NERVES IN THE AURIC | $0.00 |
| A4544 | ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDRO | $6.22 |
| A4545 | SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G., SOCKS, GEL | $54.43 |
| A4550 | SURGICAL TRAYS | $5.20 |
| A4556 | ELECTRODES, (E.G., APNEA MONITOR), PER PAIR | $15.07 |
| A4557 | LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR | $18.24 |
| A4558 | CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER | $9.89 |
| A4559 | COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ | $0.13 |
| 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 | $1,608.14 |
| A4564 | PESSARY, DISPOSABLE, ANY TYPE | $0.00 |
| A4565 | SLINGS | $10.76 |
| 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 |
| A4593 | NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME | $0.00 |
| A4594 | NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME, MOU | $0.00 |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) | $26.64 |
| 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 | $0.00 |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH | $0.00 |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT | $40.43 |
| A4608 | TRANSTRACHEAL OXYGEN CATHETER, EACH | $70.04 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $33.23 |
| A4615 | CANNULA, NASAL | $1.02 |
| A4616 | TUBING (OXYGEN), PER FOOT | $0.08 |
| A4617 | MOUTH PIECE | $4.33 |
| A4618 | BREATHING CIRCUITS | $0.00 |
| A4619 | FACE TENT | $0.00 |
| A4620 | VARIABLE CONCENTRATION MASK | $0.89 |
| A4623 | TRACHEOSTOMY, INNER CANNULA | $5.08 |
| A4624 | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH | $0.00 |
| A4625 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY | $9.25 |
| A4626 | TRACHEOSTOMY CLEANING BRUSH, EACH | $3.39 |
| A4627 | SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE | $20.80 |
| A4628 | OROPHARYNGEAL SUCTION CATHETER, EACH | $0.00 |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY | $6.46 |
| A4630 | REPLACEMENT BATTERIES,  MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATO | $0.00 |
| A4633 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH | $0.00 |
| A4634 | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL | $0.00 |
| A4635 | UNDERARM  PAD, CRUTCH, REPLACEMENT, EACH | $0.00 |
| A4636 | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH | $0.00 |
| 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 | $0.00 |
| A4640 | REPLACEMENT PAD  FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD | $0.00 |
| 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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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 | $2.88 |
| A5052 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | $2.08 |
| A5053 | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH | $3.01 |
| A5054 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH | $2.51 |
| A5055 | STOMA CAP | $2.05 |
| A5056 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PI | $6.53 |
| A5057 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONV | $14.53 |
| A5061 | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH | $4.94 |
| A5062 | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | $3.18 |
| A5063 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH | $3.78 |
| A5071 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH | $8.40 |
| A5072 | OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | $5.93 |
| A5073 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH | $4.97 |
| A5081 | STOMA PLUG OR SEAL, ANY TYPE | $5.42 |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | $14.83 |
| A5083 | CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA | $0.90 |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT | $2.90 |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH | $33.84 |
| A5105 | URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH | $89.34 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A5112 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, | $60.53 |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | $5.21 |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | $26.30 |
| A5120 | SKIN BARRIER, WIPES OR SWABS, EACH | $0.00 |
| A5121 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH | $12.74 |
| A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH | $21.26 |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | $1.61 |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | $24.90 |
| A5200 | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT | $15.78 |
| A5500 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY | $88.85 |
| A5501 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND | $266.47 |
| A5503 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF | $45.26 |
| A5504 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF | $45.26 |
| A5505 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF | $45.26 |
| A5506 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF | $45.26 |
| A5507 | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF | $45.26 |
| 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 | $36.24 |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT | $54.08 |
| A5514 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TEC | $54.08 |
| 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 | $43.27 |
| A6011 | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN | $3.19 |
| A6020 | COLLAGEN BASED WOUND DRESSING, EACH DRESSING | $0.94 |
| A6021 | COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH | $29.38 |
| A6022 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO | $29.38 |
| A6023 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH | $265.90 |
| A6024 | COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES | $8.64 |
| A6025 | GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, | $0.00 |
| A6154 | WOUND POUCH, EACH | $21.66 |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. | $11.08 |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH | $24.80 |
| 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 | $7.96 |
| A6203 | COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE | $5.49 |
| A6204 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA | $10.25 |
| 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 | $11.07 |
| 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 | $11.33 |
| A6210 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN | $30.03 |
| A6211 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE | $44.33 |
| A6212 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE | $14.60 |
| 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 | $15.54 |
| A6215 | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM | $0.00 |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT | $0.09 |
| 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 | $1.47 |
| A6220 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR | $3.86 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $3.21 |
| A6223 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P | $3.68 |
| A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P | $5.47 |
| 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 | $5.47 |
| 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. | $6.55 |
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATE | $9.59 |
| A6233 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE T | $26.79 |
| A6234 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOU | $9.86 |
| A6235 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L | $25.42 |
| A6236 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH | $41.08 |
| A6237 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH A | $11.94 |
| A6238 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L | $34.41 |
| 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 | $18.47 |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM | $3.83 |
| A6242 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT AD | $9.16 |
| A6243 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS | $18.59 |
| A6244 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT | $59.29 |
| A6245 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY S | $10.95 |
| A6246 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS | $14.98 |
| A6247 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY | $35.87 |
| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | $24.49 |
| 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 | $3.06 |
| A6252 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I | $5.67 |
| A6253 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I | $11.16 |
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS | $1.81 |
| A6255 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I | $4.55 |
| 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 | $2.29 |
| A6258 | TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. | $6.51 |
| A6259 | TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | $16.51 |
| 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 | $2.88 |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE | $0.16 |
| A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR | $0.66 |
| 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 | $2.61 |
| A6410 | EYE PAD, STERILE, EACH | $0.52 |
| 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 | $0.95 |
| A6442 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN | $0.23 |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN | $0.39 |
| A6444 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN | $0.78 |
| A6445 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE | $0.44 |
| A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR | $0.54 |
| A6447 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR | $0.95 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A6448 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE | $1.61 |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL | $2.45 |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL | $2.45 |
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 | $2.45 |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN | $8.24 |
| A6453 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE | $0.88 |
| A6454 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR | $1.10 |
| A6455 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR | $1.95 |
| A6456 | ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN | $1.75 |
| A6457 | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD | $1.59 |
| 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 |
| A6515 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM | $0.00 |
| A6516 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM | $0.00 |
| A6517 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM | $0.00 |
| A6518 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM | $0.00 |
| A6519 | GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH | $0.00 |
| A6520 | GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, EACH | $123.13 |
| A6521 | GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH | $488.56 |
| A6522 | GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, EACH | $299.18 |
| A6523 | GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH | $709.85 |
| A6524 | GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EAC | $373.26 |
| A6525 | GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUS | $753.55 |
| A6526 | GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH | $674.84 |
| A6527 | GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUST | $1,240.94 |
| A6528 | GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, EACH | $648.90 |
| A6529 | GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, CUSTOM, EACH | $1,025.36 |
| A6530 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH | $38.04 |
| A6531 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSI | $0.00 |
| A6532 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSI | $0.00 |
| A6533 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH | $53.42 |
| A6534 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH | $61.00 |
| A6535 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, EACH | $70.23 |
| A6536 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH | $72.01 |
| A6537 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH | $85.37 |
| A6538 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, EACH | $99.95 |
| A6545 | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MMHG, USED AS A SURGIC | $0.00 |
| A6548 | ACCESSORY TO CUSTOM GRADIENT COMPRESSION GARMENT, SILICONE BAND, ANY SIZE | $0.00 |
| A6549 | GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED | $28.08 |
| A6550 | WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES AL | $29.42 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A6552 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH | $56.45 |
| A6553 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, CUSTOM, EACH | $220.43 |
| A6554 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, EACH | $77.62 |
| A6555 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, CUSTOM, EACH | $220.43 |
| A6556 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, CUSTOM, EACH | $302.09 |
| A6557 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, CUSTOM, EACH | $302.09 |
| A6558 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH | $311.75 |
| A6559 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH | $0.00 |
| A6560 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, CUSTOM, EACH | $0.00 |
| A6561 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, CUSTO | $0.00 |
| A6562 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, CUSTOM, EACH | $988.68 |
| A6563 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, CUSTOM, EACH | $988.68 |
| A6564 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH | $1,065.02 |
| A6565 | GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH | $170.84 |
| A6566 | GRADIENT COMPRESSION GARMENT, NECK/HEAD, EACH | $248.05 |
| A6567 | GRADIENT COMPRESSION GARMENT, NECK/HEAD, CUSTOM, EACH | $779.38 |
| A6568 | GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, EACH | $161.89 |
| A6569 | GRADIENT COMPRESSION GARMENT, TORSO/SHOULDER, CUSTOM, EACH | $921.85 |
| A6570 | GRADIENT COMPRESSION GARMENT, GENITAL REGION, EACH | $110.30 |
| A6571 | GRADIENT COMPRESSION GARMENT, GENITAL REGION, CUSTOM, EACH | $662.94 |
| A6572 | GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH | $102.35 |
| A6573 | GRADIENT COMPRESSION GARMENT, TOE CAPS, CUSTOM, EACH | $242.87 |
| A6574 | GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, CUSTOM, EACH | $309.63 |
| A6575 | GRADIENT  COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, EACH | $100.34 |
| A6576 | GRADIENT  COMPRESSION ARM SLEEVE, CUSTOM, MEDIUM WEIGHT, EACH | $190.03 |
| A6577 | GRADIENT  COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH | $157.28 |
| A6578 | GRADIENT  COMPRESSION ARM SLEEVE, EACH | $77.46 |
| A6579 | GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH | $305.02 |
| A6580 | GRADIENT  COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH | $302.78 |
| A6581 | GRADIENT COMPRESSION GLOVE, EACH | $71.07 |
| A6582 | GRADIENT COMPRESSION GAUNTLET, EACH | $47.40 |
| A6583 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, 30-50 MMHG, EACH | $155.92 |
| A6584 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, NOT OTHERWISE SPECIFIED | $0.00 |
| A6585 | GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH | $184.62 |
| A6586 | GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH | $543.90 |
| A6587 | GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH | $71.25 |
| A6588 | GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, ARM, EACH | $237.46 |
| A6589 | GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, BRA, EACH | $93.74 |
| A6590 | EXTERNAL URINARY CATHETERS; DISPOSABLE, WITH WICKING MATERIAL, FOR USE WITH SUCT | $487.50 |
| A6591 | EXTERNAL URINARY CATHETER; NON-DISPOSABLE, FOR USE WITH SUCTION PUMP, PER MONTH | $88.86 |
| A6593 | ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS, NOT O | $0.00 |
| A6594 | GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, LOWER EXTREMITY, ANY SIZE | $34.13 |
| A6595 | GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, UPPER EXTREMITY, ANY SIZE | $33.57 |
| A6596 | GRADIENT COMPRESSION BANDAGING SUPPLY, CONFORMING GAUZE, PER LINEAR YARD, ANY WI | $0.18 |
| A6597 | GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC LONG STRETCH, LINEAR YARD, ANY WIDTH, | $1.51 |
| A6598 | GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC MEDIUM STRETCH, PER LINEAR YARD, ANY | $0.73 |
| A6599 | GRADIENT COMPRESSION BANDAGE ROLL, INELASTIC SHORT STRETCH, PER LINEAR YARD, ANY | $1.66 |
| A6600 | GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM SHEET, PER 250 SQUARE C | $2.99 |
| A6601 | GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM PAD, ANY SIZE OR SHAPE, | $3.36 |
| A6602 | GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM ROLL FOR BANDAGE, PER L | $4.90 |
| A6603 | GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY CHANNEL FOAM SHEET, PER 250 S | $2.30 |
| A6604 | GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY FLAT FOAM SHEET, PER 250 SQUA | $1.34 |
| A6605 | GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED FOAM, PER LINEAR YARD, ANY WIDTH, | $1.53 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A6606 | GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED TEXTILE, PER LINEAR YARD, ANY WIDT | $4.55 |
| A6607 | GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION LAYER, PER | $1.22 |
| A6608 | GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION PADDED LAYE | $5.07 |
| A6609 | GRADIENT COMPRESSION BANDAGING SUPPLY, NOT OTHERWISE SPECIFIED | $0.00 |
| A6610 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, CUSTOM, EACH | $220.43 |
| A6611 | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM | $0.00 |
| A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH | $0.00 |
| A7001 | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH | $0.00 |
| A7002 | TUBING, USED WITH SUCTION PUMP, EACH | $0.00 |
| A7003 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, | $0.00 |
| A7004 | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | $0.00 |
| A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, | $0.00 |
| A7006 | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER | $0.00 |
| A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR | $0.00 |
| 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 | $0.00 |
| A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER | $0.00 |
| A7013 | FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR | $0.00 |
| A7014 | FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR | $0.00 |
| A7015 | AEROSOL MASK, USED WITH DME NEBULIZER | $0.00 |
| A7016 | DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER | $0.00 |
| A7017 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH | $0.00 |
| A7018 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML | $0.41 |
| A7020 | INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONL | $0.00 |
| A7021 | SUPPLIES AND ACCESSORIES FOR LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FR | $0.00 |
| A7023 | MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL | $0.00 |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH | $0.00 |
| A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH | $0.00 |
| A7027 | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVIC | $0.00 |
| A7028 | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH | $0.00 |
| A7029 | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR | $0.00 |
| A7030 | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH | $0.00 |
| A7031 | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH | $0.00 |
| A7032 | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH | $0.00 |
| A7033 | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR | $0.00 |
| A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE | $0.00 |
| A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE | $0.00 |
| A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE | $0.00 |
| A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE | $0.00 |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | $0.00 |
| A7039 | FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | $0.00 |
| 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 | $0.00 |
| 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, | $0.00 |
| A7047 | ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH | $0.00 |
| A7048 | VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO | $57.71 |
| A7049 | EXPIRATORY POSITIVE AIRWAY PRESSURE INTRANASAL RESISTANCE VALVE | $0.00 |
| A7501 | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH | $146.73 |
| A7502 | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH | $69.75 |
| A7503 | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND | $15.85 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | $0.95 |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE | $6.55 |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH | $0.45 |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA | $3.49 |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE | $4.01 |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A | $1.97 |
| A7520 | TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE | $66.33 |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR | $65.73 |
| A7522 | TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND | $63.10 |
| A7523 | TRACHEOSTOMY SHOWER PROTECTOR, EACH | $25.23 |
| A7524 | TRACHEOSTOMA STENT/STUD/BUTTON, EACH | $108.17 |
| A7525 | TRACHEOSTOMY MASK, EACH | $2.88 |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH | $4.74 |
| A7527 | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH | $5.00 |
| A8000 | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | $0.00 |
| A8001 | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | $0.00 |
| 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 |
| A8005 | POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES MICROPROCESSOR, | $0.00 |
| A8006 | POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES PRESSURE SENSORS | $0.00 |
| A9150 | NON-PRESCRIPTION DRUGS | $0.00 |
| A9156 | ORAL MUCOADHESIVE, ANY TYPE (LIQUID, GEL, PASTE, ETC.), PER 1 ML | $0.00 |
| A9250 | NURSING HOME RENTALS | $0.00 |
| A9260 | NON-CERTIFIED PHYSICAL THERAPISTS | $0.00 |
| A9268 | PROGRAMMER FOR TRANSIENT, ORALLY INGESTED CAPSULE | $0.00 |
| A9269 | PROGRAMABLE, TRANSIENT, ORALLY INGESTED CAPSULE, FOR USE WITH EXTERNAL PROGRAMME | $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 |
| A9292 | PRESCRIPTION DIGITAL VISUAL THERAPY, SOFTWARE-ONLY, FDA CLEARED, PER COURSE OF T | $0.00 |
| A9293 | FERTILITY CYCLE (CONTRACEPTION & CONCEPTION) TRACKING SOFTWARE APPLICATION, FDA | $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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A9531 | IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES) | $11.50 |
| A9532 | IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES | $0.00 |
| A9536 | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES | $0.00 |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 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 | $167.27 |
| 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 | INJECTION, PAFOLACIANINE, 0.1 M (RECYCLED) | $0.00 |
| A9607 | LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE | $0.00 |
| A9608 | FLOTUFOLASTAT F 18, DIAGNOSTIC, 1 MILLICURIE | $0.00 |
| A9609 | FLUDEOXYGLUCOSE F18 UP TO 15 MILLICURIES | $0.00 |
| A9610 | XENON XE-129 HYPERPOLARIZED GAS, DIAGNOSTIC, PER STUDY DOSE | $0.00 |
| A9615 | INJECTION, PEGULICIANINE, 1 MG | $0.00 |
| A9616 | GALLIUM GA-68 GOZETOTIDE (GOZELLIX), DIAGNOSTIC, 1 MILLICURIE | $0.00 |
| A9697 | INJECTION, CARBOXYDEXTRAN-COATED SUPERPARAMAGNETIC IRON OXIDE, PER STUDY DOSE | $0.00 |
| A9800 | GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (LOCAMETZ), 1 MILLICURIE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| A9998 | CONV. NO PROCEDURE | $0.00 |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE | $4.18 |
| B4035 | ENTERAL FEEDING SUPPLY KIT;  PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEED | $7.88 |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE | $5.81 |
| B4081 | NASOGASTRIC TUBING WITH STYLET | $19.44 |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | $14.67 |
| B4083 | STOMACH TUBE - LEVINE TYPE | $2.14 |
| B4087 | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH | $32.19 |
| B4088 | GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH | $45.53 |
| 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 |
| B4148 | ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED, PER DAY, INCLUDES BUT NOT L | $12.14 |
| B4149 | ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, I | $1.34 |
| B4150 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES | $0.51 |
| B4152 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER | $0.43 |
| B4153 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND | $1.89 |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES | $0.91 |
| B4155 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC | $1.18 |
| 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 = | $24.66 |
| B4168 | PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX | $35.96 |
| 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) - | $69.57 |
| B4178 | PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) | $83.49 |
| B4180 | PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 | $35.40 |
| B4185 | PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS | $16.29 |
| B4187 | OMEGAVEN, 10 GRAMS LIPIDS | $16.29 |
| B4189 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH | $257.90 |
| B4193 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH | $333.24 |
| B4197 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH | $405.72 |
| B4199 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH | $463.60 |
