

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0001U	RED BLOOD CELL TYPING	\$0.00
0002U	MEASUREMENT OF SUBSTANCES IN URINE TO PREDICT LIKELIHOOD OF POLYPS IN LARGE INTE	\$0.00
0003U	MEASUREMENT OF PROTEINS ASSOCIATED WITH OVARIAN CANCER IN SERUM	\$570.00
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI	\$0.00
0005U	TEST FOR DETECTING GENES ASSOCIATED WITH PROSTATE CANCER IN URINE	\$456.00
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOC	\$0.00
0006U	PRESCRIPTION DRUG MONITORING IN URINE	\$0.00
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANAL	\$0.00
0007U	TESTING FOR PRESENCE OF DRUG IN URINE	\$0.00
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON FORMALIN-F	\$0.00
0008U	TEST FOR DETECTING HELICOBACTER PYLORI GENES ASSOCIATED WITH ANTIBIOTIC RESISTAN	\$0.00
0009U	GENE ANALYSIS OF BREAST TUMOR TISSUE	\$0.00
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	\$22.80
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	\$22.80
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS	\$22.80
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	\$22.80
0010U	TYPING OF BACTERIAL STRAIN	\$0.00
0011U	PRESCRIPTION DRUG MONITORING IN ORAL FLUID	\$0.00
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE	\$456.00
0012U	GENE ANALYSIS FOR GERMLINE DISORDER	\$0.00
0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE	\$456.00
0013U	GENE ANALYSIS OF SOLID ORGAN TUMOR TISSUE	\$570.00
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	\$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 PROCEDURES ON EYE; OPHTHALMOSCOPY	\$22.80
0014U	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	\$0.00
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	\$22.80
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	\$22.80
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	\$22.80
0016U	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	\$0.00
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	\$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 INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	\$22.80
0017U	TEST FOR DETECTING GENE ABNORMALITY ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM C	\$0.00
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILI	\$0.00
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	\$22.80
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING	\$22.80
0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED	\$0.00
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	\$22.80
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION	\$22.80
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	\$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 INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	\$22.80
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	\$22.80
0021U	ONCOLOGY (PROSTATE), DETECTION OF 8 AUTOANTIBODIES (ARF 6, NKX3-1, 5'-UTR-BMI1,	\$0.00
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	\$22.80
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	\$22.80
0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND	\$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
0023U	ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF INTERNAL TANDEM DUPLIC	\$0.00
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES OF	\$22.80
00320	ANESTHESIA FOR PROCEDURE ON ESOPHAGUS AND NECK, AGE 1 YEAR OR OLDER	\$22.80
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	\$22.80
00326	ANESTHESIA FOR PROCEDURE ON VOICE BOX AND WINDPIPE, CHILDREN YOUNGER THAN 1 YEAR	\$22.80
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	\$22.80
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	\$22.80
0035U	TESTING FOR PRESENCE OF PRION PROTEIN IN CEREBROSPINAL FLUID	\$0.00
0036U	EXOME GENE ANALYSIS FOR SOMATIC MUTATION IN TUMOR TISSUE	\$0.00
0037U	DNA GENE ANALYSIS OF 324 GENES IN SOLID ORGAN TUMOR TISSUE	\$0.00
0038U	MEASUREMENT OF VITAMIN D IN SERUM	\$0.00
0039U	TESTING FOR ANTI-DNA ANTIBODY	\$0.00
00400	ANESTHESIA FOR PROCEDURE ON SKIN OF ARMS, LEGS, OR TRUNK	\$22.80
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
0040U	GENE ANALYSIS (T(9;22)) FOR TRANSLOCATION ANALYSIS	\$0.00
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
0041U	IGM ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	\$0.00
0042T	COMPUTED TOMOGRAPHY (CT) OF BRAIN BLOOD FLOW, VOLUME, AND TIMING OF FLOW ANALYSI	\$0.00
0042U	IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	\$0.00
0043U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	\$0.00
0044U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	\$0.00
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	\$22.80
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	\$22.80
0045U	MRNA GENE ANALYSIS OF 12 GENES IN BREAST DUCTAL CARCINOMA IN SITU TUMOR TISSUE	\$2,323.80
0046U	GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) FOR INTERNAL TANDEM DUPLICATION VA	\$99.31
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	\$22.80
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	\$22.80
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVATUM)	\$22.80
0047U	MRNA GENE ANALYSIS OF 17 GENES IN PROSTATE TUMOR TISSUE	\$2,323.80
0048U	DNA GENE ANALYSIS OF 468 GENES IN SOLID ORGAN TUMOR TISSUE	\$0.00
0049U	GENE ANALYSIS (NUCLEOPHOSMIN)	\$147.91
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	\$22.80
0050U	DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS LEUKE	\$0.00
0051U	TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE	\$123.38
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE	\$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 CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$22.80
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$22.80
0052U	MEASUREMENT OF ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES IN BLOOD	\$20.32
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	\$22.80
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	\$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 TRACHEOBRONCHIAL RECONSTRUCTION	\$22.80
0053U	FISH ANALYSIS OF 4 GENES IN PROSTATE NEEDLE BIOPSY SPECIMEN	\$0.00
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
0054T	COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL NAVIGATION	\$0.00
0054U	MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD	\$99.31
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	\$22.80

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0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	\$0.00
0055U	DNA GENE ANALYSIS OF 96 TARGET SEQUENCES IN PLASMA FOR HEART TRANSPLANT	\$0.00
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$22.80
00561	ANESTHESIA FOR PROCEDURE ON HEART AND GREAT BLOOD VESSELS ON HEART-LUNG MACHINE,	\$22.80
00562	ANESTHESIA FOR PROCEDURE ON HEART AND GREAT BLOOD VESSELS ON HEART-LUNG MACHINE,	\$22.80
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$22.80
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR	\$22.80
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	\$0.00
0056U	WHOLE GENOME SEQUENCING IN BLOOD OR BONE MARROW FOR ACUTE MYELOGENOUS LEUKEMIA	\$0.00
0057U	MRNA GENE ANALYSIS OF 51 GENES IN SOLID ORGAN TUMOR TISSUE	\$0.00
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	\$22.80
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	\$0.00
0058U	MEASUREMENT OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	\$215.31
0059U	TEST FOR PRESENCE OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERU	\$215.31
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$22.80
00604	ANESTHESIA FOR PROCEDURE ON SPINE AND SPINAL CORD, PATIENT IN SITTING POSITION	\$22.80
0060U	GENE ANALYSIS FOR IDENTICAL TWINS IN MATERNAL BLOOD	\$455.43
0061U	SPATIAL FREQUENCY DOMAIN IMAGING OF SKIN	\$455.43
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$22.80
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$0.00
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$0.00
0062U	AUTOIMMUNE (SYSTEMIC LUPUS ERYTHEMATOSUS), IGG AND IGM ANALYSIS OF 80 BIOMARKERS	\$0.00
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	\$22.80
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	\$22.80
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	\$22.80
0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALGORITHM REPORTED AS M	\$0.00
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE	\$22.80
0064U	ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN (RPR), IMMUNOASSAY,	\$0.00
0065U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITATIVE (RPR)	\$0.00
0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSER	\$0.00
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$22.80
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMA	\$0.00
0068U	CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSILOSIS, C. KRUSEII, C	\$0.00
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMA	\$0.00
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$22.80
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER	\$22.80
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	\$0.00
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	\$0.00
0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	\$22.80
00731	ANESTHESIA FOR PROCEDURE ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	\$22.80
00732	ANESTHESIA FOR DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND	\$22.80
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	\$22.80
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	\$22.80
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	\$22.80
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	\$22.80
0075T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED THROUGH	\$0.00
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
0076T	INSERTION OF STENTS INTO VERTEBRAL ARTERY VIA CATHETER, OPEN OR ACCESSED THROUGH	\$0.00
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$0.00
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	\$22.80
0077U	IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOPRECIPITATION AND MAS	\$0.00

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE,	\$0.00
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$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 INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS	\$0.00
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$22.80
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	\$22.80
00811	ANESTHESIA FOR PROCEDURE ON LARGE BOWEL USING AN ENDOSCOPE	\$22.80
00812	ANESTHESIA FOR DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE	\$22.80
00813	ANESTHESIA FOR PROCEDURE ON ESOPHAGUS, STOMACH, SMALL BOWEL, AND/OR LARGE BOWEL	\$22.80
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	\$22.80
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	\$22.80
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	\$22.80
00834	ANESTHESIA FOR LOWER ABDOMINAL HERNIA REPAIR, CHILD YOUNGER THAN 1 YEAR OF AGE	\$22.80
00836	ANESTHESIA FOR LOWER ABDOMINAL HERNIA REPAIR, INFANTS YOUNGER THAN 37 WEEKS GEST	\$22.80
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
0084U	DNA RED BLOOD CELL ANTIGEN TYPING	\$432.00
00850	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00855	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00857	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A CESAREAN DELIVERY	\$22.80
0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION	\$0.00
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
0086U	FISH IDENTIFICATION OF ORGANISMS IN BLOOD CULTURE	\$0.00
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	\$22.80
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	\$22.80
0087U	MRNA GENE EXPRESSION PROFILING OF GENES IN HEART TRANSPLANT BIOPSY TISSUE TO EVA	\$0.00
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE	\$22.80
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA	\$22.80
00884	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; TRANSVENOUS	\$22.80
0088U	MRNA GENE EXPRESSION PROFILING OF GENES IN KIDNEY TRANSPLANT TISSUE TO EVALUATE	\$0.00
0089U	GENE EXPRESSION PROFILING OF MELANOMA IN SUPERFICIAL SAMPLE COLLECTED BY ADHESIV	\$465.00
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	\$22.80
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	\$22.80
00906	ANESTHESIA FOR; VULVECTOMY	\$22.80
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	\$22.80
0090U	MRNA GENE EXPRESSION PROFILING OF 23 GENES IN SKIN MELANOMA TISSUE SAMPLE	\$1,170.00
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	\$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
0091U	COLORECTAL CANCER SCREENING BY ENUMERATION OF TUMOR CELLS IN BLOOD	\$0.00
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
0092U	MEASUREMENT OF 3 PROTEIN BIOMARKERS FOR LUNG CANCER IN PLASMA	\$0.00
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
0093U	PRESCRIPTION DRUG MONITORING FOR 65 COMMON DRUGS IN URINE	\$37.28
00940	ANESTHESIA FOR VAGINAL BIOPSY OF CERVIX, UTERINE LINING, OR EXTERNAL GENITALIA	\$22.80
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00946	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
0094U	RAPID SEQUENCE GENE TESTING	\$0.00
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00955	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A VAGINAL DELIVERY (INCLUDES	\$22.80
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH AD	\$0.00
0095U	TEST FOR MARKERS OF EOSINOPHILIC INFLAMMATION OF ESOPHAGUS	\$0.00
0096U	TEST FOR DETECTION OF HIGH-RISK HUMAN PAPILLOMAVIRUS IN MALE URINE	\$21.05
0097U	TEST FOR DETECTION OF GASTROINTESTINAL DISEASE-CAUSING ORGANISM USING AMPLIFIED	\$0.00
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$0.00
0098U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	\$0.00
0099U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	\$0.00
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR,	\$0.00
0100U	TEST FOR DETECTION OF RESPIRATORY DISEASE-CAUSING ORGANISM USING AMPLIFIED PROBE	\$0.00
0101U	GENE SEQUENCE ANALYSIS PANEL OF 15 GENES ASSOCIATED WITH HEREDITARY COLON CANCER	\$701.88
0102U	GENE SEQUENCE ANALYSIS PANEL OF 17 GENES ASSOCIATED WITH HEREDITARY BREAST CANCER	\$670.79
0103U	GENE SEQUENCE ANALYSIS PANEL OF 24 GENES ASSOCIATED WITH HEREDITARY OVARIAN CANCER	\$670.79
0105U	MEASUREMENT OF TUMOR NECROSIS FACTOR RECEPTOR 1A, RECEPTOR SUPERFAMILY 2 (TNFR1,	\$570.00
0106U	EVALUATION OF GASTRIC EMPTYING BY MEASUREMENT OF RADIOLABELED CARBON MONOXIDE IN	\$0.00
0107U	ANTIGEN TEST FOR DETECTION OF CLOSTRIDIUM DIFFICILE TOXIN IN STOOL	\$9.60
0108U	COMPUTER-ASSISTED DIGITAL IMAGING OF ESOPHAGUS SPECIMEN SLIDES TO EVALUATE RISK	\$0.00
0109U	DNA TEST FOR DETECTION OF 4 ASPERGILLUS SPECIES	\$85.58
0110U	MONITORING OF ANTI-CANCER DRUGS IN PATIENT BLOOD, SERUM, OR PLASMA	\$16.27
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	\$22.80
0111U	GENE ANALYSIS (KRAS AND NRAS) IN PROSTATE TUMOR TISSUE	\$409.37
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	\$22.80
0112U	GENE ANALYSIS FOR DETECTION OF INFECTIOUS AGENT AND DRUG RESISTANCE GENE	\$0.00
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	\$22.80
0113U	MEASUREMENT OF PCA3 GENE IN URINE AND PROSTATE-SPECIFIC ANTIGEN (PSA) IN SERUM T	\$456.00
01140	ANESTHESIA FOR INTERPELVIC ABDOMINAL (HINDQUARTER) AMPUTATION	\$22.80
0114U	GENE ANALYSIS (VIM AND CCNA1 METHYLATION) IN ESOPHAGEAL CELLS TO EVALUATE LIKELI	\$0.00
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER	\$22.80
0115U	RESPIRATORY INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), 18 VIRAL T	\$0.00
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$22.80
0116U	ANALYSIS OF 35 OR MORE DRUGS IN MOUTH FLUID TO EVALUATE RISK OF PRESCRIPTION DRUG	\$148.15
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$22.80
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE	\$22.80
0117U	ANALYSIS OF 11 BIOCHEMICAL SUBSTANCES IN URINE TO EVALUATE LIKELIHOOD OF ATYPICAL	\$0.00
0118U	MEASUREMENT OF TRANSPLANT DONOR CELL-FREE DNA IN TRANSPLANT RECIPIENT PLASMA	\$0.00
0119U	MEASUREMENT OF CERAMIDES FOR ASSESSMENT OF HEART DISEASE RISK	\$0.00
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	\$22.80

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	\$1,673.47
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	\$22.80
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	\$22.80
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	\$22.80
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP	\$22.80
0121U	BLOOD TEST FOR SICKLE CELLS USING VCAM-1	\$0.00
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	\$22.80
0122U	BLOOD TEST FOR SICKLE CELLS USING P-SELECTIN	\$0.00
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	\$22.80
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	\$22.80
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION	\$22.80
0123U	TEST FOR FRAGILITY OF RED BLOOD CELLS	\$0.00
0124U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF ABNORMAL CHROMOSOME	\$33.32
01250	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPE	\$22.80
0125U	ANALYSIS OF 5 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF ABNORMAL CHROMOSOME	\$41.71
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	\$22.80
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLERO	\$0.00
0126U	ANALYSIS OF 5 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF PREECLAMPSIA	\$41.71
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
0127U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD TO ASSESS RISK OF PREECLAMPSIA	\$33.32
0128U	ANALYSIS OF 3 SUBSTANCES IN MATERNAL BLOOD AND ANALYSIS OF Y CHROMOSOME IN FETAL	\$33.32
0129U	GENE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY BREAST CANCER AND RELATED DISO	\$670.79
0130U	TARGETED MRNA SEQUENCE ANALYSIS OF GENES ASSOCIATED WITH HEREDITARY COLON CANCER	\$350.94
0131U	TARGETED MRNA SEQUENCE ANALYSIS OF 13 GENES ASSOCIATED WITH HEREDITARY BREAST CA	\$0.00
01320	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND/OR BURSAE OF K	\$22.80
0132U	TARGETED MRNA SEQUENCE ANALYSIS OF 17 GENES ASSOCIATED WITH HEREDITARY OVARIAN C	\$0.00
0133U	TARGETED MRNA SEQUENCE ANALYSIS OF 11 GENES ASSOCIATED WITH HEREDITARY PROSTATE	\$0.00
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	\$22.80
0134U	TARGETED MRNA SEQUENCE ANALYSIS OF 18 GENES ASSOCIATED WITH HEREDITARY PAN CANCE	\$0.00
0135U	TARGETED MRNA SEQUENCE ANALYSIS OF 12 GENES ASSOCIATED WITH HEREDITARY GYNECOLOG	\$0.00
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	\$22.80
0136U	MRNA GENE ANALYSIS (ATAXIA TELANGIECTASIA MUTATED)	\$0.00
0137U	MRNA GENE ANALYSIS (PARTNER AND LOCALIZER OF BRCA2)	\$0.00
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	\$22.80
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	\$22.80
0138U	MRNA GENE ANALYSIS (BRCA1, DNA REPAIR ASSOCIATED AND BRCA2, DNA REPAIR ASSOCIATE	\$0.00
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$22.80
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$22.80
0139U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 6 CENTR	\$0.00
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	\$22.80
01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL	\$22.80
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$22.80
0140U	INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION, DNA (15 FUNGAL TARGE	\$0.00
0141U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGANISM IDENTIFICATION A	\$0.00
01420	ANESTHESIA FOR KNEE JOINT CAST APPLICATION, REMOVAL, OR REPAIR	\$22.80
0142U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTERIAL IDENTIFICATION	\$0.00
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$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 PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$22.80
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$22.80
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$22.80
0144U	DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LI	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	\$22.80
0146U	DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URINE, BY QUANTITATIVE	\$0.00
01470	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, A	\$22.80
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$22.80
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$22.80
0147U	DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQ	\$0.00
01480	ANESTHESIA FOR OPEN PROCEDURE ON BONES OF LOWER LEG, ANKLE AND FOOT	\$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 LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	\$22.80
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQ	\$0.00
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT	\$22.80
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	\$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 PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	\$22.80
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR	\$22.80
0152T	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$0.00
0152U	INFECTIOUS DISEASE (BACTERIA, FUNGI, PARASITES, AND DNA VIRUSES), DNA, PCR AND N	\$0.00
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING	\$0.00
0154U	FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) GENE ANALYSIS (IE, P.R248C [C.742C>T	\$0.00
0155U	PIK3CA (PHOSPHATIDYLINOSITOL-4,5BISPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA)	\$0.00
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	\$0.00
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSI	\$0.00
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYN	\$0.00
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC	\$0.00
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENC	\$0.00
01610	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF SHOUL	\$22.80
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NONPOLYP	\$0.00
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR	\$22.80
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	\$22.80
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL	\$0.00
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$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
0163T	INSERTION OF LOWER SPINE ARTIFICIAL DISC, ANTERIOR APPROACH	\$0.00
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH A	\$0.00
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	\$22.80
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL	\$22.80
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	\$22.80
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL	\$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 CAST APPLICATION, REMOVAL OR REPAIR	\$22.80
01710	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPE	\$22.80
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	\$22.80
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	\$22.80
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT	\$22.80

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY	\$22.80
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF	\$22.80
0174T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	\$0.00
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL	\$22.80
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION	\$22.80
0175T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	\$0.00
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL	\$22.80
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$22.80
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	\$22.80
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$22.80
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	\$22.80
01810	ANESTHESIA FOR PROCEDURE ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF FORE	\$22.80
01820	ANESTHESIA FOR CLOSED PROCEDURE ON BONES OF FOREARM, WRIST, OR HAND	\$22.80
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	\$22.80
01830	ANESTHESIA FOR OPEN OR ENDOSCOPIC PROCEDURE ON BONES OF FOREARM, WRIST, OR HAND	\$22.80
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	\$22.80
01840	ANESTHESIA FOR PROCEDURE ON ARTERIES OF FOREARM, WRIST, AND HAND	\$22.80
01842	ANESTHESIA FOR REMOVAL OF BLOOD CLOT FROM FOREARM, WRIST, OR HAND ARTERY	\$22.80
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	\$22.80
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	\$0.00
01850	ANESTHESIA FOR 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 FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL OR REPAIR	\$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 DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	\$22.80
01918	ANESTHESIA FOR ARTERIOGRAMS, NEEDLE; RETROGRADE, BRACHIAL OR FEMORAL	\$22.80
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$0.00
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND	\$22.80
01921	ANESTHESIA FOR ANGIOPLASTY	\$22.80
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	\$22.80
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01926	ANESTHESIA FOR X-RAY PROCEDURE ON ARTERY IN BRAIN, HEART, OR MAJOR VESSEL OF CHE	\$22.80
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE	\$22.80
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$22.80
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$22.80
01951	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD-DEGREE BURN, LESS THAN 4% TOTAL BOD	\$22.80
01952	ANESTHESIA FOR TREATMENT OF SECOND AND THIRD-DEGREE BURN, BETWEEN 4% AND 9% TOTA	\$22.80
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	\$22.80
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	\$0.00
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	\$22.80
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	\$22.80
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	\$22.80
01963	ANESTHESIA FOR CESAREAN 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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	\$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	UNLISTED ANESTHESIA PROCEDURE(S)	\$22.80
0200T	INJECTIONS OF ONE SIDE OF SACRUM FOR ENLARGEMENT, 1 OR MORE NEEDLES, ACCESSED TH	\$0.00
0201T	INJECTIONS OF BOTH SIDES OF SACRUM FOR ENLARGEMENT, 2 OR MORE NEEDLES, ACCESSED	\$0.00
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT[S] REPLACEMENT), INCL	\$0.00
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND	\$0.00
0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	\$0.00
0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	\$0.00
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;	\$0.00
0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION	\$0.00
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 021	\$0.00
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0222T	INSERTION OF SPINAL FACET JOINT IMPLANTS	\$0.00
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTI	\$0.00
0234T	CATHETER REMOVAL OF PLAQUE FROM KIDNEY ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	\$0.00
0235T	CATHETER REMOVAL OF PLAQUE FROM ORGAN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	\$0.00
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0237T	CATHETER REMOVAL OF PLAQUE FROM UPPER ARM ARTERY, ACCESSED THROUGH THE SKIN OR O	\$0.00
0238T	CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	\$0.00
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$0.00
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL	\$0.00
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD	\$0.00
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE	\$0.00
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM	\$0.00
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UN	\$0.00
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERAT	\$0.00
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION	\$0.00
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION	\$0.00
0274T	REMOVAL OF BONE FROM UPPER OR MIDDLE SPINE FOR DECOMPRESSION OF NERVE TISSUE USI	\$0.00
0275T	REMOVAL OF BONE FROM LOWER SPINE FOR DECOMPRESSION OF NERVE TISSUE USING IMAGING	\$0.00
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY),	\$0.00
0290T	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION	\$0.00
0295T	EXTERNAL EKG RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS WITH ANALYSIS, REPOR	\$0.00
0296T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0297T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0298T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS	\$0.00
0312T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUR	\$0.00
0313T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEM	\$0.00
0314T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRU	\$0.00
0315T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR	\$0.00
0316T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR	\$0.00
0317T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); NEUROSTIMULATOR PULSE GENERATOR E	\$0.00
0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER	\$0.00
0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES	\$0.00
0331T	IMAGING OF HEART MUSCLE	\$0.00
0332T	IMAGING OF HEART MUSCLE WITH SPECT	\$0.00
0335T	INSERTION OF IMPLANT INTO SUBTALAR (BELOW ANKLE) FOOT JOINT	\$0.00
0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH	\$0.00
0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH F	\$0.00
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	\$0.00
0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	\$0.00
0347T	INSERTION OF DEVICES IN BONE FOR VISUALIZATION AND MEASUREMENT USING RADIOSTEREO	\$0.00
0348T	X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	\$0.00
0349T	X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	\$0.00
0350T	X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)	\$0.00
0351T	INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	\$0.00
0352T	INTERPRETATION AND REPORT OF TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE	\$0.00
0353T	INTRAOPERATIVE TOMOGRAPHY OF BREAST	\$0.00
0354T	INTERPRETATION AND REPORT OF INTRAOPERATIVE TOMOGRAPHY OF BREAST	\$0.00
0355T	X-RAY OF LARGE BOWEL WITH INTERPRETATION AND REPORT	\$0.00
0356T	INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCTS	\$0.00
0358T	WHOLE BODY COMPOSITION TISSUE AND FLUID MEASUREMENTS WITH INTERPRETATION AND REP	\$0.00
0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT FOR PATIENT EXHIBITING DESTRUCTIVE	\$31.25
0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FOR PATIENT EXHIBITING DE	\$0.00
0376T	INSERTION OF EYE DRAINAGE DEVICE	\$0.00
0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WIT	\$0.00
0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALY	\$0.00
0381T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASS	\$0.00
0382T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASS	\$0.00
0383T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS T	\$0.00
0384T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS T	\$0.00
0385T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO	\$0.00
0386T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO	\$0.00
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$0.00
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$0.00
0396T	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR IMPLANT STABILITY DURING KNEE	\$0.00
0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$0.00
0398T	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STER	\$0.00
0400T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA,	\$0.00
0401T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA,	\$0.00
0402T	COLLAGEN CROSS-LINKING TREATMENT OF DISEASE OF CORNEA	\$0.00
0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES,	\$0.00
0404T	TRANSCERVICAL UTERINE FIBROID(S) ABLATION WITH ULTRASOUND GUIDANCE, RADIOFREQUEN	\$0.00
0405T	OVERSIGHT OF THE CARE OF AN EXTRACORPOREAL LIVER ASSIST SYSTEM PATIENT REQUIRING	\$0.00
0408T	INSERTION OR REPLACEMENT OF PULSE GENERATOR AND ELECTRODES OF HEART CONTRACTILIT	\$0.00
0409T	INSERTION OR REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYS	\$0.00
0410T	INSERTION OR REPLACEMENT OF ELECTRODES IN UPPER CHAMBER OF HEART FOR HEART CONTR	\$0.00
0411T	INSERTION OR REPLACEMENT OF ELECTRODES IN LOWER CHAMBER OF HEART FOR HEART CONTR	\$0.00
0412T	REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00
0414T	REPLACEMENT OF PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0415T	REPOSITIONING OF ELECTRODE OF HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00
0416T	RELOCATION OF SKIN POCKET FOR PULSE GENERATOR OF HEART CONTRACTILITY MODULATOR S	\$0.00
0417T	PROGRAMMING EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00
0418T	INTERROGATION EVALUATION OF HEART CONTRACTILITY MODULATOR SYSTEM	\$0.00
0419T	DESTRUCTION OF MORE THAN 50 NEUROFIBROMAS OF SKIN OF HEAD AND NECK	\$0.00
0420T	DESTRUCTION OF MORE THAN 100 NEUROFIBROMAS OF SKIN OF HEAD AND NECK	\$0.00
0421T	WATERJET DESTRUCTION OF PROSTATE ACCESSED THROUGH THE URETHRA	\$0.00
0422T	TACTILE IMAGING OF ONE OR BOTH BREASTS	\$0.00
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA) LEVEL	\$0.00
0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	\$0.00
0425T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	\$0.00
0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	\$0.00
0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEE	\$0.00
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	\$0.00
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	\$0.00
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	\$0.00
0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP	\$0.00
0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; ST	\$0.00
0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SE	\$0.00
0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	\$0.00
0435T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR C	\$0.00
0436T	PROGRAMMING EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR C	\$0.00
0437T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE	\$0.00
0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING R	\$0.00
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING G	\$0.00
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING G	\$0.00
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING G	\$0.00
0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY	\$0.00
0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	\$0.00
0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	\$0.00
0446T	CREATION OF SKIN POCKET AND INSERTION OF GLUCOSE SENSOR, WITH PATIENT TRAINING	\$0.00
0447T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA	\$0.00
0448T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS	\$0.00
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	\$0.00
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	\$0.00
0451T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$0.00
0452T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$0.00
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$0.00
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$0.00
0455T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$0.00
0456T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$0.00
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$0.00
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$0.00
0459T	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION	\$0.00
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST	\$0.00
0461T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST	\$0.00
0462T	PROGRAMMING DEVICE EVALUATION OF LOWER HEART CHAMBER ASSIST SYSTEM, PER DAY	\$0.00
0463T	INTERROGATION DEVICE EVALUATION OF LOWER HEART CHAMBER ASSIST SYSTEM, PER DAY	\$0.00
0465T	INJECTION OF MEDICATION INTO SPACE ABOVE CHOROID MEMBRANE OF EYE	\$0.00
0466T	INSERTION OF BREATHING SENSOR ELECTRODE OR ELECTRODE ARRAY INTO CHEST WALL	\$0.00
0467T	REVISION OR REPLACEMENT OF BREATHING SENSOR ELECTRODE OR ELECTRODE ARRAY IN CHES	\$0.00
0468T	REMOVAL OF BREATHING SENSOR ELECTRODE OR ELECTRODE ARRAY FROM CHEST WALL	\$0.00
0470T	OCT SCAN OF SKIN LESION WITH INTERPRETATION AND REPORT	\$0.00
0471T	OCT SCAN OF SKIN LESION WITH INTERPRETATION AND REPORT	\$0.00
0472T	EVALUATION AND INITIAL PROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING,	\$0.00
0473T	EVALUATION AND REPROGRAMMING OF RETINAL PROSTHESIS WITH PATIENT TRAINING, REVIEW	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0474T	INSERTION OF DRAINAGE DEVICE AND CREATION OF FLUID RESERVOIR IN FRONT CHAMBER OF	\$0.00
0475T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH TECHNICAL ANALYSIS AND INTERPRETAT	\$0.00
0476T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH ELECTRONIC SIGNAL TRANSFER OF DATA	\$0.00
0477T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH SIGNAL EXTRACTION, TECHNICAL ANALY	\$0.00
0478T	RECORDING OF FETAL MAGNETIC HEART SIGNAL WITH REVIEW AND INTERPRETATION OF REPOR	\$0.00
0479T	LASER DESTRUCTION OF SCAR TISSUE	\$0.00
0480T	LASER DESTRUCTION OF SCAR TISSUE	\$0.00
0481T	INJECTION OF PATIENT'S OWN WHITE BLOOD CELL CONCENTRATE	\$0.00
0483T	INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, ACCESSED THROUGH THE	\$0.00
0484T	INSERTION OF ARTIFICIAL VALVE BETWEEN LEFT HEART CHAMBERS, OPEN CHEST PROCEDURE	\$0.00
0485T	OCT SCAN OF ONE EAR	\$0.00
0486T	OCT SCAN OF BOTH EARS	\$0.00
0487T	BIOMECHANICAL MAPPING ACCESSED THROUGH THE VAGINA	\$0.00
0488T	ONLINE/ELECTRONIC PROGRAM FOR PREVENTION OF DIABETES USING STANDARDIZED DIABETES	\$0.00
0489T	HARVESTING AND PREPARATION OF PATIENT'S OWN FAT CELLS FOR CELL THERAPY FOR SCLER	\$0.00
0490T	CELL THERAPY FOR SCLERODERMA OF HANDS USING PATIENT'S OWN FAT CELLS	\$0.00
0491T	LASER TREATMENT OF OPEN WOUND	\$0.00
0492T	LASER TREATMENT OF OPEN WOUND	\$0.00
0493T	NEAR INFRARED SPECTROSCOPY FOR WOUND	\$0.00
0494T	PREPARATION AND STORAGE OF DONOR LUNG	\$0.00
0495T	INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG	\$0.00
0496T	INITIATION AND MONITORING OF CIRCULATION IN DONOR LUNG	\$0.00
0497T	CONNECTION OF EXTERNAL PATIENT-ACTIVATED EKG EVENT RECORDER	\$0.00
0498T	REVIEW AND INTERPRETATION OF EXTERNAL PATIENT-ACTIVATED EKG EVENT RECORDINGS	\$0.00
0499T	EXAMINATION OF BLADDER AND URETHRA WITH MECHANICAL DILATION AND DRUG DELIVERY FO	\$0.00
0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	\$0.00
0501T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	\$0.00
0502T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	\$0.00
0503T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	\$0.00
0504T	ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEAR	\$0.00
0505T	ENDOVENOUS FEMORAL-POPLITEAL ARTERIAL REVASCLARIZATION, WITH TRANSCATHETER PLAC	\$0.00
0506T	MACULAR PIGMENT OPTICAL DENSITY MEASUREMENT BY HETEROCHROMATIC FLICKER PHOTOMETR	\$0.00
0507T	NEAR-INFRARED DUAL IMAGING (IE, SIMULTANEOUS REFLECTIVE AND TRANS-ILLUMINATED LI	\$0.00
0508T	PULSE-ECHO ULTRASOUND BONE DENSITY MEASUREMENT RESULTING IN INDICATOR OF AXIAL B	\$0.00
0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	\$54.02
0510T	REMOVAL OF SINUS TARSI IMPLANT	\$0.00
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	\$0.00
0512T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDIN	\$0.00
0514T	INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION (LIST SEPARATEL	\$0.00
0515T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	\$0.00
0516T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	\$0.00
0517T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING	\$0.00
0518T	REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIR	\$0.00
0519T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACI	\$0.00
0520T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACI	\$0.00
0521T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, IN	\$0.00
0522T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$0.00
0523T	INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D FUNCTIONAL MAPPIN	\$0.00
0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPE	\$0.00
0525T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	\$0.00
0526T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	\$0.00
0527T	INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING T	\$0.00
0528T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SY	\$0.00
0529T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING	\$0.00
0530T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	\$0.00
0531T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
0532T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERV	\$0.00
0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	\$0.00
0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	\$0.00
0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	\$0.00
0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSK	\$0.00
0540T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION, AUT	\$0.00
0541T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI	\$0.00
0542T	MYOCARDIAL IMAGING BY MAGNETOCARDIOGRAPHY (MCG) FOR DETECTION OF CARDIAC ISCHEMI	\$0.00
0543T	REPAIR OF VALVE BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART (MITRAL VALV	\$0.00
0544T	RECONSTRUCTION OF JUNCTION BETWEEN UPPER LEFT AND LOWER LEFT CHAMBERS OF HEART (	\$0.00
0545T	RECONSTRUCTION OF JUNCTION BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART	\$0.00
0546T	RADIOFREQUENCY SPECTROSCOPY EVALUATION OF SURGICAL MARGINS DURING PARTIAL MASTEC	\$0.00
0547T	BONE MATERIAL QUALITY TESTING BY MICROINDENTATIONS OF SHIN BONE	\$0.00
0548T	INSERTION OF BALLOON CONTINENCE DEVICE ON BOTH SIDES OF URETHRA, INCLUDING EXAMI	\$0.00
0549T	INSERTION OF BALLOON CONTINENCE DEVICE ON ONE SIDE OF URETHRA, INCLUDING EXAMINA	\$0.00
0550T	REMOVAL OF BALLOON CONTINENCE DEVICE FROM BESIDE URETHRA	\$0.00
0551T	ADJUSTMENT OF FLUID VOLUME IN BALLOON CONTINENCE DEVICE BESIDE URETHRA	\$0.00
0552T	LOW-LEVEL LASER THERAPY	\$0.00
0553T	INSERTION OF IMPLANT CONNECTING GROIN ARTERY AND GROIN VEIN, WITH RADIOLOGICAL S	\$0.00
0554T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT SCA	\$0.00
0555T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: RETRIEVAL AND TRANSMISSION OF CT SCA	\$0.00
0556T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: ASSESSMENT OF BONE STRENGTH AND FRAC	\$0.00
0557T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT: INTERPRETATION AND REPORT	\$0.00
0558T	CT SCAN FOR BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS	\$0.00
0563T	EVACUATION OF MEIBOMIAN TEAR GLANDS OF EYELIDS OF BOTH EYES	\$0.00
0564T	EVALUATION OF TOXICITY OF CHEMOTHERAPY DRUGS ON CANCER STEM CELLS	\$0.00
0565T	HARVESTING OF FATTY TISSUE AND CREATION OF CELLULAR IMPLANT FOR TREATMENT OF OST	\$0.00
0566T	INJECTION OF FATTY TISSUE CELLULAR IMPLANT FOR TREATMENT OF OSTEOARTHRITIS IN KN	\$0.00
0567T	BLOCKAGE OF FALLOPIAN TUBES WITH IMPLANTS INSERTED THROUGH CERVIX	\$0.00
0568T	INTRODUCTION OF SALINE AND AIR INTO FALLOPIAN TUBES TO TEST FOR BLOCKAGE	\$0.00
0569T	REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART (TRICUSPID	\$0.00
0570T	REPAIR OF VALVE BETWEEN UPPER RIGHT AND LOWER RIGHT CHAMBERS OF HEART (TRICUSPID	\$0.00
0571T	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH E	\$0.00
0572T	INSERTION OF IMPLANTABLE DEFIBRILLATOR ELECTRODE UNDER BREASTBONE	\$0.00
0573T	REMOVAL OF IMPLANTABLE DEFIBRILLATOR ELECTRODE FROM UNDER BREASTBONE	\$0.00
0574T	REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE UNDER BREASTBONE	\$0.00
0575T	IN-PERSON PROGRAMMING DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATO	\$0.00
0576T	IN-PERSON INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLA	\$0.00
0577T	ELECTROPHYSIOLOGICAL EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	\$0.00
0578T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$0.00
0579T	REMOTE INTERROGATION DEVICE EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$0.00
0580T	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR FROM UNDER BREASTBONE	\$0.00
0581T	FREEZING DESTRUCTION OF MALIGNANT BREAST TUMORS IN ONE BREAST, ACCESSED THROUGH	\$0.00
0582T	HIGH-ENERGY WATER VAPOR HEAT DESTRUCTION OF MALIGNANT PROSTATE TISSUE, INCLUDING	\$0.00
0583T	INSERTION OF VENTILATING TUBE IN EARDRUM USING AN AUTOMATED TUBE DELIVERY SYSTEM	\$0.00
0587T	IMPLANTATION OF NERVE-STIMULATING DEVICE IN POSTERIOR TIBIAL NERVE, ACCESSED THR	\$0.00
0588T	REVISION OR REMOVAL OF NERVE-STIMULATING DEVICE IN POSTERIOR TIBIAL NERVE	\$0.00
0589T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF NERVE-STIMULATING DEVICE IN POSTE	\$0.00
0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF NERVE-STIMULATING DEVICE IN POST	\$0.00
10004	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EACH ADDITIONAL LESION	\$27.20
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	\$45.74
10006	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; EACH ADDITIONAL LE	\$31.15
10007	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; FIRST LESION	\$59.05
10008	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL	\$38.53
10009	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST LESION	\$71.42
10010	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH ADDITIONAL LESION (LI	\$52.21