| B4216 | PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, | $11.20 |
| B4220 | PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY | $11.61 |
| B4222 | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY | $14.33 |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY | $36.27 |
| B5000 | PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT | $17.25 |
| B5100 | PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT | $6.74 |
| B5200 | PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT | $0.00 |
| B9002 | ENTERAL NUTRITION INFUSION PUMP, ANY TYPE | $0.00 |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE | $0.00 |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP, STATIONARY | $0.00 |
| B9998 | NOC FOR ENTERAL SUPPLIES | $0.00 |
| B9999 | NOC FOR PARENTERAL SUPPLIES | $0.00 |
| C7561 | DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O | $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 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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 | $0.00 |
| 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 | $43.53 |
| D1120 | PROPHYLAXIS-CHILD | $29.46 |
| D1206 | TOPICAL APPLICATION OF FLUORIDE VARNISH | $24.66 |
| D1208 | TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH | $22.92 |
| D1351 | SEALANT-PER TOOTH | $28.25 |
| D1354 | APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH | $15.12 |
| 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 | $41.97 |
| D1552 | RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR | $41.97 |
| 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-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR) | $117.36 |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR | $98.96 |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR | $129.89 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D2393 | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR | $159.56 |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR | $192.44 |
| 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 |
| 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 | $88.74 |
| 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 | $102.77 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D4342 | PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT | $59.31 |
| D4346 | SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU | $52.24 |
| D4355 | FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAG | $83.70 |
| D4910 | PERIODONTAL MAINTENANCE | $84.87 |
| D4999 | UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT | $0.00 |
| 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 - PER 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 MISSING OR BROKEN TEETH - PARTIAL DENTURE - PER TOOTH | $87.90 |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH | $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 | $271.59 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D5821 | INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEET | $279.33 |
| D5850 | TISSUE CONDITIONING, MAXILLARY | $40.77 |
| D5911 | FACIAL MOULAGE (SECTIONAL) | $0.00 |
| D5912 | FACIAL MOULAGE (COMPLETE) | $0.00 |
| D5913 | NASAL PROSTHESIS | $0.00 |
| D5914 | AURICULAR PROSTHESIS | $0.00 |
| D5915 | ORBITAL PROSTHESIS | $0.00 |
| D5916 | OCULAR PROSTHESIS | $0.00 |
| D5917 | COMPOSITE FACIAL PROSTHESIS | $0.00 |
| D5918 | REPLACEMENT PROSTHESIS | $0.00 |
| D5919 | FACIAL PROSTHESIS | $0.00 |
| D5920 | OCULAR IMPLANT | $0.00 |
| D5921 | ORBITAL IMPLANT | $0.00 |
| D5922 | NASAL SEPTAL PROSTHESIS | $0.00 |
| D5923 | OCULAR PROSTHESIS, INTERIM | $0.00 |
| D5924 | CRANIAL PROSTHESIS | $0.00 |
| D5925 | FACIAL AUGMENTATION IMPLANT PROSTHESIS | $0.00 |
| D5926 | NASAL PROSTHESIS, REPLACEMENT | $0.00 |
| D5927 | AURICULAR PROSTHESIS, REPLACEMENT | $0.00 |
| D5928 | ORBITAL PROSTHESIS, REPLACEMENT | $0.00 |
| D5929 | FACIAL PROSTHESIS, REPLACEMENT | $0.00 |
| D5931 | OBTURATOR PROSTHESIS, SURGICAL | $0.00 |
| D5932 | OBTURATOR PROSTHESIS, DEFINITIVE | $0.00 |
| D5933 | OBTURATOR PROSTHESIS, MODIFICATION | $0.00 |
| D5934 | MANDIBULAR GUIDANCE PROSTHESIS WITH GUIDE FLANGE | $0.00 |
| D5935 | MANDIBULAR GUIDANCE 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 FOR SOFT TISSUE HEALING | $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 OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUD | $0.00 |
| D6117 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBU | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D6549 | RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS | $0.00 |
| D6780 | RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL | $0.00 |
| D6781 | RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASED METAL | $0.00 |
| D6782 | RETAINER CROWN - 3/4 CAST NOBLE METAL | $0.00 |
| D6783 | RETAINER CROWN - 3/4 PORCELAIN/CERAMIC | $0.00 |
| D7111 | EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH | $50.70 |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL) | $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 | $322.77 |
| D7250 | REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) | $148.80 |
| D7260 | ORAL ANTRAL FISTULA CLOSURE | $665.10 |
| 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 | $122.06 |
| D7283 | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH | $103.86 |
| D7285 | INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) | $433.32 |
| D7286 | INCISIONAL BIOPSY OF ORAL TISSUE - SOFT | $185.70 |
| 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 | $371.34 |
| D7411 | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM | $588.12 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D7640 | MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT) | $0.00 |
| D7650 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION | $0.00 |
| D7670 | ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH | $0.00 |
| D7680 | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL | $0.00 |
| D7710 | MAXILLA-OPEN REDUCTION | $0.00 |
| D7720 | MAXILLA-CLOSED REDUCTION | $0.00 |
| D7730 | MANDIBLE-OPEN REDUCTION | $0.00 |
| D7740 | MANDIBLE-CLOSED REDUCTION | $0.00 |
| D7750 | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION | $0.00 |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION | $0.00 |
| D7770 | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH | $0.00 |
| D7780 | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES | $0.00 |
| D7810 | OPEN REDUCTION OF DISLOCATION | $0.00 |
| D7820 | CLOSED REDUCTION OF DISLOCATION | $0.00 |
| D7840 | CONDYLECTOMY | $0.00 |
| D7850 | SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT | $0.00 |
| D7852 | DISC REPAIR | $0.00 |
| D7854 | SYNOVECTOMY | $0.00 |
| D7856 | MYOTOMY | $0.00 |
| D7860 | ARTHROTOMY | $0.00 |
| D7870 | ARTHROCENTESIS | $0.00 |
| D7871 | NON-ARTHROSCOPIC LYSIS AND LAVAGE | $0.00 |
| D7872 | ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY | $0.00 |
| D7873 | ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS | $0.00 |
| D7874 | ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION | $0.00 |
| D7875 | ARTHROSCOPY: SYNOVECTOMY | $0.00 |
| D7876 | ARTHROSCOPY: DISCECTOMY | $0.00 |
| D7877 | ARTHROSCOPY: DEBRIDEMENT | $0.00 |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE | $0.00 |
| D7881 | OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT | $0.00 |
| D7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM | $119.60 |
| D7911 | COMPLICATED SUTURE-UP TO 5 CM | $182.00 |
| D7912 | COMPLICATED SUTURE-GREATER THAN 5 CM | $208.00 |
| D7920 | SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT) | $0.00 |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES | $0.00 |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI | $0.00 |
| D7943 | OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT | $0.00 |
| D7944 | OSTEOTOMY-SEGMENTED OR SUBAPICAL | $0.00 |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE | $0.00 |
| D7946 | LEFORT I (MAXILLA-TOTAL) | $0.00 |
| D7947 | LEFORT I (MAXILLA-SEGMENTED) | $0.00 |
| D7948 | LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| D7990 | EMERGENCY TRACHEOTOMY | $0.00 |
| D7991 | CORONOIDECTOMY | $0.00 |
| D7992 | EMINENECTOMY | $0.00 |
| D7995 | SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT | $0.00 |
| D7996 | IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT | $0.00 |
| D7997 | APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF | $0.00 |
| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT | $0.00 |
| D8010 | LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION | $0.00 |
| D8020 | LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION | $0.00 |
| D8030 | LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | $0.00 |
| D8040 | LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION | $0.00 |
| D8070 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION | $0.00 |
| D8080 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | $0.00 |
| D8090 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION | $0.00 |
| D8210 | REMOVABLE APPLIANCE THERAPY | $0.00 |
| D8220 | FIXED APPLIANCE THERAPY | $0.00 |
| D8660 | PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT | $0.00 |
| D8670 | PERIODIC ORTHODONTIC TREATMENT VISIT | $0.00 |
| D8680 | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF | $0.00 |
| D8681 | REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT | $0.00 |
| D8695 | REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF 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 | ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE INCREMENT, | $0.00 |
| D9230 | ADMINISTRATION OF NITROUS OXIDE | $55.99 |
| D9239 | ADMINISTRATION OF MODERATE SEDATION - INTRAVENOUS - FIRST 15 MINUTE INCREMENT, O | $104.00 |
| D9243 | ADMINISTRATION OF MODERATE SEDATION - INTRAVENOUS - EACH SUBSEQUENT 15 MINUTE IN | $69.72 |
| D9310 | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE | $57.75 |
| D9310 | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE | $57.75 |
| D9330 | EPSDT, DENTAL SCREENING | $0.00 |
| D9420 | HOSPITAL OR AMBULATORY SURGICAL CENTER CALL | $0.00 |
| D9440 | OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS | $0.00 |
| D9612 | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS | $0.00 |
| D9942 | REPAIR AND/OR RELINE OF OCCLUSAL GUARD | $0.00 |
| D9943 | OCCLUSAL GUARD ADJUSTMENT | $0.00 |
| D9960 | COMPLETION OF CLAIM FORM | $0.00 |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E0111 | CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, | $0.00 |
| E0112 | CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND | $0.00 |
| E0113 | CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP | $0.00 |
| E0114 | CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS | $0.00 |
| E0116 | CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, | $0.00 |
| E0117 | CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH | $0.00 |
| 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 | $0.00 |
| 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 | COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR, FOLDING, ADJUSTABLE OR | $0.00 |
| E0151 | HANDGRIP,CANE, CRUTCH, OR WALKER | $0.00 |
| E0152 | WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT | $0.00 |
| E0153 | PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH | $0.00 |
| 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 | $0.00 |
| E0161 | SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH | $0.00 |
| E0162 | SITZ BATH CHAIR | $0.00 |
| E0163 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS | $0.00 |
| E0165 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS | $0.00 |
| E0168 | COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR | $0.00 |
| E0170 | COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE | $0.00 |
| E0175 | FOOT REST, FOR USE WITH COMMODE CHAIR, EACH | $0.00 |
| E0181 | POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES | $0.00 |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY | $0.00 |
| E0183 | POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY D | $0.00 |
| E0184 | DRY PRESSURE MATTRESS | $0.00 |
| E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | $0.00 |
| E0186 | AIR PRESSURE MATTRESS | $0.00 |
| E0187 | WATER PRESSURE MATTRESS | $0.00 |
| E0188 | SYNTHETIC SHEEPSKIN PAD | $0.00 |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE | $0.00 |
| E0191 | HEEL OR ELBOW PROTECTOR, EACH | $0.00 |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | $0.00 |
| E0194 | AIR FLUIDIZED BED | $0.00 |
| E0195 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED | $0.00 |
| E0196 | GEL PRESSURE MATTRESS | $0.00 |
| E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | $0.00 |
| E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | $0.00 |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | $0.00 |
| E0200 | HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT | $0.00 |
| E0201 | PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE | $0.00 |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | $0.00 |

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|---|---|---|
| E0205 | HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT | $0.00 |
| E0210 | ELECTRIC HEAT PAD, STANDARD | $0.00 |
| E0215 | ELECTRIC HEAT PAD, MOIST | $0.00 |
| E0217 | WATER CIRCULATING HEAT PAD WITH PUMP | $0.00 |
| 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) | $0.00 |
| E0236 | PUMP FOR WATER CIRCULATING PAD | $0.00 |
| E0239 | HYDROCOLLATOR UNIT, PORTABLE | $0.00 |
| 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 | $0.00 |
| E0250 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | $0.00 |
| E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | $0.00 |
| E0252 | HOSPITAL BED, FIXED HEIGHT, WITH MATTRESS | $0.00 |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | $0.00 |
| E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | $0.00 |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE | $0.00 |
| E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE | $0.00 |
| E0271 | MATTRESS, INNERSPRING | $0.00 |
| E0272 | MATTRESS, FOAM RUBBER | $0.00 |
| E0275 | BED PAN, STANDARD, METAL OR PLASTIC | $0.00 |
| E0276 | BED PAN, FRACTURE, METAL OR PLASTIC | $0.00 |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | $0.00 |
| E0280 | BED CRADLE, ANY TYPE | $0.00 |
| E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS | $0.00 |
| E0291 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS | $0.00 |
| E0292 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS | $0.00 |
| E0293 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS | $0.00 |
| E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, | $0.00 |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, | $0.00 |
| 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 | $0.00 |
| E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN | $0.00 |
| E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 | $0.00 |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN | $0.00 |
| 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 | $0.00 |
| E0325 | URINAL; MALE, JUG-TYPE, ANY MATERIAL | $0.00 |
| E0326 | URINAL; FEMALE, JUG-TYPE, ANY MATERIAL | $0.00 |
| 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 | $0.00 |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | $0.00 |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | $0.00 |
| 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 | $0.00 |
| 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 | $72.53 |
| E0442 | STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT | $72.53 |
| E0443 | PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT | $65.90 |
| E0444 | PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT | $65.90 |
| 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 | $98.86 |
| 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 | $0.00 |
| E0466 | HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST | $0.00 |
| E0467 | HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF | $0.00 |
| E0468 | HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNC | $0.00 |
| E0469 | LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBU | $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 | $0.00 |
| E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH | $0.00 |
| 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 |
| E0490 | POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUS | $0.00 |
| E0491 | ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUS | $103.30 |
| E0492 | POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUS | $0.00 |
| E0493 | ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUS | $0.00 |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES | $0.00 |
| 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 |
| E0530 | ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES A | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATM | $0.00 |
| 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 | $0.00 |
| E0570 | NEBULIZER, WITH COMPRESSOR | $0.00 |
| E0572 | AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE | $0.00 |
| E0574 | ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER | $0.00 |
| E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME | $0.00 |
| E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH | $0.00 |
| E0585 | NEBULIZER, WITH COMPRESSOR AND HEATER | $0.00 |
| E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC | $0.00 |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE | $0.00 |
| E0602 | BREAST PUMP, MANUAL, ANY TYPE | $0.00 |
| 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 | $0.00 |
| E0606 | POSTURAL DRAINAGE BOARD | $0.00 |
| E0607 | HOME BLOOD GLUCOSE MONITOR | $0.00 |
| E0610 | PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE | $0.00 |
| E0615 | PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER | $0.00 |
| E0616 | IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER | $500.00 |
| E0617 | EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS | $0.00 |
| E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE | $0.00 |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE | $0.00 |
| E0620 | SEAT LIFT CHAIR, MOTORIZED TO ASSIST PATIENT IN STANDING AND SITTING | $0.00 |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON | $0.00 |
| E0625 | PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED | $100.00 |
| E0627 | SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE | $0.00 |
| E0629 | SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE | $0.00 |
| E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD | $0.00 |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING | $0.00 |
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT | $0.00 |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL | $0.00 |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE | $0.00 |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | $0.00 |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | $0.00 |
| E0656 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK | $0.00 |
| E0657 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST | $0.00 |
| E0658 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 F | $0.00 |
| E0659 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, HEA | $0.00 |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | $0.00 |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | $0.00 |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | $0.00 |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | $0.00 |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | $0.00 |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | $0.00 |
| E0670 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 F | $0.00 |
| E0671 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG | $0.00 |
| E0672 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM | $0.00 |
| E0673 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG | $0.00 |
| E0674 | IRON LUNG | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| E0678 | NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG | $0.00 |
| E0679 | NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG | $0.00 |
| E0680 | NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSUR | $0.00 |
| E0681 | NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE | $0.00 |
| E0682 | NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM | $0.00 |
| E0683 | NON-PNEUMATIC, NON-SEQUENTIAL, PERISTALTIC WAVE COMPRESSION PUMP | $0.00 |
| E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION | $0.00 |
| E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE | $0.00 |
| E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE | $0.00 |
| E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES | $0.00 |
| E0700 | SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE | $48.10 |
| E0705 | TRANSFER DEVICE, ANY TYPE, EACH | $0.00 |
| E0710 | RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE) | $18.39 |
| E0715 | INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING KEGEL EXE | $0.00 |
| E0716 | SUPPLIES AND ACCESSORIES FOR INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC F | $0.00 |
| E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED S | $0.00 |
| E0721 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORY, STIMULATES NERVES IN THE AURICULAR | $0.00 |
| E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, F | $0.00 |
| E0731 | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE | $0.00 |
| E0732 | CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, ANY TYPE | $0.00 |
| E0733 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI | $0.00 |
| E0734 | EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST | $0.00 |
| E0735 | NON-INVASIVE VAGUS NERVE STIMULATOR | $0.00 |
| E0736 | TRANSCUTANEOUS TIBIAL NERVE STIMULATOR | $0.00 |
| E0737 | TRANSCUTANEOUS TIBIAL NERVE STIMULATOR, CONTROLLED BY PHONE APPLICATION | $0.00 |
| E0738 | UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE | $0.00 |
| E0739 | REHAB SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILIT | $0.00 |
| E0743 | EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH | $0.00 |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT | $0.00 |
| E0747 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL | $0.00 |
| E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS | $0.00 |
| 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 | $0.00 |
| E0765 | FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF | $84.13 |
| E0766 | ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIE | $0.00 |
| E0767 | INTRABUCCAL, SYSTEMIC DELIVERY OF AMPLITUDE-MODULATED, RADIOFREQUENCY ELECTROMAG | $0.00 |
| E0769 | ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE | $84.13 |
| E0776 | IV POLE | $0.00 |
| E0779 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER | $0.00 |
| E0780 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION | $0.00 |
| E0849 | TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING | $0.00 |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION | $0.00 |
| E0855 | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME | $0.00 |
| E0856 | CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S) | $0.00 |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL | $0.00 |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S) | $0.00 |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) | $0.00 |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION | $0.00 |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) | $0.00 |
| E0910 | TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR | $0.00 |
| E0911 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT | $0.00 |
| E0912 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR | $0.00 |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS | $0.00 |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS | $0.00 |
| E0935 | CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY | $0.00 |
| E0940 | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR | $0.00 |
| E0941 | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE | $0.00 |
| E0942 | CERVICAL HEAD HARNESS/HALTER | $0.00 |
| E0944 | PELVIC BELT/HARNESS/BOOT | $0.00 |
| E0945 | EXTREMITY BELT/HARNESS | $0.00 |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER) | $0.00 |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION | $0.00 |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | $0.00 |
| E0950 | WHEELCHAIR ACCESSORY, TRAY, EACH | $0.00 |
| E0951 | HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH | $0.00 |
| E0952 | TOE LOOP/HOLDER, ANY TYPE, EACH | $0.00 |
| E0953 | WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MO | $0.00 |
| 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 | $0.00 |
| E0959 | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH | $0.00 |
| E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY | $0.00 |
| E0961 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH | $0.00 |
| E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH | $0.00 |
| E0967 | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ON | $0.00 |
| E0968 | COMMODE SEAT, WHEELCHAIR | $0.00 |
| E0969 | NARROWING DEVICE, WHEELCHAIR | $0.00 |
| E0971 | MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH | $0.00 |
| E0973 | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, | $0.00 |
| E0974 | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH | $0.00 |
| E0978 | WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH | $0.00 |
| E0980 | SAFETY VEST, WHEELCHAIR | $0.00 |
| 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 | $0.00 |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO | $0.00 |
| E0985 | WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM | $0.00 |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM | $0.00 |
| E0988 | MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR | $0.00 |
| E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT | $0.00 |
| E0994 | ARM REST, EACH | $0.00 |
| E0995 | WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH | $0.00 |