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
10011	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST LESION	\$0.00
10012	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH ADDITIONAL LESION (LI	\$0.00
10021	FINE NEEDLE ASPIRATION OF FIRST LESION	\$65.06
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T	\$97.81
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAG	\$54.65
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$27.52
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDO	\$47.83
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$52.42
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$97.47
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$56.78
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$103.48
10120	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN	\$54.57
10121	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN	\$112.70
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$71.01
10160	ASPIRATION OF ABSCESS, BLOOD ACCUMULATION, BLISTER, OR CYST	\$57.25
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$108.05
11000	REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE	\$23.96
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	\$12.45
11004	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS	\$415.20
11005	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF ABDOMEN	\$566.13
11006	REMOVAL OF INFECTED SKIN, TISSUE OR MUSCLE OF GENITALS, PERINEUM, OR ABDOMEN	\$520.32
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CH	\$211.51
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$219.04
11011	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN FRACTURE AND/O	\$262.37
11012	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN FRACTURE	\$373.19
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$44.20
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$125.89
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$172.73
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$10.88
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$23.27
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$40.48
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$15.03
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$21.02
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$27.45
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	\$25.15
11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/	\$14.59
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	\$31.57
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/A	\$17.23
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED)	\$38.34
11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED)	\$20.55
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	\$37.52
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	\$11.56
11300	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	\$22.28
11301	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR	\$35.53
11302	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	\$44.16
11303	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	\$54.40
11305	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR G	\$27.37
11306	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS,	\$40.09
11307	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GE	\$47.15
11308	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENI	\$60.37
11310	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIP	\$31.44
11311	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS	\$44.16
11312	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS	\$51.54
11313	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS,	\$69.27
11400	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS OR LEGS	\$42.74
11401	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$56.58

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11402	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$67.58
11403	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$81.11
11404	REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$92.35
11406	REMOVAL OF GROWTH (4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$132.54
11420	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS, FEET, OR	\$47.53
11421	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	\$64.22
11422	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	\$73.76
11423	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	\$91.62
11424	REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	\$107.64
11426	REMOVAL OF GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR GEN	\$167.69
11440	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LI	\$58.77
11441	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	\$73.83
11442	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	\$81.88
11443	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, O	\$106.21
11444	REMOVAL (3.1 TO 4.0 CENTIMETERS) GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR M	\$138.99
11446	REMOVAL (OVER 4.0 CENTIMETERS) GROWTH OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR	\$180.43
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$140.23
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$186.83
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$128.58
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$172.98
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$160.66
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$196.44
11600	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS, OR LEG	\$63.99
11601	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$82.23
11602	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$93.25
11603	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$105.83
11604	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$116.69
11606	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	\$177.12
11620	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS,	\$64.34
11621	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	\$88.59
11622	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	\$106.25
11623	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	\$130.14
11624	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE	\$153.29
11626	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE	\$215.24
11640	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS	\$74.58
11641	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	\$110.13
11642	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	\$131.51
11643	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	\$156.43
11644	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	\$198.24
11646	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, N	\$293.16
11700	DEBRIDEMENT OF NAILS, MANUAL; FIVE OR LESS	\$0.00
11701	DEBRIDEMENT OF NAILS, MANUAL; EACH ADDITIONAL, FIVE OR LESS	\$0.00
11710	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; FIVE OR LESS	\$0.00
11711	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; EACH ADDITIONAL, FIVE OR LESS	\$0.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$6.02
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$13.91
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$23.32
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$42.41
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$21.92
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$18.02
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$90.97
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL	\$62.05
11760	REPAIR OF NAIL BED	\$85.15
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$131.96
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$36.42
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$139.88

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$303.93
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$352.81
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$19.80
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$30.84
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$78.75
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$94.79
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLO	\$24.44
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS	\$49.49
11951	INJECTION OF 1.1 TO 5.0 CC FILLING MATERIAL, BENEATH THE SKIN	\$61.95
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	\$79.66
11954	INJECTION OF OVER 10.0 CC FILLING MATERIAL, BENEATH THE SKIN	\$84.89
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	\$537.58
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$408.87
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$151.08
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$81.91
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	\$59.48
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$82.56
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$99.44
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$160.16
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK,	\$70.95
12002	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS	\$79.78
12004	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITAL	\$98.58
12005	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA	\$125.76
12006	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA	\$164.67
12007	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS,	\$181.57
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS	\$75.59
12013	REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	\$88.07
12014	REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	\$106.74
12015	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS	\$138.00
12016	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	\$175.13
12017	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	\$260.29
12018	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	\$302.17
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$118.68
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$82.03
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$84.41
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	\$104.83
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$129.95
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$155.98
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$192.39
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	\$229.67
12041	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$92.51
12042	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$107.80
12044	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$140.61
12045	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$168.06
12046	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$206.57
12047	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	\$245.67
12051	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN	\$98.88
12052	REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND	\$110.21
12053	REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND	\$140.57
12054	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN	\$166.93
12055	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A	\$214.30
12056	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A	\$274.67
12057	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/	\$318.20
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$134.38
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$162.04
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	\$52.41

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
13120	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS	\$139.51
13121	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS	\$179.03
13122	REPAIR OF WOUND OF SCALP, ARMS, AND/OR LEGS	\$60.73
13131	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$159.07
13132	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$252.72
13133	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN	\$92.13
13151	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS	\$190.43
13152	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS	\$279.51
13153	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, AND/OR LIPS	\$100.38
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$456.31
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$283.54
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	\$407.78
14020	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE SCALP, ARMS,	\$345.56
14021	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE SCALP, ARMS	\$491.98
14040	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE FOREHEAD, CHE	\$373.29
14041	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE FOREHEAD, C	\$503.33
14060	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF EYELIDS, NOSE, EA	\$469.81
14061	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF EYELIDS, NOSE,	\$562.06
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 S	\$429.35
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM,	\$109.64
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$468.19
15002	PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR 1% BODY AR	\$146.40
15003	PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS	\$29.76
15004	PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION	\$180.95
15005	PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION	\$59.52
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$87.56
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	\$237.75
15100	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY ARE OF I	\$429.21
15101	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	\$88.76
15110	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF	\$465.83
15111	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	\$74.58
15115	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$480.32
15116	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$101.82
15120	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$483.63
15121	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$146.33
15130	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF	\$376.74
15131	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	\$60.44
15135	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$521.45
15136	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$61.08
15150	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 25 SQ CENTIMETERS OR LESS)	\$414.81
15151	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	\$80.49
15152	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	\$100.51
15155	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$446.71
15156	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$112.17
15157	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	\$122.23
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	\$382.18
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	\$72.61
15220	RELOCATION OF PATIENT SKIN (20 SQ CENTIMETERS OR LESS) TO SCALP, ARMS, AND/OR LE	\$395.06
15221	RELOCATION OF PATIENT SKIN TO SCALP, ARMS, AND/OR LEGS	\$65.26
15240	RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE	\$460.84
15241	RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE	\$102.79
15260	RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS (20 SQ CENTIMETER	\$676.17
15261	RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS	\$122.51
15271	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O	\$53.77
15272	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O	\$10.61
15273	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO	\$128.18

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15274	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO	\$27.19
15275	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E	\$61.84
15276	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E	\$15.08
15277	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM)	\$131.60
15278	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM)	\$33.59
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$447.63
15572	CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS	\$435.42
15574	CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITA	\$471.48
15576	CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH	\$393.68
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$126.11
15610	TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS	\$150.11
15620	TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS, HAND	\$185.18
15630	TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS	\$204.34
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	\$239.36
15730	CREATION OF FLAP GRAFT TO MIDFACE	\$590.79
15731	CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP	\$614.89
15733	CREATION OF FLAP GRAFT TO HEAD AND/OR NECK	\$673.11
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$1,167.22
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$903.23
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$904.33
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	\$566.13
15750	FLAP; NEUROVASCULAR PEDICLE	\$656.13
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,178.00
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,857.70
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,852.23
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	\$464.80
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT	\$311.01
15770	"CREATION OF SKIN, FAT AND MUSCLE GRAFT"	\$435.90
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS,	\$308.27
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS,	\$88.69
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS,	\$311.69
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS,	\$85.32
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	\$129.62
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERA	\$387.47
15781	DERMABRASION; SEGMENTAL, FACE	\$252.70
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	\$270.65
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	\$208.75
15785	ABRSN SKN RMVL SCRS TATTS ACTNC CHNGS PRMRY OR SEC	\$0.00
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	\$81.74
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO	\$14.18
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$127.82
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$237.35
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$157.54
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$199.60
15819	CERVICOPLASTY	\$502.17
15820	BLEPHAROPLASTY, LOWER EYELID;	\$330.78
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	\$362.61
15822	BLEPHAROPLASTY, UPPER EYELID;	\$292.82
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$432.04
15824	INCISION, STRETCHING, AND SUTURE OF FOREHEAD SKIN	\$0.00
15825	INCISION, STRETCHING, AND SUTURE OF NECK SKIN	\$0.00
15826	INCISION, STRETCHING, AND SUTURE OF SKIN BETWEEN EYEBROWS	\$0.00
15828	INCISION, STRETCHING, AND SUTURE OF SKIN	\$0.00
15829	REMOVAL OF EXCESSIVE SKIN AT CHEEK, CHIN, OR NECK	\$0.00
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$766.11
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	\$592.70

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	\$530.86
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	\$533.13
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	\$547.68
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	\$459.86
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM	\$441.37
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY);	\$387.09
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER	\$398.25
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$770.34
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$1,189.02
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	\$1,977.93
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$724.64
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	\$0.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$0.00
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$31.93
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$33.43
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP	\$92.57
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	\$361.18
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	\$492.19
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$401.71
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$549.95
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$617.36
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$759.23
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$663.09
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$788.36
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$418.63
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$588.18
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$613.04
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$694.45
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	\$1,113.06
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$347.78
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$558.81
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$558.50
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$648.71
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$894.46
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$892.28
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	\$0.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	\$32.04
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$34.39
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$69.98
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$81.33
16035	ESCHAROTOMY; INITIAL INCISION	\$209.68
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$59.53
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$27.90
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$6.38
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$115.15
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$195.41
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$361.72
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$635.22
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$33.45
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$42.40
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$21.11
17260	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF TRUNK, ARMS, OR LEG	\$41.16
17261	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	\$52.31
17262	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	\$70.21
17263	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	\$80.98
17264	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	\$88.91

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
17266	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	\$106.12
17270	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS) OF SCALP, NECK, HANDS, FEET, O	\$57.13
17271	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF SCALP, NECK, HANDS,	\$66.59
17272	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF SCALP, NECK, HANDS,	\$80.14
17273	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF SCALP, NECK, HANDS,	\$93.06
17274	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF SCALP, NECK, HANDS,	\$117.37
17276	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF SCALP, NECK, HANDS, FE	\$141.91
17280	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS	\$54.49
17281	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	\$77.57
17282	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	\$92.79
17283	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	\$117.44
17284	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	\$141.36
17286	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS, N	\$198.19
17311	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR	\$247.08
17312	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR	\$131.50
17313	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS (FIRST	\$221.46
17314	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS	\$121.59
17315	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS	\$34.41
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$27.80
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$55.75
17380	HAIR REMOVAL BY ELECTROLYSIS, EACH 30 MINUTES	\$0.00
17999	SKIN, MUCUS MEMBRANE AND BENEATH THE SKIN PROCEDURE	\$329.32
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$31.03
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	\$15.86
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$176.39
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	\$56.73
19081	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	\$111.31
19082	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	\$53.87
19083	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	\$104.48
19084	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	\$50.69
19085	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$122.12
19086	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$56.72
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	\$47.22
19101	BIOPSY OF BREAST, OPEN PROCEDURE	\$168.35
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$124.31
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	\$231.29
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$190.18
19120	REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	\$263.34
19125	REMOVAL OF BREAST GROWTH, OPEN PROCEDURE	\$280.86
19126	REMOVAL OF GROWTH OF CHEST WALL AND RIBS, OPEN PROCEDURE	\$126.42
19281	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRA	\$64.18
19282	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRA	\$31.17
19283	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTA	\$64.93
19284	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTA	\$31.42
19285	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOU	\$55.06
19286	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOU	\$26.95
19287	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUID	\$87.10
19288	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUID	\$40.33
19294	PREPARATION OF TUMOR CAVITY AND PLACEMENT OF RADIATION THERAPY APPLICATOR INTO B	\$101.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$128.15
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$70.21
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$246.79
19300	MASTECTOMY FOR GYNECOMASTIA	\$242.52
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$263.45
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$556.02
19303	MASTECTOMY, SIMPLE, COMPLETE	\$563.27

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
19305	REMOVAL OF BREAST, LYMPH NODES, AND MUSCLE	\$690.04
19306	REMOVAL OF BREAST, SKIN, LYMPH NODES, AND CHEST MUSCLES	\$717.28
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	\$721.02
19316	MASTOPEXY	\$617.47
19318	REDUCTION MAMMAPLASTY	\$844.14
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	\$279.65
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$418.34
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$292.70
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$361.70
19331	REMOVAL MANNARY IMPLNT MAT;BILAT	\$0.00
19340	INSERTION OF BREAST PROSTHESIS AT TIME OF BREAST REPOSITIONING, REMOVAL OR RECON	\$351.48
19342	INSERTION OF BREAST PROSTHESIS FOLLOWING BREAST REPOSITIONING, REMOVAL OR RECONS	\$620.86
19350	NIPPLE/AREOLA RECONSTRUCTION	\$475.32
19351	RECONST. NIPPLE &/OR AREOLA,INCL GRFT.; BILAT	\$0.00
19355	CORRECTION OF INVERTED NIPPLES	\$371.15
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	\$926.80
19360	BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP	\$0.00
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT	\$1,075.08
19364	BREAST RECONSTRUCTION WITH FREE FLAP	\$1,838.78
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$1,071.43
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,315.42
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,553.39
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,477.38
19370	INCISION OF CAPSULE SURROUNDING BREAST WITH FREEING OF SCAR TISSUE, OPEN PROCEDU	\$424.59
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$506.66
19380	REVISION OF RECONSTRUCTED BREAST	\$502.19
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$107.16
19499	UNLISTED PROCEDURE, 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 PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$448.20
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$167.73
20102	EXPLORATION OF PENETRATING WOUND OF ABDOMEN, FLANK, OR BACK	\$175.84
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$258.18
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$661.36
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$83.98
20205	BIOPSY, MUSCLE; DEEP	\$132.94
20206	NEEDLE BIOPSY OF MUSCLE, ACCESSED THROUGH THE SKIN	\$52.62
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	\$84.38
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	\$102.23
20240	BIOPSY OF BONE, OPEN PROCEDURE	\$146.49
20245	BIOPSY OF BONE, OPEN PROCEDURE	\$367.87
20250	BIOPSY OF SPINE BONE AT MIDDLE SPINAL COLUMN, OPEN PROCEDURE	\$289.23
20251	BIOPSY OF SPINE BONE AT UPPER OR LOWER SPINAL COLUMN, OPEN PROCEDURE	\$253.09
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$68.94
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$39.54
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$134.78
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$155.47
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$46.50
20527	INJECTION OF ENZYME IN PALM TISSUE	\$36.71
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	\$39.27
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$43.41
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$35.03
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$39.29
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$165.01
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$40.93

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
20604	ASPIRATION AND/OR INJECTION OF SMALL JOINT OR JOINT CAPSULE WITH RECORDING AND R	\$28.34
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$42.08
20606	ASPIRATION AND/OR INJECTION OF INTERMEDIATE JOINT OR JOINT CAPSULE WITH RECORDIN	\$32.21
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$48.79
20611	ASPIRATION AND/OR INJECTION OF MAJOR JOINT OR JOINT CAPSULE WITH RECORDING AND R	\$37.89
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$28.14
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$130.44
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	\$138.73
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL	\$158.66
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	\$308.58
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$288.62
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$263.23
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	\$432.00
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	\$79.91
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	\$137.06
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	\$217.12
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	\$192.28
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	\$330.69
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	\$368.18
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$275.57
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$615.95
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$831.25
20700	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIA	\$53.03
20701	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN AD	\$39.65
20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIS	\$88.12
20703	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION	\$63.65
20704	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LI	\$91.81
20705	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION	\$75.66
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPL	\$2,043.68
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT),	\$2,519.44
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS), COMPLETE	\$2,601.18
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	\$1,745.57
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	\$1,638.74
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMPLETE	\$1,715.63
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTATION	\$1,593.29
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	\$1,959.62
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$288.13
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$424.70
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$424.70
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$304.21
20920	FASCIA LATA GRAFT; BY STRIPPER	\$239.98
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$286.84
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$315.82
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	\$138.47
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	\$99.70
20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	\$444.62
20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	\$407.92
20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	\$444.40
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	\$138.47
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	\$150.25
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	\$164.43
20939	HARVEST OF BONE MARROW FOR SPINE SURGERY GRAFT	\$42.20
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	\$80.39
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	\$2,007.53
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,650.31
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,817.07

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR	\$1,687.16
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC	\$2,211.44
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$2,100.99
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,783.10
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	\$2,184.25
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	\$31.84
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$118.29
20976	ELECTRICAL STIMULATION TO AID BONE HEALING PERCUTANEOUS INSERTION OF ELECTRODES	\$0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT	\$24.40
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	\$300.94
20983	DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN	\$250.73
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES	\$75.09
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	\$0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$487.32
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$120.31
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$163.01
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$191.57
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$250.93
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	\$260.21
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	\$285.50
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$490.41
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$281.68
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$426.77
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	\$239.75
21031	EXCISION OF TORUS MANDIBULARIS	\$174.47
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$189.08
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$721.00
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	\$231.92
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$528.41
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	\$709.72
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	\$675.79
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	\$822.74
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	\$695.25
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND	\$781.92
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$511.64
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$476.44
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$390.13
21071	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$0.00
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$119.94
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$667.43
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$1,678.96
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$1,129.20
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$1,285.36
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$1,161.63
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$1,023.73
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$988.24
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$1,137.00
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	\$519.71
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$1,261.58
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$1,232.79
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	\$222.39
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	\$343.63
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$27.94
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$313.07

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$388.79
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	\$432.20
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	\$553.63
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$467.29
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	\$520.80
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$443.98
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	\$551.27
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$642.92
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY	\$818.93
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	\$918.27
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$856.76
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY	\$858.81
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	\$917.08
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$1,046.58
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	\$1,183.44
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS	\$1,269.19
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	\$1,327.25
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	\$1,512.19
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD	\$2,110.76
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD	\$2,192.46
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR	\$1,244.06
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD,	\$1,553.85
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH	\$916.68
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH	\$1,238.28
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	\$438.98
21182	RECONSTRUCTION OF BONY DEFECT OF SKULL, FOREHEAD, AND BOTH UPPER PORTIONS OF EYE	\$1,535.08
21183	RECONSTRUCTION OF BONY DEFECT OF SKULL, FOREHEAD, AND BOTH UPPER PORTIONS OF EYE	\$1,649.06
21184	RECONSTRUCTION OF BONY DEFECT OF SKULL, FOREHEAD, AND BOTH UPPER PORTIONS OF EYE	\$1,655.66
21188	REPAIR OF BONY DEFECT OF MIDFACE THROUGH SCALP, EYELID, AND ORAL INCISIONS WITH	\$1,088.47
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	\$752.38
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	\$837.82
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL	\$798.52
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL	\$957.49
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	\$671.17
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$761.00
21200	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	\$0.00
21202	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	\$0.00
21203	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	\$0.00
21204	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR FOR RECONSTRUCT	\$0.00
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$713.15
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	\$495.92
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$374.08
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$543.34
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$564.66
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	\$472.74
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$326.87
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	\$735.48
21241	ARTHROPLASTY TMJ JOINT;BILATERAL	\$0.00
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$684.79
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$975.12
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	\$608.90
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$541.81
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$538.20
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS	\$1,226.97
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$581.28
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$820.61

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	\$844.56
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS	\$849.64
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	\$853.11
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED	\$1,394.56
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH	\$1,227.52
21267	PLASTIC REPOSITIONING OF EYE SOCKET BONES ON ONE SIDE OF THE FACE WITH BONE GRAF	\$963.10
21268	PLASTIC REPOSITIONING OF EYE SOCKET BONES ON ONE SIDE OF THE FACE WITH BONE GRAF	\$1,136.98
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$430.07
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$486.52
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$295.27
21282	LATERAL CANTHOPEXY	\$237.19
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$102.04
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$227.37
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	\$0.00
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$29.01
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$84.80
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$144.28
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$309.83
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	\$378.71
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	\$453.77
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$384.02
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$197.82
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$517.51
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$554.27
21340	TREATMENT OF BROKEN EYE SOCKET AND NASAL BONES, ACCESSED THROUGH THE SKIN	\$479.29
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	\$911.42
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	\$920.66
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	\$384.62
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING	\$592.85
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING	\$726.54
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE	\$707.26
21350	TRTMNT CLSD OR OPN FX MLR INCL ZYGMTC ARCH W/O MAN	\$0.00
21355	TREATMENT OF BROKEN LOWER AND UPPER CHEEK BONES WITH MANIPULATION, ACCESSED THRO	\$180.28
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	\$218.17
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	\$347.32
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE	\$797.25
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE	\$737.68
21380	ORB FLOOR "BLOWOUT" FX W/O MANIP.	\$0.00
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH	\$525.73
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$501.50
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH	\$467.94
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	\$598.54
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH WITH	\$544.13
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	\$82.22
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	\$169.83
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$377.59
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	\$645.46
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTING	\$533.74
21420	TRTMNT CLSD OPN MXLLRY FX W/O MANPLTN	\$0.00
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	\$340.95
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	\$463.51
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED	\$574.91
21431	CLOSED TREATMENT OF BROKEN BONES OF CHEEK, NOSE OR FACE WITH INSERTION OF HARDWA	\$414.87
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR	\$479.69

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG,	\$1,267.63
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED,	\$751.37
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED,	\$1,157.62
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$224.74
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$348.86
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$247.93
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$335.23
21452	TREATMENT OF BROKEN JAW BONE WITH PLACEMENT OF EXTERNAL HARDWARE, ACCESSED THROU	\$166.87
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$411.66
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$347.39
21455	CLOSED MANIPULATIVE TREATMENT BY INTERDENTAL FIXATION OF CLOSED OR OPEN MANDIBUL	\$0.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$523.31
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$717.68
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$547.58
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL	\$1,014.18
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	\$54.73
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	\$294.25
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$551.78
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$290.59
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	\$0.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$202.17
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	\$322.86
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$288.98
21511	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$0.00
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$106.18
21552	BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	\$214.37
21554	BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	\$350.76
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	\$190.68
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	\$275.32
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	\$358.00
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	\$655.55
21600	EXCISION OF RIB, PARTIAL	\$320.49
21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	\$748.34
21602	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH	\$1,014.34
21603	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH	\$1,117.90
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$613.84
21615	EXCISION FIRST AND/OR CERVICAL RIB;	\$513.99
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY	\$511.63
21620	OSTECTOMY OF STERNUM, PARTIAL	\$324.09
21627	STERNAL DEBRIDEMENT	\$523.07
21630	RADICAL RESECTION OF STERNUM;	\$743.29
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	\$743.48
21685	HYOID MYOTOMY AND SUSPENSION	\$658.65
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$367.96
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	\$474.43
21720	RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE	\$208.52
21725	RELEASE OF TENDONS OF NECK MUSCLE WITH CAST APPLICATION, OPEN PROCEDURE	\$319.45
21740	REPAIR OF DEPRESSION OF BREAST BONE, OPEN PROCEDURE	\$635.27
21741	XIPHOID RESECTION PECTUS EXCAVATUM	\$0.00
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$0.00
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE	\$654.42
21811	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE	\$350.13
21812	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE	\$417.47
21813	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE	\$565.71
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$76.88

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	\$351.23
21899	UNLISTED PROCEDURE, NECK OR THORAX	\$307.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$86.76
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$195.40
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$231.00
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$223.72
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$321.37
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$353.14
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	\$808.50
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	\$680.58
22010	DRAINAGE OF ABSCESS OF UPPER OR MIDDLE SPINE, OPEN CHEST PROCEDURE	\$566.96
22015	DRAINAGE OF ABSCESS OF LOWER SPINE OR SACRUM, OPEN PROCEDURE	\$562.07
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	\$451.60
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$454.81
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$463.35
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$106.06
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$573.05
22111	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	\$0.00
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$573.06
22113	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	\$0.00
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$574.56
22115	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) OF VERTEBRAE	\$0.00
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$105.89
22120	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	\$0.00
22128	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	\$0.00
22129	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	\$0.00
22130	RADICAL RESECTION OF VERTEBRAL BODY OR COMPONENT	\$0.00
22200	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY	\$0.00
22201	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY	\$0.00
22202	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY (NOT SCOLIOSIS),	\$0.00
22203	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY (NOT SCOLIOSIS),	\$0.00
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$1,170.28
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$1,156.13
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$291.29
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	\$1,032.69
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$850.29
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$864.80
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$275.22
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$924.80
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$847.97
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$927.37
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$273.23
22250	PROPHYLACTIC TREATMENT (PLATING AND/OR WIRING) WITH OR	\$0.00
22251	PROPHYLACTIC TREATMENT (PLATING AND/OR WIRING) WITH OR	\$0.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	\$128.36
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	\$483.91
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S)	\$1,091.30
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S)	\$1,237.44
22325	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED LOWER SPINE BONES	\$893.94
22326	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER SPINE BONES	\$1,097.16
22327	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED MIDDLE SPINE BONES	\$1,067.08
22328	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES	\$205.32
22330	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	\$0.00
22335	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	\$0.00
22345	OPEN TREATMENT AND FUSION, CERVICAL SPINE;	\$0.00
22355	OPEN TREATMENT AND FUSION, POSTERIOR APPROACH, WITH	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	\$73.03
22510	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKI	\$282.29
22511	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKI	\$264.73
22512	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE ACCESSED THROUGH THE	\$127.47
22513	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKI	\$324.52
22514	INJECTION OF BONE CEMENT INTO BODY OF LOWER SPINE BONE ACCESSED THROUGH THE SKIN	\$303.41
22515	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE BONE ACCESSED THROUG	\$133.84
22526	REMOVAL OF CARTILAGE RING AT SPINAL DISC USING FLUOROSCOPIC GUIDANCE, ACCESSED T	\$231.20
22527	REMOVAL CARTILAGE RING AT SPINAL DISC USING FLUOROSCOPIC GUIDANCE, ACCESSED THRO	\$105.56
22532	FUSION OF MIDDLE SPINE BONES WITH REMOVAL OF DISC, LATERAL APPROACH	\$1,192.02
22533	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, LATERAL APPROACH	\$1,112.39
22534	FUSION OF MIDDLE OR LOWER SPINE BONES WITH REMOVAL OF DISC, LATERAL APPROACH	\$278.81
22548	FUSION OF SPINE BONES AT BASE OF NECK, ORAL APPROACH	\$1,091.23
22550	ARTHRODESIS WITH DISKECTOMY, CERVICAL,	\$0.00
22551	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR	\$1,068.88
22552	FUSION OF SPINE BONES WITH REMOVAL OF DISC IN UPPER SPINAL COLUMN BELOW SECOND V	\$246.26
22554	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR	\$1,114.60
22555	ARTHRODESIS WITH DISKECTOMY, CERVICAL, ANTERIOR	\$0.00
22556	FUSION OF MIDDLE SPINE BONES WITH REMOVAL OF DISC, ANTERIOR APPROACH	\$1,322.34
22558	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN, ANTERIOR APPR	\$1,226.82
22560	ARTHRODESIS WITH DISKECTOMY, LUMBAR OR THORACIC,	\$0.00
22561	ARTHRODESIS WITH DISKECTOMY, LUMBAR OR THORACIC,	\$0.00
22565	ARTHRODESIS WITH DISKECTOMY, LOWER LUMBAR SPINE,	\$0.00
22585	FUSION OF SPINE BONES WITH REMOVAL OF DISC, ANTERIOR APPROACH	\$303.46
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, D	\$914.93
22590	FUSION OF FIRST TWO UPPER SPINE BONES OF SPINAL COLUMN, POSTERIOR APPROACH	\$1,071.61
22595	FUSION OF SPINE BONES AT SKULL BASE, POSTERIOR APPROACH	\$1,009.66
22600	FUSION OF UPPER SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	\$981.00
22610	FUSION OF MIDDLE SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	\$854.36
22612	FUSION OF LOWER SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	\$1,200.94
22614	FUSION OF SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	\$339.12
22615	CERVICAL FUSION, ANTERIOR APPROACH (C3-T1) WITH ILIAC	\$0.00
22617	ATLAS-AXIS FUSION (C1-C2 OR C3) WITH ILIAC OR	\$0.00
22620	CERVICOCRANIAL FUSION (OCCIPUT THROUGH C2) WITH	\$0.00
22630	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR APPROACH	\$1,179.48
22632	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR APPROACH	\$283.26
22633	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR OR POSTEROLATERAL AP	\$1,135.85
22634	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR OR POSTEROLATERAL AP	\$301.81
22640	THORACIC OR LUMBAR FUSION, POSTERIOR OR POSTEROLATERAL	\$0.00
22645	THORACIC OR LUMBAR FUSION, POSTERIOR OR POSTEROLATERAL	\$0.00
22655	THORACIC OR LUMBAR FUSION;	\$0.00
22670	THORACIC OR LUMBAR FUSION;	\$0.00
22680	THORACIC OR LUMBAR FUSION;	\$0.00
22700	LUMBAR SPINE FUSION;	\$0.00
22720	LUMBAR SPINE FUSION;	\$0.00
22730	ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS;	\$0.00
22735	ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS;	\$0.00
22800	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, UP TO 6 V	\$952.06
22802	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, 7 TO 12 V	\$1,694.86
22804	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, POSTERIOR APPROACH, 13 OR MOR	\$1,891.39

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
22808	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 2 TO 3 VER	\$1,101.95
22810	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 4 TO 7 VER	\$1,500.89
22812	FUSION OF SPINE BONES FOR CORRECTION OF DEFORMITY, ANTERIOR APPROACH, 8 OR MORE	\$1,350.45
22818	FUSION OF SPINE BONES FOR CORRECTION OF HUNCHBACK DEFORMITY, SINGLE OR 2 SEGMENT	\$1,571.43
22819	FUSION OF SPINE BONES FOR CORRECTION OF HUNCHBACK DEFORMITY, 3 OR MORE SEGMENTS	\$1,709.99
22830	EXPLORATION OF SPINAL FUSION	\$795.01
22840	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION AT BASE OF NECK FOR STABILIZATION,	\$792.17
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDI	\$88.50
22842	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 3 TO 6 V	\$592.14
22843	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 7 TO 12	\$652.96
22844	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 13 OR MO	\$814.53
22845	INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 2 TO 3 VE	\$582.00
22846	INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 4 TO 7 VE	\$789.08
22847	INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 8 OR MORE	\$582.00
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU	\$341.73
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$949.61
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	\$564.49
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$412.09
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	\$160.18
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	\$207.37
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	\$653.94
22856	INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH	\$940.51
22857	INSERTION OF ARTIFICIAL LOWER SPINE DISC, ANTERIOR APPROACH	\$979.88
22858	INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH	\$359.54
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	\$207.37
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$1,137.85
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$1,186.93
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE	\$1,041.29
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE	\$1,156.20
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$615.79
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$150.20
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$344.42
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$87.72
22899	UNLISTED PROCEDURE, SPINE	\$555.11
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$284.50
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$314.75
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$162.79
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$209.93
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	\$488.93
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	\$634.03
22910	ABDOMINAL FASCIAL TRANSPLANTS, BILATERAL	\$0.00
22999	PROCEDURE ON ABDOMEN, MUSCLE OR BONE	\$757.48
23000	REMOVAL OF CALCIUM DEPOSITS AT ROTATOR CUFF TENDONS, OPEN PROCEDURE	\$286.62
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$522.78
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$193.66
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$139.95
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$572.05
23036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	\$0.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$586.22
23042	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION,	\$0.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	\$462.90
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$96.44
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$223.29
23071	BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	\$199.60
23073	BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	\$329.58
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$140.08

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$392.82
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	\$782.09
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	\$659.34
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$403.26
23101	INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES	\$382.25
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$531.68
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$378.73
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	\$556.10
23110	EXCISION, SUBACROMIAL (SUBDELTOID) BURSA	\$0.00
23120	CLAVICULECTOMY; PARTIAL	\$418.42
23125	CLAVICULECTOMY; TOTAL	\$561.47
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	\$470.30
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$385.18
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$580.87
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$455.84
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$488.66
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$612.88
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$515.20
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$419.39
23171	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$414.51
23173	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	\$572.91
23175	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$527.54
23181	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$0.00
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$582.02
23183	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$0.00
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$630.56
23185	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$0.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$425.52
23195	RESECTION, HUMERAL HEAD	\$585.00
23200	RADICAL RESECTION OF TUMOR; CLAVICLE	\$709.94
23210	RADICAL RESECTION OF TUMOR; SCAPULA	\$707.76
23220	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	\$846.35
23330	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN	\$107.78
23333	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE	\$291.68
23334	REMOVAL OF PROSTHESIS OF SHOULDER	\$681.29
23335	REMOVAL OF PROSTHESIS OF SHOULDER	\$809.68
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	\$40.41
23355	ARTHROSCOPY, SHOULDER, DIAG	\$0.00
23356	ARTHROSCPY SHLDR SRGCL; DBRDMNT W/CRTLG SHVNG&ETC	\$0.00
23357	ARTHROSCPY SHLDR; W/SYNVL BIOPSY	\$0.00
23358	ARTHROSCPY SHLDR SURGCL; W/RMVL LOOSE BODY	\$0.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$875.65
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$905.41
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$773.34
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$520.33
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$632.89
23410	REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE	\$724.68
23412	REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE	\$798.21
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$516.86
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	\$831.01
23430	TENODESIS OF LONG TENDON OF BICEPS	\$572.01
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$584.81
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$784.31

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$870.97
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$882.71
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$896.51
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$903.64
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$866.09
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$997.25
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL	\$1,020.01
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	\$1,013.30
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	\$1,093.31
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$594.94
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	\$763.58
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$670.04
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$808.70
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$121.75
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$203.37
23510	TREATMENT OF OPEN CLAVICULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$446.71
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$125.02
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$190.19
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$426.74
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$461.39
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$124.45
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$175.57
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$457.08
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$487.63
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$130.77
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$223.47
23580	TREATMENT OF OPEN SCAPULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	\$524.26
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$183.80
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$312.16
23610	TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLIC	\$0.00
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$586.36
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$1,225.92
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$138.66
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$253.74
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	\$464.22
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$180.50
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$239.70
23658	TREATMENT OF OPEN SHOULDER DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$464.21
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	\$265.46
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	\$494.23
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	\$333.81
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	\$614.28
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	\$153.92
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$876.10
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$878.67
23810	FOLLOW UP FAMILY PLANNING VISIT	\$0.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$998.77
23920	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF SHOULDER	\$841.12
23921	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF SHOULDER	\$322.61
23929	UNLISTED PROCEDURE, SHOULDER	\$313.82
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$166.04
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$104.39
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$416.26

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
23936	INCISION, DEEP, WITH OPENING OF (EG, CORTEX FOR	\$0.00
24000	INCISION OF ELBOW WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$357.63
24001	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$0.00
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	\$511.08
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$107.39
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$286.56
24071	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	\$193.99
24073	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	\$331.61
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	\$225.58
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	\$340.26
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$685.30
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$608.72
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$304.37
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	\$385.44
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$490.98
24105	EXCISION, OLECRANON BURSA	\$235.26
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$472.26
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	\$584.41
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$670.21
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$385.10
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$426.91
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$472.54
24130	EXCISION, RADIAL HEAD	\$387.54
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$631.40
24135	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$466.41
24137	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$449.34
24139	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$0.00
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$631.84
24144	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$0.00
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$476.07
24146	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$0.00
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$474.53
24148	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$0.00
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	\$789.53
24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	\$823.48
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	\$532.44
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$657.94
24160	REMOVAL OF ELBOW JOINT HARDWARE	\$413.36
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	\$365.18
24200	REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN	\$96.60
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$273.94
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$50.57
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$268.70
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	\$559.90
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$369.55
24310	INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE	\$329.10
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	\$611.83
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$545.74
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$598.45
24332	TENOLYSIS, TRICEPS	\$363.93
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$450.93
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$453.94
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	\$614.56
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$724.62
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$724.62
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	\$228.19
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	\$266.71
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	\$324.38
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$729.27
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$783.88
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$817.90
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$1,077.13
24365	ARTHROPLASTY, RADIAL HEAD;	\$483.37
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$552.25
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$960.07
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$1,104.37
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$641.55
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	\$854.41
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$822.54
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	\$786.24
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$820.73
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$500.70
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$481.02
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	\$696.94
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$182.00
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$319.62
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	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$657.83
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	\$665.38
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$213.78
24531	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MAN	\$0.00
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$375.67
24536	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPU	\$0.00
24538	INSERTION OF HARDWARE TO GROWTH PLATE OR BROKEN UPPER ARM BONE AT ELBOW, ACCESSE	\$550.73
24540	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	\$0.00
24542	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	\$0.00
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$612.66
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$815.91
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$160.55
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$300.33
24566	INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT ELBOW WITH MANIPULATION, ACCES	\$456.90
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	\$559.48
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$167.70
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$320.54
24578	TREATMENT OF OPEN HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLICAT	\$0.00
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	\$619.22
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	INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT SHOULDER WITH MANIPULATION, AC	\$500.93
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	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	\$847.62
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	\$823.20
24588	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME	\$0.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$225.39
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$275.73
24610	TREATMENT OF OPEN ELBOW DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$540.99
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	\$358.42
24625	TREATMENT OF OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$0.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$869.22
24640	CLOSED TREATMENT OF DISLOCATED FOREARM BONE OF ELBOW, CHILD	\$76.75
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$125.45
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$250.88
24660	TREATMENT OF OPEN RADIAL HEAD OR NECK FRACTURE, WITH UNCOMPLICATED SOFT TISSUE C	\$0.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$486.33
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$588.99
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$149.15
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$272.48
24680	TREATMENT OF OPEN ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS), WITH UNCOMPL	\$0.00
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	\$532.27
24700	MANIPULATION UNDER GENERAL ANESTHESIA (INCLUDES	\$0.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$635.88
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$762.00
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	\$555.59
24920	AMPUTATION AT UPPER ARM BONE, OPEN PROCEDURE	\$550.56
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$429.96
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	\$601.44
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	\$683.32
24935	STUMP ELONGATION, UPPER EXTREMITY	\$855.46
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$0.00
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	\$0.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$261.08
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$223.58
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$394.24
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$711.07
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$512.29
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$824.32
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$341.13
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$306.43
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	\$534.85
25036	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	\$0.00
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	\$424.25
25041	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION,	\$0.00
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$105.70
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$284.65
25071	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$203.61
25073	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$254.69
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	\$244.54
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$367.43
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$625.15
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$532.74
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$368.29
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$276.33
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	\$322.83
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$417.87
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	\$416.79
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$0.00
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$279.23
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$233.71
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$287.86
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$586.69
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$532.50

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$306.17
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	\$429.29
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$470.98
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$528.33
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$525.08
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$326.61
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$408.89
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$353.85
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$470.17
25146	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS);	\$0.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$471.28
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$512.47
25153	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$0.00
25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	\$708.27
25210	CARPECTOMY; ONE BONE	\$364.86
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$535.76
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$347.40
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$373.26
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$54.32
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$346.07
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$400.62
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$608.87
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$265.48
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	\$536.92
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	\$548.58
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$653.27
25270	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$458.83
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	\$504.96
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	\$580.23
25275	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$465.60
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$504.49
25290	INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE	\$515.27
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$475.60
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$524.10
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$490.42
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$568.66
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$633.82
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$655.28
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$785.38
25320	REPAIR OF WRIST JOINT, OPEN PROCEDURE	\$616.58
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	\$661.80
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$755.72
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	\$614.19
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$598.80
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$662.90
25360	OSTEOTOMY; ULNA	\$570.63
25365	OSTEOTOMY; RADIUS AND ULNA	\$793.95
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$787.42
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$836.25
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$681.93
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$881.02
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$840.02
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$956.62
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$542.20
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$727.99
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	\$904.54

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$878.30
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	\$1,011.65
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$921.76
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$907.78
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$481.62
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	\$485.39
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	\$602.71
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$741.65
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$603.59
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$630.09
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$669.31
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$626.25
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	\$1,001.79
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$617.52
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$761.68
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$528.40
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$586.50
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$624.23
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$658.38
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$761.00
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$131.07
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$289.18
25510	TREATMENT OF OPEN RADIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$531.35
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	\$366.03
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$710.36
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$844.86
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$126.45
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$288.08
25540	TREATMENT OF OPEN ULNAR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	\$520.50
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$148.88
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$322.44
25570	TREATMENT OF OPEN RADIAL AND ULNAR SHAFT FRACTURES, WITH UNCOMPLICATED SOFT TISS	\$0.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$452.28
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$632.66
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	\$143.02
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$320.44
25606	INSERTION OF HARDWARE TO LOWER FOREARM BONE BROKEN OR GROWTH PLATE SEPARATION, A	\$468.98
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$466.97
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$531.56
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$676.75
25610	TREATMENT OF CLOSED, COMPLEX, DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)	\$0.00
25615	TREATMENT OF OPEN DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEA	\$0.00
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$145.67
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$245.45
25626	TREATMENT OF OPEN CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH UNCOMPLICATED SOFT	\$0.00
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	\$495.84
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$148.52
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$225.68
25640	TREATMENT OF OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)),	\$0.00
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$442.87
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$158.22
25651	INSERTION OF HARDWARE BROKEN BONE OF FOREARM AT WRIST, ACCESSED THROUGH THE SKIN	\$283.75
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$420.71
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	\$242.09

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
25665	TREATMENT OF OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WIT	\$0.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$474.74
25671	INSERTION OF HARDWARE TO DISLOCATED WRIST, ACCESSED THROUGH THE SKIN	\$348.57
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$247.58
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$481.38
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	\$301.28
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$575.41
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$336.86
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$491.10
25700	MANIPULATION OF JOINT UNDER GENERAL ANESTHESIA	\$0.00
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	\$612.50
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$701.67
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$656.09
25815	ARTHRODESIS, INTERCARPAL	\$0.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$481.56
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$583.69
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	\$647.03
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	\$567.81
25905	AMPUTATION THROUGH BOTH BONES OF FOREARM, OPEN PROCEDURE	\$587.54
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$523.66
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	\$552.40
25915	KRUKENBERG PROCEDURE	\$985.32
25920	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST	\$498.49
25922	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST	\$433.81
25924	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST WITH RE-AMPUTATION OF REMAIN	\$499.26
25927	TRANSMETACARPAL AMPUTATION;	\$539.95
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$415.89
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$514.75
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	\$0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$96.86
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$165.44
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$350.06
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$368.91
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$431.70
26032	DRAINAGE OF PALMAR BURSA;	\$0.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$433.23
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$573.05
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$477.49
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	\$290.99
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	\$409.48
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$224.70
26060	INCISION OF FINGER TENDON, ACCESSED THROUGH THE SKIN	\$195.30
26070	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF WRIST BONE	\$283.34
26075	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT	\$303.01
26080	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT	\$331.00
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$262.16
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$312.36
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$296.52
26111	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$199.03
26113	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$262.01
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	\$241.72
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$388.42
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	\$524.01
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	\$509.39
26120	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	\$0.00
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$549.18

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26122	FASCIECTOMY, PALMAR, SIMPLE, FOR DUPUYTREN'S	\$0.00
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$628.70
26124	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	\$0.00
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$216.88
26126	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	\$0.00
26128	FASCIECTOMY, PALMAR, COMPLICATED, REQUIRING SKIN	\$0.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$427.06
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	\$490.87
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	\$446.31
26145	REPAIR OF TENDON, FINGER AND/OR HAND	\$460.12
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	\$224.40
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$295.69
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$331.31
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$333.52
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$402.61
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$516.10
26206	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$0.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$385.52
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$479.70
26216	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	\$0.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$418.28
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$403.74
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$369.60
26250	RADICAL RESECTION OF TUMOR, METACARPAL	\$535.59
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	\$498.39
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	\$420.67
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$330.21
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$204.62
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	\$47.45
26350	REPAIR OF FINGER TENDON	\$523.67
26352	REPAIR OF FINGER TENDON WITH GRAFT	\$596.10
26356	REPAIR OF FINGER TENDON	\$671.53
26357	REPAIR OF FINGER TENDON	\$616.15
26358	REPAIR OF FINGER TENDON WITH GRAFT	\$655.37
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$565.35
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$644.27
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$615.10
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	\$605.92
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	\$756.22
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$421.25
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	\$497.86
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$554.26
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$764.02
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$421.33
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$536.27
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$491.06
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$535.51
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$363.23
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	\$390.41
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	\$448.15
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$442.01
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$468.42
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$612.02
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$443.05
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$578.67
26450	INCISION OF TENDON OF PALM, OPEN PROCEDURE	\$280.05

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26455	INCISION OF TENDON OF FINGER, OPEN PROCEDURE	\$277.92
26460	INCISION OF TENDON OF HAND OR FINGER, OPEN PROCEDURE	\$269.72
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$431.43
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$423.67
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$409.39
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$412.36
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$448.55
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$440.47
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	\$552.17
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	\$653.26
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$589.51
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	\$546.35
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$568.97
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	\$635.31
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$623.45
26496	TRANSPLANT OF TENDON THUMB, PALM, OR WRIST	\$619.88
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$617.72
26498	TRANSFER OF TENDON OF HAND, ALL FOUR FINGERS	\$856.37
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$613.40
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	\$442.10
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	\$487.90
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$450.76
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$425.47
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$493.15
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$582.40
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$571.87
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$487.34
26525	REPAIR OF JOINT CAPSULE, HAND AND FINGER	\$490.24
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$521.48
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$590.49
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$359.11
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$510.83
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$479.17
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$609.11
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$477.93
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	\$484.45
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$610.51
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$530.74
26550	POLLICIZATION OF A DIGIT	\$1,202.06
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND	\$2,507.36
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	\$2,485.72
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	\$2,923.25
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$1,019.30
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	\$2,577.84
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$386.51
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$695.87
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	\$817.15
26565	OSTEOTOMY; METACARPAL, EACH	\$480.59
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$477.19
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$661.27
26570	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	\$0.00
26574	BONE GRAFT, (INCLUDES OBTAINING GRAFT)	\$0.00
26580	REPAIR CLEFT HAND	\$1,025.86
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$581.87
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$1,041.77
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$326.78

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$417.23
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$524.30
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$117.44
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$166.50
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	\$323.57
26608	INSERTION OF HARDWARE TO BROKEN FINGER, ACCESSED THROUGH THE SKIN	\$322.88
26610	TREATMENT OF OPEN METACARPAL FRACTURE, SINGLE, WITH UNCOMPLICATED SOFT TISSUE CL	\$0.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	\$339.62
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$199.66
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	\$235.74
26650	INSERTION OF HARDWARE TO BROKEN THUMB WITH MANIPULATION, ACCESSED THROUGH THE SK	\$346.20
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	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$449.09
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$187.91
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$266.13
26676	INSERTION OF HARDWARE TO DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION,	\$359.15
26680	TREATMENT OF OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SING	\$0.00
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	\$414.75
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	\$459.42
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$162.97
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$216.41
26706	INSERTION OF HARDWARE TO DISLOCATED HAND JOINT WITH MANIPULATION, ACCESSED THROU	\$304.59
26710	TREATMENT OF OPEN METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH UNCOMPLICATED SO	\$0.00
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	\$341.06
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$94.34
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$174.41
26727	INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB WITH MANIPULATION, ACCESSED THRO	\$303.06
26730	TREATMENT OF OPEN PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$0.00
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$344.51
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$118.43
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$214.01
26743	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$0.00
26744	TREATMENT OF OPEN ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL	\$0.00
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	\$356.56
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	\$94.28
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$154.52
26756	INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB, ACCESSED THROUGH THE SKIN	\$263.35
26760	TREATMENT OF OPEN DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH UNCOMPLICATE	\$0.00
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	\$259.30
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$136.33
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$190.88
26776	INSERTION OF HARDWARE TO DISLOCATED FINGER JOINT WITH MANIPULATION, ACCESSED THR	\$281.32
26780	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH UNCOMPLICATED	\$0.00
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$266.22
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$560.16
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$519.41
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$593.06
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$525.26
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	\$572.40
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$487.55
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$541.94
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$403.67
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	\$97.39
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$500.95
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$203.10

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
26910	AMPUTATION OF HAND BONE, FINGER, OR THUMB	\$487.40
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$374.75
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$456.57
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	\$0.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$470.25
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$345.22
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE	\$740.38
26995	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$0.00
27000	INCISION OF HIP TENDON, ACCESSED THROUGH THE SKIN	\$293.74
27001	INCISION OF HIP TENDON, OPEN PROCEDURE	\$352.01
27002	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	\$0.00
27003	INCISION OF HIP TENDON WITH REMOVAL OF NERVE, OPEN PROCEDURE	\$454.23
27004	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN,	\$0.00
27005	INCISION OF HIP TENDONS, OPEN PROCEDURE	\$476.20
27006	INCISION OF HIP TENDONS, OPEN PROCEDURE	\$505.24
27010	GLUTEAL-ILIOTIBIAL FASCIOTOMY (OBER TYPE PROCEDURE)	\$0.00
27015	ILIAC CREST FASCIOTOMY (SOUTTER OR CAMPBELL TYPE PROCEDURE), STRIPPING OF ILIUM	\$0.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$573.77
27026	OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST,	\$0.00
27027	INCISION OF TISSUE OF MUSCLE COMPARTMENTS OF ONE SIDE OF PELVIS	\$496.54
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	\$742.10
27031	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE;	\$0.00
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$758.16
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	\$910.10
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE,	\$762.45
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$142.78
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$442.25
27043	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	\$223.33
27045	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	\$354.41
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	\$346.22
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$363.96
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	\$748.98
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$294.49
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$407.97
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	\$550.94
27057	INCISION OF TISSUE ON ONE SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSC	\$550.53
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	\$861.61
27060	EXCISION; ISCHIAL BURSA	\$317.92
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$323.83
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$381.13
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$603.55
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$798.75
27070	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR	\$678.32
27071	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR	\$725.12
27075	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS	\$1,387.84
27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISC	\$1,196.52
27077	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	\$1,598.26
27078	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	\$750.93
27080	COCCYGECTOMY, PRIMARY	\$367.40
27086	"REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSED BENEATH THE SKIN"	\$108.17
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$430.06
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	\$633.82
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS,	\$1,224.30
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$57.11
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$65.12
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC	\$42.43