| 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 | $0.00 |
| E1014 | RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR | $0.00 |
| E1015 | SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH | $0.00 |
| 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 |
| E1022 | WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AN | $0.00 |
| E1023 | WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES | $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 | $0.00 |
| E1032 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDV | $0.00 |
| E1033 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDV | $0.00 |
| E1034 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDV | $0.00 |
| E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE | $0.00 |
| E1036 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPER | $0.00 |
| E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE | $0.00 |
| E1038 | TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU | $0.00 |
| E1039 | TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 30 | $0.00 |
| E1040 | ROLLABOUT CHAIR, WITH FIXED OR REMOVABLE ARMS | $0.00 |
| E1050 | FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT | $0.00 |
| E1060 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY | $0.00 |
| 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 | $0.00 |
| E1083 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG | $0.00 |
| E1084 | HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY | $0.00 |
| 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 | $0.00 |
| E1088 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, | $0.00 |
| 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 | $0.00 |
| E1093 | WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING | $0.00 |
| 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 | $0.00 |
| E1130 | STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOT | $57.72 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E1140 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE | $57.72 |
| E1150 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE | $0.00 |
| E1160 | WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS | $0.00 |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | $0.00 |
| E1170 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGR | $0.00 |
| E1171 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST | $0.00 |
| E1172 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR | $0.00 |
| E1180 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE | $0.00 |
| E1190 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE | $0.00 |
| E1195 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING | $0.00 |
| E1200 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST | $0.00 |
| E1220 | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, | $268.01 |
| E1221 | WHEELCHAIR WITH FIXED ARM, FOOTRESTS | $0.00 |
| E1222 | WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS | $0.00 |
| E1223 | WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS | $0.00 |
| E1224 | WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS | $0.00 |
| E1225 | WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 | $0.00 |
| E1226 | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 | $0.00 |
| E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | $0.00 |
| E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR | $0.00 |
| E1229 | WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED | $0.00 |
| E1230 | POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND | $0.00 |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING | $189.20 |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING | $0.00 |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING | $0.00 |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING | $0.00 |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | $0.00 |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | $0.00 |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | $0.00 |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | $0.00 |
| E1240 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACH | $0.00 |
| 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 | $0.00 |
| E1280 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS | $0.00 |
| 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 | $0.00 |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR | $0.00 |
| E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY | $0.00 |
| E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION | $0.00 |
| E1301 | WHIRLPOOL TUB, WALK-IN, PORTABLE | $0.00 |
| E1310 | WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE) | $0.00 |
| E1351 | CANNULA | $0.00 |
| E1353 | REGULATOR | $39.57 |
| 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 | $29.82 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER | $0.00 |
| 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 |
| 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 |
| 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 | $0.00 |
| E1701 | REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6 | $16.02 |
| E1702 | REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200 | $32.22 |
| E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M | $0.00 |
| E1801 | STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITH | $0.00 |
| E1802 | DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE | $0.00 |
| E1803 | DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1804 | DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M | $0.00 |
| E1806 | STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO | $0.00 |
| E1807 | DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E1808 | DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MA | $0.00 |
| E1811 | STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHO | $0.00 |
| E1812 | DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL | $0.00 |
| E1813 | DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1814 | DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M | $0.00 |
| E1816 | STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO | $0.00 |
| E1818 | STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOU | $0.00 |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE | $0.00 |
| E1821 | REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE | $0.00 |
| E1822 | DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1823 | DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE | $0.00 |
| E1826 | DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIA | $0.00 |
| E1827 | DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1828 | DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1829 | DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL | $0.00 |
| E1830 | DYNAMIC ADJUSTABLE TOE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MAT | $0.00 |
| E1831 | STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT | $0.00 |
| E1832 | STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITH | $0.00 |
| E1840 | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES | $0.00 |
| E1841 | STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJU | $0.00 |
| E1902 | COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION | $50.00 |
| E2000 | GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC | $0.00 |
| E2001 | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WI | $0.00 |
| E2100 | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER | $0.00 |
| E2101 | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE | $0.00 |
| E2102 | ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER | $0.00 |
| E2103 | NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER | $0.00 |
| E2104 | HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING | $0.00 |
| E2120 | PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID | $0.00 |
| E2201 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL | $0.00 |
| E2202 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES | $0.00 |
| E2203 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 | $0.00 |
| E2204 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES | $0.00 |
| E2205 | MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR | $0.00 |
| E2206 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EA | $0.00 |
| E2208 | WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH | $0.00 |
| E2209 | ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH | $0.00 |
| E2210 | WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH | $0.00 |
| E2211 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH | $0.00 |
| E2212 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH | $0.00 |
| E2213 | MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), A | $0.00 |
| E2214 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH | $0.00 |
| E2215 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH | $0.00 |
| E2216 | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH | $0.00 |
| E2217 | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH | $0.00 |
| E2218 | MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH | $0.00 |
| E2219 | MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH | $0.00 |
| E2220 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, R | $0.00 |
| E2221 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY | $0.00 |
| E2222 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| E2224 | MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEME | $0.00 |
| E2225 | MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O | $0.00 |
| E2226 | MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH | $0.00 |
| 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 |
| E2298 | COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, | $0.00 |
| 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 | $0.00 |
| E2313 | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUD | $0.00 |
| 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 | $0.00 |
| E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES | $0.00 |
| E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES | $0.00 |
| E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES | $0.00 |
| 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 | $0.00 |
| 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 | $0.00 |
| 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 | $0.00 |
| 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 | $0.00 |
| 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 COMBINATI | $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 | $0.00 |
| 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 | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $0.00 |
| E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, | $0.00 |
| E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, | $0.00 |
| E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, | $0.00 |
| E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY | $0.00 |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF | $0.00 |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL | $50.00 |
| E2512 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM | $50.00 |
| E2513 | ACCESSORY FOR SPEECH GENERATING DEVICE, ELECTROMYOGRAPHIC SENSOR | $0.00 |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED | $0.00 |
| E2601 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH | $0.00 |
| E2602 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH | $0.00 |
| E2603 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH | $0.00 |
| E2604 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH | $0.00 |
| E2605 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH | $0.00 |
| E2606 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH | $0.00 |
| E2607 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 | $0.00 |
| E2608 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR | $0.00 |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE | $0.00 |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED | $0.00 |
| E2611 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, | $0.00 |
| E2612 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, | $0.00 |
| E2613 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY | $0.00 |
| E2614 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY | $0.00 |
| E2615 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 | $0.00 |
| E2616 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR | $0.00 |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE | $0.00 |
| E2619 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH | $0.00 |
| E2620 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH | $0.00 |
| E2621 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH | $0.00 |
| E2622 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, | $0.00 |
| E2623 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| E3000 | SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSOR | $0.00 |
| E3200 | GAIT MODULATION SYSTEM, RHYTHMIC AUDITORY STIMULATION, INCLUDING RESTRICTED THER | $0.00 |
| G0003 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPTO | $332.28 |
| G0011 | INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY PHYSICIAN OR QUALIF | $24.57 |
| G0012 | INJECTION OF PRE-EXPOSURE PROPHYLAXIS (PREP) DRUG FOR HIV PREVENTION, UNDER SKIN | $8.98 |
| G0013 | INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY CLINICAL STAFF TO P | $8.61 |
| G0017 | PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE O | $182.63 |
| G0018 | PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE O | $91.14 |
| G0019 | COMMUNITY HEALTH INTEGRATION SERVICES PERFORMED BY CERTIFIED OR TRAINED AUXILIAR | $48.67 |
| G0022 | COMMUNITY HEALTH INTEGRATION SERVICES, EACH ADDITIONAL 30 MINUTES PER CALENDAR M | $34.15 |
| G0023 | PRINCIPAL ILLNESS NAVIGATION SERVICES BY CERTIFIED OR TRAINED AUXILIARY PERSONNE | $48.67 |
| G0076 | BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN | $29.63 |
| G0077 | LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY | $44.09 |
| G0078 | MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY | $71.82 |
| G0079 | COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE | $94.10 |
| G0080 | EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONL | $123.58 |
| G0081 | BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE O | $28.99 |
| G0082 | LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE | $46.98 |
| G0083 | MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR US | $73.50 |
| G0084 | COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. F | $103.40 |
| G0085 | EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR U | $123.58 |
| G0086 | LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A | $44.75 |
| G0087 | COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONL | $62.55 |
| 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 | $26.79 |
| G0102 | PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION | $8.61 |
| G0103 | PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA) | $19.31 |
| G0104 | COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY | $56.85 |
| G0105 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK | $179.78 |
| G0108 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 | $55.85 |
| G0109 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR | $16.07 |
| G0117 | GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR | $67.69 |
| G0118 | GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION | $45.08 |
| G0121 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR | $179.96 |
| G0123 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED | $20.26 |
| G0124 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED | $26.43 |
| G0127 | TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER | $7.17 |
| 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 | $24.56 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| G0133 | ULTRASOUND BONE MINERAL DENSITY STUDY, ONE OR MORE SITES APPENDICULAR SKELETON | $0.00 |
| G0136 | ADMINISTRATION OF A STANDARDIZED, EVIDENCE-BASED ASSESSMENT OF PHYSICAL ACTIVITY | $8.98 |
| G0137 | INTENSIVE OUTPATIENT SERVICES; WEEKLY BUNDLE, MINIMUM OF 9 SERVICES OVER A 7 CON | $0.00 |
| G0140 | PRINCIPAL ILLNESS NAVIGATION - PEER SUPPORT BY CERTIFIED OR TRAINED AUXILIARY PE | $48.67 |
| G0141 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED | $26.43 |
| G0143 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED | $27.05 |
| G0144 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED | $43.97 |
| G0145 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED | $26.49 |
| G0146 | PRINCIPAL ILLNESS NAVIGATION - PEER SUPPORT, ADDITIONAL 30 MINUTES PER CALENDAR | $34.15 |
| G0147 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED | $18.19 |
| G0148 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED | $31.94 |
| 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 | $110.74 |
| G0168 | WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY | $13.54 |
| G0181 | PHYSICIAN OR ALLOWED PRACTITIONER SUPERVISION OF A PATIENT RECEIVING MEDICARE-CO | $106.63 |
| G0182 | PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT | $105.34 |
| G0183 | QUANTITATIVE SOFTWARE MEASUREMENTS OF CARDIAC VOLUME, CARDIAC CHAMBERS VOLUMES A | $0.00 |
| G0186 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL | $625.61 |
| 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 | $12.82 |
| G0238 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY | $11.33 |
| G0239 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR | $14.68 |
| G0245 | INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC | $38.48 |
| G0246 | FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH | $19.38 |
| G0247 | ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY | $21.00 |
| G0248 | DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT | $110.37 |
| G0249 | PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WIT | $69.68 |
| G0250 | PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR | $8.61 |
| 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 | $31.96 |
| 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 | $357.97 |
| G0277 | HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL | $194.73 |
| G0278 | ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION, | $7.40 |
| G0279 | DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATEL | $27.36 |
| G0281 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE | $11.95 |
| G0282 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| G0283 | ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) | $13.07 |
| G0288 | RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING | $30.42 |
| G0289 | ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, | $81.75 |
| G0296 | COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE | $24.80 |
| 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 | $7.77 |
| G0307 | COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT) | $6.47 |
| 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 | $30.12 |
| G0317 | PROLONGED NURSING FACILITY EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTA | $29.75 |
| G0318 | PROLONGED HOME OR RESIDENCE EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTA | $29.38 |
| G0323 | CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES O | $41.96 |
| G0327 | COLORECTAL CANCER SCREENING; BLOOD-BASED BIOMARKER | $0.00 |
| G0328 | COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 | $18.05 |
| G0329 | ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE | $11.41 |
| G0396 | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., | $31.22 |
| G0397 | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., | $61.16 |
| G0406 | FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES | $40.16 |
| G0407 | FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MI | $71.11 |
| G0408 | FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES | $103.09 |
| G0412 | OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) | $730.12 |
| G0413 | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCAT | $1,066.77 |
| G0414 | OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE | $1,009.25 |
| G0415 | OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR | $1,362.27 |
| G0416 | SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOP | $388.28 |
| G0420 | FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; | $107.73 |
| G0421 | FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; | $26.01 |
| G0425 | TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 30 | $89.72 |
| G0426 | TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 50 | $127.81 |
| G0427 | TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 70 | $181.60 |
| G0429 | DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (L | $67.61 |
| G0432 | INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 | $19.57 |
| G0433 | INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) | $18.29 |
| G0435 | INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, | $11.98 |
| G0438 | ANNUAL WELLNESS VISIT; INCLDUES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), | $168.77 |
| G0439 | ANNUAL WELLNESS VISIT; INCLDUES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), | $133.59 |
| G0442 | ANNUAL ALCOHOL MISUSE SCREENING, 5 TO 15 MINUTES | $8.98 |
| G0443 | BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES | $29.80 |
| G0444 | ANNUAL DEPRESSION SCREENING, 5 TO 15 MINUTES | $8.98 |
| G0445 | HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; | $29.43 |
| G0446 | INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL, | $29.80 |
| G0447 | FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES | $29.80 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $49.40 |
| G0453 | CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING | $31.28 |
| G0454 | PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETE | $8.61 |
| G0455 | PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSES | $68.55 |
| G0459 | INPATIENT TELHEALTH PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND R | $42.79 |
| 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 | $11.09 |
| G0473 | FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES | $11.34 |
| G0476 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H | $35.09 |
| 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 | $114.43 |
| G0481 | DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY | $156.59 |
| G0482 | DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY | $198.74 |
| G0483 | DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY | $246.92 |
| 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 | $28.27 |
| G0500 | MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALUFIED HEA | $5.27 |
| G0508 | TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60 | $203.01 |
| G0509 | TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 5 | $185.31 |
| G0513 | PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY | $58.07 |
| G0514 | PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY | $58.07 |
| G0516 | INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S | $95.98 |
| G0517 | REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB | $109.31 |
| G0518 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S | $178.48 |
| G0537 | ADMINISTRATION OF A STANDARDIZED, EVIDENCE-BASED ATHEROSCLEROTIC CARDIOVASCULAR | $8.98 |
| G0538 | ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) RISK MANAGEMENT SERVICES; CLINICA | $8.98 |
| G0539 | CAREGIVER TRAINING IN BEHAVIOR MANAGEMENT/MODIFICATION FOR CAREGIVER(S) OF PATIE | $45.90 |
| G0540 | CAREGIVER TRAINING IN BEHAVIOR MANAGEMENT/MODIFICATION FOR PARENT(S)/GUARDIAN(S) | $24.71 |
| G0541 | CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CARE FOR | $45.90 |
| G0542 | CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CARE FOR | $24.71 |
| G0543 | GROUP CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CAR | $10.59 |
| G0544 | POST DISCHARGE TELEPHONIC FOLLOW-UP CONTACTS PERFORMED IN CONJUNCTION WITH A DIS | $49.05 |
| G0545 | VISIT COMPLEXITY INHERENT TO HOSPITAL INPATIENT OR OBSERVATION CARE ASSOCIATED W | $44.00 |
| G0546 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN | $17.44 |
| G0547 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN | $35.25 |
| G0548 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN | $53.25 |
| G0549 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN | $71.43 |

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|---|---|---|
| G0550 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN | $33.03 |
| G0551 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S | $34.89 |
| G0555 | PROVISION OF REPLACEMENT PATIENT ELECTRONICS SYSTEM (E.G., SYSTEM PILLOW, HANDHE | $0.00 |
| G0556 | ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH ONE CHRONIC CONDITI | $12.17 |
| G0557 | ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH MULTIPLE (TWO OR MO | $37.15 |
| G0558 | ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT THAT IS A QUALIFIED MEDI | $81.47 |
| G0559 | POST-OPERATIVE FOLLOW-UP VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT | $8.69 |
| G0560 | SAFETY PLANNING INTERVENTIONS, EACH 20 MINUTES PERSONALLY PERFORMED BY THE BILLI | $41.38 |
| G0561 | TYMPANOSTOMY WITH LOCAL OR TOPICAL ANESTHESIA AND INSERTION OF A VENTILATING TUB | $137.47 |
| G0563 | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO | $0.00 |
| G0564 | CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF 365 DAY IMPLANTABLE INTERSTITI | $0.00 |
| G0565 | REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS | $0.00 |
| G0566 | 3D RADIODENSITY-VALUE BONE IMAGING, ALGORITHM DERIVED, FROM PREVIOUS MAGNETIC RE | $0.00 |
| G0567 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, SCREENING, | $0.00 |
| G0568 | INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, IN THE FIRST CALENDAR MONTH O | $0.00 |
| G0569 | SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, IN A SUBSEQUENT MONTH OF B | $0.00 |
| G0570 | CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, DIRECTED BY A PHYSICI | $0.00 |