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27097	RELEASE OR RECESSIO, HAMSTRING, PROXIMAL	\$515.06
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$517.41
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	\$639.14
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$605.99
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$760.26
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$712.11
27115	MUSCLE RELEASE, COMPLETE (HANGING HIP OPERATION)	\$0.00
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	\$1,037.48
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	\$914.04
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR	\$891.37
27126	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP	\$0.00
27127	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP WITH ACETABULOPLASTY	\$0.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP	\$1,385.91
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT	\$1,380.47
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT	\$1,668.92
27135	SECONDARY RECONSTRUCTION OR REVISION OF	\$0.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT	\$1,262.71
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	\$1,313.61
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	\$826.65
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	\$918.92
27147	INCISION OF PELVIC BONE WITH REPAIR OF HIP JOINT DISLOCATION, OPEN PROCEDURE	\$1,123.29
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	\$1,103.46
27156	INCISION OF PELVIC AND THIGH BONE WITH REPAIR OF HIP JOINT DISLOCATION, OPEN PRO	\$1,293.93
27157	ACETABULAR AUGMENTATION (WILSON PROCEDURE)	\$0.00
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	\$1,016.80
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$930.77
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL	\$1,015.63
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA	\$941.75
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	\$388.67
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$660.06
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE	\$807.96
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR	\$658.20
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	\$713.19
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	\$775.26
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR	\$443.51
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$833.15
27190	TREATMENT OF CLOSED SACRAL FRACTURE	\$0.00
27192	OPEN TREATMENT OF CLOSED OR OPEN SACRAL FRACTURE	\$0.00
27195	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITHOUT MANIPULATION	\$0.00
27196	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITH ANESTHESIA AND	\$0.00
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$75.80
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$188.09
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$102.21
27201	TREATMENT OF OPEN COCCYGEAL FRACTURE	\$0.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$607.12
27210	TREATMENT OF CLOSED ILIAC, PUBIC OR ISCHIAL FRACTURE	\$0.00
27212	TREATMENT OF OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH UNCOMPLICATED SOFT TISS	\$0.00
27214	OPEN TREATMENT OF CLOSED OR OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH OR WITHO	\$0.00
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$621.37
27216	INSERTION OF HARDWARE TO BROKEN AND/OR DISLOCATED BONE ON ONE SIDE OF PELVIS, AC	\$685.24
27217	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	\$833.13
27218	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR	\$1,002.93
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$331.50
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION,	\$619.62
27224	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	\$0.00
27225	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL	\$877.37
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE)	\$1,264.38
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO)	\$1,406.26
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$297.94
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION,	\$590.20
27234	TREATMENT OF OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, WITH UNCOMPLICATED SOFT	\$0.00
27235	INSERTION OF HARDWARE TO BROKEN THIGH BONE, ACCESSED THROUGH THE SKIN	\$732.45
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR	\$921.32
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$326.78
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$670.30
27242	TREATMENT OF OPEN INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$0.00
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$923.47
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$1,087.13
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$280.32
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHE	\$637.47
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$340.91
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$490.44
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	\$752.59
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL	\$947.13
27255	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP	\$0.00
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$217.99
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$293.81
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$875.74
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$1,159.68
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$285.28
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	\$393.81
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$212.29
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	\$259.73
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATI	\$610.72
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$143.41
27279	FUSION SACROILIAC JOINT THROUGH THE SKIN OR MINIMALLY INVASIVE USING IMAGE GUIDA	\$356.42
27280	FUSION OF SACROILIAC JOINT OBTAINING BONE GRAFT OPEN PROCEDURE	\$762.16
27281	ARTHRODESIS, SACROILIAC JOINT (INCLUDING	\$0.00
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$641.31
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	\$980.16
27286	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTERIC	\$991.88
27290	INTERPELVIA ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	\$1,341.88
27295	DISARTICULATION OF HIP	\$1,027.02
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$324.74
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$414.94
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS	\$535.80
27304	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$0.00
27305	REMOVAL OF TISSUE AT THIGH OR KNEE REGION, OPEN PROCEDURE	\$360.89
27306	INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE SKIN	\$268.34
27307	INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE	\$325.17
27310	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY IN KNEE JOINT	\$570.59
27311	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$0.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$118.71
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$280.09
27325	NEURECTOMY, HAMSTRING MUSCLE	\$342.85
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$325.80
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$253.66
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$325.92
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	\$807.96
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$321.34
27331	EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODY OF KNEE	\$382.16

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	\$511.96
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	\$457.35
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$547.79
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	\$624.93
27337	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	\$200.19
27339	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	\$358.56
27340	EXCISION, PREPATELLAR BURSA	\$263.93
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	\$368.19
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$287.11
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$512.38
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$498.75
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$572.88
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	\$615.43
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	\$253.04
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	\$693.17
27361	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$0.00
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	\$744.19
27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	\$917.75
27369	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI K	\$25.54
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$294.66
27373	ARTHROSCOPY KNEE, DIAGNOSTIC (SEP PROC)	\$0.00
27374	ARTHROSCOPY KNEE SURGICAL DEBRIDE W/CART SHAVING	\$0.00
27376	ARTHRSCPY KNEE SRGCL; W/SYNOVL BIOPSY	\$0.00
27377	ARTHRSCPY KNEE SRGCL; W/RMVL LOOSE BDY	\$0.00
27378	ARTHRSCPY KNEE SRGCL; W/MENISCECTMY	\$0.00
27379	ARTHRSCPY KNEE SRGCL;W/PLICA RESCTN &/SHLF RESCTN	\$0.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$455.54
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	\$632.64
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$491.29
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	\$657.08
27390	REPAIR OF HAMSTRING TENDON, OPEN PROCEDURE	\$329.08
27391	REPAIR OF MULTIPLE HAMSTRING TENDONS, OPEN PROCEDURE	\$418.80
27392	REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS, OPEN PROCEDURE	\$540.50
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$395.65
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$483.77
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$709.84
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$482.95
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$638.99
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	\$540.19
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$515.53
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$549.03
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$594.56
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	\$788.18
27410	SEC RPR RPTD/SVRD LIG W/WO MNSCTMY; CLLTRL/CRCT	\$0.00
27411	SUT SEC REP TRN RUPT LIG KNEE COLLATERAL	\$0.00
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$1,180.50
27413	SUT SEC REP TRN RUPT LIG KNEE COLLATERAL OR CRUCIA	\$0.00
27414	SUTR SEC LIG W/WO MNSCTMY KNEE CLLTRL&CRUCT LIG	\$0.00
27415	IMPLANTATION OF DONOR CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE	\$982.40
27416	IMPLANTATION OF PATIENT'S KNEE CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE	\$481.35
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$668.21
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$602.86
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	\$605.23
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$603.09
27425	RELEASE OF LIGAMENTS OF KNEE JOINT, OPEN PROCEDURE	\$344.95
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$580.51

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27428	RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE	\$820.50
27429	RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE	\$817.42
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$573.52
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$527.24
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$534.30
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$692.99
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$639.55
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$609.60
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$726.15
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	\$674.68
27444	ARTHROPLASTY, KNEE, TOTAL;	\$0.00
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	\$1,049.75
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$960.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH	\$1,492.58
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	\$690.14
27449	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITHOUT	\$0.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	\$852.53
27452	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITH	\$0.00
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG,	\$983.71
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES	\$750.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES	\$782.81
27460	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$0.00
27462	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$0.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	\$811.59
27466	OSTEOPLASTY, FEMUR; LENGTHENING	\$931.62
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT	\$1,039.36
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	\$975.79
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	\$1,082.92
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$507.16
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL	\$611.06
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	\$725.29
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	\$516.30
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	\$1,149.06
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	\$1,483.24
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH	\$932.68
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$961.48
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$365.40
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$422.68
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$452.58
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	\$504.67
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$361.95
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$375.61
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	\$586.07
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$587.63
27504	TREATMENT OF OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH UNCOMPL	\$0.00
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION,	\$982.50
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$842.51
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$316.30
27509	INSERTION OF HARDWARE TO STABILIZE BROKEN THIGH BONE OR SEPARATED GROWTH PLATE,	\$417.25
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$484.58
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERC	\$833.16
27512	TREATMENT OF OPEN FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH	\$0.00
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCOND	\$1,008.97
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLU	\$973.63
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$381.15
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	\$495.63

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27518	TREATMENT OF OPEN DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH UNCOMPLICATED SOFT	\$0.00
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATI	\$846.67
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$161.38
27522	TREATMENT OF OPEN PATELLAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	\$589.94
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$227.14
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	\$390.49
27534	TREATMENT OF OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH UNCOMPLICATED SOFT T	\$0.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INT	\$698.67
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	\$822.41
27537	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WI	\$0.00
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	\$274.74
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KN	\$711.79
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$290.62
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$395.00
27554	TREATMENT OF OPEN KNEE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27556	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$830.62
27557	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$956.30
27558	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$986.12
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$190.64
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$332.45
27564	TREATMENT OF OPEN PATELLAR DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	\$674.98
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	\$120.79
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	\$1,059.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	\$684.13
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE	\$767.73
27592	AMPUTATION OF THIGH THROUGH THIGH BONE, OPEN PROCEDURE	\$590.54
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$386.79
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	\$601.26
27598	DISARTICULATION AT KNEE	\$633.72
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	\$0.00
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$337.14
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$338.18
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$399.31
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$320.62
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$246.35
27605	INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN USING LOCAL ANESTHETIC	\$156.77
27606	INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN REQUIRING GENERAL ANESTHE	\$224.58
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$526.69
27608	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$0.00
27610	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF ANKLE	\$505.00
27611	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$0.00
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$456.94
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$107.14
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$297.78
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	\$715.15
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	\$609.17
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$270.11
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$433.53
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	\$383.36
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$518.66
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$562.80
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	\$281.06
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	\$197.93
27634	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/O	\$321.38

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$510.59
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$598.59
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$635.32
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$732.60
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$602.73
27645	RADICAL RESECTION OF TUMOR; TIBIA	\$844.88
27646	RADICAL RESECTION OF TUMOR; FIBULA	\$789.95
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$673.88
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$39.92
27650	REPAIR OF RUPTURED ACHILLES TENDON, OPEN OR THROUGH SKIN PROCEDURE	\$563.24
27652	REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT, OPEN OR THROUGH SKIN PROCEDURE	\$606.10
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$609.96
27656	REPAIR, FASCIAL DEFECT OF LEG	\$281.61
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$329.70
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$422.47
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$307.34
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$365.90
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$425.80
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$494.61
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$339.55
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$411.71
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$365.66
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$459.37
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	\$383.46
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$489.33
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$575.65
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$102.31
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$430.99
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$492.11
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$573.94
27700	ARTHROPLASTY, ANKLE;	\$542.19
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	\$830.46
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$862.38
27704	REMOVAL OF ANKLE IMPLANT	\$443.11
27705	OSTEOTOMY; TIBIA	\$640.92
27707	OSTEOTOMY; FIBULA	\$318.71
27709	OSTEOTOMY; TIBIA AND FIBULA	\$628.29
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	\$791.47
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$831.90
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$897.06
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$697.86
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES	\$911.50
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	\$844.40
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$455.21
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$756.14
27730	SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE, OPEN PROCEDURE	\$408.16
27732	SCRAPING OR STAPLING OF LEG BONE GROWTH PLATE, OPEN PROCEDURE	\$341.04
27734	SCRAPING OR STAPLING OF GROWTH PLATES OF LEG BONES, OPEN PROCEDURE	\$497.01
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$544.44
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$591.57
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$610.87
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	\$205.49
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	\$341.45
27754	TREATMENT OF OPEN TIBIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27756	INSERTION OF FIXATION TO BROKEN SHIN BONE, ACCESSED THROUGH THE SKIN	\$464.49
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	\$726.16

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$819.11
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$168.46
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	\$288.36
27764	TREATMENT OF OPEN DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS), WITH UNCOMPLICATED	\$0.00
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	\$492.00
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$133.50
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$201.54
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$342.85
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$149.36
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$248.39
27782	TREATMENT OF OPEN PROXIMAL FIBULA OR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TIS	\$0.00
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	\$416.55
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	\$157.64
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	\$232.65
27790	TREATMENT OF OPEN DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH UNCOMPLICATE	\$0.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	\$458.47
27800	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITHOUT MANIPULATION	\$0.00
27802	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITH MANIPULATION	\$0.00
27804	TREATMENT OF OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH UNCOMPLICATED SOFT TI	\$0.00
27806	OPEN TREATMENT OF CLOSED OR OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH OR WIT	\$0.00
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$190.58
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$313.58
27812	TREATMENT OF OPEN BIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLO	\$0.00
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	\$629.86
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$199.34
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$343.72
27820	TREATMENT OF OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CL	\$0.00
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$903.66
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$1,027.55
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$198.09
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$378.23
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	\$734.66
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	\$1,129.61
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	\$1,265.82
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	\$517.10
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$218.73
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$269.07
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	\$401.47
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$242.22
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	\$289.47
27844	TREATMENT OF OPEN ANKLE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$568.00
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$881.98
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	\$136.89
27870	FUSION OF ANKLE JOINT, OPEN PROCEDURE	\$823.12
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$547.56
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	\$654.00
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	\$725.91
27882	AMPUTATION OF LEG, OPEN PROCEDURE	\$555.49
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$443.28
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	\$540.05
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	\$592.29

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
27889	ANKLE DISARTICULATION	\$567.48
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$384.82
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	\$370.71
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$506.24
27899	UNLISTED PROCEDURE, LEG OR ANKLE	\$0.00
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$123.13
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$227.84
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$402.52
28004	DEEP INFECTION, BELOW FASCIA, REQUIRING DEEP	\$0.00
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$452.49
28006	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$0.00
28008	FASCIOTOMY, FOOT AND/OR TOE	\$250.24
28010	REPAIR OF TOE TENDON, ACCESSED THROUGH THE SKIN	\$171.50
28011	REPAIR OF MULTIPLE TOE TENDONS, ACCESSED THROUGH THE SKIN	\$220.76
28020	INCISION OF FOOT BONE AT ANKLE JOINT WITH EXPLORATION, DRAINAGE, OR REMOVAL OF F	\$301.48
28022	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF FOOT	\$231.78
28024	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF TOE JOINT	\$220.58
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$312.26
28039	1.5 CM OR GREATER	\$163.51
28041		\$214.82
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$193.49
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	\$274.19
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	\$518.60
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	\$452.42
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$256.08
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$219.92
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$220.00
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$271.10
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$302.77
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$384.31
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$299.10
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$275.51
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$237.64
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$296.63
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$258.49
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$245.38
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$212.58
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$338.68
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$453.82
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$365.28
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$307.68
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$410.03
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$331.91
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$218.47
28109	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$0.00
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	\$262.02
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$324.19
28112	REMOVAL OF BONES AT SECOND, THIRD, OR FOURTH TOE JOINTS	\$287.23
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$299.12
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$578.20
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$400.10
28118	OSTECTOMY, CALCANEUS;	\$357.86
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$321.08
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$357.85
28121	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$0.00
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$403.29

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28123	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$0.00
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$264.02
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$217.46
28130	TALECTOMY (ASTRAGALECTOMY)	\$471.12
28140	METATARSECTOMY	\$381.57
28150	PHALANGECTOMY, TOE, EACH TOE	\$259.42
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$204.31
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$229.00
28171	EXTENSIVE REMOVAL OF BONE GROWTH, MIDDLE PORTION OF FOOT	\$508.61
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$463.31
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$349.11
28190	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN	\$105.05
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$235.60
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$285.12
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	\$296.79
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	\$381.33
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$244.71
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$362.63
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$236.50
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$302.55
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$213.60
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$264.38
28230	INCISION TO LENGTHEN FOOT TENDONS, OPEN PROCEDURE	\$225.06
28232	INCISION TO LENGTHEN TOE TENDON, OPEN PROCEDURE	\$189.97
28234	INCISION TO RELEASE FOOT TENDON, OPEN PROCEDURE	\$179.52
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$440.12
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$238.46
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$336.59
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$395.28
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$559.57
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$857.87
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$590.51
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$245.55
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$190.84
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$275.10
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$285.98
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$268.04
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$299.55
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	\$325.22
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$308.78
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	\$415.47
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	\$346.67
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	\$521.64
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	\$544.86
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	\$478.20
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$522.47
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$513.63
28302	OSTEOTOMY; TALUS	\$554.04
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$475.77
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$609.06
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$326.41
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$394.86
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$313.26
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$622.16
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$308.71
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	\$298.91

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$297.81
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$279.30
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$540.94
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	\$427.95
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$391.32
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$458.70
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$261.97
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$355.87
28360	RECONSTRUCTION, CLEFT FOOT	\$775.12
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$147.87
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$278.19
28406	INSERTION OF HARDWARE TO BROKEN HEEL BONE WITH MANIPULATION, ACCESSED THROUGH TH	\$402.22
28410	TREATMENT OF OPEN CALCANEAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$1,170.94
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$1,224.82
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$138.29
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$219.81
28436	INSERTION OF HARDWARE TO BROKEN ANKLE JOINT WITH MANIPULATION, ACCESSED THROUGH	\$302.40
28440	TREATMENT OF OPEN TALUS FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$682.83
28446	IMPLANTATION OF DONOR CARTILAGE CELLS INTO FOOT JOINT WITH GRAFTS, OPEN PROCEDUR	\$592.04
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	\$126.55
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$171.48
28456	INSERTION OF HARDWARE TO BROKEN FOOT JOINT WITH MANIPULATION, ACCESSED THROUGH T	\$191.82
28460	TREATMENT OF OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH UNCOMP	\$0.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	\$560.72
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$119.51
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$164.82
28476	INSERTION OF HARDWARE TO BROKEN FOOT BONE WITH MANIPULATION, ACCESSED THROUGH TH	\$239.80
28480	TREATMENT OF OPEN METATARSAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE, E	\$0.00
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$475.03
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$68.89
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$92.04
28496	INSERTION OF HARDWARE TO BROKEN GREAT TOE WITH MANIPULATION, ACCESSED THROUGH TH	\$169.37
28500	TREATMENT OF OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH UNCOMPLICATED S	\$0.00
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	\$357.43
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	\$66.80
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	\$84.64
28520	TREATMENT OF OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH UNC	\$0.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	\$318.49
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$73.25
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$205.28
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	\$133.23
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	\$148.27
28546	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	\$212.74
28550	TREATMENT OF OPEN TARSAL BONE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSUR	\$0.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	\$428.52
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$113.31
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$200.22
28576	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	\$247.88
28580	TREATMENT OF OPEN TALOTARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE C	\$0.00
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	\$527.77
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$116.12
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$176.08
28606	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	\$294.30
28610	TREATMENT OF OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$664.60
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$93.46
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$123.57
28636	INSERTION OF HARDWARE TO FOOT BONE DISLOCATION WITH MANIPULATION, ACCESSED THROU	\$164.24
28640	TREATMENT OF OPEN METATARSOPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT	\$0.00
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	\$294.40
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$77.54
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$120.15
28666	INSERTION OF HARDWARE TO TOE JOINT DISLOCATION WITH MANIPULATION, ACCESSED THROU	\$157.29
28670	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	\$0.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$282.19
28705	ARTHRODESIS; PANTALAR	\$876.66
28715	ARTHRODESIS; TRIPLE	\$763.86
28725	ARTHRODESIS; SUBTALAR	\$656.13
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$611.05
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$622.71
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$566.52
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$440.04
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$421.73
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$281.15
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$413.65
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$473.32
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$472.02
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$350.32
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$264.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$230.80
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	\$151.10
28899	UNLISTED PROCEDURE, FOOT OR TOES	\$0.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$117.02
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$116.56
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$102.79
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$85.46
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$109.09
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$115.20
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$128.01
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$36.09
29050	INTERSTITIAL PRESSURE TEST	\$0.00
29055	APPLICATION, CAST; SHOULDER SPICA	\$85.66
29058	APPLICATION, CAST; PLASTER VELPEAU	\$56.82
29065	APPLICATION OF CAST, SHOULDER TO HAND (LONG ARM)	\$41.56
29075	APPLICATION OF CAST, ELBOW TO FINGER (SHORT ARM)	\$37.14
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$38.35
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$41.36
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$34.95
29125	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)	\$24.61
29126	APPLICATION OF MOVEABLE, HINGED SHORT ARM SPLINT (FOREARM TO HAND)	\$30.49
29130	APPLICATION OF NON-MOVEABLE, HINGED FINGER SPLINT	\$18.15
29131	APPLICATION OF MOVEABLE, HINGED FINGER SPLINT	\$22.28
29200	STRAPPING; THORAX	\$24.17
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$27.92
29260	STRAPPING; ELBOW OR WRIST	\$21.56
29280	STRAPPING; HAND OR FINGER	\$20.29
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$107.65
29325	APPLICATION OF HIP SPICA CAST, ONE AND ONE-HALF HIP SPICA OR BOTH LEGS	\$118.53
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$63.14
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES), WALKER OR AMBULATORY TYPE	\$67.99

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29358	APPLICATION OF LONG LEG CAST BRACE	\$66.41
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$54.61
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$40.13
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES), WALKING OR AMBULATORY TYPE	\$44.99
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$54.10
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$22.43
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$91.09
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$79.98
29455	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	\$0.00
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$33.01
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$29.94
29520	STRAPPING; HIP	\$24.76
29530	STRAPPING; KNEE	\$24.67
29540	STRAPPING; ANKLE AND/OR FOOT	\$20.58
29550	STRAPPING; TOES	\$18.91
29580	STRAPPING, UNNA BOOT	\$23.14
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$15.43
29584	APPLICATION OF VEIN WOUND COMPRESSION SYSTEM UPPER ARM, FOREARM, HAND, AND FINGE	\$9.41
29700	REMOVAL OR BIVALVING OF GAUNTLET, BOOT, OR BODY CAST	\$22.74
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$29.80
29710	REMOVAL OR BIVALVING OF SHOULDER, HIP SPICA, OR JACKET CAST	\$51.99
29720	REPAIR OF SPICA, BODY CAST, OR JACKET	\$27.58
29730	WINDOWING OF CAST	\$28.61
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$42.21
29750	WEDGING OF CLUBFOOT CAST	\$49.33
29751	WEDGING OF CLUBFOOT CAST	\$0.00
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	\$0.00
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	\$364.88
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$511.05
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$296.67
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$749.02
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$728.89
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$493.91
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$469.76
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$497.79
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$489.96
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$528.66
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	\$458.72
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	\$495.15
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	\$575.82
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$790.52
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$456.26
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$339.28
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$376.86
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$389.48
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$440.36
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$406.61
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$446.88
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$322.26
29843	DIAGNOSTIC EXAMINATION OF THE WRIST USING AN ENDOSCOPE FOR INFECTION, IRRIGATION	\$378.05
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$398.38
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$452.04
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$469.88
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$483.68
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$329.23
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$488.43

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$733.38
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$655.16
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$794.44
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$422.32
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$549.15
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$588.73
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$570.02
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	\$777.30
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$927.86
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR	\$1,251.04
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$298.03
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$411.39
29872	ARTHROSCOPY, KNEE, SURGICAL	\$0.00
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$369.85
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	\$440.53
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$402.16
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	\$498.56
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$460.73
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$498.98
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	\$525.43
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	\$483.75
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$532.76
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$578.53
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$470.87
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	\$539.35
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$452.51
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$563.67
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	\$842.13
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	\$806.54
29890	ARTHROSCOPY, ANKLE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	\$0.00
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$517.99
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$542.76
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$306.63
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	\$450.22
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	\$443.19
29896	ARTHROSCOPY, ANKLE, SURGICAL	\$0.00
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$457.68
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$510.07
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	\$725.35
29900	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$328.10
29901	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$360.87
29902	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	\$386.80
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$308.47
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$333.14
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$350.92
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$427.07
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$650.84
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION	\$663.01
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	\$663.01
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$0.00
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$69.98
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$72.00
30100	BIOPSY, INTRANASAL	\$43.47
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$79.46
30111	EXCISION, NASAL POLYP(S), SIMPLE	\$0.00
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$252.65

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
30116	EXCISION, NASAL POLYP(S), EXTENSIVE	\$0.00
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	\$194.16
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	\$528.83
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$326.47
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$166.84
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$386.63
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$224.38
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$241.40
30150	RHINECTOMY; PARTIAL	\$510.57
30160	RHINECTOMY; TOTAL	\$569.04
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$37.61
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$59.41
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$76.03
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$73.73
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$126.27
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$288.51
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$635.65
30410	RESHAPING OF BONE, CARTILAGE, OR TIP OF NOSE	\$787.33
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$924.19
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$584.26
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$779.68
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$1,015.67
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$553.36
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,050.40
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	\$604.20
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	\$347.70
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$424.00
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$634.64
30560	LYSIS INTRANASAL SYNECHIA	\$84.67
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$365.78
30600	REPAIR FISTULA; ORONASAL	\$298.07
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$370.39
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$404.60
30800	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); SUPERFIC	\$0.00
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$75.30
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$110.57
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	\$44.33
30902	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	\$0.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	\$65.99
30904	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	\$0.00
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$98.64
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$107.34
30915	LIGATION ARTERIES; ETHMOIDAL	\$384.00
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$559.08
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	\$74.71
30999	UNLISTED PROCEDURE, NOSE	\$0.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$63.28
31001	LAVAGE BY CANNULATION	\$0.00
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$128.48
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$203.83
31021	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$0.00
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	\$344.95
31031	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$0.00
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	\$393.24

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31033	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$0.00
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$497.21
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$318.37
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	\$425.74
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$267.60
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	\$546.24
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	\$625.70
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	\$698.44
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$785.82
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$830.43
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$697.73
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$692.37
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	\$571.27
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$352.05
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$463.02
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$549.83
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$1,090.57
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	\$1,235.15
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$63.70
31233	EXAMINATION OF NASAL PASSAGE AND SINUS ABOVE TEETH (MAXILLARY SINUS) USING ENDOS	\$104.79
31235	EXAMINATION OF NASAL PASSAGE AND SINUS ABOVE EYES (SPHENOID SINUS) USING ENDOSCO	\$118.58
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	\$137.94
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$151.74
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$504.10
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$144.92
31241	TYING OF SPHENOPALATINE ARTERY USING AN ENDOSCOPE	\$278.51
31253	COMPLETE EXAMINATION OF NOSE AND SINUSES USING AN ENDOSCOPE	\$312.83
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	\$259.80
31255	COMPLETE REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	\$389.35
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$184.03
31257	COMPLETE EXAMINATION OF NOSE AND SINUSES AND REMOVAL OF NASAL SINUS USING AN END	\$278.69
31259	REMOVAL OF TISSUE FROM SPHENOID SINUS USING AN ENDOSCOPE	\$295.33
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	\$292.23
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$442.35
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$219.33
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	\$256.10
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK;	\$944.19
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK;	\$1,000.15
31292	DECOMPRESSION OF INNER SIDE OR FLOOR OF EYE SOCKET USING ENDOSCOPE	\$796.88
31293	DECOMPRESSION OF INNER SIDE AND FLOOR OF EYE SOCKET USING ENDOSCOPE	\$868.03
31294	DECOMPRESSION OF OPTIC NERVE USING ENDOSCOPE	\$1,021.29
31295	DILATION OF OPENING FROM SINUS ABOVE TEETH (MAXILLARY SINUS) INTO CAVITY OF NOSE	\$111.46
31296	DILATION OF OPENING FROM SINUS IN FOREHEAD (FRONTAL SINUS) INTO CAVITY OF NOSE U	\$132.77
31297	DILATION OF OPENING FROM SINUS BEHIND EYE (SPHENOID SINUS) INTO CAVITY OF NOSE U	\$109.12
31298	DILATION OF OPENING FROM SINUSES IN FOREHEAD AND BEHIND EYE (FRONTAL AND SPHENOI	\$160.00
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	\$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	\$842.27
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	\$1,064.35
31365	REMOVAL OF VOICE BOX, MUSCLE, LYMPH NODES, AND GLANDS	\$1,457.92
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	\$1,239.76
31368	REMOVAL OF VOICE BOX, MUSCLE, LYMPH NODES, AND GLANDS	\$1,612.33
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	\$1,226.14
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	\$1,112.30
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	\$1,156.09
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	\$1,182.54
31390	REMOVAL OF VOICE BOX, THROAT, MUSCLE, LYMPH NODES, AND GLANDS	\$1,634.76

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31395	REMOVAL OF VOICE BOX AND THROAT, MUSCLE, LYMPH NODES, AND GLANDS WITH RECONSTRUC	\$1,916.47
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$631.97
31420	EPIGLOTTIDECTOMY	\$632.40
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$93.64
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$32.14
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$30.26
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$79.29
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$90.36
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$107.27
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$117.65
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$81.56
31520	DIAGNOSTIC EXAMINATION OF VOICE BOX USING AN ENDOSCOPE, NEWBORN	\$120.53
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$115.20
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	\$143.56
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$168.53
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	\$130.81
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	\$139.85
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$183.54
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	\$201.10
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$176.24
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	\$199.06
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	\$230.97
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	\$245.74
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$286.01
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$434.40
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$908.51
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$924.59
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	\$1,009.69
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	\$1,068.83
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$286.93
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$328.97
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$179.59
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	\$234.90
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	\$114.63
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	\$94.84
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	\$94.84
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$53.40
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$109.05
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$136.25
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$147.42
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$103.09
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$793.80
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$1,040.08
31587	LARYNGOPLASTY, CRICOID SPLIT	\$654.43
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$567.92
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	\$675.94
31592	CRICOTRACHEAL RESECTION	\$1,079.47
31599	UNLISTED PROCEDURE, LARYNX	\$0.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$259.24
31601	OPENING OF WINDPIPE THROUGH NECK FOR INSERTION OF BREATHING TUBE, PATIENT YOUNGE	\$244.63
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$220.41
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$189.62
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$515.65
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	\$405.06
31612	PUNCTURE OF NECK AND WINDPIPE CARTILAGE FOR ASPIRATION AND/OR INJECTION, ACCESSE	\$48.22
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$294.72

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$483.82
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$106.53
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$142.83
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$146.59
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$146.59
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$182.26
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$102.20
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$49.68
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$192.38
31629	NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE	\$170.33
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$197.31
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$215.08
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$54.39
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$66.72
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$128.89
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$192.10
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$177.90
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	\$63.08
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$198.19
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$256.53
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$260.69
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$177.88
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$169.64
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$138.51
31647	ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG	\$137.30
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$145.10
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$45.90
31651	ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG	\$48.43
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$147.48
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$162.67
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$42.40
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$138.43
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$145.90
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$80.55
31719	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF INDWELLING TUBE FOR THERAPY (EG, TI	\$0.00
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$47.17
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE,	\$87.57
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	\$136.14
31750	TRACHEOPLASTY; CERVICAL	\$760.80
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$1,008.25
31760	TRACHEOPLASTY; INTRATHORACIC	\$1,046.30
31766	CARINAL RECONSTRUCTION	\$1,469.78
31770	BRONCHOPLASTY; GRAFT REPAIR	\$1,164.52
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	\$1,266.99
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	\$1,020.72
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	\$1,240.35
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	\$843.72
31786	REMOVAL OF WINDPIPE CARTILAGE GROWTH, OPEN CHEST PROCEDURE	\$1,193.33
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	\$418.12
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC	\$758.25
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$300.69
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$430.82
31830	REVISION OF TRACHEOSTOMY SCAR	\$301.77
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	\$0.00
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	\$533.31
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	\$588.97

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCIS	\$498.41
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDG	\$498.41
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$468.59
32100	THORACOTOMY; WITH EXPLORATION	\$727.19
32110	THORACOTOMY; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	\$855.13
32120	THORACOTOMY; FOR POSTOPERATIVE COMPLICATIONS	\$698.40
32124	THORACOTOMY; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	\$739.32
32140	THORACOTOMY; WITH CYST(S) REMOVAL, INCLUDES PLEURAL PROCEDURE WHEN PERFORMED	\$832.24
32141	THORACOTOMY; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL PROCEDURE	\$819.06
32150	THORACOTOMY; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$789.52
32151	THORACOTOMY; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	\$792.66
32160	THORACOTOMY; WITH CARDIAC MASSAGE	\$544.77
32200	DRAINAGE OF INFECTED LUNG MATERIAL OR CYST, OPEN PROCEDURE	\$720.30
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$662.49
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL	\$1,082.94
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL	\$819.89
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	\$789.60
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$1,151.20
32400	NEEDLE BIOPSY OF LINING OF LUNG, ACCESSED THROUGH THE SKIN	\$81.43
32405	NEEDLE BIOPSY OF LUNG OR CHEST TISSUE, ACCESSED THROUGH THE SKIN	\$97.07
32440	REMOVAL OF LUNG, PNEUMONECTOMY;	\$1,183.81
32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY	\$1,335.44
32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTRAPLEURAL	\$1,342.20
32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	\$1,046.59
32482	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; 2 LOBES (BILOBECTOMY)	\$1,104.21
32484	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$1,139.00
32486	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION OF SEG	\$1,264.00
32488	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH ALL REMAINING LUNG FOLLOWING PRE	\$1,339.81
32490	LOBECTOMY, TOTAL OR SEGMENTAL; WITH CONCOMITANT DECORTICATION	\$0.00
32491	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH RESECTION-PLICATION OF EMPHYSEMA	\$1,143.50
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT	\$239.01
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,277.16
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,458.81
32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL	\$576.18
32506	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIO	\$95.22
32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	\$95.22
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	\$844.83
32545	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY); WITH LOBECTOMY	\$0.00
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$112.08
32551	REMOVAL OF FLUID FROM BETWEEN LUNG AND CHEST CAVITY, OPEN PROCEDURE	\$92.62
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$77.23
32553	INSERTION OF DEVICES IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESSED TH	\$97.36
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	\$54.89
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	\$68.47
32556	REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER, ACCESS	\$75.10
32557	REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER AND IMA	\$98.76
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECUR	\$57.74
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$34.17
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$30.61
32601	DIAGNOSTIC EXAMINATION OF LUNGS, HEART SAC, MID-CHEST CAVITY, OR LUNG LINING USI	\$292.36
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$420.39
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$404.02
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCI	\$189.78
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WED	\$232.56
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$161.25
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	\$618.26

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$754.11
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING	\$1,039.64
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	\$739.03
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$706.93
32655	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL	\$786.30
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$793.67
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL	\$744.12
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL	\$743.63
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	\$751.23
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	\$942.01
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	\$1,055.84
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$769.11
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$877.00
32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INI	\$539.50
32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), E	\$95.22
32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUN	\$95.74
32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	\$824.96
32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	\$982.66
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	\$1,087.97
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS	\$932.45
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	\$739.93
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPA	\$130.63
32700	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE);	\$0.00
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT	\$131.43
32705	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); WITH BIOPSY	\$0.00
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$750.84
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE	\$695.69
32815	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM CHEST CAVITY TO LUNG AIRWAY, OPEN PROCED	\$1,228.13
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)	\$1,190.57
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	\$0.00
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,977.21
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$2,127.78
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT	\$2,412.20
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY	\$2,572.88
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$972.55
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	\$1,060.68
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF	\$1,337.48
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	\$992.74
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$73.82
32994	DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN	\$304.74
32997	TOTAL LUNG LAVAGE (UNILATERAL)	\$243.55
32998	DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN	\$196.01
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	\$205.69
33016	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$146.57
33017	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUD	\$152.32
33018	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUD	\$174.29
33019	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUD	\$141.15
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	\$763.83
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$757.17
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	\$1,160.05
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	\$1,163.58
33035	COMPLETE VENTRICULAR DECORTICATION, WITH	\$0.00
33050	RESECTION OF PERICARDIAL CYST OR TUMOR	\$786.88
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	\$1,518.25
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	\$1,109.81
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$1,000.66

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME	\$185.47
33202	INSERTION OF ELECTRODES TO OUTER LAYER OF HEART, OPEN PROCEDURE	\$534.75
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PER	\$548.53
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$417.10
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$488.48
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$526.97
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	\$174.10
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$178.79
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	\$331.18
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$361.30
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	\$418.41
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	\$227.42
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	\$329.06
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	\$341.91
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$315.41
33219	REPAIR OF PACEMAKER; WITH REPLACEMENT OF PULSE GENERATOR	\$0.00
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$318.39
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$217.73
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	\$305.76
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	\$377.65
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$363.63
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$320.77
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$350.25
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$207.92
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$216.65
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$225.37
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$233.84
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$242.56
33232	REMOVAL OF PERMANENT PACEMAKER	\$0.00
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$208.64
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	\$379.03
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$440.85
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE	\$618.86
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL	\$761.98
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$792.35
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$416.09
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	\$194.54
33243	REMOVAL OF DEFIBRILLATOR ELECTRODES	\$1,040.77
33244	REMOVAL OF DEFIBRILLATOR ELECTRODES	\$704.61
33248	REVISION OR REMOVAL OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS AND	\$0.00
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	\$820.76
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLF	\$1,071.50
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	\$1,326.91
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZ	\$928.91
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,117.06
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,331.79
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$313.67
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$353.45
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$462.14
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	\$1,273.64
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$225.55
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$234.28
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$243.01
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIM	\$928.91
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTE	\$1,267.31
33270	INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE	\$387.92

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33271	INSERTION OF DEFIBRILLATOR ELECTRODE	\$307.51
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE	\$255.52
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE	\$245.49
33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VE	\$306.85
33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER FROM LOWER RIGHT CHAMBER OF HEART VIA CA	\$323.90
33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	\$55.24
33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR	\$54.22
33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG	\$202.13
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	\$1,015.32
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	\$1,217.30
33310	INCISION, EXPLORATION, AND REMOVAL OF FOREIGN BODY OF UPPER OR LOWER HEART CHAMB	\$1,012.78
33315	INCISION, EXPLORATION, AND REMOVAL OF FOREIGN BODY OF UPPER OR LOWER HEART CHAMB	\$1,201.63
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY BYPASS	\$957.41
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,226.68
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,254.39
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONARY	\$1,101.77
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,485.54
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL	\$495.50
33361	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE, ACCESSED THROUGH THE SKIN	\$805.42
33362	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE, OPEN PROCEDURE	\$881.09
33363	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE, OPEN PROCEDURE	\$912.26
33364	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE, OPEN PROCEDURE	\$972.23
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSA	\$1,060.10
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSA	\$1,177.75
33367	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIO	\$370.97
33368	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUNG MACHINE, OPEN PR	\$449.53
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIO	\$593.52
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALV	\$1,176.67
33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEA	\$1,394.21
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,724.64
33405	REPLACEMENT OF AORTIC VALVE USING ARTIFICIAL VALVE ON HEART-LUNG MACHINE, OPEN P	\$1,772.14
33406	REPLACEMENT OF AORTIC VALVE USING HUMAN DONOR VALVE ON HEART-LUNG MACHINE, OPEN	\$1,916.69
33407	VALVOTOMY, AORTIC VALVE (COMMISSUROTOMY); WITH CARDIOPULMONARY BYPASS	\$0.00
33408	VALVOTOMY, AORTIC VALVE (COMMISSUROTOMY); WITH INFLOW OCCLUSION	\$0.00
33410	REPLACEMENT OF AORTIC VALVE USING TISSUE VALVE ON HEART-LUNG MACHINE, OPEN PROCE	\$1,685.57
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY SINUS	\$1,929.09
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	\$2,082.30
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH	\$2,126.28
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF	\$1,867.92
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	\$1,640.02
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS	\$1,730.19
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$1,770.89
33418	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN	\$1,070.96
33419	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN	\$312.59
33420	REMOVAL OF SCAR TISSUE OF VALVE BETWEEN LEFT HEART CHAMBERS, CLOSED HEART PROCED	\$1,152.46
33422	REMOVAL OF VALVE SCAR TISSUE BETWEEN LEFT HEART CHAMBERS ON HEART-LUNG MACHINE,	\$1,576.67
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	\$1,602.41
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	\$1,813.38
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL	\$1,953.84
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$2,030.56
33440	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE AND TR	\$2,068.33
33450	VALVOTOMY, TRICUSPID VALVE (COMMISSUROTOMY)	\$0.00
33452	VALVOTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$0.00
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$1,437.01
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$1,553.28
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$1,650.52

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$1,726.50
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$1,841.24
33470	DILATION OF VALVE BETWEEN RIGHT HEART CHAMBERS, CLOSED HEART PROCEDURE	\$1,123.38
33471	DILATION OF VALVE BETWEEN RIGHT HEART CHAMBERS, CLOSED HEART PROCEDURE	\$1,248.12
33474	INCISION OF VALVE AT RIGHT LOWER HEART CHAMBER ON HEART-LUNG MACHINE, OPEN PROCE	\$1,412.10
33475	REPLACEMENT, PULMONARY VALVE	\$1,728.81
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT	\$1,468.53
33477	IMPLANTATION OF HEART VALVE (PULMONARY) TO LUNGS, ACCESSED THROUGH THE SKIN	\$808.85
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR	\$1,650.24
33480	REPLACEMENT AND/OR REPAIR, DOUBLE VALVE PROCEDURE, BY METHODS 33400-33465	\$0.00
33481	SINGLE VALVE REPLACEMENT; WITH COMMISSUROTOMY OR VALVULOPLASTY OF ANOTHER 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	\$1,680.98
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIOP	\$1,536.67
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	\$996.55
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION	\$1,253.87
33503	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITHOUT CARDIOPULMONARY BYPASS	\$1,276.79
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	\$1,531.03
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY	\$1,567.45
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO	\$1,587.18
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFI	\$1,230.45
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	\$12.12
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	\$1,525.90
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	\$1,649.30
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	\$1,769.08
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	\$1,898.24
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	\$2,005.59
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	\$2,124.45
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN	\$137.41
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS	\$259.37
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOU	\$380.67
33520	CORONARY ARTERY BYPASS, NONAUTOGENOUS GRAFT (EG, SYNTHETIC OR CADAVER); SINGLE G	\$0.00
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS	\$503.04
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS	\$624.95
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE	\$745.59
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	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE	\$313.28
33532	MYOCARDIAL IMPLNTATN ONE MOR SYSTMIC ARTERIES	\$0.00
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$1,847.57
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	\$1,718.37
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	\$1,875.81
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL	\$2,031.76
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$1,745.50
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL	\$2,095.06
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF	\$1,622.39
33560	MYOCARDIAL OPERATION COMBINED WITH CORONARY BYPASS PROCEDURE	\$0.00
33572	REMOVAL OF PLAQUE FROM HEART ARTERY AT TIME OF BYPASS GRAFT PROCEDURE, OPEN PROC	\$215.55
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	\$1,714.17
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$1,655.27
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	\$1,832.63
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR	\$1,906.45
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC	\$1,863.63

**Disclaimer: The Medicaid Fee Schedule may change without notice.**

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$1,931.64
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$2,044.74
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF	\$1,973.80
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN	\$2,124.67
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	\$2,393.57
33620	PLACEMENT OF BANDS AROUND THE RIGHT AND LEFT PULMONARY (LUNG) ARTERIES, HYBRID A	\$1,043.57
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AN	\$562.83
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC L	\$2,202.59
33640	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$0.00
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITH	\$1,283.21
33643	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$0.00
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	\$1,525.81
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR	\$1,769.42
33649	REPAIR OF TRICUSPID ATRESIA (EG, FONTAN, GAGO PROCEDURES)	\$0.00
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL	\$1,588.62
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITHOUT	\$1,750.26
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	\$1,818.87
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	\$1,489.58
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFU	\$1,534.13
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY	\$1,594.33
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	\$1,726.34
33682	CLOSURE VENTRICULAR SEPTAL DEFECT	\$0.00
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULMONARY	\$1,775.76
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMOVAL OF	\$1,672.44
33690	BANDING OF PULMONARY ARTERY	\$1,225.68
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	\$1,820.78
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH	\$1,849.26
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING	\$1,979.80
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	\$1,647.23
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF	\$1,765.77
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	\$1,626.27
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$1,702.46
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDR	\$1,055.96
33726	REPAIR OF PULMONARY VENOUS STENOSIS	\$1,390.51
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRA	\$1,794.03
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	\$1,697.63
33735	BALLOON ENLARGEMENT OF WALL BETWEEN TWO UPPER HEART CHAMBERS, CLOSED HEART PROCE	\$1,246.81
33736	ENLARGEMENT OF WALL BETWEEN TWO UPPER HEART CHAMBERS, OPEN HEART PROCEDURE	\$1,477.64
33737	ENLARGEMENT OF WALL BETWEEN TWO UPPER HEART CHAMBERS WITH CORRECTION OF BLOOD FL	\$1,289.88
33738	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON, RASHKIND TYPE (INC	\$0.00
33739	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (SANG-PARK SEPTOSTOMY)(INCLUDES CA	\$0.00
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	\$1,209.87
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	\$1,183.11
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	\$1,222.85
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	\$1,224.42
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL	\$1,372.33
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS	\$1,399.73
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITI	\$302.83
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	\$1,914.82
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT	\$1,886.31
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,742.27
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,707.99
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,832.83
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,751.14
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,074.92
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,006.94

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,080.11
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$1,970.50
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$1,545.14
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$1,669.63
33784	REPAIR TRANSPOSITION OF GREAT VESSELS, ATRIAL BAFFLE	\$0.00
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$1,917.76
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	\$1,478.20
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA	\$991.04
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	\$1,105.90
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	\$1,128.00
33810	CREATION OF AORTOPULMONARY WINDOW	\$0.00
33812	CREATION OF AORTOPULMONARY WINDOW	\$0.00
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	\$1,252.92
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	\$1,587.67
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	\$1,036.76
33822	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTERY TO AORTA, PATIENT	\$1,007.55
33824	REPAIR OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTERY TO AORTA, PATIENT	\$1,225.40
33830	PATENT DUCTUS ARTERIOSUS; LIGATION OR DIVISION WHEN PERFORMED WITH ANOTHER PROCE	\$0.00
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,282.33
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,382.19
33850	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$0.00
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,350.69
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,443.82
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,963.33
33855	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	\$0.00
33858	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, W	\$2,094.64
33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, W	\$1,506.31
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT	\$2,049.34
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH C	\$1,647.47
33865	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMP	\$0.00
33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVEL	\$631.10
33871	TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS, WITH PROFOUND HYPOTHE	\$2,012.70
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$1,851.62
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT	\$2,429.32
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,275.48
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,096.96
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$810.68
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$298.70
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF	\$701.04
33889	INCISION ON ONE SIDE OF NECK TO TRANSFER CHEST ARTERY TO NECK ARTERY PLUS ENDOVA	\$595.15
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTI	\$760.49
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	\$1,269.60
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	\$1,009.35
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	\$1,339.99
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	\$1,522.81
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR	\$1,907.94
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	\$1,421.98
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	\$266.67
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CA	\$1,257.56
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDI	\$1,693.36
33927	IMPLANTATION OF ARTIFICIAL HEART	\$1,543.30
33928	REPLACEMENT OF ARTIFICIAL HEART	\$0.00
33929	REMOVAL OF ARTIFICIAL HEART	\$0.00
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	\$0.00
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$3,491.81
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$2,463.46
33946	INITIATION OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A	\$192.82
33947	INITIATION OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING	\$211.14
33948	DAILY MANAGEMENT OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS U	\$149.79
33949	DAILY MANAGEMENT OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS	\$145.99
33950	CARDIAC TRANSPLNTATN REMOVAL DONOR HEART	\$0.00
33951	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HE	\$248.02
33952	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HE	\$240.28
33953	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUN	\$276.68
33954	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUN	\$267.95
33955	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN H	\$546.34
33956	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN H	\$510.89
33957	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION I	\$157.93
33958	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION I	\$153.68
33959	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND	\$187.84
33962	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND	\$176.36
33963	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION	\$328.63
33964	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION	\$332.41
33965	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEAR	\$160.17
33966	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEAR	\$179.75
33967	INSERTION OF ASSISTIVE HEART BLOOD FLOW DEVICE INTO AORTA, ACCESSED THROUGH THE	\$190.78
33968	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA, ACCESSED THROUGH THE SKIN	\$31.43
33969	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS	\$197.30
33970	REMOVAL OF BLOOD FLOW ASSIST DEVICE IN AORTA, OPEN PROCEDURE	\$361.17
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL	\$531.88
33972	INTRA-AORTIC BALLOON COUNTERPULSATION; MONITORING ONLY	\$0.00
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	\$480.21
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA,	\$725.10
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	\$1,082.61
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,231.77
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	\$996.64
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,119.97
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE	\$1,553.95
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE	\$2,078.71
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR	\$0.00
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$0.00
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$0.00
33984	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS	\$190.74
33985	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEA	\$368.63
33986	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEA	\$346.54
33987	INCISION OF ARTERY FOR CREATION OF A CHANNEL FOR BLOOD CIRCULATION USING A PUMP	\$144.46
33988	INSERTION OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND R	\$456.97
33989	REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RET	\$298.95
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPE	\$262.11
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPE	\$381.92
33992	REMOVAL OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE, ACCESSED THROUGH THE SK	\$124.06
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT	\$108.95
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	\$971.74
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR IN	\$644.59
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN	\$718.63
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	\$511.52
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY,	\$429.91
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC,	\$898.46
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL,	\$499.51
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL	\$623.47
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCIS	\$896.66

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
34421	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC OR THIGH ARTERY	\$498.02
34451	REMOVAL OF BLOOD CLOT IN VENA CAVA, PELVIC OR THIGH ARTERY	\$975.53
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	\$429.88
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	\$426.14
34501	VALVULOPLASTY, FEMORAL VEIN	\$622.73
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$1,299.23
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$713.05
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$686.53
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$871.62
34701	PLACEMENT OF GRAFT FOR REPAIR OF AORTA INCLUDING RADIOLOGICAL SUPERVISION AND IN	\$753.51
34702	PLACEMENT OF GRAFT FOR REPAIR OF AORTA INCLUDING RADIOLOGICAL SUPERVISION AND IN	\$1,124.78
34703	PLACEMENT OF GRAFT FOR REPAIR OF AORTA AND GROIN ARTERY INCLUDING RADIOLOGICAL S	\$844.89
34704	PLACEMENT OF GRAFT FOR REPAIR OF AORTA AND GROIN ARTERY INCLUDING RADIOLOGICAL S	\$1,404.61
34705	PLACEMENT OF GRAFT FOR REPAIR OF AORTA AND GROIN ARTERIES INCLUDING RADIOLOGICAL	\$933.67
34706	PLACEMENT OF GRAFT FOR REPAIR OF AORTA AND GROIN ARTERIES INCLUDING RADIOLOGICAL	\$1,403.08
34707	PLACEMENT OF GRAFT FOR REPAIR OF GROIN ARTERY INCLUDING RADIOLOGICAL SUPERVISION	\$701.78
34708	PLACEMENT OF GRAFT FOR REPAIR OF GROIN ARTERY INCLUDING RADIOLOGICAL SUPERVISION	\$1,127.45
34709	INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY INCLUDING RADIOL	\$195.86
34710	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY	\$492.11
34711	DELAYED INSERTION OF PROSTHESIS FOR REPAIR OF ABDOMINAL OR GROIN ARTERY	\$180.75
34712	DELIVERY OF FIXATION DEVICE TO GRAFT VIA CATHETER INCLUDING RADIOLOGICAL SUPERVI	\$426.92
34713	EXPOSURE OF ONE GROIN ARTERY FOR DELIVERY OF GRAFT, ACCESSED THROUGH THE SKIN	\$78.89
34714	EXPOSURE OF ONE GROIN ARTERY WITH CREATION OF CONDUIT, OPEN PROCEDURE	\$166.03
34715	EXPOSURE OF ONE UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS, OPEN	\$185.42
34716	EXPOSURE OF ONE UNDERARM OR UPPER CHEST ARTERY WITH CREATION OF CONDUIT	\$230.96
34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILIAC ARTERY ENDOGRAFT	\$271.12
34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PLACEMENT OF AN AORTO-I	\$761.69
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN	\$161.96
34812	EXPOSURE OF ONE THIGH ARTERY FOR INSERTION OF PROSTHESIS, OPEN PROCEDURE	\$264.86
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC	\$188.37
34820	EXPOSURE OF ONE GROIN ARTERY FOR INSERTION OF PROSTHESIS, OPEN PROCEDURE	\$382.53
34830	REPAIR OF BULGING (ANEURYSM) OF AORTA WITH PROSTHESIS, OPEN PROCEDURE	\$1,333.93
34831	REPAIR OF BULGING (ANEURYSM) OF AORTA OR GROIN ARTERIES WITH PROSTHESIS, OPEN PR	\$1,441.74
34832	REPAIR OF BULGING (ANEURYSM) OF AORTA OR UPPER THIGH ARTERIES WITH PROSTHESIS, O	\$1,441.74
34833	EXPOSURE OF ONE GROIN ARTERY WITH CREATION OF CONDUIT	\$480.59
34834	EXPOSURE OF ONE ARM ARTERY FOR INSERTION OF PROSTHESIS, OPEN PROCEDURE	\$225.93
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC GRAFT FOR REPAIR OF AORTA REQUIRING A M	\$0.00
34841	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34842	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34843	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34844	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34845	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34846	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34847	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
34848	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	\$997.73
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$979.73
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$801.65
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$658.96
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$878.57
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,048.44
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,068.71
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$642.60
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,385.32
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,683.86
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,668.63

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,821.56
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,490.48
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,646.84
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$899.67
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,061.59
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,272.25
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,502.69
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$955.64
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,112.39
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$791.31
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$860.05
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$890.44
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$938.04
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$631.32
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$1,087.90
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$666.43
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$662.64
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$1,014.35
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$650.22
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$613.12
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$540.09
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$607.12
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	\$1,173.77
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	\$954.12
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	\$869.18
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$555.67
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$756.07
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$633.91
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	\$1,235.43
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	\$1,094.28
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	\$1,062.54
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$677.99
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$656.24
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$595.01
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	\$1,159.80
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	\$985.60
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	\$1,007.31
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$667.84
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEBRAL,	\$948.13
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL	\$783.06
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	\$859.88
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK	\$894.39
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL A	\$859.88
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBI	\$320.07
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY	\$1,281.64
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	\$663.86
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	\$1,090.09
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	\$1,211.54
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	\$989.98
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	\$857.11
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	\$1,186.34
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	\$1,284.85
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	\$647.88
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	\$693.01
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL	\$141.70
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIS	\$142.16

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONARY AR	\$247.21
35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	\$1,004.08
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	\$1,052.45
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	\$1,003.10
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	\$982.25
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	\$820.97
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	\$795.90
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	\$952.34
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	\$877.60
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	\$846.75
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	\$845.20
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	\$896.83
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	\$924.60
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	\$378.03
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	\$882.43
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	\$1,066.15
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	\$1,286.53
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,102.79
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	\$1,238.77
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	\$1,207.67
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$1,510.87
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$1,687.18
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$1,585.78
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$1,766.72
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	\$1,114.89
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	\$785.97
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	\$1,213.63
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	\$882.48
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	\$846.00
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL	\$1,380.82
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUN	\$958.93
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	\$1,038.64
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	\$270.51
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$1,181.10
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	\$1,455.32
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	\$1,097.42
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCE	\$199.67
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	\$961.32
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	\$985.94
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	\$867.84
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	\$865.45
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	\$814.87
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$876.06
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCA	\$1,228.67
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	\$1,216.27
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	\$1,176.42
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	\$1,269.81
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	\$1,151.50
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	\$1,059.11
35637	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	\$1,204.55
35638	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	\$1,223.42
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	\$819.26
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	\$827.68
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	\$1,347.47
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$1,143.03
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	\$795.97

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,032.07
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	\$1,017.18
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	\$738.14
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	\$811.08
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	\$858.41
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL,	\$1,087.70
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	\$849.41
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO COD	\$85.96
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	\$387.04
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO OR	\$450.18
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	\$158.10
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY	\$130.77
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$993.84
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$721.41
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$851.46
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$851.24
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	\$120.78
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POSTERIO	\$165.56
35701	EXPLORATION OF ARTERY OF NECK	\$344.74
35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER EXTREMITY (EG, AXILLA	\$256.71
35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON	\$258.41
35800	EXPLORATION OF NECK FOR POSTSURGICAL BLEEDING, BLOOD CLOT, OR INFECTION	\$362.49
35820	EXPLORATION OF CHEST FOR POSTSURGICAL BLEEDING, BLOOD CLOT, OR INFECTION	\$600.85
35840	EXPLORATION OF ABDOMEN FOR POSTSURGICAL BLEEDING, BLOOD CLOT, OR INFECTION	\$492.52
35860	EXPLORATION OF ARM OR LEG FOR POSTSURGICAL BLEEDING, BLOOD CLOT, OR INFECTION	\$320.79
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$998.08
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$530.37
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$778.71
35879	REVISION OF ARTERIAL BYPASS OF LEG WITH PLACEMENT OF VEIN PATCH, OPEN PROCEDURE	\$734.33
35881	REVISION OF ARTERIAL BYPASS OF LEG WITH PLACEMENT OF RELOCATED VEIN, OPEN PROCED	\$802.65
35883	REVISION OF ARTERIAL BYPASS OF GROIN WITH PLACEMENT SYNTHETIC GRAFT, OPEN PROCED	\$884.37
35884	REVISION OF ARTERIAL BYPASS OF GROIN WITH VEIN PATCH GRAFT, OPEN PROCEDURE	\$938.83
35900	EXCISION OF INFECTED GRAFT;	\$0.00
35901	EXCISION OF INFECTED GRAFT; NECK	\$456.61
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$527.44
35905	EXCISION OF INFECTED GRAFT; THORAX	\$1,127.54
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	\$1,246.73
35910	EXCISION OF INFECTED GRAFT; WITH REVASCULARIZATION	\$0.00
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$7.48
36001	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$0.00
36002	INJECTION TO CAUSE BLOOD CLOT IN A DISEASED OR BULGING VESSEL OF ARM OR LEG, ACC	\$116.30
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	\$38.41
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$115.98
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	\$135.35
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	\$157.51
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$119.61
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$134.86
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$157.82
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$149.56
36101	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR	\$0.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$89.83
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$125.41
36200	INTRODUCTION OF CATHETER, AORTA	\$143.67
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	\$199.40
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	\$225.04
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	\$271.17