| G0571 | INTRAOPERATIVE NERVE(S) CRYOABLATION FOR POST-SURGICAL PAIN RELIEF (LIST SEPARAT | $0.00 |
| G0680 | DETECTION AND QUANTIFICATION OF CORONARY ARTERY CALCIUM AND/OR AORTIC VALVE CALC | $0.00 |
| G2001 | BRIEF (20 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONL | $29.63 |
| G2002 | LIMITED (30 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONL | $44.09 |
| G2003 | MODERATE (45 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE O | $71.82 |
| G2004 | COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCARGE. FOR U | $94.10 |
| G2005 | EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR US | $123.58 |
| G2006 | BRIEF (20 MINUTES) IN HOME FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY | $28.99 |
| G2007 | LIMITED (30 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR U | $46.98 |
| G2008 | MODERATE (45 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR | $73.50 |
| G2009 | COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. | $103.40 |
| G2010 | REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PA | $8.98 |
| G2011 | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., | $16.42 |
| G2013 | EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENTPOST-DISCHARGE. FOR | $123.58 |
| G2014 | LIMITED (30 MINUTES) CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CM | $74.58 |
| G2015 | COMPREHENSIVE (60 MINUTES) HOME CARE PLAN OVERSIGHT. FOR USEONLY IN A MEDICARE- | $104.25 |
| 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 | $99.68 |
| G2067 | MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING AND | $0.00 |
| G2076 | INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS CONDUCTED BY AN | $0.00 |
| G2077 | PERIODIC ASSESSMENT; ASSESSING PERIODICALLY BY AN OTP PRACTITIONER AND INCLUDES | $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 | $33.95 |
| G2083 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI | $33.95 |
| G2086 | OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TRE | $402.28 |
| G2087 | OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND | $377.30 |
| G2088 | OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND | $36.54 |
| G2211 | VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT ASSOCIATED WITH MEDICAL C | $15.87 |
| G2212 | PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND | $30.49 |
| G2213 | INITIATION OF MEDICATION FOR THE TREATMENT OF OPIOID USE DISORDER IN THE EMERGEN | $54.44 |
| G2214 | INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 30 MINUTE | $37.90 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| G2250 | REMOTE ASSESSMENT OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PA | $8.98 |
| G2251 | BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A QUALIF | $12.54 |
| G2252 | BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSIC | $24.89 |
| G3002 | CHRONIC PAIN MANAGEMENT AND TREATMENT, MONTHLY BUNDLE INCLUDING, DIAGNOSIS; ASSE | $73.42 |
| G3003 | EACH ADDITIONAL 15 MINUTES OF CHRONIC PAIN MANAGEMENT AND TREATMENT BY A PHYSICI | $25.45 |
| G6030 | AMITRIPTYLINE | $14.62 |
| G6031 | BENZODIAZEPINES | $15.10 |
| G6032 | DESIPRAMINE | $14.05 |
| G6034 | DOXEPIN | $12.65 |
| G6035 | GOLD | $13.30 |
| G6036 | ASSAY OF IMIPRAMINE | $14.05 |
| G6037 | NORTRIPTYLINE | $11.06 |
| G6038 | SALICYLATE | $5.80 |
| G6039 | ACETAMINOPHEN | $16.52 |
| G6040 | ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH | $8.82 |
| G6041 | ALKALOIDS, URINE, QUANTITATIVE | $24.51 |
| G6042 | AMPHETAMINE OR METHAMPHETAMINE | $12.69 |
| G6043 | BARBITURATES, NOT ELSEWHERE SPECIFIED | $9.35 |
| G6044 | COCAINE OR METABOLITE | $12.37 |
| G6045 | DIHYDROCODEINONE | $16.86 |
| G6046 | DIHYDROMORPHINONE | $20.99 |
| G6047 | DIHYDROTESTOSTERONE | $21.08 |
| G6048 | DIMETHADIONE | $11.31 |
| G6049 | EPIANDROSTERONE | $17.54 |
| G6050 | ETHCHLORVYNOL | $14.11 |
| G6051 | FLURAZEPAM | $16.16 |
| G6052 | MEPROBAMATE | $14.39 |
| G6053 | METHADONE | $13.33 |
| G6054 | METHSUXIMIDE | $12.10 |
| G6055 | NICOTINE | $19.34 |
| G6056 | OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE | $15.89 |
| G6057 | PHENOTHIAZINE | $12.71 |
| 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 | $16.43 |
| G9482 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE | $31.35 |
| G9483 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE | $48.84 |
| G9484 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE | $82.96 |
| G9485 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE | $108.71 |
| G9486 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | $16.43 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| G9487 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | $33.19 |
| G9488 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | $51.24 |
| G9489 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | $72.06 |
| G9490 | COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL, HOME VISIT FOR PATIENT ASSESSMEN | $31.03 |
| 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 | $25.88 |
| G9869 | RECEIPT AND ANALYSIS OF REMOTE, ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND/OR OPTH | $34.61 |
| G9870 | RECEIPT AND ANALYSIS OF REMOTE, ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND/OR OPHT | $43.34 |
| G9886 | BEHAVIORAL COUNSELING FOR DIABETES PREVENTION, IN-PERSON, GROUP, 60 MINUTES | $0.00 |
| G9887 | BEHAVIORAL COUNSELING FOR DIABETES PREVENTION, DISTANCE LEARNING, 60 MINUTES | $0.00 |
| G9978 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE | $27.58 |
| G9979 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE | $46.22 |
| G9980 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE | $74.48 |
| G9981 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE | $125.70 |
| G9982 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE | $167.80 |
| G9983 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT | $27.58 |
| G9984 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT | $54.38 |
| G9985 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT | $82.09 |
| G9986 | REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT | $119.63 |
| G9987 | BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT | $51.71 |
| 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 |
| H0052 | MISSING AND MURDERED INDIGENOUS PERSONS (MMIP) MENTAL HEALTH AND CLINICAL CARE | $0.00 |
| H0053 | HISTORICAL TRAUMA (HT) MENTAL HEALTH AND CLINICAL CARE FOR INDIGENOUS PERSONS | $0.00 |
| H1000 | PRENATAL CARE, AT-RISK ASSESSMENT | $0.00 |
| H1001 | PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT | $0.00 |
| H1002 | PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION | $0.00 |
| H1003 | PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | $0.00 |
| H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES | $0.00 |
| H2018 | PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM | $0.00 |
| H2019 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES | $0.00 |
| H2020 | THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM | $0.00 |
| H2021 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES | $0.00 |
| H2022 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM | $0.00 |
| H2025 | ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES | $0.00 |
| H2028 | SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES | $0.00 |
| H2029 | SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM | $0.00 |
| H2030 | MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES | $0.00 |
| H2031 | MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM | $0.00 |
| H2032 | ACTIVITY THERAPY, PER 15 MINUTES | $0.00 |
| H2033 | MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES | $0.00 |
| H2035 | ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR | $0.00 |
| H2038 | SKILLS TRAINING AND DEVELOPMENT, PER DIEM | $0.00 |
| H2040 | COORDINATED SPECIALTY CARE, TEAM-BASED, FOR FIRST EPISODE PSYCHOSIS, PER MONTH | $0.00 |
| H2041 | COORDINATED SPECIALTY CARE, TEAM-BASED, FOR FIRST EPISODE PSYCHOSIS, PER ENCOUNT | $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 |
| J1246 | INJECTION, DINUTUXIMAB, 0.1 MG | $0.00 |
| J1324 | INJECTION, ENFUVIRTIDE, 1 MG | $0.00 |
| J1458 | INJECTION, GALSULFASE, 1 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 OR HYMOVIS ONE, FOR INTRA-ARTICULAR INJECTION, | $0.00 |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE | $110.87 |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE | $171.37 |
| J7607 | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH 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 | $0.00 |
| K0002 | STANDARD HEMI (LOW SEAT) WHEELCHAIR | $0.00 |
| K0003 | LIGHTWEIGHT WHEELCHAIR | $0.00 |
| K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR | $0.00 |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | $0.00 |
| K0006 | HEAVY DUTY WHEELCHAIR | $0.00 |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR | $0.00 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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 | $0.00 |
| K0065 | SPOKE PROTECTORS, EACH | $0.00 |
| K0069 | REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ON | $0.00 |
| K0070 | REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH | $0.00 |
| K0071 | FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH | $0.00 |
| K0072 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EAC | $0.00 |
| K0073 | CASTER PIN LOCK,EACH | $0.00 |
| K0077 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH | $0.00 |
| K0105 | IV HANGER, EACH | $0.00 |
| 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) | $0.00 |
| 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, | $0.00 |
| 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, | $0.00 |
| K0602 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, | $0.00 |
| K0603 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 | $0.00 |
| K0604 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 | $0.00 |
| K0605 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 | $0.00 |
| K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, | $0.00 |
| K0607 | REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, | $0.00 |
| K0608 | REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH | $0.00 |
| K0609 | REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT | $1,126.25 |
| 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, | $99.71 |
| 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 | $0.00 |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQU | $24.21 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $0.00 |
| K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP | $0.00 |
| K0815 | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CA | $0.00 |
| K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T | $0.00 |
| K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEI | $0.00 |
| K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP | $0.00 |
| K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI | $0.00 |
| K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T | $0.00 |
| K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA | $0.00 |
| K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30 | $0.00 |
| K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT | $0.00 |
| K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI | $0.00 |
| K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH | $0.00 |
| K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 P | $0.00 |
| 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, | $0.00 |
| K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT | $0.00 |
| K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK | $0.00 |
| K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE | $0.00 |
| K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/ | $0.00 |
| K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEA | $0.00 |
| K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK | $0.00 |
| K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIE | $0.00 |
| K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA | $0.00 |
| K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI | $0.00 |
| K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T | $0.00 |
| K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA | $0.00 |
| K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30 | $0.00 |
| K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT | $0.00 |
| K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI | $0.00 |
| K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH | $0.00 |
| K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPAC | $0.00 |
| K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, | $0.00 |
| K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT | $0.00 |
| K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK | $0.00 |
| K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE | $0.00 |
| K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT | $0.00 |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK | $0.00 |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA | $0.00 |
| K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SE | $0.00 |
| K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID S | $0.00 |
| K0900 | CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR | $0.00 |
| K1004 | LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL C | $0.00 |
| K1027 | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, WITHOUT FIXED | $0.00 |
| K1030 | EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC | $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 |
| K1036 | SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHER | $0.00 |
| K1037 | DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY C | $0.00 |
| L0112 | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT | $1,645.94 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L0113 | CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITH | $335.36 |
| L0120 | CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR) | $59.15 |
| L0130 | CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT | $213.30 |
| L0140 | CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR) | $67.32 |
| L0150 | CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH | $169.41 |
| L0160 | CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OF | $214.39 |
| L0170 | CERVICAL, COLLAR, MOLDED TO PATIENT MODEL | $1,029.92 |
| L0172 | CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-T | $195.51 |
| L0174 | CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENS | $526.77 |
| L0180 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE | $575.95 |
| L0190 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE | $863.43 |
| L0200 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE | $1,006.20 |
| L0220 | THORACIC, RIB BELT, CUSTOM FABRICATED | $99.29 |
| L0450 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV | $203.21 |
| L0452 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES | $390.10 |
| L0454 | TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO A | $407.85 |
| L0455 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO | $377.22 |
| L0456 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A | $1,169.60 |
| L0457 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A | $1,081.76 |
| L0458 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC | $1,048.77 |
| L0460 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHEL | $1,180.47 |
| L0462 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC | $1,468.32 |
| L0464 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC | $1,748.01 |
| L0466 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W | $612.16 |
| L0467 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W | $423.06 |
| L0468 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR | $698.81 |
| L0469 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR | $539.05 |
| L0470 | TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON | $1,317.23 |
| L0472 | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME | $699.15 |
| 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, | $1,975.69 |
| L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, | $2,181.90 |
| L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, | $2,501.66 |
| L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, | $2,816.74 |
| L0488 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, | $1,180.47 |
| L0490 | TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING | $332.68 |
| L0491 | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAST | $903.14 |
| L0492 | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLA | $615.48 |
| L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB | $107.13 |
| L0622 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB | $481.68 |
| L0623 | SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA | $192.03 |
| 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 | $59.93 |
| L0626 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE | $91.65 |
| L0627 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS | $483.41 |
| L0628 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN | $91.26 |
| 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 | $190.45 |
| L0631 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE | $1,207.24 |
| 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 | $337.23 |
| 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 | $2,105.69 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L0636 | LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO | $2,669.14 |
| L0637 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER | $1,558.91 |
| L0638 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER | $1,551.00 |
| L0639 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE | $1,558.91 |
| L0640 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE | $1,230.58 |
| L0641 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE | $84.79 |
| L0642 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS | $447.19 |
| L0643 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI | $176.19 |
| L0648 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE | $1,116.81 |
| L0649 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN | $311.96 |
| L0650 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER | $1,292.22 |
| L0651 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE | $1,292.22 |
| L0700 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CON | $3,351.80 |
| L0710 | CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH | $3,429.15 |
| L0720 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CON | $2,323.96 |
| L0810 | HALO PROCEDURE,  CERVICAL HALO INCORPORATED INTO JACKET VEST | $4,614.18 |
| L0820 | HALO PROCEDURE,  CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET | $3,193.48 |
| L0830 | HALO PROCEDURE,  CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS | $6,827.90 |
| L0859 | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS A | $1,317.16 |
| L0861 | ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL | $253.46 |
| L0970 | TLSO, CORSET FRONT | $217.13 |
| L0972 | LSO, CORSET FRONT | $194.27 |
| L0974 | TLSO, FULL CORSET | $279.99 |
| L0976 | LSO, FULL CORSET | $191.42 |
| L0978 | AXILLARY CRUTCH EXTENSION | $679.20 |
| L0980 | PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR | $16.81 |
| L0982 | STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4) | $20.32 |
| L0984 | PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH | $88.55 |
| L0999 | ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | $0.00 |
| L1000 | CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNI | $3,982.86 |
| L1001 | CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATE | $60.00 |
| L1005 | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND | $3,763.92 |
| L1006 | SCOLIOSIS ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, | $1,283.42 |
| L1007 | SCOLIOSIS ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, | $0.00 |
| L1010 | ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOS | $88.36 |
| L1020 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD | $180.97 |
| L1025 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING | $183.70 |
| L1030 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD | $80.94 |
| L1040 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD | $162.76 |
| L1050 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD | $139.12 |
| L1060 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD | $167.61 |
| L1070 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING | $142.14 |
| L1080 | ADDITION  TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER | $80.91 |
| L1085 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL | $296.31 |
| L1090 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING | $164.50 |
| L1100 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER | $262.23 |
| L1110 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, | $513.61 |
| L1120 | ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH | $112.26 |
| L1200 | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS | $3,361.25 |
| L1210 | ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION | $467.22 |
| L1220 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION | $407.18 |
| L1230 | ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE | $690.05 |
| L1240 | ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD | $145.10 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L1250 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD | $109.60 |
| L1260 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD | $120.86 |
| L1270 | ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD | $163.04 |
| L1280 | ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH | $163.79 |
| L1290 | ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD | $229.44 |
| L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL | $2,954.85 |
| L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET | $2,580.26 |
| L1320 | THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIAL | $0.00 |
| L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | $39.00 |
| L1600 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, | $198.24 |
| L1610 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PR | $73.95 |
| L1620 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFA | $201.55 |
| L1630 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), | $223.43 |
| L1640 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER | $481.14 |
| L1650 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED | $314.59 |
| L1652 | HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, | $419.18 |
| L1653 | HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT | $419.18 |
| L1660 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, | $190.95 |
| L1680 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, | $3,152.40 |
| L1681 | HIP ORTHOSIS, BILATERAL HIP JOINTS AND THIGH CUFFS, ADJUSTABLE FLEXION, EXTENSIO | $3,393.78 |
| L1685 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, | $2,686.79 |
| L1686 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, | $1,696.89 |
| L1690 | COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION | $2,274.06 |
| L1700 | LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED | $3,286.08 |
| L1710 | LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED | $3,638.73 |
| L1720 | LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED | $3,203.42 |
| L1730 | LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED | $2,362.94 |
| L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED | $2,567.84 |
| L1810 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BE | $163.48 |
| L1812 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF | $123.47 |
| L1820 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR | $190.42 |
| L1821 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR C | $190.42 |
| L1830 | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF | $146.73 |
| L1831 | KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, | $346.12 |
| L1832 | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR | $854.50 |
| L1833 | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR | $698.08 |
| L1834 | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED | $1,206.59 |
| L1836 | KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFAB | $131.62 |
| L1840 | KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM | $1,574.66 |
| L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN | $2,118.62 |
| L1845 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN | $1,006.61 |
| L1846 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN | $1,921.74 |
| L1847 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT | $676.39 |
| L1848 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT | $676.39 |
| L1850 | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF | $399.68 |
| L1851 | KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND | $885.07 |
| L1852 | KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND | $844.35 |
| L1860 | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, | $1,947.00 |
| L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICAT | $364.19 |
| L1902 | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATE | $113.89 |
| L1904 | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRI | $971.29 |
| L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHEL | $312.24 |
| L1907 | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUST | $661.72 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L1910 | ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, | $514.48 |
| L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR | $392.25 |
| L1930 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING | $450.80 |
| L1932 | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, | $1,049.40 |
| L1933 | ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL | $1,049.40 |
| L1940 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED | $833.72 |
| L1945 | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), | $1,558.37 |
| L1950 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), | $1,302.21 |
| L1951 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), | $987.62 |
| L1952 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTI | $987.62 |
| L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED | $955.88 |
| L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED | $902.28 |
| L1971 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, | $551.21 |
| L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, | $779.64 |
| L1990 | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, | $916.48 |
| L2000 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, | $2,522.06 |
| L2005 | KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL | $4,818.83 |
| L2006 | KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STA | $40,524.14 |
| L2010 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND | $2,203.83 |
| L2020 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND | $3,148.81 |
| L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND | $1,906.01 |
| L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT | $2,536.60 |
| L2035 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE | $220.00 |
| L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOT | $2,715.47 |
| L2037 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT | $2,760.80 |
| L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI- | $1,899.30 |
| L2040 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC | $197.25 |
| L2050 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP | $1,004.98 |
| L2060 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL | $1,231.71 |
| L2070 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, | $183.70 |
| L2080 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP | $649.27 |
| L2090 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL | $872.37 |
| L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, | $1,439.27 |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, | $1,627.43 |
| L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, | $694.49 |
| L2114 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, | $1,103.71 |
| L2116 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, | $1,375.08 |
| L2126 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, | $1,785.64 |
| L2128 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, | $2,731.59 |
| L2132 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, | $1,041.51 |
| L2134 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, | $1,633.99 |
| L2136 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, | $2,208.71 |
| L2180 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JO | $216.29 |
| L2182 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT | $128.47 |
| L2184 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT | $115.40 |
| L2186 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, | $176.56 |
| L2188 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM | $112.27 |
| L2190 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT | $79.16 |
| L2192 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH | $720.36 |
| L2200 | ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT | $130.18 |
| L2210 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH | $161.09 |
| L2220 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, | $193.06 |
| L2221 | ADDITION TO LOWER EXTREMITY ORTHOSIS, ANKLE SYSTEM, MICROPROCESSOR-CONTROLLED FE | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L2230 | ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT | $216.61 |
| L2232 | ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE | $117.04 |
| L2240 | ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT | $215.19 |
| L2250 | ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP | $953.07 |
| L2260 | ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE) | $822.79 |
| L2265 | ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP | $345.35 |
| L2270 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED | $128.41 |
| L2275 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, | $208.10 |
| L2280 | ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT | $849.01 |
| L2300 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), | $630.30 |
| L2310 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT | $334.19 |
| L2320 | ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS | $319.55 |
| L2330 | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM | $886.41 |
| L2335 | ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND | $454.34 |
| L2340 | ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL | $752.18 |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT | $2,481.97 |
| L2360 | ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK | $81.62 |
| L2370 | ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM | $705.44 |
| L2375 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID | $202.08 |
| L2380 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT | $238.62 |
| L2385 | ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT | $221.50 |
| L2387 | ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE | $285.96 |
| L2390 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT | $223.47 |
| L2395 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT | $246.26 |
| L2397 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE | $141.76 |
| L2405 | ADDITION TO KNEE JOINT, DROP LOCK, EACH | $102.52 |
| L2415 | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM ( BAIL, CABLE, OR | $142.83 |
| L2425 | ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH | $168.56 |
| L2430 | ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, | $168.56 |
| L2492 | ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING | $147.10 |
| L2500 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARI | $552.62 |
| L2510 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED | $1,184.99 |
| L2520 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, | $747.95 |
| L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW | $1,852.42 |
| L2526 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW | $1,014.88 |
| L2530 | ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED | $539.56 |
| L2540 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT | $884.21 |
| L2550 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF | $596.55 |
| L2570 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION | $1,183.83 |
| L2580 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING | $888.59 |
| L2600 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST | $518.59 |
| L2610 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST | $575.74 |
| L2620 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH | $547.35 |
| L2622 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH | $686.04 |
| L2624 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, | $859.15 |
| L2627 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, | $1,565.82 |
| L2628 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP | $2,088.95 |
| L2630 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL | $450.90 |
| L2640 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL | $940.14 |
| L2650 | ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH | $170.61 |
| L2660 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND | $301.18 |
| L2670 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS | $256.72 |
| L2680 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS | $225.47 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L2750 | ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR | $91.22 |
| L2755 | ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL | $166.01 |
| L2760 | ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR | $155.34 |
| L2768 | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR | $153.20 |
| L2780 | ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR | $121.57 |
| L2785 | ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH | $71.56 |
| L2795 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP | $171.88 |
| L2800 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL | $211.43 |
| L2810 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD | $170.29 |
| L2820 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW | $254.50 |
| L2830 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE | $214.30 |
| L2840 | ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, | $52.98 |
| L2850 | ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, | $89.15 |
| 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 | $369.41 |
| L3001 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH | $155.55 |
| L3002 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH | $189.93 |
| L3003 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH | $204.94 |
| L3010 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, | $204.94 |
| L3020 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL | $233.30 |
| L3030 | FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH | $89.75 |
| L3031 | FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH | $144.04 |
| L3040 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH | $55.34 |
| L3050 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH | $55.34 |
| L3060 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH | $86.72 |
| L3070 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH | $37.36 |
| L3080 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH | $37.36 |
| L3090 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, | $47.87 |
| L3100 | HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF | $50.84 |
| L3140 | FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES | $104.71 |
| L3150 | FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES | $95.72 |
| L3160 | FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE | $3.01 |
| L3161 | FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE | $0.00 |
| L3170 | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF | $59.84 |
| L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT | $2.00 |
| L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD | $2.00 |
| L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR | $2.00 |
| L3204 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT | $2.00 |
| L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD | $3.00 |
| L3207 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR | $3.00 |
| L3208 | SURGICAL BOOT, EACH, INFANT | $3.00 |
| L3209 | SURGICAL BOOT, EACH, CHILD | $3.00 |
| L3211 | SURGICAL BOOT, EACH, JUNIOR | $3.00 |
| L3212 | BENESCH BOOT, PAIR, INFANT | $6.13 |
| L3213 | BENESCH BOOT, PAIR, CHILD | $6.13 |
| L3214 | BENESCH BOOT, PAIR, JUNIOR | $6.13 |
| L3215 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH | $5.37 |
| L3216 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH | $5.37 |
| L3217 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH | $6.84 |
| L3219 | ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH | $5.37 |
| L3221 | ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH | $6.84 |
| L3222 | ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH | $6.84 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L3224 | ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE | $119.93 |
| L3225 | ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE | $138.06 |
| 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 | $61.32 |
| L3310 | LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH | $95.72 |
| L3320 | LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH | $0.23 |
| L3330 | LIFT, ELEVATION, METAL EXTENSION (SKATE) | $665.55 |
| L3332 | LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH | $86.72 |
| L3334 | LIFT, ELEVATION, HEEL, PER INCH | $44.88 |
| L3340 | HEEL WEDGE, SACH | $100.25 |
| L3350 | HEEL WEDGE | $26.94 |
| L3360 | SOLE WEDGE, OUTSIDE SOLE | $41.88 |
| L3370 | SOLE WEDGE, BETWEEN SOLE | $58.29 |
| L3380 | CLUBFOOT WEDGE | $58.29 |
| L3390 | OUTFLARE WEDGE | $58.29 |
| L3400 | METATARSAL BAR WEDGE, ROCKER | $47.87 |
| L3410 | METATARSAL BAR WEDGE, BETWEEN SOLE | $109.17 |
| L3420 | FULL SOLE AND HEEL WEDGE, BETWEEN SOLE | $64.33 |
| L3430 | HEEL, COUNTER, PLASTIC REINFORCED | $188.45 |
| L3440 | HEEL, COUNTER, LEATHER REINFORCED | $89.75 |
| L3450 | HEEL, SACH CUSHION TYPE | $124.16 |
| L3455 | HEEL, NEW LEATHER, STANDARD | $47.87 |
| L3460 | HEEL, NEW RUBBER, STANDARD | $40.35 |
| L3465 | HEEL, THOMAS WITH WEDGE | $68.78 |
| L3470 | HEEL, THOMAS EXTENDED TO BALL | $73.27 |
| L3480 | HEEL, PAD AND DEPRESSION FOR SPUR | $73.27 |
| L3485 | HEEL, PAD, REMOVABLE FOR SPUR | $1.95 |
| L3500 | ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER | $34.40 |
| L3510 | ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER | $34.40 |
| L3520 | ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER | $37.36 |
| L3530 | ORTHOPEDIC SHOE ADDITION, SOLE, HALF | $37.36 |
| L3540 | ORTHOPEDIC SHOE ADDITION, SOLE, FULL | $59.84 |
| L3550 | ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD | $10.44 |
| L3560 | ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE | $26.94 |
| L3570 | ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS) | $100.25 |
| L3580 | ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE | $76.28 |
| L3590 | ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER | $62.81 |
| L3595 | ORTHOPEDIC SHOE ADDITION, MARCH BAR | $49.34 |
| L3600 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING | $89.75 |
| L3610 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW | $118.15 |
| L3620 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING | $89.75 |
| L3630 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW | $118.15 |
| L3640 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT | $50.84 |
| L3649 | ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED | $36.40 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L3650 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, O | $103.60 |
| L3671 | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER | $964.39 |
| L3674 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A | $1,265.07 |
| 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 | $309.03 |
| L3710 | ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF | $167.43 |
| L3720 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, | $1,495.72 |
| L3730 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION | $1,613.16 |
| L3740 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK | $2,425.20 |
| L3760 | ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, I | $535.20 |
| L3761 | ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, O | $535.20 |
| L3762 | ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABR | $115.08 |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, ST | $949.08 |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS | $1,088.97 |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF | $1,372.31 |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTI | $1,453.18 |
| L3806 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE | $486.17 |
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN T | $267.62 |
| L3808 | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT | $619.07 |
| L3809 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY | $267.62 |
| 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/ | $1,903.18 |
| L3901 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ | $2,347.81 |
| L3904 | WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED | $6,258.19 |
| L3905 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURN | $1,061.39 |
| L3906 | WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM | $637.64 |
| L3908 | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, | $123.39 |
| L3912 | HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRIC | $169.04 |
| L3913 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM | $289.86 |
| L3915 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU | $568.90 |
| L3916 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU | $568.90 |
| L3917 | HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TR | $113.11 |
| L3918 | HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF | $113.11 |
| L3919 | HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC | $289.86 |
| L3921 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR | $343.78 |
| L3923 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB | $90.71 |
| L3924 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB | $90.71 |
| L3925 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NO | $74.35 |
| L3927 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WI | $37.42 |
| L3929 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA | $127.48 |
| L3930 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA | $127.48 |
| L3931 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE | $273.79 |
| L3933 | FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, | $228.32 |
| L3935 | FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED | $236.42 |
| 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 | $1,255.32 |
| L3961 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INC | $1,798.13 |
| L3962 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, | $1,142.71 |
| L3967 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO | $2,123.00 |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NO | $2,015.23 |
| L3973 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO | $2,123.00 |
| L3975 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, | $1,798.13 |
| L3976 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG | $1,798.13 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L3977 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR | $2,015.23 |
| L3978 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG | $2,123.00 |
| L3980 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND | $579.53 |
| L3981 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP | $1,077.28 |
| L3982 | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES | $894.88 |
| L3984 | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND | $574.50 |
| L3995 | ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH | $46.37 |
| L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED | $73.84 |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO) | $2,159.52 |
| L4002 | REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE | $0.50 |
| L4010 | REPLACE TRILATERAL SOCKET BRIM | $1,264.77 |
| L4020 | REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL | $1,405.24 |
| L4030 | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED | $902.30 |
| L4040 | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | $819.95 |
| L4045 | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | $723.59 |
| L4050 | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | $1,058.62 |
| L4055 | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | $672.76 |
| L4060 | REPLACE HIGH ROLL CUFF | $676.33 |
| L4070 | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO | $930.59 |
| L4080 | REPLACE METAL BANDS KAFO, PROXIMAL THIGH | $135.07 |
| L4090 | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH | $128.44 |
| L4100 | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH | $167.01 |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH | $164.93 |
| L4130 | REPLACE PRETIBIAL SHELL | $799.92 |
| L4205 | REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES | $42.02 |
| 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., | $203.34 |
| L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I | $393.05 |
| L4361 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I | $393.05 |
| L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF | $213.66 |
| L4386 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M | $186.43 |
| L4387 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M | $186.43 |
| L4390 | REPLACE SOFT INTERFACE MATERIAL, MULTI-PODUS TYPE SPLINT | $118.27 |
| L4392 | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO | $27.21 |
| L4394 | REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT | $19.82 |
| L4396 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST | $194.02 |
| L4397 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST | $194.02 |
| L4398 | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF | $89.34 |
| L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, | $2,492.64 |
| L5000 | PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER | $754.53 |
| L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER | $1,698.42 |
| L5020 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER | $3,560.23 |
| L5050 | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT | $3,401.44 |
| L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT | $4,655.20 |
| L5100 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT | $3,332.24 |
| L5105 | BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT | $6,606.16 |
| 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 | $6,470.04 |
| L5160 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, | $7,329.73 |
| L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | $5,041.79 |
| L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO | $3,997.09 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED | $5,483.82 |
| L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, | $6,942.22 |
| L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTA | $11,109.86 |
| L5270 | HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE | $11,353.34 |
| L5280 | HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FR | $12,679.25 |
| L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM | $4,230.00 |
| L5312 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, | $5,149.85 |
| L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE | $6,578.29 |
| L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP | $7,200.12 |
| L5341 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, | $12,677.23 |
| L5400 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, | $2,106.06 |
| L5410 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID | $419.44 |
| L5420 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID | $2,636.43 |
| L5430 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID | $747.10 |
| L5450 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING | $414.05 |
| L5460 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING | $474.09 |
| L5500 | INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SA | $2,202.51 |
| L5505 | INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE | $2,949.67 |
| L5510 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COV | $2,262.36 |
| L5520 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO | $2,386.87 |
| L5530 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO | $3,182.01 |
| L5535 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH | $3,484.03 |
| L5540 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO | $3,066.31 |
| L5560 | PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, | $3,023.51 |
| L5570 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, | $3,361.43 |
| L5580 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, | $4,061.33 |
| L5585 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, | $3,616.30 |
| L5590 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, | $4,297.99 |
| L5595 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, | $10,976.43 |
| L5600 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAM | $9,876.03 |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE | $3,197.94 |
| L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE | $2,693.31 |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE | $4,471.86 |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE | $2,147.38 |
| L5615 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWIN | $9,640.73 |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL | $1,818.85 |
| L5617 | ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR | $711.99 |
| L5618 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES | $364.62 |
| L5620 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE | $376.06 |
| L5622 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION | $488.83 |
| L5624 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE | $548.86 |
| L5626 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION | $702.35 |
| L5628 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY | $594.47 |
| L5629 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET | $311.71 |
| L5630 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET | $722.72 |
| L5631 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET | $558.97 |
| L5632 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET | $314.65 |
| L5634 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET | $655.97 |
| L5636 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET | $325.86 |
| L5637 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT | $479.99 |
| L5638 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET | $920.17 |
| L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET | $2,457.94 |
| L5640 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET | $1,024.45 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L5642 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET | $639.67 |
| L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, | $1,986.82 |
| L5644 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET | $694.22 |
| L5645 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME | $1,230.52 |
| L5646 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION | $567.27 |
| L5647 | ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET | $1,558.04 |
| L5648 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION | $535.45 |
| L5649 | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET | $2,488.93 |
| L5650 | ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION | $862.85 |