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	\$43.98
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	\$129.73
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$177.07
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$191.34
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$208.95
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	\$190.49
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	\$209.42
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$66.23
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID O	\$134.97
36230	SELECTIVE CATHETER PLACEMENT, CORONARY ARTERY, SINGLE OR MULTIPLE	\$0.00
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	\$210.20
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	\$228.92
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$270.60
36248	INSERTION OF CATHETER INTO EACH ADDITIONAL ABDOMINAL, PELVIC OR LEG ARTERY	\$44.55
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$169.51
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$220.73
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$235.39
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$253.93
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	\$478.13
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$244.97
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$188.11
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	\$343.20
36400	INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN, PATIENT YOUNGER THAN 3 YEARS	\$11.50
36405	INSERTION OF NEEDLE INTO SCALP VEIN, PATIENT YOUNGER THAN 3 YEARS	\$9.66
36406	INSERTION OF NEEDLE INTO VEIN, PATIENT YOUNGER THAN 3 YEARS	\$7.17
36410	INSERTION OF NEEDLE INTO VEIN, PATIENT 3 YEARS OR OLDER	\$7.48
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$3.00
36420	INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT YOUNGER THAN 1 YEA	\$42.81
36425	INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT AGE 1 OR OVER	\$38.50
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$33.38
36431	TRANSFUSION, BLOOD OR BLOOD COMPONENTS;	\$0.00
36440	PUSH BLOOD TRANSFUSION, PATIENT 2 YEARS OR YOUNGER	\$49.88
36450	EXCHANGE BLOOD TRANSFUSION, NEWBORN	\$105.23
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$120.47
36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	\$67.22
36460	TRANSFUSION, INTRAUTERINE, FETAL	\$304.16
36465	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN OF LEG USING ULTRASOUND	\$72.77
36466	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF SAME LEG USING UL	\$92.62
36468	INJECTION OF CHEMICAL AGENT INTO SPIDER VEINS OF ARM, LEG, OR TRUNK	\$0.00
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	\$45.53
36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF ONE LEG	\$63.59
36473	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$10.55
36474	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$53.40
36475	DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	\$268.80
36476	RADIOFREQUENCY DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$131.03
36478	LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE, ACCE	\$268.80
36479	LASER DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	\$131.03
36480	CATHZATN SUBCLAV EXTER JUGLR PERCUTANEOUS	\$0.00
36481	INSERTION OF CATHETER INTO PORTAL VEIN OF LIVER, ACCESSED THROUGH THE SKIN	\$316.84
36482	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI	\$107.98
36483	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI	\$53.98
36485	CATHZATN 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	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$118.46

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36510	INSERTION OF CATHETER INTO VEIN OF NAVEL, NEWBORN"	\$42.29
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$68.11
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$68.11
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$68.11
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$68.11
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	\$68.11
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$89.42
36555	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	\$83.45
36556	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	\$79.28
36557	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	\$227.75
36558	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	\$216.36
36560	INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T	\$270.15
36561	INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T	\$260.70
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	\$271.38
36565	INSERTION OF CENTRAL VENOUS CATHETERS FOR INFUSION, TWO CATHETERS IN TWO VEINS	\$260.70
36566	INSERTION OF CENTRAL VENOUS CATHETERS, TWO CATHETERS IN TWO VEINS, AND IMPLANTED	\$279.29
36568	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	\$74.05
36569	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	\$69.67
36570	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA	\$235.48
36571	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA	\$234.64
36572	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$58.12
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$53.31
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$36.89
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$151.90
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$173.25
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$51.12
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$160.76
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$235.88
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$237.52
36584	REPLACEMENT OF CATHETER IN PERIPHERAL VEIN ACCESSED THROUGH SAME VEIN	\$52.10
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$220.90
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$109.12
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	\$147.28
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$12.68
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$15.71
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$19.39
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$146.77
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$36.06
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$44.70
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$93.80
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$15.16
36620	INSERTION OF ARTERIAL CATHETER FOR BLOOD SAMPLING OR INFUSION, ACCESSED THROUGH	\$47.24
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$82.56
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$111.18
36660	INSERTION OF CATHETER INTO AN ARTERY IN NAVEL, NEWBORN	\$53.88
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$61.78
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	\$131.27
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$222.78
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$153.06
36818	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	\$539.64
36819	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	\$614.70
36820	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	\$589.23
36821	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	\$556.23
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL	\$904.49
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$560.04
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$718.23

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
36831	REMOVAL OF BLOOD CLOT FROM DIALYSIS GRAFT, OPEN PROCEDURE	\$417.83
36832	REVISION OF DIALYSIS GRAFT, OPEN PROCEDURE	\$611.77
36833	REVISION OF DIALYSIS GRAFT WITH REMOVAL OF BLOOD COT, OPEN PROCEDURE	\$642.67
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$344.20
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY	\$902.28
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	\$109.31
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	\$142.93
36901	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDIN	\$89.94
36902	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION O	\$133.82
36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT	\$182.45
36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI	\$210.62
36905	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI	\$264.22
36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DILATI	\$308.23
36907	BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING IN	\$76.84
36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE	\$115.04
36909	PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE	\$109.61
37140	CONNECTION OF VENA CAVA AND PORTAL VEIN OF LIVER, OPEN PROCEDURE	\$1,059.21
37145	CONNECTION OF RENAL (KIDNEY) VEIN AND PORTAL VEIN OF LIVER, OPEN PROCEDURE	\$1,108.27
37160	CONNECTION OF VENA CAVA AND ABDOMINAL VEIN, OPEN PROCEDURE	\$1,072.45
37180	CONNECTION OF SPLENIC (SPLEEN) AND RENAL (KIDNEY) VEIN NEAR AORTA, OPEN PROCEDUR	\$1,119.18
37181	CONNECTION OF SPLENIC (SPLEEN) AND RENAL (KIDNEY) VEIN, OPEN PROCEDURE	\$1,217.26
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE3	\$671.45
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VEN	\$313.63
37184	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	\$326.07
37185	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	\$118.97
37186	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	\$178.40
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$303.32
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$219.50
37191	INSERTION OF VENA CAVA FILTER BY ENDOVASCULAR APPROACH, INCLUDING RADIOLOGICAL S	\$145.65
37192	REPOSITIONING OF VENA CAVA FILTER BY ENDOVASCULAR APPROACH, INCLUDING RADIOLOGIC	\$225.17
37193	REMOVAL OF VENA CAVA FILTER BY ENDOVASCULAR APPROACH, INCLUDING RADIOLOGICAL SUP	\$224.93
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$265.85
37197	RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS, ACCESSED THROUGH THE SKIN INCLUDING	\$187.43
37200	TRANSCATHETER BIOPSY	\$173.66
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	\$243.48
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING R	\$214.94
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN C	\$149.84
37214	REMOVAL OF CATHETER IN ARTERY OR VEIN INCLUDING RADIOLOGICAL SUPERVISION AND INT	\$88.94
37215	INSERTION OF STENTS AND BLOOD CLOT PROTECTION DEVICE IN NECK ARTERY, OPEN OR ACC	\$812.13
37216	INSERTION OF STENTS IN NECK ARTERY, OPEN OR ACCESSED THROUGH THE SKIN	\$782.55
37217	INSERTION OF INTRAVASCULAR STENTS IN NECK ARTERY WITH RADIOLOGICAL SUPERVISION A	\$696.07
37218	INSERTION OF STENTS IN BLOOD VESSELS OF CHEST OPEN OR ACCESSED THROUGH THE SKIN	\$525.97
37220	BALLOON DILATION OF ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROUGH	\$263.22
37221	INSERTION OF STENTS IN ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROU	\$321.35
37222	BALLOON DILATION OF GROIN ARTERY, ENDOVASCULAR, OPEN, OR PERCUTANEOUS APPROACH	\$119.38
37223	INSERTION OF STENTS INTO GROIN ARTERY, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	\$135.74
37224	BALLOON DILATION OF ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	\$290.08
37225	REMOVAL OF PLAQUE IN ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKI	\$390.45
37226	INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE	\$327.35
37227	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR	\$471.53
37228	BALLOON DILATION OF ARTERY OF ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	\$353.98
37229	REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	\$456.98
37230	INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S	\$442.57
37231	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR,	\$480.99
37232	BALLOON DILATION OF ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	\$127.92
37233	REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	\$210.25

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
37234	INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S	\$175.46
37235	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR,	\$249.04
37236	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA	\$287.46
37237	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA	\$133.73
37238	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI	\$201.50
37239	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI	\$93.30
37241	OCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPE	\$280.88
37242	OCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISI	\$313.55
37243	OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND	\$373.77
37244	OCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL SUPERVISION AND INT	\$436.00
37246	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH	\$218.89
37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH	\$108.32
37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE,	\$188.35
37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCED	\$92.21
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$56.62
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$45.17
37400	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	\$0.00
37420	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	\$0.00
37440	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	\$0.00
37460	ARTERIORRHAPHY, SUTURE OF MAJOR ARTERY, WOUND OR INJURY	\$0.00
37470	REPAIR MULTIPLE ARTERIES AND/OR VEINS	\$0.00
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VE	\$452.48
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$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	LIGATION, INTERNAL JUGULAR VEIN	\$414.85
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$450.28
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$509.97
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH	\$361.85
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$288.88
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$137.46
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$319.71
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	\$756.33
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	\$789.88
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	\$280.01
37619	LIGATION OF INFERIOR VENA CAVA	\$991.63
37650	LIGATION OF FEMORAL VEIN	\$314.87
37651	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE,	\$0.00
37660	LIGATION OF COMMON ILIAC VEIN	\$753.71
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	\$217.28
37701	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL	\$0.00
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$289.39
37721	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	\$0.00
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$340.04
37731	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT	\$0.00
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$541.97
37737	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	\$0.00
37760	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	\$518.74
37761	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	\$277.37
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$328.08
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$419.22
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	\$191.68
37781	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL	\$0.00
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	\$173.26
37787	LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$1,056.31
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$445.13
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$475.92
38090	PUNCTURE SPLEEN	\$0.00
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	\$618.85
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	\$620.36
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER	\$209.15
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	\$645.06
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$701.41
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	\$0.00
38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	\$114.26
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	\$0.00
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38207	FREEZING, PRESERVATION, AND STORAGE OF STEM CELLS FOR TRANSPLANTATION	\$0.00
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$0.00
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$0.00
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL	\$0.00
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	\$0.00
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	\$0.00
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	\$0.00
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME)	\$0.00
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN	\$0.00
38220	DIAGNOSTIC BONE MARROW ASPIRATION	\$58.31
38221	BONE MARROW BIOPSY	\$73.80
38222	BONE MARROW BIOPSY AND ASPIRATION	\$49.79
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$209.12
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$112.24
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	\$109.73
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	\$109.48
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	\$67.10
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	\$72.76
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$102.07
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$265.31
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$274.83
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	\$405.33
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	\$697.46
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	\$510.16
38500	BIOPSY OR REMOVAL OF LYMPH NODES, OPEN PROCEDURE	\$147.18
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	\$57.20
38510	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE	\$247.97
38520	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE	\$277.45
38525	BIOPSY OR REMOVAL OF LYMPH NODES OF UNDER THE ARM, OPEN PROCEDURE	\$236.41
38530	BIOPSY OR REMOVAL OF BREAST LYMPH NODES, OPEN PROCEDURE	\$332.24
38531	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INGUINOFEMORAL NODE(S)	\$276.61
38540	DISSECTION; DEEP CERVIC NODE	\$0.00
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$327.74
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	\$326.23
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	\$715.79
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	\$509.80
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL	\$530.25
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$442.74
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$573.92
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$667.67
38573	REMOVAL OF ALL LYMPH NODES OF BOTH SIDES OF PELVIS USING AN ENDOSCOPE	\$728.95
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
38700	SUPRAHYOID LYMPHADENECTOMY	\$567.88
38701	SUPRAHYOID LYMPHADENECTOMY	\$0.00
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$868.60
38721	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$0.00
38724	REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK	\$890.72
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$377.81
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$497.46
38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY	\$196.32
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL,	\$212.01
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	\$481.70
38761	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL,	\$0.00
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC	\$822.66
38766	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN	\$0.00
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR	\$718.11
38771	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	\$0.00
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC,	\$873.58
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	\$67.38
38791	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$0.00
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	\$27.71
38794	CANNULATION, THORACIC DUCT	\$194.69
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S), INCLUDES	\$83.03
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	\$274.25
39000	DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY OF CHEST CAVITY	\$436.63
39010	DRAINAGE, BIOPSY, OR REMOVAL OF FOREIGN BODY OF CHEST CAVITY	\$746.97
39200	RESECTION OF MEDIASTINAL CYST	\$808.98
39220	RESECTION OF MEDIASTINAL TUMOR	\$994.77
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN P	\$193.40
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	\$251.38
39499	UNLISTED PROCEDURE, MEDIASTINUM	\$0.00
39500	DIAPHRAGMATIC HERNIA REPAIR INCL FUNDPLSTY	\$0.00
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	\$695.02
39503	REPAIR OF CONGENITAL DEFECT OF MUSCLE SEPARATING THE CHEST AND ABDOMINAL CAVITIE	\$3,212.48
39510	REPAIR OF DIAPHRAGM HERNIA	\$0.00
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	\$730.00
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	\$756.32
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	\$706.41
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$620.52
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL	\$845.04
39599	UNLISTED PROCEDURE, DIAPHRAGM	\$0.00
40490	BIOPSY OF LIP	\$49.51
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$273.21
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$304.17
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$294.72
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	\$465.16
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	\$554.16
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$320.85
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$232.61
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$283.05
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$341.07
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	\$647.11
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	\$943.20
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	\$661.05
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	\$710.65
40740	PLASTIC REPAIR OF CLEFT LIP	\$0.00
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	\$772.00
40799	UNLISTED PROCEDURE, LIPS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
40800	INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH	\$74.07
40801	INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH	\$132.92
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$77.33
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$154.14
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$22.01
40808	BIOPSY, VESTIBULE OF MOUTH	\$61.15
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$76.90
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	\$118.76
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	\$183.91
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	\$192.22
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$163.92
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	\$138.66
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	\$93.14
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$96.73
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$138.98
40840	VESTIBULOPLASTY; ANTERIOR	\$440.25
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$437.77
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$608.62
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$786.43
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$1,029.22
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	\$0.00
41000	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE	\$67.51
41005	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	\$74.43
41006	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	\$160.74
41007	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP	\$178.83
41008	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE JAW BONE	\$165.52
41009	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH	\$200.41
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$77.74
41015	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	\$203.47
41016	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP	\$224.28
41017	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR JAW BONE	\$211.30
41018	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER TEETH	\$263.10
41019	INSERTION OF NEEDLES, CATHETERS, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION	\$244.06
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$85.88
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$80.04
41108	BIOPSY OF FLOOR OF MOUTH	\$65.19
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$86.77
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$149.08
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$167.36
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$438.02
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$112.10
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$158.23
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$625.19
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	\$681.52
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	\$1,201.85
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL	\$1,298.70
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL	\$1,545.37
41150	REMOVAL OF TONGUE, FLOOR OF MOUTH, AND JAW BONE	\$1,222.11
41153	REMOVAL OF TONGUE, FLOOR OF MOUTH, SOFT TISSUE, AND LYMPH NODES	\$1,355.23
41155	REMOVAL OF TONGUE, FLOOR OF MOUTH, JAW BONE, TISSUE, AND LYMPH NODES	\$1,587.75
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	\$96.06
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$126.68
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$157.46
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$282.40
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$365.09
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$166.05

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
41530	DESTRUCTION OF TONGUE TISSUE, PER SESSION	\$239.18
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	\$0.00
41800	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE	\$61.25
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$86.78
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$145.00
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$0.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$0.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$130.49
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$195.52
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$89.51
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$137.40
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$210.10
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$188.87
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$196.46
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$0.00
41870	PERIODONTAL MUCOSAL GRAFTING	\$0.00
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$163.04
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$178.39
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$35.12
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$61.87
42100	BIOPSY OF PALATE, UVULA	\$74.71
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$105.79
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$133.55
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$266.13
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$448.33
42140	UVULECTOMY, EXCISION OF UVULA	\$109.32
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$482.16
42150	REMOVAL OF EXOSTOSIS, BONY PALATE	\$0.00
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$102.33
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$137.66
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$209.41
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$605.76
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$587.14
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	\$754.39
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$495.66
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$377.89
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$665.66
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$619.03
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$628.99
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$493.09
42260	REPAIR OF NASOLABIAL FISTULA	\$446.59
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$83.62
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$94.69
42299	UNLISTED PROCEDURE, PALATE, UVULA	\$0.00
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$92.99
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$285.09
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$76.92
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$128.16
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	\$100.70
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$185.74
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$267.22
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$37.10
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$151.22
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$242.76
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$173.76
42410	REMOVAL OF SALIVARY GLAND GROWTH OR SALIVARY GLAND, LATERAL LOBE	\$478.66

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	\$876.55
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	\$1,013.54
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	\$708.31
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK	\$1,220.80
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$412.20
42450	EXCISION OF SUBLINGUAL GLAND	\$255.15
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$265.88
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$363.40
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$337.60
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	\$587.44
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	\$459.64
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$46.93
42600	CLOSURE SALIVARY FISTULA	\$276.77
42650	DILATION SALIVARY DUCT	\$36.80
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$57.06
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$154.98
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	\$0.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$82.33
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	\$252.51
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	\$504.62
42800	BIOPSY; OROPHARYNX	\$77.75
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$84.47
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$102.65
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$148.11
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$89.50
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	\$207.30
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$433.27
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$217.62
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$245.40
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$192.63
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$208.79
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$138.25
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$152.17
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$135.32
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$186.13
42842	REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE	\$491.26
42844	REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE	\$758.93
42845	REMOVAL OF TONSILS, TISSUE, MUSCLE, AND BONE	\$1,258.65
42860	EXCISION OF TONSIL TAGS	\$134.78
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$348.18
42890	LIMITED PHARYNGECTOMY	\$673.14
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	\$819.60
42894	REMOVAL OF THROAT TISSUE	\$1,171.50
42895	THROAT AND NECK SURGERY	\$0.00
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$276.11
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$498.59
42953	PHARYNGOESOPHAGEAL REPAIR	\$659.60
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$453.51
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$113.60
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$261.26
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$388.66
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$236.80
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$301.31
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$360.24
42999	THROAT, ADENOIDS, OR TONSILS PROCEDURE	\$0.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	\$449.01

**Disclaimer: The Medicaid Fee Schedule may change without notice.**

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43030	CRICOPHARYNGEAL MYOTOMY	\$463.34
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	\$1,003.59
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	\$476.97
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL	\$794.20
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH	\$1,487.29
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON	\$1,698.39
43112	REMOVAL OF ESOPHAGUS, OPEN CHEST PROCEDURE	\$1,588.39
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION	\$1,755.32
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING	\$1,608.11
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE	\$1,582.62
43118	PARTIAL REMOVAL OF LOWER ESOPHAGUS, OPEN CHEST AND ABDOMINAL PROCEDURE	\$1,665.09
43121	PARTIAL REMOVAL OF LOWER ESOPHAGUS, OPEN CHEST PROCEDURE	\$1,502.45
43122	PARTIAL REMOVAL OF LOWER ESOPHAGUS, OPEN CHEST AND ABDOMINAL PROCEDURE OR OPEN A	\$1,459.71
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT	\$1,702.61
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	\$1,438.26
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	\$659.19
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC	\$854.32
43136	DIVERTICULOPEXY OF HYPOPHARYNX, WITH OR WITHOUT MYOTOMY	\$0.00
43180	REMOVAL OF ESOPHAGUS TISSUE USING AN ENDOSCOPE	\$362.20
43191	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$81.64
43192	INJECTIONS OF SUBSTANCE IN TISSUE LINING OF ESOPHAGUS USING AN ENDOSCOPE	\$97.02
43193	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$115.19
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	\$103.24
43195	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$115.44
43196	INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$125.80
43197	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$50.92
43198	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$60.55
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$86.70
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	\$95.64
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$100.09
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$195.97
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$171.61
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$0.00
43210	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL WITH REPA	\$272.19
43211	REMOVAL OF TISSUE LINING OF ESOPHAGUS USING AN ENDOSCOPE	\$177.09
43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	\$121.40
43213	DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$172.34
43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$124.89
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	\$137.74
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$125.73
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$151.24
43218	43200 W/IRRIG	\$0.00
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$109.66
43225	43200 W/ RPR HYPOPHARNGEAL DIVERTICULUM	\$0.00
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$121.78
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	\$187.19
43229	DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	\$131.68
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$134.11
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	\$185.05
43233	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSC	\$148.06
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$124.03
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$117.71
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$161.96
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	\$200.41
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$139.60
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	\$273.09

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	\$134.79
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	\$273.59
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$237.05
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$211.38
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	\$176.43
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	\$225.63
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	\$176.43
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$163.68
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$150.36
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$166.50
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$192.26
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$0.00
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMA	\$171.86
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	\$178.13
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	\$227.96
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	\$225.19
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	\$230.07
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$299.02
43261	BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	\$309.24
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$383.44
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$304.33
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$446.70
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$410.83
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDO	\$147.25
43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$155.17
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	\$77.91
43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$304.91
43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$251.53
43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$317.21
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$253.14
43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN E	\$287.64
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PER	\$716.53
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE	\$837.01
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$736.31
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$827.44
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY	\$99.78
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	\$405.96
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	\$409.39
43286	REMOVAL OF ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	\$1,958.36
43287	REMOVAL OF LOWER ESOPHAGUS AND PARTIAL REMOVAL OF STOMACH USING AN ENDOSCOPE	\$2,229.37
43288	REMOVAL OF ESOPHAGUS USING AN ENDOSCOPE	\$2,331.68
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	\$0.00
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT RE	\$543.59
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	\$912.90
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT	\$1,307.79
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	\$1,427.88
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION),	\$1,939.44
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION),	\$2,131.62
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY,	\$832.04
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	\$804.91
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	\$510.12
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	\$739.67
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	\$788.67
43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH	\$886.90
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$727.48
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$789.20

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY	\$794.87
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY	\$855.83
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$936.57
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$1,025.62
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	\$83.78
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	\$828.26
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	\$867.72
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	\$753.65
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	\$661.05
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	\$1,455.90
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	\$1,661.05
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	\$802.37
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL	\$853.40
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	\$610.85
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	\$931.76
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	\$544.08
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	\$853.32
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	\$57.59
43451	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; S	\$0.00
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$75.92
43455	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE	\$0.00
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAKEN TYPE)	\$157.85
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$0.00
43499	UNLISTED PROCEDURE, ESOPHAGUS	\$400.67
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	\$413.88
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	\$715.48
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG,	\$823.58
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL	\$519.21
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	\$385.94
43605	BIOPSY OF STOMACH, BY LAPAROTOMY	\$436.13
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	\$548.92
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	\$641.24
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	\$1,074.97
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$1,091.22
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	\$1,140.80
43625	GASTRECTOMY, TOTAL; WITH REPAIR BY INTESTINAL TRANSPLANT	\$0.00
43630	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY, GASTRODUO	\$0.00
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	\$916.13
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	\$914.94
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$929.96
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	\$1,145.89
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	\$89.79
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR	\$711.96
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; Parietal Cell	\$724.43
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND RO	\$1,170.43
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND	\$1,261.31
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR EL	\$0.00
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	\$0.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$451.80
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY	\$541.09
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	\$395.37
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	\$0.00
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	\$36.91
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	\$12.77
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$20.48
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$36.89

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$33.74
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$48.05
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	\$82.53
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED,	\$23.39
43763	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED,	\$53.00
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA	\$686.92
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GAS	\$789.99
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$601.85
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF	\$790.19
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$604.16
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (	\$621.35
43800	PYLOROPLASTY	\$504.68
43810	GASTRODUODENOSTOMY	\$538.68
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	\$570.69
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	\$718.95
43830	INSERTION OF STOMACH FEEDING TUBE, OPEN PROCEDURE	\$380.04
43831	INSERTION OF STOMACH FEEDING TUBE, OPEN PROCEDURE	\$364.27
43832	CREATION OF STOMACH FEEDING TUBE, OPEN PROCEDURE	\$575.55
43840	SUTURE OF PERFORATED ULCER, WOUND, OR INJURY OF STOMACH OR UPPER SMALL BOWEL	\$567.96
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	\$812.12
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	\$803.76
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING	\$1,054.93
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	\$977.92
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	\$1,072.44
43848	REVISION OF UPPER STOMACH BYPASS, OPEN PROCEDURE	\$1,143.78
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$902.25
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$921.31
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION,	\$908.24
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION,	\$982.26
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$377.77
43880	CLOSURE OF GASTROCOLIC FISTULA	\$872.30
43881	REPLACEMENT OF STIMULATOR ELECTRODES IN UPPER STOMACH, OPEN PROCEDURE	\$0.00
43882	REMOVAL OF STIMULATOR ELECTRODES IN UPPER STOMACH, OPEN PROCEDURE	\$0.00
43886	REVISION OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE	\$195.21
43887	REMOVAL OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE	\$189.08
43888	REMOVAL AND REPLACEMENT OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCE	\$267.86
43999	UNLISTED PROCEDURE, STOMACH	\$0.00
44000	ENTEROLYSIS, FREEING OF INTESTINAL ADHESION;	\$0.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	\$642.14
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$515.03
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE,	\$139.15
44020	INCISION OF SMALL BOWEL FOR EXPLORATION, BIOPSY, OR FOREIGN BODY REMOVAL	\$566.70
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	\$563.70
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$574.86
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	\$548.52
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT	\$775.86
44060	SIGMOID MYOTOMY (REILLY TYPE OPERATION) FOR DIVERTICULAR	\$0.00
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$91.02
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING	\$500.46
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING	\$615.84
44115	EXCISION COLONIC DIVERTICULUM	\$0.00
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	\$901.47
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND	\$193.63
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	\$722.71
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$1,458.50
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$1,676.62

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$177.56
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS	\$596.93
44131	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; INTESTINAL BYPASS FOR MORBID OBESIT	\$0.00
44132	REMOVAL OF DONOR SMALL BOWEL, OPEN PROCEDURE	\$0.00
44133	PARTIAL REMOVAL OF DONOR SMALL BOWEL FOR TRANSPLANTATION, OPEN PROCEDURE	\$0.00
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	\$0.00
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	\$0.00
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	\$0.00
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH	\$97.26
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	\$1,036.36
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	\$947.85
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN	\$978.26
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF	\$918.50
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	\$1,062.19
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH	\$1,171.58
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	\$929.29
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR	\$1,062.07
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$1,015.93
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	\$1,206.77
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$1,154.86
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUD	\$1,395.74
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATI	\$1,431.30
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	\$789.34
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$580.32
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$409.43
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$678.17
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$742.92
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTI	\$1,015.83
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND	\$172.29
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$997.92
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH	\$884.08
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF	\$1,091.61
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,193.10
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,293.11
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH	\$1,145.17
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOA	\$1,422.83
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	\$1,329.66
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	\$132.31
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RE	\$1,042.35
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	\$0.00
44300	INSERTION OF SMALL BOWEL TUBE, OPEN PROCEDURE	\$445.37
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	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$609.24
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$300.83
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE	\$571.96
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	\$787.02
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	\$658.30
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENITAL	\$653.91
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$302.07
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE	\$562.12
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	\$613.08
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$148.89
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$163.43
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	\$180.86
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$210.68

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$188.21
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$246.38
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$250.80
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$180.27
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$247.79
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$198.18
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$258.18
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$270.79
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$346.40
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$280.59
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$65.56
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	\$78.05
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$94.81
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	\$97.78
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$148.02
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	\$163.35
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$174.05
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	\$224.80
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$199.85
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$231.57
44400	CECOPEXY, FIXATION OF CECUM TO ABDOMINAL WALL	\$0.00
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$21.51
44600	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	\$0.00
44602	SUTURE OF SMALL BOWEL FOR PERFORATED ULCER, POUCH, WOUND, INJURY OR RUPTURE	\$566.18
44603	SUTURE OF MULTIPLE SMALL BOWEL ULCERS, DEFECTS, WOUNDS, INJURIES, OR RUPTURE	\$661.26
44604	SUTURE OF LARGE BOWEL ULCER, DEFECT, WOUND, INJURY, OR RUPTURE	\$649.54
44605	SUTURE OF LARGE BOWEL ULCER, DEFECT, WOUND, INJURY, OR RUPTURE WITH CREATION OF	\$718.40
44610	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	\$0.00
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT	\$627.21
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	\$499.01
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND	\$648.22
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL	\$997.19
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	\$761.46
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	\$793.30
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	\$737.38
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	\$859.00
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	\$668.61
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE	\$712.41
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$118.35
44799	SMALL BOWEL PROCEDURE	\$141.75
44800	REPAIR OF CONGENITAL BOWEL DEFECT	\$499.38
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	\$478.77
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	\$449.06
44899	PROCEDURE FOR CONGENITAL BOWEL DEFECT	\$0.00
44900	DRAINAGE OF ABSCESS OF APPENDIX, OPEN PROCEDURE	\$408.35
44950	APPENDECTOMY;	\$408.32
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE	\$81.19
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	\$500.95
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$399.90
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	\$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$208.94
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$102.04
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$232.49
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$208.84
45108	ANORECTAL MYOMECTIONY	\$270.78
45110	REMOVAL OF RECTUM WITH CREATION OF LARGE BOWEL OPENING, OPEN ABDOMINAL AND RECTA	\$1,146.31