| L5651 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME | $1,356.37 |
| L5652 | ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE | $275.59 |
| L5653 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET | $824.29 |
| L5654 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, P | $516.23 |
| L5655 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, | $451.82 |
| L5656 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, | $653.98 |
| L5657 | ADDITION TO LOWER EXTREMITY PROSTHESIS, MANUAL/AUTOMATED ADJUSTABLE AIR, FLUID, | $0.00 |
| L5658 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, | $463.59 |
| L5661 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES | $993.13 |
| L5665 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE | $1,028.61 |
| L5666 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION | $129.97 |
| L5668 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION | $182.73 |
| L5670 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION | $486.95 |
| L5671 | ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING | $953.37 |
| L5672 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION | $389.51 |
| L5673 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM | $1,173.19 |
| L5676 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR | $646.68 |
| L5677 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR | $1,064.06 |
| L5678 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR | $105.33 |
| L5679 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM | $977.66 |
| L5680 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED | $385.04 |
| L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET | $1,549.90 |
| L5682 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED | $1,222.63 |
| L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET | $1,549.90 |
| L5684 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP | $137.54 |
| L5685 | ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, | $150.92 |
| L5686 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL) | $80.11 |
| L5688 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING | $140.25 |
| L5690 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED | $171.25 |
| L5692 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT | $287.74 |
| L5694 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED | $368.60 |
| L5695 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, | $272.09 |
| L5696 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT | $357.59 |
| L5697 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND | $155.36 |
| L5698 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN | $176.36 |
| L5699 | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS | $416.57 |
| L5700 | ALL LOWER EXTREMITY PROSTHESES,FOOT,EXTERNAL KEEL,SACH FOOT | $3,778.31 |
| L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT | $5,115.42 |
| L5702 | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO | $7,828.90 |
| L5703 | ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL ( | $3,059.73 |
| L5704 | CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE | $775.74 |
| L5705 | CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE | $1,241.17 |
| L5706 | CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION | $1,226.67 |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION | $1,638.10 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L5710 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK | $821.60 |
| L5711 | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT | $965.42 |
| L5712 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE | $954.59 |
| L5714 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING | $613.77 |
| L5716 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE | $1,497.45 |
| L5718 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND | $1,614.01 |
| L5722 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION | $1,398.78 |
| L5724 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL | $2,480.26 |
| L5726 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID | $2,530.01 |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE | $4,603.47 |
| L5780 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC | $2,297.07 |
| L5781 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT | $4,714.48 |
| L5782 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT | $4,970.12 |
| L5783 | ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME M | $3,088.30 |
| L5785 | ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON | $711.46 |
| L5790 | ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | $1,143.26 |
| L5795 | ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL | $1,475.15 |
| L5810 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK | $1,107.17 |
| L5811 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT | $1,619.28 |
| L5812 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE | $1,237.94 |
| L5814 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE | $4,726.06 |
| L5816 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE | $1,983.74 |
| L5818 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND | $1,998.77 |
| L5822 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION | $1,968.54 |
| L5824 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL | $3,455.13 |
| L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE | $3,974.01 |
| L5827 | ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE P | $8,238.58 |
| L5828 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE | $4,859.63 |
| L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE | $4,123.05 |
| L5840 | ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC | $4,718.63 |
| L5841 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANC | $5,130.39 |
| L5845 | ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE | $2,111.91 |
| L5848 | ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEA | $1,267.04 |
| L5850 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE | $152.45 |
| L5855 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION | $454.89 |
| L5859 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED A | $17,095.98 |
| L5910 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM | $398.04 |
| L5920 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE | $641.60 |
| L5925 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP | $552.37 |
| L5926 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOV | $1,150.75 |
| L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME | $4,283.25 |
| L5940 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | $686.83 |
| L5950 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | $984.82 |
| L5960 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL | $1,189.84 |
| L5961 | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CON | $6,529.20 |
| L5962 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE | $873.20 |
| L5964 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE | $1,374.20 |
| L5966 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER | $1,766.48 |
| L5968 | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE | $4,281.77 |
| 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 | $341.73 |
| L5971 | ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMEN | $341.73 |
| L5972 | ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL | $719.60 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L5973 | ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION | $20,692.26 |
| L5974 | ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT | $519.60 |
| L5975 | ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL | $546.23 |
| L5976 | ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR | $1,178.55 |
| L5978 | ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT | $639.44 |
| L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE | $3,307.42 |
| L5980 | ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM | $5,691.46 |
| L5981 | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL | $3,910.36 |
| L5982 | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT | $1,052.98 |
| L5984 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR | $1,150.75 |
| L5985 | ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON | $359.32 |
| L5986 | ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL) | $1,348.29 |
| L5988 | ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE | $2,353.86 |
| L5991 | ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONN | $11,524.55 |
| L5992 | ALL LOWER EXTREMITY PROSTHESIS, FOOT SHELL FOR MODULAR FOOT/NON-SOLID ANKLE CUSH | $0.00 |
| L5999 | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED | $0.00 |
| L6000 | PARTIAL HAND, THUMB REMAINING | $2,883.58 |
| L6010 | PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING | $3,263.70 |
| L6020 | PARTIAL HAND, NO FINGER REMAINING | $2,988.60 |
| L6026 | TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWE | $5,218.32 |
| L6028 | PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON-FLEXIBLE INTERFACE, ENDOSKELETAL | $0.00 |
| L6029 | UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS | $0.00 |
| L6030 | UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS | $0.00 |
| L6031 | REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT | $0.00 |
| L6032 | ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIG | $0.00 |
| L6033 | ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC | $0.00 |
| L6034 | PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AM | $0.00 |
| L6035 | SINGLE PROSTHETIC DIGIT, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), PROX | $0.00 |
| L6036 | PROSTHETIC THUMB, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), INTERPHALAN | $0.00 |
| L6037 | IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, | $0.00 |
| L6038 | ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB, MECHANICAL, ATTACHMENT, MULTIAXIAL | $0.00 |
| L6039 | PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PART | $0.00 |
| L6100 | BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD | $2,713.38 |
| L6110 | BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES) | $3,648.86 |
| L6120 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF | $4,099.57 |
| L6130 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, | $5,472.47 |
| L6250 | ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM | $5,181.38 |
| L6300 | SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INT | $6,764.34 |
| L6310 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS) | $5,454.43 |
| L6350 | INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTER | $6,800.41 |
| L6360 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS) | $7,316.03 |
| L6370 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY) | $3,835.25 |
| L6380 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, | $1,745.47 |
| L6382 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING | $2,182.59 |
| L6384 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING | $2,851.52 |
| L6386 | IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND | $692.31 |
| L6388 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY | $694.61 |
| L6400 | BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU | $4,155.25 |
| L6450 | ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTH | $4,877.56 |
| L6500 | ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU | $4,434.15 |
| L6550 | SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PRO | $7,306.28 |
| L6570 | INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROST | $8,465.16 |
| L6580 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, | $2,371.21 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L6582 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION | $1,805.09 |
| L6584 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, | $2,913.84 |
| L6586 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION | $2,456.06 |
| L6588 | PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL | $4,182.18 |
| 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 | $3,683.86 |
| L6600 | UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR | $401.32 |
| L6605 | UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR | $416.75 |
| L6610 | UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR | $348.24 |
| L6611 | ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY | $485.15 |
| L6615 | UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT | $230.64 |
| L6616 | UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, | $80.63 |
| L6620 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT | $503.79 |
| L6623 | UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH | $713.83 |
| L6624 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT | $4,437.52 |
| L6625 | UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK | $1,164.57 |
| L6628 | UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL | $492.92 |
| L6629 | UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING | $228.44 |
| L6630 | UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST | $251.85 |
| L6632 | UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH | $71.15 |
| L6635 | UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW | $321.78 |
| L6637 | UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK | $556.68 |
| L6638 | UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE | $2,946.56 |
| L6640 | UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR | $353.67 |
| L6641 | UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE | $261.44 |
| L6642 | UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE | $337.90 |
| L6645 | UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH | $584.18 |
| L6646 | UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, | $3,716.28 |
| L6647 | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR | $611.80 |
| L6648 | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR | $3,832.80 |
| L6650 | UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH | $609.84 |
| L6655 | UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA | $153.14 |
| L6660 | UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE | $205.03 |
| L6665 | UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING | $63.04 |
| L6670 | UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER | $116.92 |
| L6672 | UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE | $323.05 |
| L6675 | UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE | $199.21 |
| L6676 | UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE | $242.38 |
| L6680 | UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW | $442.75 |
| L6682 | UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW | $401.24 |
| L6684 | UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR | $752.18 |
| L6686 | NO DESCRIPTION FOUND | $43.32 |
| L6687 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST | $764.02 |
| L6688 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW | $839.56 |
| L6689 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION | $937.15 |
| L6690 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC | $1,094.29 |
| L6691 | UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH | $602.22 |
| L6692 | UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH | $1,045.36 |
| L6693 | UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE | $3,345.13 |
| L6694 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM | $1,173.19 |
| L6695 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM | $977.66 |
| L6696 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM | $1,549.90 |
| L6697 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM | $1,549.90 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L6698 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK | $953.37 |
| L6700 | UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE | $28,931.56 |
| L6703 | TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE | $475.30 |
| L6706 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI | $557.97 |
| L6707 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI | $2,149.10 |
| L6708 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE | $1,489.49 |
| L6709 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE | $2,390.76 |
| L6711 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI | $792.18 |
| L6712 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI | $1,458.52 |
| L6713 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE | $1,840.86 |
| L6714 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE | $1,559.19 |
| L6721 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA | $2,771.24 |
| L6722 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA | $2,389.03 |
| L6760 | TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL,MODEL #10AW | $0.00 |
| L6805 | ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT | $543.84 |
| L6810 | ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE | $277.91 |
| L6881 | AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEV | $4,817.09 |
| L6882 | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL | $3,653.99 |
| L6883 | REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, | $2,186.21 |
| L6884 | REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, | $4,577.46 |
| L6885 | REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO P | $7,316.03 |
| L6890 | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, | $289.31 |
| L6895 | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY | $682.83 |
| L6900 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH | $2,628.50 |
| L6905 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH | $2,824.49 |
| L6910 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH | $2,519.98 |
| L6915 | HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR | $1,071.33 |
| L6920 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FO | $9,677.00 |
| L6925 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE | $11,029.60 |
| L6930 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM | $8,955.76 |
| L6935 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM | $10,371.58 |
| L6940 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL | $11,374.33 |
| L6945 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL | $13,091.03 |
| L6950 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, | $12,680.94 |
| L6955 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, | $15,153.39 |
| L6960 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE | $16,527.23 |
| L6965 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE | $19,197.84 |
| L6970 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER | $20,356.94 |
| L6975 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER | $23,908.24 |
| L7007 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT | $4,210.66 |
| L7008 | ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC | $7,582.67 |
| L7009 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT | $4,244.51 |
| L7040 | PREHENSILE ACTUATOR, SWITCH CONTROLLED | $3,690.98 |
| L7045 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC | $1,749.31 |
| L7170 | ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED | $7,407.25 |
| L7180 | ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE | $46,962.27 |
| L7181 | ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL | $47,211.27 |
| L7185 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED | $7,759.83 |
| L7186 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED | $10,934.18 |
| L7190 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY | $10,203.79 |
| L7191 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED | $10,757.36 |
| L7259 | ELECTRONIC WRIST ROTATOR, ANY TYPE | $5,291.11 |
| L7360 | SIX VOLT BATTERY, EACH | $320.25 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L7362 | BATTERY CHARGER, SIX VOLT, EACH | $336.34 |
| L7364 | TWELVE VOLT BATTERY, EACH | $616.24 |
| L7366 | BATTERY CHARGER, TWELVE VOLT, EACH | $806.25 |
| L7367 | LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT | $458.73 |
| L7368 | LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY | $594.67 |
| L7400 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRA | $361.13 |
| L7401 | ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT | $404.30 |
| L7402 | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T | $436.60 |
| L7403 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYL | $433.90 |
| L7404 | ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MAT | $654.92 |
| L7405 | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T | $856.52 |
| L7406 | ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME M | $3,088.30 |
| 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 | $49.44 |
| L7700 | GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH | $114.25 |
| 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 | $76.63 |
| L8001 | BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILA | $147.81 |
| L8002 | BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILAT | $194.38 |
| L8010 | BREAST PROSTHESIS, MASTECTOMY SLEEVE | $35.30 |
| L8015 | EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY | $70.64 |
| L8020 | BREAST PROSTHESIS, MASTECTOMY FORM | $263.33 |
| L8030 | BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE | $498.05 |
| L8031 | BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE | $498.05 |
| L8032 | NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH | $46.16 |
| L8033 | NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH | $0.00 |
| L8035 | CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL | $4,316.78 |
| L8039 | BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED | $0.00 |
| L8040 | NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $3,166.66 |
| L8041 | MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $3,817.01 |
| L8042 | ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $4,288.75 |
| L8043 | UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $4,803.38 |
| L8044 | HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $5,318.02 |
| L8045 | AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $3,348.14 |
| L8046 | PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $3,431.02 |
| L8047 | NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN | $1,758.36 |
| 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 | $255.80 |
| L8310 | TRUSS, DOUBLE WITH STANDARD PADS | $275.06 |
| L8320 | TRUSS, ADDITION TO STANDARD PAD, WATER PAD | $103.72 |
| L8330 | TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD | $96.98 |
| L8400 | PROSTHETIC SHEATH, BELOW KNEE, EACH | $30.73 |
| L8410 | PROSTHETIC SHEATH, ABOVE KNEE, EACH | $35.43 |
| L8415 | PROSTHETIC SHEATH, UPPER LIMB, EACH | $31.51 |
| L8417 | PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE | $95.71 |
| L8420 | PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH | $34.54 |
| L8430 | PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH | $36.53 |
| L8435 | PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH | $34.54 |
| L8440 | PROSTHETIC SHRINKER, BELOW KNEE, EACH | $96.98 |
| L8460 | PROSTHETIC SHRINKER, ABOVE KNEE, EACH | $180.96 |
| L8465 | PROSTHETIC SHRINKER, UPPER LIMB, EACH | $54.97 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L8470 | PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH | $11.80 |
| L8480 | PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH | $13.81 |
| L8485 | PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH | $17.18 |
| L8499 | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES | $38.93 |
| L8500 | ARTIFICIAL LARYNX, ANY TYPE | $738.66 |
| L8501 | TRACHEOSTOMY SPEAKING VALVE | $112.52 |
| L8505 | ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE | $2.00 |
| L8507 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH | $49.35 |
| L8509 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE | $128.67 |
| L8510 | VOICE AMPLIFIER | $297.74 |
| L8511 | INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, | $85.70 |
| L8512 | GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE | $2.54 |
| L8513 | CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR | $6.12 |
| L8514 | TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH | $111.09 |
| L8515 | GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE | $74.35 |
| L8600 | IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL | $47.00 |
| L8605 | INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA | $843.92 |
| 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 | $8,163.61 |
| L8628 | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT | $1,515.91 |
| L8629 | TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, R | $210.96 |
| 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 | $26.64 |
| 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 NEUROSTIMUL | $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 | $2,032.46 |
| L8690 | AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | $5,605.27 |
| L8691 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/A | $2,029.15 |
| L8692 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT | $0.00 |
| L8693 | AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| L8694 | AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH | $0.00 |
| 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 | $255.38 |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED | $0.00 |
| L8701 | POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH S | $34,284.44 |
| L8702 | POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGE | $67,452.66 |
| L8720 | EXTERNAL LOWER EXTREMITY SENSORY PROSTHESIS, CUTANEOUS STIMULATION OF MECHANOREC | $0.00 |
| L8721 | RECEPTOR SOLE FOR USE WITH L8720, REPLACEMENT, EACH | $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 | ADMINISTRATION OF PNEUMOCOCCAL, INFLUENZA, HEPATITIS B, AND/OR COVID-19 VACCINE | $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 |
| M0224 | INTRAVENOUS INFUSION, PEMIVIBART, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CER | $472.50 |