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
45111	PARTIAL REMOVAL OF RECTUM, OPEN ABDOMINAL PROCEDURE	\$809.82
45112	REMOVAL OF RECTUM, OPEN ABDOMINAL AND RECTAL PROCEDURE	\$1,207.43
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION	\$1,194.29
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH	\$1,100.42
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRASKE TYPE)	\$938.33
45119	REMOVAL OF RECTUM, OPEN ABDOMINAL AND RECTAL PROCEDURE	\$1,211.32
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL	\$1,161.24
45121	REMOVAL OF CONGENITAL RECTAL DEFECT AND LARGE BOWEL WITH MULTIPLE BIOPSIES, OPEN	\$1,163.20
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$720.29
45126	REMOVAL OF LARGE BOWEL, RECTUM, PROSTATE, URINARY STRUCTURES AND/OR UTERUS AND C	\$1,595.54
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	\$661.22
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL	\$869.88
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	\$1,127.88
45150	DIVISION OF STRICTURE OF RECTUM	\$305.78
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCYGEAL APPROACH	\$601.34
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$286.67
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$389.97
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	\$396.20
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	\$24.58
45302	PROCTOSIGMOIDOSCOPY; WITH COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$0.00
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$28.68
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$42.18
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$56.36
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$49.75
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$78.87
45310	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILLOMA	\$0.00
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	\$80.98
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$85.81
45319	PROCTOSIGMOIDSCPY;W/RETROGRD LAVAGE	\$0.00
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$90.73
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$68.52
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	\$71.12
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	\$41.36
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$65.59
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$95.63
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$99.55
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$145.76
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$56.81
45336	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG	\$0.00
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$123.44
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$124.22
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$68.00
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$112.92
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$164.69
45360	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45365	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45367	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45368	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45369	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45370	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45371	COLNSCPY FIBRPTC BEYND 25CM SPLNC;W/LAVAGE	\$0.00
45372	COLONOSCOPY, FIBEROPTIC, BEYOND 25 CM TO SPLENIC FLEXURE;	\$0.00
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	\$193.08
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$246.25
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	\$208.40
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	\$166.15

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	\$290.16
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$244.59
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$276.36
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	\$180.35
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	\$208.29
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	\$263.46
45395	REMOVAL OF RECTUM WITH CREATION OF LARGE BOWEL OPENING THROUGH USING AN ENDOSCOPE	\$1,235.31
45397	REMOVAL OF RECTUM USING AN ENDOSCOPE, ABDOMINOPERINEAL APPROACH	\$1,341.80
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$721.42
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	\$975.84
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	\$0.00
45500	PROCTOPLASTY; FOR STENOSIS	\$373.88
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$328.78
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$24.08
45521	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$0.00
45540	FIXATION OF RECTUM TO SACRUM, OPEN ABDOMINAL PROCEDURE	\$644.79
45541	FIXATION OF RECTUM TO SACRUM, PERINEAL APPROACH	\$570.98
45550	FIXATION OF RECTUM TO SACRUM WITH REMOVAL OF LARGE BOWEL, OPEN ABDOMINAL PROCEDURE	\$857.06
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$393.09
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	\$582.24
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	\$899.35
45800	CLOSURE OF RECTOVESICAL FISTULA;	\$668.58
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	\$813.06
45820	CLOSURE OF RECTOURETHRAL FISTULA;	\$676.37
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	\$788.49
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$103.00
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$93.59
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$111.38
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$130.27
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$71.48
45999	UNLISTED PROCEDURE, RECTUM	\$0.00
46000	FISTULOTOMY, SUBCUTANEOUS	\$0.00
46020	PLACEMENT OF SETON	\$170.66
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$59.39
46032	UNDERCUTTING FOR PRURITUS ANI (MODIFIED BALL OPERATION)	\$0.00
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	\$218.22
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	\$197.76
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$58.09
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	\$310.30
46070	INCISION OF ANAL TISSUE, INFANT	\$141.96
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$132.61
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$66.73
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	\$189.59
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$64.46
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	\$95.01
46230	CODE IS OUT OF NUMERICAL SEQUENCE. SEE 46200-46288	\$106.34
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	\$222.24
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	\$282.52
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$322.65
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	\$345.83
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	\$382.85
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$419.16
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	\$438.67
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	\$177.65
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	\$258.47
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSPPHINCTERIC,	\$331.72

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	\$195.26
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$330.49
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$74.51
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$68.75
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$131.05
46510	PERIANAL INJECTION OF ALCOHOL OR OTHER SOLUTION FOR	\$0.00
46530	DILATION OF ANUS AND LOWER RECTUM UNDER ANESTHESIA	\$0.00
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	\$20.92
46602	ANOSCOPY; FOR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$0.00
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$48.15
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$31.12
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$68.88
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	\$59.64
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	\$69.42
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$103.70
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	\$81.48
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	\$104.98
46700	PLASTIC REPAIR OF ANAL STRICTURE, ADULT	\$374.95
46705	PLASTIC REPAIR OF ANAL STRICTURE, INFANT	\$333.61
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$103.78
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$220.21
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$653.77
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$1,363.74
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK PROCEDURE)	\$344.51
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR	\$574.51
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	\$980.40
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AND	\$1,157.70
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	\$1,063.47
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	\$1,422.06
46744	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	\$1,851.74
46746	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	\$2,104.97
46748	REPAIR OF DEFECT FOR SINGLE CHANNEL OUTLET OF RECTUM, VAGINA, AND URINARY TRACT	\$2,124.89
46750	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT	\$406.48
46751	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, CHILD	\$402.14
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$325.94
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$95.92
46760	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT	\$537.59
46761	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT	\$516.01
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	\$78.82
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$79.84
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$80.83
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$91.32
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$96.50
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$147.38
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$88.57
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$84.74
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$75.84
46945	REMOVAL AND TYING OF SINGLE HEMORRHOID GROUP	\$108.16
46946	REMOVAL AND TYING OF MULTIPLE HEMORRHOID GROUPS	\$130.00
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$247.07
46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MO	\$286.39
46999	UNLISTED PROCEDURE, ANUS	\$0.00
47000	NEEDLE BIOPSY OF LIVER, ACCESSED THROUGH THE SKIN	\$84.69
47010	DRAINAGE OF LIVER ABSCESS OR CYST, OPEN PROCEDURE	\$610.61
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC	\$567.60
47100	BIOPSY OF LIVER, WEDGE	\$446.90

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	\$1,278.18
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	\$1,931.95
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	\$1,733.96
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	\$1,874.60
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	\$0.00
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING	\$3,922.56
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT	\$2,268.96
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL LEFT	\$2,744.96
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL RIGHT	\$2,873.06
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$563.07
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	\$717.82
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WITH	\$968.62
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE	\$1,650.49
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF	\$688.58
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$701.55
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$702.71
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	\$0.00
47380	DESTRUCTION OF 1 OR MORE GROWTHS ON LIVER, OPEN PROCEDURE	\$819.09
47381	DESTRUCTION OF 1 OR MORE GROWTHS ON LIVER, OPEN PROCEDURE	\$825.52
47382	DESTRUCTION OF 1 OR MORE GROWTHS IN LIVER, ACCESSED THROUGH THE SKIN	\$517.98
47383	DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN	\$312.05
47399	UNLISTED PROCEDURE, LIVER	\$0.00
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	\$1,137.46
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$774.41
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$812.28
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL	\$816.57
47480	DRAINAGE OR REMOVAL OF STONES FROM GALLBLADDER, OPEN PROCEDURE	\$485.40
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	\$356.49
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$61.30
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$136.70
47533	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I	\$192.89
47534	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I	\$255.33
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	\$146.69
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	\$94.03
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, ACCESSED THROUGH THE SKIN USING IMAGING GU	\$63.13
47538	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU	\$208.71
47539	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU	\$281.86
47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE S	\$336.71
47541	PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT, ACCESSED THROUGH THE SKIN WITH IM	\$178.87
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	\$81.23
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	\$103.00
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IM	\$133.18
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION	\$131.28
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	\$225.50
47553	BIOPSY OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	\$266.10
47554	REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	\$372.36
47555	DILATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	\$283.72
47556	DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE, ACCESSED THROUGH	\$314.28
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$643.90
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$688.39
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$679.84
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$612.40
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	\$0.00
47600	CHOLECYSTECTOMY;	\$552.72
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	\$744.14
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	\$738.19

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
47611	47610 W/BILIARY ENDOSCOPY	\$0.00
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	\$817.80
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL	\$823.01
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR	\$684.85
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	\$1,148.75
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT;	\$916.27
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT;	\$1,130.34
47715	EXCISION OF CHOLEDOCHAL CYST	\$733.42
47720	CHOLECYSTOENTEROSTOMY; DIRECT	\$663.65
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	\$796.79
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	\$757.07
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	\$911.83
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$992.35
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	\$1,036.82
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$1,037.14
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$1,182.23
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END	\$945.73
47801	PLACEMENT OF CHOLEDOCHAL STENT	\$575.11
47802	U-TUBE HEPATICOENTEROSTOMY	\$858.76
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)	\$851.28
47999	UNLISTED PROCEDURE, BILIARY TRACT	\$0.00
48000	INSERTION OF EXTERNAL DRAINS FROM GALLBLADDER, BILE DUCT AND SMALL BOWEL	\$994.69
48001	INSERTION OF EXTERNAL DRAINS FROM GALLBLADDER, BILE DUCT AND SMALL BOWEL	\$1,245.25
48020	REMOVAL OF PANCREATIC CALCULUS	\$621.50
48100	BIOPSY OF PANCREAS, OPEN PROCEDURE	\$491.44
48102	NEEDLE BIOPSY OF PANCREAS, ACCESSED THROUGH THE SKIN	\$199.01
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI	\$1,776.88
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	\$688.88
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT	\$981.85
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH	\$1,057.80
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE	\$1,165.69
48148	EXCISION OF AMPULLA OF VATER	\$728.35
48150	PARTIAL REMOVAL OF PANCREAS, BILE DUCT AND SMALL BOWEL WITH CONNECTION OF PANCRE	\$1,960.11
48151	PANCREATECTOMY, NEAR-TOTAL, WITH PRESERVATION OF DUODENUM (CHILD TYPE PROCEDURE)	\$0.00
48152	PARTIAL REMOVAL OF PANCREAS, BILE DUCT AND SMALL BOWEL	\$1,828.96
48153	PARTIAL REMOVAL OF PANCREAS, BILE DUCT AND SMALL BOWEL WITH CONNECTION OF PANCRE	\$1,958.85
48154	PARTIAL REMOVAL OF PANCREAS, BILE DUCT, AND SMALL BOWEL	\$1,831.87
48155	PANCREATECTOMY, TOTAL	\$1,192.36
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDIT	\$80.64
48500	MARSUPIALIZATION OF PANCREATIC CYST	\$642.05
48510	INSERTION OF DRAIN FROM PANCREATIC CYST INTO ABDOMINAL CAVITY, OPEN PROCEDURE	\$596.13
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	\$704.33
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	\$858.82
48545	PANCREATORRHAPHY FOR INJURY	\$737.98
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	\$1,026.40
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	\$1,036.92
48999	UNLISTED PROCEDURE, PANCREAS	\$400.67
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARAT	\$547.40
49002	REOPENING OF RECENT LAPAROTOMY	\$498.36
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	\$581.10
49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLU	\$274.40
49014	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL PELVIC PACKING, INC	\$227.66
49020	DRAINAGE OF ABDOMINAL ABSCESS OR INFECTION, OPEN PROCEDURE	\$830.85

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARATING CHEST AND ABDOMEN (DIAPHRAGM), OPEN PRO	\$501.68
49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL CAVITY, OPEN PROCEDURE	\$581.59
49062	DRAINAGE OF ACCUMULATED ABDOMINAL LYMPH FLUID, OPEN PROCEDURE	\$570.28
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$43.39
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$66.52
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$60.15
49180	NEEDLE BIOPSY OF ABDOMINAL CAVITY GROWTH, ACCESSED THROUGH THE SKIN	\$85.89
49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICA	\$78.34
49203	REMOVAL OR DESTRUCTION OF (5 CENTIMETERS OR LESS) ABDOMINAL CAVITY GROWTHS, CYST	\$571.70
49204	REMOVAL OR DESTRUCTION OF (5.1 TO 10.0 CENTIMETERS) ABDOMINAL CAVITY GROWTHS, CY	\$717.21
49205	REMOVAL OR DESTRUCTION OF (GREATER THAN 10.0 CENTIMETERS) ABDOMINAL CAVITY GROWT	\$831.10
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$1,199.60
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	\$756.34
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$395.48
49255	OMENTECTOMY, EPIPOLECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	\$504.80
49300	PERITONEOSCOPY; WITHOUT BIOPSY	\$0.00
49301	PERITONEOSCOPY; WITH BIOPSY	\$0.00
49302	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY	\$0.00
49303	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY	\$0.00
49310	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$0.00
49311	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$0.00
49315	LAPAROSCOPY, SURGICAL; APPENDECTOMY	\$0.00
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	\$266.69
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$284.44
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	\$295.14
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	\$452.92
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	\$248.28
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$266.83
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	\$120.33
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	\$80.38
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$548.58
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	\$80.29
49401	PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT	\$0.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$532.43
49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T	\$134.85
49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T	\$135.10
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	\$143.90
49411	INSERTION OF DEVICES IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESSE	\$95.96
49412	INSERTION OF DEVICES FOR RADIATION THERAPY GUIDANCE IN ABDOMINAL CAVITY, OPEN PR	\$50.15
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	\$145.18
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	\$301.18
49421	INSERTION OF ABDOMINAL CAVITY CATHETER FOR DRAINAGE OR DIALYSIS, OPEN PROCEDURE	\$290.20
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	\$297.22
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	\$67.13
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	\$34.35
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	\$584.98
49426	REVISION OF PERITONEAL-VENOUS SHUNT	\$461.01
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	\$36.89
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	\$252.09
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	\$329.32
49430	INJ PROC RETROPERITNL PNEUMOGRAPHY	\$0.00
49435	INSERTION OF ABDOMINAL CAVITY CATHETER EXTENSION, BENEATH THE SKIN	\$77.41
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$118.49
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	\$124.56
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$139.89
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$113.42

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
49446	CONVERSION OF STOMACH TUBE TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH	\$88.90
49450	REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	\$35.77
49451	REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST, ACCES	\$49.63
49452	REPLACEMENT OF STOMACH TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	\$77.44
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL IN STOMACH, LARGE, OR SMALL BOWEL TUB	\$25.33
49465	CONTRAST INJECTIONS FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL BO	\$16.81
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	\$476.47
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION	\$582.93
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$310.63
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$444.12
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$266.17
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$366.73
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$320.63
49506	REPAIR INGUINAL HERNIAS	\$0.00
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$405.91
49510	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH ORCHIECTOMY, WITH OR WITHOUT IMPLANT	\$0.00
49515	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH EXCISION OF HYDROCELE OR SPERMATOCEL	\$0.00
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	\$401.86
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$461.07
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$373.73
49530	REPAIR INGUINAL HERNIA, ANY AGE; INCARCERATED	\$0.00
49535	REPAIR INGUINAL HERNIA, ANY AGE; STRANGULATED	\$0.00
49540	REPAIR LUMBAR HERNIA	\$425.09
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$354.10
49551	REPAIR FEMORAL HERNIAS	\$0.00
49552	REPAIR FEMORAL HERNIA, HENRY APPROACH	\$0.00
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$379.37
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$397.79
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$454.61
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$466.02
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$539.91
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$480.43
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$556.99
49568	PLACEMENT OF MESH TO REPAIR INCISIONAL OR ABDOMINAL HERNIA, OPEN PROCEDURE	\$213.33
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	\$264.30
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$316.24
49575	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); COMPLEX	\$0.00
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$209.11
49581	REPAIR UMBILICAL HERNIA; AGE 5 OR OVER	\$0.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$310.03
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$285.21
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$319.84
49590	REPAIR SPIGELIAN HERNIA	\$374.50
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$473.64
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	\$2,626.52
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, FINAL	\$816.81
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	\$497.88
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	\$498.46
49630	REDUCTION OF TORSION, OMENTUM	\$0.00
49635	OMENTOPEXY FOR ESTABLISHING COLLATERAL CIRCULATION IN PORTAL	\$0.00
49640	OMENTOPLASTY (OMENTAL FLAP RECONSTRUCTION FOR TRANSFER	\$0.00
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$309.04
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$395.21
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$437.02
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$545.62
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$501.10

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$603.11
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$502.87
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$724.40
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	\$0.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	\$520.10
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL	\$1,046.04
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$286.03
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$0.00
49910	SUTURE OF OMENTUM, OMENTORRHAPHY FOR WOUND OR INJURY	\$0.00
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$695.22
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$570.01
50020	INCISION AND DRAINAGE OF KIDNEY ABSCESS, OPEN PROCEDURE	\$692.83
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$689.23
50045	NEPHROTOMY, WITH EXPLORATION	\$723.63
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	\$886.97
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	\$964.97
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	\$938.50
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND	\$1,170.63
50080	REMOVAL OR CRUSHING KIDNEY STONE (UP TO 2 CENTIMETERS) OR INSERT KIDNEY STENT US	\$764.15
50081	REMOVAL OR CRUSHING KIDNEY STONE (OVER 2 CENTIMETERS) OR INSERT KIDNEY STENT USI	\$1,044.82
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	\$796.71
50120	PYELOTOMY; WITH EXPLORATION	\$752.77
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	\$782.35
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING	\$831.51
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	\$966.53
50200	NEEDLE BIOPSY OF KIDNEY, ACCESSED THROUGH THE SKIN	\$129.47
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	\$511.48
50220	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URINARY DUCT (URETER), OPEN PROCEDURE	\$841.70
50225	REMOVAL OF KIDNEY AND PARTIAL REMOVAL OF URINARY DUCT (URETER), OPEN PROCEDURE	\$994.91
50230	REMOVAL OF KIDNEY, LYMPH NODES, AND/OR BLOOD CLOT FROM MAJOR VEIN (VENA CAVA) WI	\$1,243.21
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	\$1,066.87
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	\$1,196.92
50240	NEPHRECTOMY, PARTIAL	\$1,074.81
50250	DESTRUCTION OF 1 OR MORE GROWTHS IN KIDNEY, OPEN PROCEDURE	\$794.68
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$746.78
50290	EXCISION OF PERINEPHRIC CYST	\$686.47
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL	\$0.00
50320	REMOVAL OF DONOR KIDNEY, OPEN PROCEDURE	\$1,071.86
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO	\$0.00
50325	PREPARATION OF DONOR KIDNEY FOR TRANSPLANTATION, OPEN OR ENDOSCOPIC PROCEDURE	\$0.00
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$156.77
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$137.27
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$131.16
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$702.01
50341	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$0.00
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	\$1,582.57
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	\$1,884.60
50366	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	\$0.00
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	\$724.90
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	\$956.07
50382	REMOVAL AND REPLACEMENT OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING R	\$199.48
50384	REMOVAL OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING RADIOLOGICAL SUPE	\$181.64
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$131.59
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$99.88
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$72.18
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$39.82

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50390	ASPIRATION AND/OR INJECTION KIDNEY CYST, ACCESSED THROUGH THE SKIN	\$90.69
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	\$75.81
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	\$77.41
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WI	\$918.87
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR	\$1,151.74
50420	NEPHROPEXY, FIXATION OR SUSPNSN KIDNEY	\$0.00
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$106.61
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$43.03
50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANC	\$140.51
50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE (URETER), ACCESSED THROUGH THE	\$173.23
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	\$132.99
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	\$6.51
50436	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN	\$96.47
50437	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN	\$160.27
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	\$938.12
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	\$817.28
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR;	\$1,044.74
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR;	\$1,029.74
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	\$934.90
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$650.50
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIV	\$806.44
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$1,015.39
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$894.84
50545	REMOVAL OF KIDNEY AND LYMPH NODES USING AN ENDOSCOPE	\$939.60
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	\$830.93
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM	\$1,070.27
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	\$973.94
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	\$0.00
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$221.80
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$225.77
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$293.87
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$297.92
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$336.24
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$426.59
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$339.11
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$461.96
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$482.34
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$629.36
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$510.44
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$452.31
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$538.30
50592	DESTRUCTION OF 1 OR MORE GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN	\$264.93
50593	DESTRUCTION OF GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN	\$252.36
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$731.97
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$664.87
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	\$99.01
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	\$773.06
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	\$737.40
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	\$750.51
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$828.06
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	\$908.47
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOM	\$33.16
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$57.27
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	\$60.73
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	\$45.97
50693	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	\$139.15

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
50694	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	\$179.55
50695	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	\$227.19
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	\$765.29
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	\$126.61
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	\$118.19
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL	\$889.96
50716	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	\$0.00
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$771.44
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT	\$873.50
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$410.72
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF	\$591.11
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	\$883.84
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	\$930.60
50760	URETEROURETEROSTOMY	\$887.21
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	\$949.89
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	\$889.13
50781	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER,	\$0.00
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$935.10
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$965.55
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	\$989.20
50786	URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	\$0.00
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$792.79
50801	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$0.00
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	\$974.91
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	\$1,059.57
50816	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	\$0.00
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER	\$1,110.05
50821	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL	\$0.00
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL	\$1,518.52
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,	\$1,458.64
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTESTINE	\$953.06
50841	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING	\$0.00
50845	CUTANEOUS APPENDICO-VESICOSTOMY	\$962.69
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$743.24
50861	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$0.00
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	\$667.14
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	\$686.08
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	\$878.92
50940	DELIGATION OF URETER	\$708.45
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$687.48
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	\$1,023.82
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	\$935.27
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	\$0.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$221.14
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$234.04
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$263.92
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$266.16
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$242.63
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$323.84
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$253.39
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$420.98
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$407.22
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$278.03
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	\$380.45
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$345.97
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$293.18

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$352.97
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	\$430.94
51060	TRANSVESICAL URETEROLITHOTOMY	\$498.15
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$452.68
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$329.90
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$21.13
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$27.79
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$136.10
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$494.78
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$492.96
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE	\$684.56
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	\$612.79
51535	INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL	\$594.46
51536	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$0.00
51550	CYSTECTOMY, PARTIAL; SIMPLE	\$746.85
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY,	\$960.93
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER	\$1,037.68
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	\$1,121.73
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL	\$1,459.21
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,433.19
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,658.56
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING	\$1,558.35
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING	\$1,861.32
51596	REMOVAL OF BLADDER AND LYMPH NODES ON BOTH SIDES OF PELVIS WITH TRANSPLANTATION	\$1,963.82
51597	REMOVAL OF BLADDER, URINARY DUCTS (URETERS)	\$1,863.15
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$32.89
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	\$26.01
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$40.43
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$30.96
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	\$19.82
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$21.90
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	\$58.37
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$49.55
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$66.41
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	\$168.80
51720	BLADDER INSTILLATION OF CANCER PREVENTIVE, INHIBITING, OR SUPPRESSIVE AGENT	\$68.68
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$178.89
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	\$232.33
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$152.47
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$152.44
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$163.51
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$30.09
51739	SOUND RECORDING OF EXTERNAL STREAM (EG, LYONS TYPE, KEITZER TYPE)	\$0.00
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$51.59
51751	CONT WAVE OR PULS DOPPLER DURING URINTN 1 VOID	\$0.00
51752	CONT WAVE/PULS VODNG URINTN/VOID;ADDTNL VOIDNG	\$0.00
51753	CONT WAVE/PULS DOPPLR URINTN; ADD TRNSDCIS/VOID	\$0.00
51754	CONT WAVE/PULS DOPPLR URINTN;ADD TRNSDCR,ADD VDS	\$0.00
51755	CONT WAVE/PULS DOPPLR URINTN;BFR/AFTR PHRMLOGCL	\$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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 CONDUCTN MEA.URINTN; 1 LOC., 1 VOID	\$0.00
51769	URTHRL FLUID CONDUCTNC MEA. URINTN;ADD. LOC.	\$0.00
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	\$138.67
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	\$150.11
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	\$180.61
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	\$186.18
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	\$15.83
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL N	\$825.34
51820	REPAIR OF BLADDER, BLADDER CANAL (URETHRA) AND URINARY DUCT (URETER)	\$780.81
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	\$551.43
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	\$668.26
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL	\$546.20
51860	SUTURE OF WOUND, INJURY, OR RUPTURE OF THE BLADDER	\$581.94
51865	SUTURE OF WOUND, INJURY, OR RUPTURE OF BLADDER	\$735.21
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$377.65
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	\$675.48
51920	CLOSURE OF VESICOUTERINE FISTULA;	\$561.93
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	\$744.32
51940	CLOSURE, EXSTROPHY OF BLADDER	\$1,282.67
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	\$1,188.89
51980	CUTANEOUS VESICOSTOMY	\$548.63
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$535.99
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$582.01
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	\$0.00
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$77.48
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	\$178.65
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$115.52
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$147.35
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	\$115.85
52190	DIFFRNTL QUANTITR & CHEMCL RENL FUNCTN TEST	\$0.00
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	\$118.32
52214	DESTRUCTION OF TISSUE IN THE BLADDER, BLADDER CANAL (URETHRA) OR SURROUNDING GLA	\$169.94
52222	CYSTOSCOPY AND TREATMENT	\$0.00
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	\$152.94
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$243.61
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$286.51
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$507.87
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	\$196.97
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	\$165.11
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	\$108.76
52270	INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, FEMALE	\$170.16
52275	INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, MALE	\$213.08
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$242.69
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$285.52
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	\$112.00
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	\$288.76
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$148.90
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	\$144.23
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	\$101.84
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$191.23
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	\$234.19
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	\$241.41
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$234.82
52310	REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA) OR BLADDER	\$143.45

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
52315	COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA	\$240.98
52317	CRUSHING, FRAGMENTING, AND REMOVAL OF (LESS THAN 2.5 CENTIMETERS) BLADDER STONE	\$326.69
52318	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, COMPLICATED OR LARGER THAN	\$436.67
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	\$237.10
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	\$318.07
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	\$234.22
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	\$225.34
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	\$146.15
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	\$215.51
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	\$234.26
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	\$253.48
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	\$280.74
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	\$415.48
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	\$319.74
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	\$360.04
52351	DIAGNOSTIC EXAMINATION OF THE BLADDER, BLADDER CANAL (URETHRA), AND URINARY DUCT	\$303.33
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	\$256.17
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	\$411.89
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	\$273.46
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	\$328.74
52356	CRUSHING OF STONE IN URINARY DUCT (URETER) WITH STENT USING AN ENDOSCOPE	\$259.69
52400	INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL BLADDER AND BLADDER CANAL (URETH	\$433.03
52402	INCISION OR REMOVAL OF EJACULATORY DUCTS USING AN ENDOSCOPE, MALE	\$204.53
52441	INSERTION OF IMPLANT IN BLADDER CANAL (URETHRA) WITHIN PROSTATE GLAND USING AN E	\$144.45
52442	INSERTION OF IMPLANT IN BLADDER CANAL (URETHRA) WITHIN PROSTATE GLAND USING AN E	\$45.65
52450	TRANSURETHRAL INCISION OF PROSTATE	\$387.08
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$455.39
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$659.28
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	\$411.76
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$371.84
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	\$554.10
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	\$620.08
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$541.97
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$330.54
52805	LTHLPXY CRSHNG CALCLS BLDDR&RMVL FRAGMNTS;LG	\$0.00
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$127.75
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	\$218.38
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$72.72
53025	INCISION OF EXTERNAL URINARY OPENING, INFANT	\$51.13
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$350.40
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	\$118.00
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$368.83
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$538.45
53200	BIOPSY OF URETHRA	\$104.35
53210	REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), FEMALE	\$574.43
53215	REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), MALE	\$727.62
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$350.72
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$488.48
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$458.13
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$324.96
53250	REMOVAL OF SEMINAL FLUID GLAND	\$297.68
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$134.32
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$150.80
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	\$127.74
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$211.80
53400	REPAIR OF BLADDER CANAL (URETHRA) FOR ABNORMAL DRAINAGE TRACT, POUCHING, OR NARR	\$591.90

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$695.66
53410	RECONSTRUCTION OF BLADDER CANAL (URETHRA), MALE	\$729.91
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR	\$877.08
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$697.18
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$731.84
53430	RECONSTRUCTION OF BLADDER CANAL (URETHRA), FEMALE	\$705.64
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	\$776.62
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	\$684.87
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	\$416.54
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$560.48
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	\$774.74
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$526.92
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$633.87
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$938.99
53449	REPAIR OF INFLATABLE BLADDER CANAL (URETHRA) OR BLADDER NECK SPHINCTER, INCLUDIN	\$504.80
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$284.54
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$312.65
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG,	\$534.29
53502	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, FEMALE	\$377.78
53505	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PENIS	\$375.47
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$497.65
53515	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PROSTATE	\$630.19
53520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER CANAL (URETHRA) TO SKIN, MALE	\$423.26
53600	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	\$42.95
53601	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	\$35.09
53605	DILATION OF NARROWING OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHE	\$50.34
53620	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	\$57.92
53621	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	\$48.13
53660	DILATION OF BLADDER CANAL (URETHRA), FEMALE	\$25.92
53661	DILATION OF BLADDER CANAL (URETHRA), FEMALE	\$25.88
53665	DILATION OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHESIA, FEMALE	\$31.54
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$475.57
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$464.57
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER	\$243.33
53855	INSERTION OF A TEMPORARY BLADDER CANAL (URETHRA) STENT, MALE, USING AN ENDOSCOPE	\$39.80
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PRO	\$144.89
53899	UNLISTED PROCEDURE, URINARY SYSTEM	\$0.00
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$73.34
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$103.30
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$207.58
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	\$55.81
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$58.49
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$57.97
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$75.55
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$95.34
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$117.14
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$73.71
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$144.20
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$496.48
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$662.61
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	\$774.16
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$333.96
54120	AMPUTATION OF PENIS; PARTIAL	\$499.00
54125	AMPUTATION OF PENIS; COMPLETE	\$702.97
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$980.12
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC	\$1,240.88