| M0233 | INTRAVENOUS INFUSION, TOCILIZUMAB-AAZG, FOR HOSPITALIZED ADULT PATIENTS WITH COV | $0.00 |
| M0234 | INTRAVENOUS INFUSION, TOCILIZUMAB-AAZG, FOR HOSPITALIZED ADULT PATIENTS WITH COV | $0.00 |
| M0235 | INTRAVENOUS INFUSION, MONOCLONAL ANTIBODY PRODUCTS WITH AN INDICATION FOR POST-E | $0.00 |
| M0236 | INTRAVENOUS INFUSION, MONOCLONAL ANTIBODY PRODUCTS WITH AN INDICATION FOR POST-E | $0.00 |
| M0237 | INTRAVENOUS INFUSION, TOCILIZUMAB-ANOH, FOR HOSPITALIZED ADULT PATIENTS WITH COV | $0.00 |
| M0238 | INTRAVENOUS INFUSION, TOCILIZUMAB-ANOH, FOR HOSPITALIZED ADULT PATIENTS WITH COV | $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 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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 | $4.95 |
| P2029 | CONGO RED, BLOOD | $4.95 |
| P2031 | HAIR ANALYSIS (EXCLUDING ARSENIC) | $4.95 |
| P2032 | ICTERUS INDEX, BLOOD | $0.00 |
| P2033 | THYMOL TURBIDITY, BLOOD | $4.95 |
| P2038 | MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE) | $4.95 |
| P3000 | SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI | $18.19 |
| P3001 | SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, | $26.43 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 |
| 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 |
| P9027 | RED BLOOD CELLS, LEUKOCYTES REDUCED, OXYGEN/ CARBON DIOXIDE 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| P9612 | CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF | $9.09 |
| P9615 | CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS) | $9.09 |
| 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 |
| 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 | $23.14 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $17.73 |
| 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 | $18.19 |
| Q0112 | ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS | $5.83 |
| Q0113 | PINWORM EXAMINATIONS | $4.27 |
| Q0114 | FERN TEST | $9.74 |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS | $25.00 |
| 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 |
| Q0238 | INJECTION, TOCILIZUMAB-AAZG, FOR HOSPITALIZED ADULT PATIENTS WITH COVID-19 WHO A | $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 | $106,120.93 |
| Q0481 | MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REP | $17,121.35 |
| Q0482 | MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICU | $5,362.73 |
| Q0483 | MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM | $22,092.08 |
| Q0484 | MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR A | $4,290.22 |
| Q0485 | MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEME | $414.19 |
| Q0486 | MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, | $344.75 |
| Q0487 | LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULA | $402.21 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| 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 | $19,152.62 |
| Q0490 | EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM | $828.46 |
| Q0491 | EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE | $1,302.43 |
| Q0492 | EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, RE | $104.91 |
| Q0493 | EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST | $298.79 |
| Q0494 | EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSI | $252.84 |
| Q0495 | BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICUL | $4,921.73 |
| Q0496 | BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VEN | $1,766.49 |
| Q0497 | BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV | $551.61 |
| Q0498 | HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R | $605.25 |
| Q0499 | BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRI | $196.65 |
| Q0500 | FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R | $35.99 |
| Q0501 | SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI | $601.72 |
| Q0502 | MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY | $766.07 |
| Q0503 | BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH | $1,532.20 |
| Q0504 | POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE | $808.51 |
| Q0506 | BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR AS | $1,006.41 |
| 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 | $61.14 |
| Q4002 | CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS | $231.02 |
| Q4003 | CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER | $43.90 |
| Q4004 | CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS | $151.99 |
| Q4005 | CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER | $16.19 |
| Q4006 | CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS | $36.47 |
| Q4007 | CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER | $8.09 |
| Q4008 | CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS | $18.23 |
| Q4009 | CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER | $10.81 |
| Q4010 | CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS | $24.31 |
| Q4011 | CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER | $5.39 |
| Q4012 | CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS | $12.19 |
| Q4013 | CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS | $19.68 |
| Q4014 | CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS | $33.18 |
| Q4015 | CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 | $9.85 |
| Q4016 | CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 | $16.58 |
| Q4017 | CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER | $11.37 |
| Q4018 | CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS | $18.12 |
| Q4019 | CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER | $5.69 |
| Q4020 | CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS | $9.10 |
| Q4021 | CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER | $8.42 |
| Q4022 | CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS | $15.20 |
| Q4023 | CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER | $4.23 |
| Q4024 | CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS | $7.61 |
| Q4025 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER | $47.18 |
| Q4026 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS | $147.37 |
| Q4027 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER | $23.61 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4028 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS | $73.73 |
| Q4029 | CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER | $36.10 |
| Q4030 | CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS | $95.02 |
| Q4031 | CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER | $18.03 |
| Q4032 | CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS | $47.51 |
| Q4033 | CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER | $33.68 |
| Q4034 | CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS | $83.72 |
| Q4035 | CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER | $16.83 |
| Q4036 | CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS | $41.89 |
| Q4037 | CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER | $20.51 |
| Q4038 | CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS | $51.45 |
| Q4039 | CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER | $10.29 |
| Q4040 | CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS | $25.72 |
| Q4041 | CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER | $24.98 |
| Q4042 | CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS | $42.64 |
| Q4043 | CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER | $12.49 |
| Q4044 | CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS | $21.35 |
| Q4045 | CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER | $14.50 |
| Q4046 | CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS | $23.32 |
| Q4047 | CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER | $7.22 |
| Q4048 | CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS | $11.67 |
| Q4049 | FINGER SPLINT, STATIC | $2.63 |
| Q4050 | CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS | $0.00 |
| Q4051 | SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, | $0.00 |
| Q4101 | APLIGRAF, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4102 | OASIS WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4104 | INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER (ADD-ON, LIS | $0.00 |
| Q4105 | INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT | $13.14 |
| Q4107 | GRAFTJACKET, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4108 | INTEGRA MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $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 (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4116 | ALLODERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4121 | THERASKIN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $23.18 |
| Q4122 | DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER (ADD-ON, | $75.40 |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATE | $0.00 |
| Q4125 | ARTHROFLEX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4126 | MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER (ADD-ON, LIS | $0.00 |
| Q4127 | TALYMED, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $13.78 |
| Q4128 | FLEX HD, OR ALLOPATCH HD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4130 | STRATTICE TM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4132 | GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $121.49 |
| Q4133 | GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER (ADD- | $129.76 |
| Q4150 | ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4151 | AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITIO | $0.00 |
| Q4152 | DERMAPURE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4153 | DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDIT | $0.00 |
| Q4154 | BIOVANCE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4155 | NEOXFLO OR CLARIXFLO, 1 MG | $0.00 |
| Q4156 | NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITI | $0.00 |
| Q4157 | REVITALON, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4158 | KERECIS OMEGA3, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4159 | AFFINITY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4160 | NUSHIELD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4161 | BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4162 | WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC | $0.00 |
| Q4163 | WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4164 | HELICOLL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4165 | KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITI | $0.00 |
| Q4166 | CYTAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PRO | $0.00 |
| Q4167 | TRUSKIN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4168 | AMNIOBAND, 1 MG | $0.00 |
| Q4169 | ARTACENT WOUND, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4170 | CYGNUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PR | $0.00 |
| Q4171 | INTERFYL, 1 MG | $0.00 |
| Q4173 | PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN AD | $0.00 |
| Q4174 | PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC | $0.00 |
| Q4175 | MIRODERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4176 | NEOPATCH OR THERION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | $0.00 |
| Q4178 | FLOWERAMNIOPATCH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4179 | FLOWERDERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4181 | AMNIO WOUND, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4182 | TRANSCYTE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4183 | SURGIGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4184 | CELLESTA OR CELLESTA DUO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4185 | CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC | $0.00 |
| Q4186 | EPIFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PR | $0.00 |
| Q4187 | EPICORD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4188 | AMNIOARMOR, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4189 | ARTACENT AC, 1 MG | $0.00 |
| Q4190 | ARTACENT AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4191 | RESTORIGIN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4192 | RESTORIGIN, 1 CC | $0.00 |
| Q4193 | COLL-E-DERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4194 | NOVACHOR, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4195 | PURAPLY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4196 | PURAPLY AM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4197 | PURAPLY XT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4198 | GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4199 | CYGNUS MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4200 | SKIN TE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4201 | MATRION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4202 | KEROXX (2.5G/CC), 1CC | $0.00 |
| Q4203 | DERMA-GIDE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4204 | XWRAP, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PRO | $0.00 |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY | $0.00 |
| Q4206 | FLUID FLOW OR FLUID GF, 1 CC | $0.00 |
| Q4208 | NOVAFIX, PER SQUARE CENITMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4209 | SURGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4210 | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER | $0.00 |
| Q4211 | AMNION BIO OR AXOBIOMEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| Q4212 | ALLOGEN, PER CC | $0.00 |
| Q4213 | ASCENT, 0.5 MG | $0.00 |
| Q4214 | CELLESTA CORD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG | $0.00 |
| Q4216 | ARTACENT CORD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4217 | WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND XP | $0.00 |
| Q4218 | SURGICORD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4219 | SURGIGRAFT-DUAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4220 | BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4221 | AMNIOWRAP2, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4222 | PROGENAMATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4224 | HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P), PER SQUARE CENTIMETER (ADD-ON, | $0.00 |
| Q4225 | AMNIOBIND OR DERMABIND TL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4226 | MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE CENTIMETE | $0.00 |
| Q4236 | CAREPATCH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4251 | VIM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCE | $0.00 |
| Q4252 | VENDAJE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4253 | ZENITH AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4256 | MLG-COMPLETE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4257 | RELESE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PR | $0.00 |
| Q4258 | ENVERSE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4259 | CELERA DUAL LAYER OR CELERA DUAL MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST S | $0.00 |
| Q4260 | SIGNATURE APATCH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4261 | TAG, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCE | $0.00 |
| Q4262 | DUAL LAYER IMPAX MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4263 | SURGRAFT TL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4264 | COCOON MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4265 | NEOSTIM TL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4266 | NEOSTIM MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4267 | NEOSTIM DL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4268 | SURGRAFT FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4269 | SURGRAFT XT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4270 | COMPLETE SL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4271 | COMPLETE FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4272 | ESANO A, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4273 | ESANO AAA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4274 | ESANO AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4275 | ESANO ACA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4276 | ORION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PRO | $0.00 |
| Q4277 | WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER | $0.00 |
| Q4278 | EPIEFFECT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4279 | VENDAJE AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4280 | XCELL AMNIO MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4281 | BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDI | $0.00 |
| Q4282 | CYGNUS DUAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4283 | BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATEL | $0.00 |
| Q4284 | DERMABIND SL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4285 | NUDYN DL OR NUDYN DL MESH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4286 | NUDYN SL OR NUDYN SLW, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITIO | $0.00 |
| Q4287 | DERMABIND DL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4288 | DERMABIND CH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4289 | REVOSHIELD + AMNIOTIC BARRIER, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| Q4290 | MEMBRANE WRAP-HYDRO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| Q4291 | LAMELLAS XT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4292 | LAMELLAS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4293 | ACESSO DL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4294 | AMNIO QUAD-CORE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4295 | AMNIO TRI-CORE AMNIOTIC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDIT | $0.00 |
| Q4296 | REBOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4297 | EMERGE MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4298 | AMNIOCORE PRO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4299 | AMNIOCORE PRO+, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4300 | ACESSO TL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4301 | ACTIVATE MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4302 | COMPLETE ACA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4303 | COMPLETE AA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4304 | GRAFIX PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4305 | AMERICAN AMNION AC TRI-LAYER, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| Q4306 | AMERICAN AMNION AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4307 | AMERICAN AMNION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4308 | SANOPELLIS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4309 | VIA MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4310 | PROCENTA, PER 100 MG | $0.00 |
| Q4311 | ACESSO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PR | $0.00 |
| Q4312 | ACESSO AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4313 | DERMABIND FM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4314 | REEVA FT, PER SQUARE CENITMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4315 | REGENELINK AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPA | $0.00 |
| Q4316 | AMCHOPLAST, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4317 | VITOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4318 | E-GRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4319 | SANOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4320 | PELLOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4321 | RENOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4322 | CAREGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4323 | ALLOPLY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4324 | AMNIOTX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4325 | ACAPATCH, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4326 | WOUNDPLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4327 | DUOAMNION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4328 | MOST, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROC | $0.00 |
| Q4329 | SINGLAY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4330 | TOTAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PRO | $0.00 |
| Q4331 | AXOLOTL GRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4332 | AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4333 | ARDEOGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4334 | AMNIOPLAST 1, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4335 | AMNIOPLAST 2, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4336 | ARTACENT C, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4337 | ARTACENT TRIDENT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4338 | ARTACENT VELOS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4339 | ARTACENT VERICLEN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4340 | SIMPLIGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4341 | SIMPLIMAX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4342 | THERAMEND, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4343 | DERMACYTE AC MATRIX AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER (ADD-ON, | $0.00 |
| Q4344 | TRI-MEMBRANE WRAP, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4345 | MATRIX HD ALLOGRAFT DERMIS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN AD | $0.00 |
| Q4346 | SHELTER DM MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4347 | RAMPART DL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4348 | SENTRY SL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4349 | MANTLE DL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4350 | PALISADE DM MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4351 | ENCLOSE TL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4352 | OVERLAY SL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4353 | XCEED TL MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4354 | PALINGEN DUAL-LAYER MEMBRANE AND DUAL-LAYER PALINGEN X-MEMBRANE, PER SQUARE CENT | $0.00 |
| Q4355 | ABIOMEND XPLUS MEMBRANE AND ABIOMEND XPLUS HYDROMEMBRANE, PER SQUARE CENTIMETE | $0.00 |
| Q4356 | ABIOMEND MEMBRANE AND ABIOMEND HYDROMEMBRANE, PER SQUARE CENTIMETER (ADD-ON, L | $0.00 |
| Q4357 | XWRAP PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4358 | XWRAP DUAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4359 | CHORIPLY, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4360 | AMCHOPLAST FD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4361 | EPIXPRESS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4362 | CYGNUS DISK, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4363 | AMNIO BURGEON MEMBRANE AND HYDROMEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SE | $0.00 |
| Q4364 | AMNIO BURGEON XPLUS MEMBRANE AND XPLUS HYDROMEMBRANE, PER SQUARE CENTIMETER (AD | $0.00 |
| Q4365 | AMNIO BURGEON DUAL-LAYER MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATEL | $0.00 |
| Q4366 | DUAL LAYER AMNIO BURGEON X-MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARAT | $0.00 |
| Q4367 | AMNIOCORE SL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4368 | AMCHOTHICK, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4369 | AMNIOPLAST 3, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4370 | AEROGUARD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4371 | NEOGUARD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4372 | AMCHOPLAST EXCEL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4373 | MEMBRANE WRAP LITE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4375 | DUOGRAFT AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4376 | DUOGRAFT AA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4377 | TRIGRAFT FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4378 | RENEW FT MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4379 | AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITIO | $0.00 |
| Q4380 | ADVOGRAFT ONE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4381 | MATRIX HD ALLOGRAFT DERMIS, PER SQUARE CENTIMETER | $0.00 |
| Q4382 | ADVOGRAFT DUAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4383 | AXOLOTL GRAFT ULTRA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| Q4384 | AXOLOTL DUALGRAFT ULTRA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDIT | $0.00 |
| Q4385 | APOLLO FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4386 | ACESSO TRIFACA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4387 | NEOTHELIUM FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4388 | NEOTHELIUM 4L, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4389 | NEOTHELIUM 4L+, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4390 | ASCENDION, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4391 | AMNIOPLAST DOUBLE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4392 | GRAFIX DUO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4393 | SURGRAFT AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4394 | SURGRAFT ACA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q4395 | ACELAGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4396 | NATALIN, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4397 | SUMMIT AAA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4398 | SUMMIT AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4399 | SUMMIT FX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4400 | POLYGON3 MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4401 | ABSOLV3 MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4402 | XWRAP 2.0, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4403 | XWRAP DUAL PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4404 | XWRAP HYDRO PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO | $0.00 |
| Q4405 | XWRAP FENESTRA PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION | $0.00 |
| Q4406 | XWRAP FENESTRA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4407 | XWRAP TRIBUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIM | $0.00 |
| Q4408 | XWRAP HYDRO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4409 | AMNIOMATRIXF3X, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4410 | AMCHOMATRIXDL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRI | $0.00 |
| Q4411 | AMNIOMATRIXF4X, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PR | $0.00 |
| Q4412 | CHORIOFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4413 | CYGNUS SOLO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMA | $0.00 |
| Q4414 | SIMPLICHOR, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4415 | ALEXIGUARD SL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4416 | ALEXIGUARD TL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4417 | ALEXIGUARD DL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4418 | BIOLAB MEMBRANE WRAP FLOW, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4419 | BIOLAB MEMBRANE WRAP LITE FLOW, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY I | $0.00 |
| Q4420 | NUFORM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PR | $0.00 |
| Q4421 | BIOLAB MEMBRANE WRAP SOLO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADD | $0.00 |
| Q4422 | A/C WRAP, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4423 | BIOLAB TRI-MEMBRANE WRAP FLOW, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN | $0.00 |
| Q4424 | REVIVE FT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4425 | REVIVE TL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY | $0.00 |
| Q4426 | DERMABIND TL + OR DERMABIND TL X,  PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATEL | $0.00 |
| Q4427 | DERMABIND DL N OR DERMABIND DL + OR DERMABIND DL X, PER SQUARE CENTIMETER (ADD-O | $0.00 |
| Q4428 | DERMABIND SL N OR DERMABIND SL + OR DERMABIND SL X, PER SQUARE CENTIMETER (ADD-O | $0.00 |
| Q4429 | DERMABIND CH N OR DERMABIND CH X, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY | $0.00 |
| Q4431 | PMA SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRIMAR | $0.00 |
| Q4432 | 510(K) SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRI | $0.00 |
| Q4433 | 361 HCT/P SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO | $0.00 |
| Q4435 | RENATI MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO P | $0.00 |
| Q4436 | RENATI AC MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION T | $0.00 |
| Q4437 | REVIVAL AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4438 | PRETECT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY P | $0.00 |
| Q4439 | INSTAGRAFT, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $0.00 |
| Q4440 | CURAMATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMAR | $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 |
| 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 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| Q5010 | HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY | $0.00 |
| Q5133 | INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG | $0.00 |
| Q5134 | INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG | $0.00 |
| Q5160 | INJECTION, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG | $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 |
| 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 | $140.04 |
| R0075 | TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING | $140.04 |
| 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 |
| S4024 | AIR POLYMER-TYPE A INTRAUTERINE FOAM, PER STUDY DOSE | 0 |
| S4988 | PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE | 0 |
| S5100 | DAY CARE SERVICES, ADULT; PER 15 MINUTES | 0 |
| S5101 | DAY CARE SERVICES, ADULT; PER HALF DAY | 0 |
| S5102 | DAY CARE SERVICES, ADULT; PER DIEM | 0 |
| S5105 | DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM | 0 |
| S5108 | HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES | 0 |
| S5109 | HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION | 0 |
| S5110 | HOME CARE TRAINING, FAMILY; PER 15 MINUTES | 0 |
| S5111 | HOME CARE TRAINING, FAMILY; PER SESSION | 0 |
| S5115 | HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES | 0 |
| S5116 | HOME CARE TRAINING, NON-FAMILY; PER SESSION | 0 |
| S5120 | CHORE SERVICES; PER 15 MINUTES | 0 |
| S5125 | ATTENDANT CARE SERVICES; PER 15 MINUTES | 0 |
| S5130 | HOMEMAKER SERVICE, NOS; PER 15 MINUTES | 0 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| S5135 | COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES | 0 |
| S5140 | FOSTER CARE, ADULT; PER DIEM | 0 |
| S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 0 |
| S5150 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES | 0 |
| S5160 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING | 65 |
| S5161 | EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND | 43 |
| S5162 | EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY | 65 |
| S5165 | HOME MODIFICATIONS; PER SERVICE | 0 |
| S5170 | HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL | 0 |
| S5185 | MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH | 0 |
| S9002 | INTRA-VAGINAL MOTION SENSOR SYSTEM, PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE | 0 |
| S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER | 0 |
| S9123 | NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL | 0 |
| S9124 | NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR | 0 |
| S9125 | RESPITE CARE, IN THE HOME, PER DIEM | 0 |
| S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM | 0 |
| S9129 | OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM | 0 |
| S9131 | PHYSICAL THERAPY; IN THE HOME, PER DIEM | 0 |
| S9445 | PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, | 0 |
| S9452 | NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION | 0 |
| S9470 | NUTRITIONAL COUNSELING, DIETITIAN VISIT | 0 |
| S9484 | CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR | 0 |
| T1000 | PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES | 0 |
| T1001 | NURSING ASSESSMENT / EVALUATION | 0 |
| T1002 | RN SERVICES, UP TO 15 MINUTES | 0 |
| T1003 | LPN/LVN SERVICES, UP TO 15 MINUTES | 0 |
| T1004 | SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES | 0 |
| T1005 | RESPITE CARE SERVICES, UP TO 15 MINUTES | 0 |
| T1006 | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING | 0 |
| T1007 | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR | 0 |
| T1009 | CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR | 0 |
| T1010 | MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN | 0 |
| T1012 | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT | 0 |
| T1013 | SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES | 9.36 |
| T1014 | TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY | 0 |
| T1015 | CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE | 0 |
| T1016 | CASE MANAGEMENT, EACH 15 MINUTES | 336 |
| T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 0 |
| T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 0 |
| T1019 | PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A | 0 |
| T1020 | PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A | 0 |
| T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT | 20 |
| T1023 | SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL | 0 |
| T1024 | EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE | 0 |
| T1030 | NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM | 0 |
| T1040 | MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM | 0 |
| T1505 | ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND | 0 |
| T1999 | MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE | 31.47 |
| T2001 | NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT | 0 |
| T2003 | NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP | 0 |
| T2004 | NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS | 4.92 |
| T2015 | HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR | 0 |
| T2016 | HABILITATION, RESIDENTIAL, WAIVER; PER DIEM | 0 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| T2019 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES | 0 |
| T2021 | DAY HABILITATION, WAIVER; PER 15 MINUTES | 0 |
| T2022 | CASE MANAGEMENT, PER MONTH | 0 |
| T2023 | TARGETED CASE MANAGEMENT; PER MONTH | 0 |
| T2024 | SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER | 0 |
| T2025 | WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS) | 0 |
| 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 |
| T2033 | RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM | 0 |
| T2034 | CRISIS INTERVENTION, WAIVER; PER DIEM | 0 |
| T2038 | COMMUNITY TRANSITION, WAIVER; PER SERVICE | 0 |
| T2039 | VEHICLE MODIFICATIONS, WAIVER; PER SERVICE | 0 |
| 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 | 0.3 |
| T4542 | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH | 0 |
| T5999 | SUPPLY, NOT OTHERWISE SPECIFIED | 0.56 |
| U0001 | CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL | 35.92 |
| 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 |
| U0004 | 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE | 75 |
| U0005 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATOR | 25 |
| V2020 | FRAMES, PURCHASES | 118.52 |
| V2025 | DELUXE FRAME | 55 |
| V2100 | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS | 47.25 |
| V2101 | SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS | 71.43 |
| V2102 | SPHERE, SINGLE VISION, PLUS OR MINUS  7.12 TO PLUS OR MINUS 20.00D, PER LENS | 90.23 |
| V2103 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO | 48.93 |
| V2104 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO | 51.96 |
| V2105 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO | 56.82 |
| V2106 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D | 70.64 |
| V2107 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, | 76.18 |
| V2108 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D | 71.8 |
| V2109 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D | 82.82 |
| V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D | 70.31 |
| V2111 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D | 82.83 |
| V2112 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D | 87.65 |
| V2113 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D | 69.21 |
| V2114 | SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS | 80.24 |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION | 133.45 |
| V2118 | ANISEIKONIC LENS, SINGLE VISION | 136.04 |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | 172.9 |
| V2199 | NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS | 52 |
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS | 76.22 |
| V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS | 95.6 |
| V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS | 78.48 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D | 83.78 |
| V2204 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D | 85.45 |
| V2205 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D | 83.8 |
| V2206 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D | 87.73 |
| V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 | 92.18 |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 | 102.55 |
| V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 | 96.52 |
| V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER | 102.08 |
| V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 | 129 |
| V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, | 119.94 |
| V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, | 110.96 |
| V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS | 127.75 |
| V2215 | LENTICULAR (MYODISC), PER LENS, BIFOCAL | 193.26 |
| V2218 | ANISEIKONIC, PER LENS, BIFOCAL | 153.93 |
| V2219 | BIFOCAL SEG WIDTH OVER 28MM | 26.6 |
| V2220 | BIFOCAL ADD OVER 3.25D | 53.83 |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL | 221.09 |
| V2299 | SPECIALTY BIFOCAL (BY REPORT) | 0 |
| V2300 | SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS | 94.97 |
| V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS | 120.89 |
| V2302 | SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS | 85.47 |
| V2303 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D | 103.72 |
| V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D | 108.21 |
| V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 | 108.64 |
| V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D | 107.92 |
| V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 | 117.51 |
| V2308 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, | 115.96 |
| V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, | 142.12 |
| V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, | 115.66 |
| V2311 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, | 149.74 |
| V2312 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, | 190.77 |
| V2313 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, | 209.23 |
| V2314 | SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS | 172.53 |
| V2315 | LENTICULAR, (MYODISC), PER LENS, TRIFOCAL | 218.4 |
| V2318 | ANISEIKONIC LENS, TRIFOCAL | 436.08 |
| V2319 | TRIFOCAL SEG WIDTH OVER 28 MM | 30.07 |
| V2320 | TRIFOCAL ADD OVER 3.25D | 22.74 |
| V2321 | LENTICULAR LENS, PER LENS, TRIFOCAL | 207.24 |
| V2399 | SPECIALTY TRIFOCAL (BY REPORT) | 0 |
| V2410 | VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS | 169.1 |
| V2430 | VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS | 247.01 |
| V2499 | VARIABLE SPHERICITY LENS, OTHER TYPE | 0 |
| V2500 | CONTACT LENS, PMMA, SPHERICAL, PER LENS | 114.07 |
| V2501 | CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS | 206.52 |
| V2503 | CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS | 181.71 |
| V2510 | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS | 146.52 |
| V2511 | CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS | 253.71 |
| V2513 | CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS | 274.45 |
| V2520 | CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS | 125.53 |
| V2521 | CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS | 225.23 |
| V2523 | CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS | 186.64 |
| V2526 | CONTACT LENS, HYDROPHILIC, WITH BLUE-VIOLET FILTER, PER LENS | 0 |
| V2530 | CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS | 156.97 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| V2531 | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, | 689.03 |
| V2599 | CONTACT LENS, OTHER TYPE | 59.8 |
| V2600 | HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS | 0 |
| V2610 | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS | 0 |
| V2615 | TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION | 542.88 |
| V2620 | PROSTHETIC, EYE, GLASS, STOCK | 0 |
| V2621 | PROSTHETIC, EYE PLASTIC, STOCK | 0 |
| V2622 | PROSTHETIC, EYE, GLASS, CUSTOM | 0 |
| V2623 | PROSTHETIC EYE, PLASTIC, CUSTOM | 1945.24 |
| V2624 | POLISHING/RESURFACING OF OCULAR PROSTHESIS | 46.59 |
| V2625 | ENLARGEMENT OF OCULAR PROSTHESIS | 551.02 |
| V2626 | REDUCTION OF OCULAR PROSTHESIS | 350.6 |
| V2627 | SCLERAL COVER SHELL | 1661.22 |
| V2628 | FABRICATION AND FITTING OF OCULAR CONFORMER | 368.51 |
| V2629 | PROSTHETIC EYE, OTHER TYPE | 364 |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | 142.87 |
| V2631 | IRIS SUPPORTED INTRAOCULAR LENS | 142.87 |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS | 142.87 |
| V2700 | BALANCE LENS, PER LENS | 97.63 |
| V2715 | PRISM, PER LENS | 30.27 |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS | 36.63 |
| V2744 | TINT, PHOTOCHROMATIC, PER LENS | 16.27 |
| V2745 | ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES | 13.41 |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS | 33.31 |
| V2755 | U-V LENS, PER LENS | 15.08 |
| V2756 | EYE GLASS CASE | 1.56 |
| V2760 | SCRATCH RESISTANT COATING, PER LENS | 35.85 |
| V2761 | MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS | 0 |
| V2762 | POLARIZATION, ANY LENS MATERIAL, PER LENS | 70.23 |
| V2770 | OCCLUDER LENS, PER LENS | 51.22 |
| V2780 | OVERSIZE LENS, PER LENS | 24.95 |
| V2781 | PROGRESSIVE LENS, PER LENS | 0 |
| V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, | 75.86 |
| V2783 | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO | 85.5 |
| V2784 | LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS | 55.61 |
| V2785 | PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE | 0 |
| V2786 | SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS | 0 |
| V2790 | AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE | 0 |
| V2797 | VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE | 0 |
| V2799 | VISION ITEM OR SERVICE, MISCELLANEOUS | 1.56 |
| V5000 | BASIC AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING THE MEASURING OF HEAR | 0 |
| V5001 | COMPREHENSIVE AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING A BASIC AUDIO | 0 |
| V5002 | ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED ELECTROPHYSIO | 0 |
| V5003 | ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED BEHAVIORAL TE | 0 |
| V5008 | HEARING SCREENING | 0 |
| V5010 | ASSESSMENT FOR HEARING AID | 52 |
| V5011 | FITTING/ORIENTATION/CHECKING OF HEARING AID(FOLLOWING INITIAL EXAM AND SELECTION | 80 |
| V5012 | COMPLETE COCHLEAR IMPLANT REHABILITATION INCLUDING ADJUSTING AND TESTING OF EQUI | 0 |
| V5014 | REPAIR/MODIFICATION OF A HEARING AID | 142.05 |
| V5016 | UNLISTED AUDIOLOGIC PROCEDURE (SPECIFY) | 0 |
| V5020 | CONFORMITY EVALUATION | 0 |
| V5030 | HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION | 442 |
| V5040 | HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION | 0 |

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| V5050 | HEARING AID, MONAURAL, IN THE EAR | 0 |
| V5060 | HEARING AID, MONAURAL, BEHIND THE EAR | 312 |
| V5095 | SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS | 0 |
| V5100 | HEARING AID, BILATERAL, BODY WORN | 0 |
| V5120 | BINAURAL, BODY | 0 |
| V5130 | BINAURAL, IN THE EAR | 0 |
| V5181 | HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) | 0 |
| V5213 | HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE | 0 |
| V5221 | HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE | 0 |
| V5247 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR) | 312 |
| V5253 | HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE;CHILD:DIGITAL OR ANALOG | 0 |
| V5257 | HEARING AID, DIGITAL, MONAURAL, BTE | 0 |
| V5260 | HEARING AID, DIGITAL, BINAURAL, ITE | 0 |
| V5262 | HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL | 0 |
| V5263 | HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL | 0 |
| V5264 | EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE | 30 |
| V5265 | EAR MOLD/INSERT, DISPOSABLE, ANY TYPE | 0 |
| V5266 | BATTERY FOR USE IN HEARING DEVICE | 1.25 |
| V5268 | ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE | 0 |
| V5269 | ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE | 0 |
| V5270 | ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE | 0 |
| V5271 | ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER | 0 |
| V5272 | ASSISTIVE LISTENING DEVICE, TDD | 0 |
| V5273 | ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT | 0 |
| V5274 | ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED | 0 |
| V5275 | EAR IMPRESSION, EACH | 20 |
| V5290 | ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE | 0 |
| V5298 | HEARING AID, NOT OTHERWISE CLASSIFIED;ADULTS: DIGITAL OR ANALOG | 0 |
| V5301 | BASIC ASSESSMENT OF SPECIFIC SINGLE SPEECH, VOICE, LANGUAGE COGNITIVE/ COMMUNICA | 0 |
| V5310 | COMPREHENSIVE ASSESSMENT OF SPEECH, VOICE, LANGUAGE SYSTEMS, ORAL/ PHARYNGEAL SE | 0 |
| V5321 | ASSESSMENT FOR ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX (EXCLUDES V5010 | 0 |
| V5322 | ASSESSMENT FOR AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES V5010 HEARI | 0 |
| V5330 | TREATMENT FOR SPEECH, LANGUAGE, ORAL/PHARYNGEAL AND/OR COMMUNICATION DISORDER, P | 0 |
| V5335 | REPAIR/MODIFICATION OF ORAL OR LARYNGEAL PROTHESIS OR ARTIFICIAL LARYNX | 0 |
| V5336 | REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES | 0 |
| V5360 | UNLISTED SPEECH-LANGUAGE SERVICE (SPECIFY) | 0 |
| V5362 | SPEECH SCREENING | 0 |
| V5363 | LANGUAGE SCREENING | 0 |
| V5364 | DYSPHAGIA SCREENING | 0 |
| W0554 | SKILLED NURSING SERVICES BY RN FOR EPSDT SERVICES IN THE HOME;MULTIPLE PATIENTS | 70 |
| W4082 | EXTENSION SET FOR BUTTON TYPE TUBE/DECOMPRESSION TUBE | 0 |
| W4084 | GLOBAL IMPLANTED SINGLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES | 0 |
| W4085 | GLOBAL IMPLANTED DOUBLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES | 0 |
| W4086 | SKIN LEVEL GASTROSTOMY TUBE | 0 |
| W4087 | GLOBAL SINGLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICE & SUPPLIES | 0 |
| W4088 | GLOBAL DOUBLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICES AND SUPPLI | 0 |
| W4089 | GLOBAL PICC SERVICES AND SUPPLIES | 0 |
| W4090 | MIDLINE AND PICC LINE INSERTION SUPPLIES | 0 |
| W4091 | MIDLINE & PICC LINE FULL SERVICES | 0 |
| W4601 | ATTENDANT CARE DAILY | 0 |
| W4603 | HOME CARE TRAINING,NON-FAMILY,PER 15 MINUTES,SPECIALIZED SERVICES (DD/MR) | 0 |
| W4604 | HOME CARE TRAINING,NON-FAMILY,PER SESSION,COUNSELING & TRAINING | 0 |
| W4605 | COMPANION CARE,ADULT,PER DAY | 0 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| W4606 | HABILITATION:PRE-VOCATIONAL,EACH,15 MINUTES | 0 |
| W4614 | DAY HABILITAION;PER 15 MINUTES | 0 |
| W4615 | OTHER HABILITATION;NOS;PER DAY | 0 |
| W4616 | INTERPRETOR,PER SERVICE | 0 |
| W4621 | OTHER HABILITATION,NOS,PER 15 MINUTES | 0 |
| W4622 | WAIVER CASE MANAGEMENT,COMPREHENSIVE,ALL-INCLUSIVE,PER 15 MINUTES | 0 |
| W4624 | WAIVER SCREENING SERVICES/PREASSESSMENT/LOC DETERMINATION | 0 |
| W4625 | WAIVER SERVICE COORDINATION | 0 |
| W4626 | ONGOING MONITORING FOR INDIVIDUALS COVERED UNDER THE WAIVER | 0 |
| W4628 | UTILITY COVERAGE,PER UTILITY | 0 |
| W4634 | HABILITATION,RESIDENTIAL HAB/INDEP LIVING SKILLS DEVELOPMENT;PER DAY | 0 |
| W4638 | HOMEMAKER,SEPARATE SERVICE,NOS,EACH 15 MINUTES | 0 |
| W4657 | MEDICALLY FRAGILE DAY CARE, SPECIALIZED CHILD CARE, CENTER BASED, PER DAY | 0 |
| W4669 | FOSTER CARE,CHILD,THERAPEUTIC;PER DAY | 0 |
| W4670 | CHORE SERVICES,PER 15 MINUTES | 0 |
| W4671 | CRIMINAL CHECK,PER EVENT | 0 |
| W4672 | SPECIALIZED CHILD CARE,CENTER BASED,PER DAY | 0 |
| W4673 | WAIVER CASE MANAGEMENT SERVICES,NOS | 0 |
| W4674 | WAIVER ADMINISTRATION SERVICES,NOS | 0 |
| W4675 | WAIVER RATE CELL/MONTHLY CAP PAYMENT | 0 |
| W4709 | COMPANION CARE,ADULT,PER 15 MINUTES | 0 |
| W5120 | SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME | 0 |
| W5640 | OTC MEDICATION FOR CONSTIPATION IN SNF; PER RECIPIENT/MONTH | 0 |
| W5940 | VAGINAL DELIVERY (COMPREHENSIVE PRENATAL & POSTPARTUM CARE) | 0 |
| W5942 | PRENATAL AND POSTPARTUM CARE ONLY (COMPREHENSIVE CARE) | 416 |
| W5951 | CESAREAN SECTION DELIVERY ONLY (INCL. IN-HOSPITAL POST-PARTUM VISITS) | 1000 |
| W7890 | DIAG RADIOPHARMACEUTICAL FLUORODEOXYGLUCOSE (FDG) FOR PET (POSITRON EMM TOMOGRA | 600 |
| W8390 | HIV-1 DRUG RESISTANCE TESTING; GENOTYPING | 420 |
| W9006 | ADDITIONAL PUMP REPAIRS/SERVICING; INCL. RENTAL DURING REPAIR | 0 |
| W9073 | GLOBAL INTRATHECAL PAIN MANAGEMENT (VIA IMPLANTABLE INFUSIONPUMP) SERVICE AND S | 0 |
| W9074 | PREPROGRAMMING OF IMPLANTABLE INFUSION PUMP | 0 |
| W9075 | GLOBAL MISCELLANEOUS IV THERAPY SERVICES AND SUPPLIES | 0 |
| W9076 | GLOBAL IV OR SUBQ (W/ PCA) OR EPIDURAL CHRONIC PAIN MANAGEMENT; PER DAY | 0 |
| W9078 | GLOBAL IV HYDRATION SERVICES AND SUPPLIES; PER DAY | 0 |
| W9079 | GLOBAL IV ANTI-INFECTIVE_SERVICES AND SUPPLIES; PER DAY | 0 |
| W9080 | DHS FORM 1156 - NEW PATIENT | 0 |
| W9081 | DHS FORM 1156 ESTABLISHED PATIENT | 0 |
| W9082 | OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL | 0 |
| W9082 | OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL | 0 |
| W9082 | OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL | 0 |
| W9082 | OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL | 0 |
| W9082 | OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL | 0 |
| W9083 | BHMC PLAN CRISIS INTERVENTION, CONTACT BY TELEPHONE | 0 |
| W9084 | BHMC PLAN CRISIS INTERVENTION, TELEPHONE CONTACT, W/ PERSONAL CONTACT | 0 |
| W9100 | VISION SCREENING | 12.48 |
| W9207 | DHS 1271 REEVALUATION | 0 |
| W9213 | TANF MENTAL/MEDICAL DISABILITY DETERINATION PERFORMED BY QUEST | 77 |
| W9778 | INITIAL PEDIATRIC REHABILITATIVE EVALUATION FOR CHILD < 21 IN SUBACUTE LOC | 104 |
| W9779 | PEDIATRIC REHABILITATIVE INTERVENTION FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE | 72.8 |
| 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 |
| W9801 | QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 1HOUR | 104 |
| W9802 | QUEST PSYCHIATRIC EVALUATION FOR DETERMINATION OF SMI, 2 HOURS | 208 |

Medicaid Fee-For-Service (FFS) Fee Schedule, without modifiers
as of 06/01/2026

| Procedure Code | Procedure Code Description | Maximum Allowable Charge |
|---|---|---|
| W9803 | QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 3HOURS | 312 |
| W9805 | QUEST CHILD BEHAVIORAL HEALTH EVAL OF ELIG IN FELIX WAIHEE CLASS, 2HRS | 0 |
| W9880 | CASE MGMT, INPATIENT HOSPITAL FOR VENT DEPENDENT/TRACH CHILDPRIOR TO INITIAL | 1260 |
| W9881 | CASE MGMT FOR VENT DEPENDENT/TRACH CHILD LIVING AT HOME | 840 |
| W9882 | CASE MGMT FOR NON-VENT DEPENDENT/NON-TRACH CHILD WITH SIGNIFICANT MEDICAL | 336 |
| W9883 | CASE MANAGEMENT FOR CHILD WITH SIGNIFICANT MEDICAL NEEDS | 84 |
| W9884 | ADDITIONAL OR UNUSUAL CASE MGMT SERVICES TO ADDRESS CHANGINGMEDICAL NEEDS, UNIT | 28 |
| W9970 | SPECIALTY MOLDED UPPER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE | 148 |
| W9971 | SPECIALTY MOLDED LOWER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE | 168 |
| W9984 | CHIROPRACTIC MANIPULATION, EXTENEDED | 0 |
| Z9001 | PROVIDER ADJUSTMENT | 0 |
| Z9002 | MEDICARE CO-INSURANCE | 0 |
| Z9004 | MEDICARE PAID | 0 |
| Z9005 | HMO CO-PAYMENT | 0 |
| Z9007 | ADDITIONAL PAYMENT | 0 |
| Z9008 | MEDICARE DEDUCTIBLE | 0 |
| Z9011 | TOTAL CHARGE | 0 |
| Z9014 | THIRD PARTY LIABILITY | 0 |
| Z9017 | GROSS ADJUSTMENT | 0 |
| Z9022 | PATIENTS SHARE | 0 |
| Z9060 | QUEST ENABLING SERVICE, LANGUAGE TRANSLATION, PER 15 MINUTES | 9.36 |
| Z9070 | INTEREST | 0 |
| Z9440 | MANAGED CARE EPSDT SCREENING RISK LEAD ASSESSMENT SRLA | 0 |
| Z9998 | CONV. NO PROCEDURE | 0 |
| Z9999 | CONV. NO DETAIL | 0 |