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BL	\$84.95
54160	REMOVAL OF FORESKIN, NEONATE (28 DAYS OF AGE OR LESS)	\$122.85
54161	REMOVAL OF FORESKIN, PATIENT OLDER THAN 28 DAYS OF AGE	\$156.61
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$167.12
54163	REPAIR INCOMPLETE CIRCUMCISION	\$156.28
54164	FRENULOTOMY OF PENIS	\$137.66
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$50.18
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$407.32
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$106.48
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$66.90
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$92.12
54240	PENILE PLETHYSMOGRAPHY	\$69.80
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$92.74
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	\$533.72
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	\$634.82
54305	W/TRANSPATATION OF PREPUCE	\$0.00
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$562.00
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$685.61
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	\$844.70
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	\$579.02
54320	URETHROPLASTY, FORM/URETHRA, DENIS-BROWN TYPE	\$0.00
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$622.54
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$806.50
54325	DENNIS-BROWN TYPE; SCROTAL/PERINEAL	\$0.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$775.50
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$769.44
54330	URETHROPLASTY/STRAIGHT/CHORDEE, 1 STAGE, HYPOSP	\$0.00
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	\$850.74
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT	\$1,078.15
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	\$468.25
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$879.70
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$843.44
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	\$1,162.81
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$574.41
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$677.75
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$781.26
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$1,045.09
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	\$508.38
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	\$578.64
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT	\$741.57
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$510.22
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	\$381.77
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$611.83
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$577.71
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$513.53
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	\$324.87
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$433.08
54438	REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR	\$863.80
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$0.00
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$48.69
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$50.82
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$165.54
54506	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$0.00
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$387.17
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	\$287.86
54521	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
54522	ORCHIECTOMY, PARTIAL	\$440.50
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$439.28
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	\$589.28
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$375.87
54555	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$0.00
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$537.78
54565	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$0.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	\$335.07
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$238.81
54640	REPOSITIONING AND FIXATION OF MISPLACED TESTICLE	\$384.52
54641	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	\$0.00
54645	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR SECOND STAGE (TOREK TYPE)	\$0.00
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$550.67
54661	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$0.00
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$310.18
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$604.86
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$527.44
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$534.14
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	\$0.00
54700	INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA	\$160.02
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$111.29
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$262.74
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$278.70
54860	EPIDIDYMECTOMY; UNILATERAL	\$323.78
54861	EPIDIDYMECTOMY; BILATERAL	\$446.88
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$0.00
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$617.88
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$855.31
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	\$51.36
55040	EXCISION OF HYDROCELE; UNILATERAL	\$282.98
55041	EXCISION OF HYDROCELE; BILATERAL	\$408.63
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$275.85
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$121.99
55110	SCROTAL EXPLORATION	\$270.10
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$221.61
55150	RESECTION OF SCROTUM	\$360.26
55170	SCROTOPLASTY	\$0.00
55175	SCROTOPLASTY; SIMPLE	\$274.46
55180	SCROTOPLASTY; COMPLICATED	\$507.84
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	\$197.24
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	\$157.08
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	\$162.93
55400	VASOVASOSTOMY, VASOVASORRHAPHY	\$422.94
55401	VASOVASOSTOMY, VASOVASORRHAPHY	\$0.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$285.75
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$283.07
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	\$301.10
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	\$317.31
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	\$363.61
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$309.78
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	\$0.00
55600	VESICULOTOMY;	\$311.00
55601	VESICULOTOMY	\$0.00
55605	VESICULOTOMY; COMPLICATED	\$389.66
55650	VESICULECTOMY, ANY APPROACH	\$542.61
55651	VESICULECTOMY, ANY APPROACH	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
55680	EXCISION OF MULLERIAN DUCT CYST	\$274.76
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$64.46
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$236.92
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATI	\$248.99
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$353.65
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$429.18
55740	PROSTATOLITHOTOMY, REMOVAL OF PROSTATIC CALCULUS (SEPARATE PROCEDURE)	\$0.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$849.68
55810	REMOVAL OF PROSTATE GLAND, GLANDS FOR SPERM MOVEMENT (SEMEN), AND SPERM DUCT	\$1,094.74
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	\$1,265.80
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY,	\$1,490.46
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,	\$742.76
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,	\$805.70
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	\$1,089.53
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH	\$1,189.66
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH	\$1,425.77
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$642.41
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$860.85
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$1,219.77
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	\$1,192.98
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	\$840.10
55874	INJECTION OF BIODEGRADABLE MATERIAL NEXT TO PROSTATE	\$105.09
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$526.09
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$77.85
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	\$245.62
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$231.25
56000	INCISION AND DRAINAGE OF PERINEAL ABSCESS (NONOBSTETRICAL)	\$0.00
56100	BIOPSY OF PERINEUM (SEPARATE PROCEDURE)	\$0.00
56200	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$0.00
56400	INCISION AND DRAINAGE OF VULVA	\$0.00
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$66.23
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	\$63.97
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	\$157.90
56441	LYSIS OF LABIAL ADHESIONS	\$112.80
56442	HYMENOTOMY, SIMPLE INCISION	\$32.99
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	\$69.56
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$116.35
56600	BIOPSY OF VULVA (SEPARATE PROCEDURE)	\$0.00
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$43.68
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	\$21.72
56620	VULVECTOMY SIMPLE; PARTIAL	\$390.56
56625	VULVECTOMY SIMPLE; COMPLETE	\$476.04
56630	VULVECTOMY, RADICAL, PARTIAL;	\$686.25
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$905.72
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,051.68
56633	VULVECTOMY, RADICAL, COMPLETE;	\$868.98
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$994.04
56635	VULVECTOMY, RADICAL; WITH INGUINOFEMORAL LYMPHADENECTOMY	\$0.00
56636	VULVECTOMY, RADICAL	\$0.00
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,162.83
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC	\$1,141.58
56641	VULVECTOMY, RADICAL, WITH INGUINOFEMORAL, ILIAC,	\$0.00
56680	CLITORIDECTOMY; SIMPLE	\$0.00
56685	CLITORIDECTOMY; EXTENSIVE	\$0.00
56700	PARTIAL REMOVAL OF MEMBRANE AT UTERINE OPENING, OPEN PROCEDURE	\$147.23
56710	PLASTIC REVISION OF HYMEN	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	\$207.14
56800	PLASTIC REPAIR OF INTROITUS	\$199.14
56805	CLITOROPLASTY FOR INTERSEX STATE	\$857.66
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$201.84
56820	COLPOSCOPY OF THE VULVA;	\$61.17
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$84.39
57000	COLPOTOMY; WITH EXPLORATION	\$152.28
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$272.07
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$61.88
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$134.43
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	\$216.83
57050	CRYOSURGERY OF VAGINA	\$0.00
57057	LASER SURGERY OF VAGINA	\$0.00
57060	ELECTROCAUTERY OF VAGINA	\$0.00
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	\$60.98
57063	CHEMICAL CAUTERY OF VAGINA	\$0.00
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$155.10
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$42.10
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$84.28
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$264.24
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$916.70
57108	COLPECTOMY, OBLITERATION OF VAGINA; PARTIAL	\$0.00
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,123.86
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	\$643.00
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,126.59
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,198.76
57120	COLPOCLEISIS (LE FORT TYPE)	\$394.59
57130	EXCISION OF VAGINAL SEPTUM	\$143.24
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$140.46
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	\$20.46
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVIDS FOR CLINICAL BRACHYTHERAPY	\$284.13
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$64.54
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$32.66
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$33.81
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	\$71.39
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$200.96
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$252.42
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	\$245.25
57230	PLASTIC REPAIR OF URETHROCELE	\$283.50
57240	REPAIR OF HERNIATION OF BLADDER INTO VAGINAL WALL	\$347.59
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$314.47
57260	PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER	\$452.04
57265	REPAIR OF HERNIATION OF RECTUM AND BLADDER INTO VAGINAL WALL	\$578.51
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	\$207.36
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$372.74
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	\$550.07
57280	COLPOPEXY, ABDOMINAL APPROACH	\$678.90
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	\$473.24
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$498.64
57284	REPAIR THROUGH ABDOMEN OF VAGINAL WALL DEFECT, OPEN PROCEDURE	\$606.07
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL	\$336.59
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$513.22
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$647.08
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$561.60
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$398.46
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	\$585.17

**Disclaimer: The Medicaid Fee Schedule may change without notice.**

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$332.96
57296	REVISION AND REMOVAL OF PROSTHETIC VAGINAL GRAFT, OPEN PROCEDURE	\$628.96
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$421.21
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	\$629.87
57307	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM RECTUM INTO VAGINA WITH CREATION OF LARG	\$680.95
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	\$491.46
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$331.08
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	\$392.72
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$449.04
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	\$584.35
57335	VAGINOPLASTY FOR INTERSEX STATE	\$780.14
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	\$88.07
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	\$70.32
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	\$97.29
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$65.00
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	\$90.14
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROS	\$464.05
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$663.24
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$413.30
57450	CULDOSCOPY, DIAGNOSTIC;	\$0.00
57451	CULDOSCOPY, DIAGNOSTIC; WITH BIOPSY AND/OR LYSIS OF ADHESIONS OR TUBAL STERILIZA	\$0.00
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	\$56.75
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$87.39
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$81.91
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	\$76.73
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$114.04
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$141.67
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	\$40.27
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$56.39
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$80.95
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$82.21
57513	CAUTERY OF CERVIX; LASER ABLATION	\$111.82
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$213.26
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$190.06
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$248.22
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$1,293.39
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	\$554.03
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	\$543.41
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$314.73
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR	\$500.69
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$464.27
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$77.77
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$178.52
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$210.64
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$31.10
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	\$56.43
58101	ENDOMETRIAL WASHINGS (EG, FOR CYTOLOGY SAMPLING)	\$0.00
58102	OFFICE ENDOMETRIAL CURETTAGE	\$0.00
58103	MENSTRUAL EXTRACTION	\$0.00
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$30.14
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$173.40
58140	ABDOMINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$663.23
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$436.81
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS	\$806.36
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$837.47
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$764.59

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT	\$710.45
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC	\$991.85
58210	ABDOMINAL REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES ON BOTH SIDES OF PELVIS AND	\$1,320.62
58240	REMOVAL OF MALIGNANT UTERUS, CERVIX, LYMPH NODES, BLADDER, WITH TRANSPLANTATION	\$1,849.01
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$591.29
58262	VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES	\$652.63
58263	VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES WITH REPAIR	\$712.17
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH COLPO-URETHROCYSOTPEXY	\$722.94
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF ENTEROCELE	\$650.62
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	\$714.50
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF	\$720.14
58285	VAGINAL REMOVAL OF UTERUS, VAGINA, AND PELVIC LYMPH NODES	\$864.51
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$807.83
58291	VAGINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES	\$888.17
58292	VAGINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES WITH R	\$940.29
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	\$977.19
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF	\$866.46
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	\$51.59
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$47.15
58310	ARTIFICIAL INSEMINATION;	\$0.00
58311	ARTIFICIAL INSEMINATION; WITH SPERM WASHING AND CAPACITATION	\$0.00
58320	INSUFFLATION OF UTERUS AND TUBES WITH AIR AND CO2	\$0.00
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	\$38.69
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR	\$213.03
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$302.67
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$56.65
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$167.34
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$272.46
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHO	\$334.02
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR	\$551.60
58500	HYSTEROSALPINGOSTOMY	\$0.00
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	\$503.86
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	\$610.80
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$565.62
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	\$625.98
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$636.34
58544	PARTIAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USING	\$688.37
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$648.58
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$818.05
58548	REMOVAL OF UTERUS, CERVIX, AND LYMPH NODES ON BOTH SIDES OF PELVIS AND AORTIC LY	\$1,203.89
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$659.77
58552	VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES USING AN EN	\$631.57
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$813.79
58554	VAGINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES WITH A	\$806.59
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$147.79
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	\$215.73
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$275.75
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	\$304.09
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$426.54
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$212.31
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	\$285.73
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$336.69
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$460.67
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$504.43
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$570.28
58573	ABDOMINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USIN	\$643.31

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
58575	REMOVAL OF UTERUS FOR TUMOR DEBULKING USING A LAPAROSCOPE	\$1,167.49
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	\$0.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	\$224.12
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH,	\$203.59
58615	OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	\$205.58
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$500.64
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	\$510.94
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	\$508.46
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	\$288.81
58671	LAPAROSCOPY, SURGICAL; WITH OCCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$298.17
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	\$548.34
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	\$583.63
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	\$512.17
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	\$0.00
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$453.95
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	\$537.32
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	\$531.20
58750	TUBOTUBAL ANASTOMOSIS	\$636.11
58752	TUBOUTERINE IMPLANTATION	\$638.01
58760	FIMBRIOPLASTY	\$555.89
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	\$592.06
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	\$221.06
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	\$329.00
58820	VAGINAL DRAINAGE OF OVARIAN ABSCESS, OPEN PROCEDURE	\$209.31
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	\$426.98
58825	TRANSPOSITION, OVARY(S)	\$421.25
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$314.19
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	\$426.37
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	\$521.74
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	\$379.92
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL OR	\$870.14
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	\$747.59
58951	REMOVAL OF ABDOMINAL LINING, UTERUS, BOTH OVARIES AND FALLOPIAN TUBES, AND PELVI	\$1,090.58
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	\$1,196.09
58953	REMOVAL OF ABDOMINAL LINING, UTERUS, BOTH OVARIES AND FALLOPIAN TUBES WITH TUMOR	\$1,357.80
58954	REMOVAL OF ABDOMINAL LINING, UTERUS, BOTH OVARIES AND FALLOPIAN TUBES, AND PELVI	\$1,475.09
58956	REMOVAL OF ABDOMINAL LINING, UTERUS, AND BOTH OVARIES AND FALLOPIAN TUBES	\$968.79
58957	REMOVAL OF TUBES, OVARIES, UTERUS, AND LYMPH NODES FOR UTERINE MALIGNANCY	\$970.86
58958	REMOVAL OF TUBES, OVARIES, UTERUS, AND LYMPH NODES FOR UTERINE MALIGNANCY	\$1,073.86
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL	\$753.90
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	\$163.09
58974	EMBRYO TRANSFER, INTRAUTERINE	\$0.00
58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD	\$177.29
58980	LAPAROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$0.00
58983	LAPAROSCOPY, SURGICAL; WITH OCCCLUSION 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	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	\$375.03

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
59000	AMNIOCENTESIS; DIAGNOSTIC	\$60.73
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	\$123.09
59010	AMNIOSCOPY	\$0.00
59011	AMNIOSCOPY (INTRAOVULAR)	\$0.00
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$163.11
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$95.59
59020	FETAL CONTRACTION STRESS TEST	\$53.69
59025	FETAL NON-STRESS TEST	\$32.85
59030	FETAL SCALP BLOOD SAMPLING	\$94.55
59031	FETAL SCALP BLOOD SAMPLING	\$0.00
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	\$44.20
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	\$39.07
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$301.72
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$351.19
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	\$286.32
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$287.42
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$511.91
59101	HYSTEROTOMY, ABDOMINAL, FOR REMOVAL OF HYDATIDIFORM MOLE	\$0.00
59105	HYSTEROTOMY, ABDOMINAL, FOR LEGAL ABORTION	\$0.00
59106	HYSTEROTOMY, ABDOMINAL, FOR LEGAL ABORTION	\$0.00
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING	\$546.28
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT	\$511.29
59125	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$0.00
59126	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$0.00
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	\$619.91
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY	\$673.89
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH	\$587.66
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	\$289.90
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	\$468.62
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$465.12
59160	CURETTAGE, POSTPARTUM	\$158.35
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	\$29.09
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$90.70
59305	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	\$0.00
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$120.55
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	\$193.77
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	\$228.36
59351	HYSTERORRHAPHY OF RUPTURED UTERUS	\$0.00
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	\$1,113.88
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$620.40
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING	\$684.96
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$86.93
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$82.49
59420	ANTEPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$0.00
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$256.60
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$397.16
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$84.38
59510	CESAREAN DELIVERY WITH PRE- AND POST-DELIVERY CARE	\$1,500.00
59514	CESAREAN DELIVERY ONLY;	\$930.03
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	\$1,000.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	\$355.67
59540	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	\$0.00
59541	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	\$0.00
59560	CESAREAN SECTION WITH HYSTERECTOMY, SUBTOTAL, INCLUDING	\$0.00
59561	CESAREAN SECTION WITH HYSTERECTOMY, SUBTOTAL, INCLUDING	\$0.00
59580	CESAREAN SECTION WITH HYSTERECTOMY, TOTAL, INCLUDING	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
59581	CESAREAN SECTION WITH HYSTERECTOMY, TOTAL, INCLUDING	\$0.00
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	\$1,093.81
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	\$673.80
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	\$732.38
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND	\$1,233.70
59620	CESAREAN DELIVERY AFTER VAGINAL DELIVERY ATTEMPT DUE TO PRIOR CESAREAN DELIVERY	\$784.68
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	\$847.42
59800	TREATMENT OF SPONTANEOUS ABORTION, FIRST TRIMESTER	\$0.00
59801	TREATMENT OF SPONTANEOUS ABORTION, FIRST TRIMESTER	\$0.00
59810	TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER	\$0.00
59811	TREATMENT OF SPONTANEOUS ABORTION, SECOND TRIMESTER	\$0.00
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$187.22
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$216.21
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$214.16
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	\$305.79
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$172.92
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$263.62
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$273.77
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$284.59
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$393.30
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$292.02
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$352.77
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$434.41
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	\$185.70
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$276.37
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$102.03
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	\$0.00
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	\$0.00
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	\$0.00
60000	INCISION AND DRAINAGE OF THYROID GLAND DUCT CYST, INFECTED	\$86.15
60100	NEEDLE BIOPSY OF THYROID, ACCESSED THROUGH THE SKIN	\$50.86
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$475.53
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY	\$558.64
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$742.08
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY	\$545.93
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$707.59
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$782.77
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$912.70
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	\$1,225.94
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS	\$652.67
60261	THYROIDECTOMY, SECONDARY	\$0.00
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	\$941.96
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH	\$776.92
60280	EXCISION OF THYROID GLAND DUCT CYST OR SINUS;	\$361.02
60281	EXCISION OF THYROID GLAND DUCT CYST OR SINUS; RECURRENT	\$428.90
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$25.85
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$784.83
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$934.53
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL	\$1,037.98
60510	TRANSPLANTATION OF PARATHYROID GLAND(S) DURING THYROIDECTOMY	\$0.00
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$195.50
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	\$902.32
60521	REMOVAL OF THYMUS GLAND, STERNAL OR CHEST APPROACH	\$1,020.68
60522	REMOVAL OF THYMUS GLAND SURROUNDING LYMPH NODES, STERNAL OR CHEST APPROACH	\$1,160.17
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	\$810.40
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	\$959.47

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
60550	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$0.00
60555	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$0.00
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	\$947.39
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	\$1,041.27
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	\$807.07
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	\$0.00
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	\$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	\$87.25
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	\$81.76
61020	ASPIRATION OF SPINAL FLUID FOR DIAGNOSIS FROM SKULL SOFT SPOT, BURR HOLE, OR CAT	\$97.60
61026	ASPIRATION OF SPINAL FLUID AND INJECTION INTO SKULL SOFT SPOT, BURR HOLE, OR CAT	\$111.31
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	\$81.80
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	\$108.48
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$78.40
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	\$312.39
61106	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOLLOWED BY OTHER SURGERY	\$0.00
61107	TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR PUNCTURE; FOR IM	\$296.10
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR	\$617.54
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST	\$466.09
61130	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDI	\$0.00
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	\$888.21
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	\$958.79
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL	\$554.54
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	\$896.50
61155	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA,	\$0.00
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	\$944.90
61210	IMPLANTATION OF BRAIN CATHETER, RESERVOIR, EEG ELECTRODES, PRESSURE OR OTHER MON	\$338.18
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	\$308.16
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER	\$566.02
61251	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY,	\$0.00
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	\$663.72
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	\$1,288.38
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	\$1,554.65
61310	CRANIECTOMY OR CRANIOTOMY, EVACUATION OF HEMATOMA,	\$0.00
61311	CRANIECTOMY OR CRANIOTOMY, EVACUATION OF HEMATOMA,	\$0.00
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,401.33
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,413.68
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,412.58
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,528.49
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN	\$63.17
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	\$1,346.46
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	\$1,466.71
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR	\$1,302.42
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR	\$1,347.98
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$1,166.58
61331	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL	\$0.00
61333	EXPLORATION AND REMOVAL OF LESION FROM BONE OF EYE SOCKET ACCESSED THROUGH SKULL	\$1,426.23
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME)	\$1,010.43
61341	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL),	\$0.00
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF	\$1,714.04
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$1,436.19
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY	\$1,382.39
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	\$1,559.62
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	\$1,552.59
61491	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	\$0.00
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	\$1,053.77

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61501	CRANIECTOMY; FOR OSTEOMYELITIS	\$871.64
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR,	\$1,603.92
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA,	\$1,900.49
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS,	\$1,450.68
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION	\$1,447.85
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN	\$54.88
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,016.50
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,195.03
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,756.59
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,333.05
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	\$1,532.92
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF	\$1,592.78
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF	\$2,593.02
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF	\$2,308.04
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE	\$863.69
61532	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY;	\$0.00
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN	\$1,093.90
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	\$962.32
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	\$609.65
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGENIC	\$1,812.38
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT	\$1,250.16
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	\$1,585.42
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	\$1,690.60
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	\$1,508.86
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	\$1,501.39
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL)	\$1,462.13
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOROID	\$1,461.91
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	\$2,198.30
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	\$1,722.43
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL	\$1,265.82
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	\$733.77
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	\$932.30
61553	CRANIECTOMY FOR CRANIOSTENOSIS EACH STAGE OF MULTIPLE STAGES	\$0.00
61555	RECONSTRUCTION OF SKULL BY MULTIPLE BONE FLAPS	\$0.00
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	\$1,118.05
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	\$1,146.79
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG,	\$1,321.95
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG,	\$1,713.64
61561	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT, INCLUDING SUTUROTOMY OR CRANIOTO	\$0.00
61562	RECONSTRUCTION OF SKULL BY ORBITAL ADVANCEMENT,	\$0.00
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	\$1,383.83
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	\$1,645.74
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	\$1,500.94
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH	\$1,721.93
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	\$1,252.79
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	\$1,359.27
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY,	\$1,921.86
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY,	\$2,529.28
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	\$1,523.03
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL	\$1,711.58
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING	\$1,624.98
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING	\$1,888.31
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$1,797.65
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$1,996.07
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR	\$1,344.89
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPA	\$2,105.65

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61591	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH BRAIN LESION	\$2,227.64
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND	\$2,062.58
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$1,503.46
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE	\$1,805.30
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	\$1,939.46
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM,	\$1,714.92
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	\$1,302.50
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF	\$1,448.08
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	\$1,470.31
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,020.58
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$1,881.84
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,196.32
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST	\$368.91
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR	\$2,143.09
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	\$1,642.86
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF	\$2,250.28
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTE	\$884.60
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	\$1,070.72
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/IN	\$399.97
61624	OCCLUSION OF ABNORMAL ARTERY, ACCESSED THROUGH THE SKIN	\$909.31
61626	OCCLUSION OF HEAD OR NECK ARTERY, ACCESSED THROUGH THE SKIN	\$743.41
61630	BALLOON DILATION OF BLOOD VESSEL IN HEAD, ACCESSED THROUGH THE SKIN	\$0.00
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLER	\$0.00
61640	BALLOON DILATION OF BLOOD VESSEL SPASM IN HEAD, ACCESSED THROUGH THE SKIN	\$0.00
61641	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN SAME BLOOD VESSEL F	\$0.00
61642	BALLOON DILATION OF ADDITIONAL BLOOD VESSEL SPASM IN HEAD IN DIFFERENT BLOOD VES	\$0.00
61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USIN	\$476.99
61650	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTH	\$326.17
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTH	\$138.86
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	\$1,769.67
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	\$3,049.05
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	\$2,125.53
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	\$3,193.88
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	\$1,635.70
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	\$2,532.51
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID	\$2,369.46
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;	\$2,275.15
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID	\$2,555.11
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR	\$2,554.42
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING	\$918.22
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$1,940.02
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$1,617.98
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$1,342.23
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL)	\$2,012.93
61712	MICRODISSECTION, INTRACRANIAL OR SPINAL PROCEDURE (LIST SEPARATELY IN ADDITION T	\$0.00
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING	\$1,002.65
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND	\$1,055.48
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF BRAIN LESION	\$967.78
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF BRAIN LESION USING CT AND/OR MRI	\$1,046.69
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM	\$1,049.67
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	\$1,195.73
61780	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); FOR INTRODUCTION	\$0.00
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	\$145.92
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	\$0.00
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	\$145.92
61790	STEREOTACTIC CREATION OF LESION OF CRANIAL NERVE, ACCESSED THROUGH THE SKIN	\$611.03

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
61791	STEREOTACTIC CREATION OF BRAINSTEM LESION, ACCESSED THROUGH THE SKIN	\$765.42
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 S	\$443.59
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$119.33
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 C	\$443.59
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$164.96
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARA	\$84.78
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORT	\$699.38
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES,	\$997.32
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$893.47
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$258.87
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$1,363.66
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$380.73
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	\$676.02
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$358.15
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$336.51
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$432.93
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$257.28
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	\$534.41
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	\$814.15
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT	\$1,124.32
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY FOR	\$1,260.09
62115	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	\$1,071.55
62117	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING	\$1,404.89
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	\$1,210.60
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	\$1,164.92
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	\$783.76
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	\$892.74
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$651.28
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$697.98
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	\$995.12
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM	\$843.96
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM	\$996.16
62148	REMOVAL OF SKULL BONE GRAFT, ACCESSED BENEATH THE SKIN	\$86.72
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$125.24
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	\$898.92
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST,	\$1,148.17
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	\$728.29
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT	\$1,244.20
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR	\$979.06
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	\$1,101.56
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	\$665.86
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$738.58
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$206.84
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	\$1,040.52
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPIC METHOD	\$761.93
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	\$782.43
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$772.07
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$313.32
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	\$599.10
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$62.69
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	\$396.88
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT BY	\$839.04
62263	INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED	\$248.50
62264	INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED	\$162.90
62267	DIAGNOSTIC ASPIRATION OF SPINAL DISC OR TISSUE, ACCESSED THROUGH THE SKIN	\$97.12
62268	ASPIRATION OF SPINAL CORD CYST OR FLUID-FILLED CAVITY, ACCESSED THROUGH THE SKIN	\$217.91

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
62269	NEEDLE BIOPSY OF SPINAL CORD, ACCESSED BENEATH THE SKIN	\$202.42
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$51.03
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$65.87
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$94.08
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$95.93
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$97.27
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$102.18
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	\$78.52
62286	INJCTN PRCDR PNEUMDENCEPHALOGRAPHY,LUMBAR	\$0.00
62287	ASPIRATION OF LOWER SPINE DISC, ACCESSED THROUGH THE SKIN	\$420.88
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$131.61
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$126.12
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	\$431.10
62293	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,	\$0.00
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	\$519.82
62302	X-RAY OF UPPER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.93
62303	X-RAY OF MIDDLE SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.18
62304	X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$76.58
62305	X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.98
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$64.61
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$69.61
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM	\$52.93
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$63.61
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$57.63
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$66.09
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$57.10
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$60.70
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR CT GUIDANCE	\$56.39
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$70.03
62350	IMPLANTATION, REVISION, OR REPOSITIONING OF SPINAL CANAL MEDICATION CATHETER	\$308.61
62351	IMPLANTATION, REVISION, OR REPOSITIONING OF CATHETER IN SPINAL CANAL FOR MEDICAT	\$496.00
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$255.38
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$134.02
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$246.93
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$326.60
62365	REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE, ACCESSED BENEATH THE SKIN	\$265.18
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$22.00
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$33.72
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$21.80
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$29.14
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	\$0.00
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	\$955.82
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$966.24
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$898.89
63010	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, ON	\$0.00
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$734.51
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH	\$906.15
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,166.02
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,153.59
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$961.89
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$900.45
63021	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$0.00
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$738.67
63031	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$0.00
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$180.22
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$1,126.14

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63041	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED	\$0.00
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$1,046.52
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$999.40
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$956.79
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$882.74
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$186.23
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,029.23
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,174.55
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	\$1,307.28
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$1,192.98
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$267.29
63060	HEMILAMINECTOMY (LAMINECTOMY) FOR HERNIATED INTERVERTEBRAL	\$0.00
63064	RELEASE OF MIDDLE SPINAL CORD OR NERVES, COSTOVERTEBRAL APPROACH	\$1,413.88
63065	TRANSTHORACIC APPROACH FOR HERNIATED INTERVERTEBRAL DISK OR	\$0.00
63066	RELEASE OF MIDDLE SPINAL CORD OR NERVES, COSTOVERTEBRAL APPROACH	\$167.08
63075	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$1,103.69
63076	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$233.00
63077	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$1,174.80
63078	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$166.83
63081	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	\$1,421.13
63082	REMOVAL OF UPPER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, ANTERIOR	\$251.15
63085	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO	\$1,556.08
63086	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, TRANSTHO	\$181.70
63087	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM	\$1,875.07
63088	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES, COM	\$245.28
63090	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE	\$1,605.39
63091	REMOVAL OF MIDDLE, LOWER, OR SACRAL SPINE BONE WITH RELEASE OF SPINAL CORD OR NE	\$159.50
63101	REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL	\$1,568.27
63102	REMOVAL OF LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES, LATERAL E	\$1,568.27
63103	REMOVAL OF MIDDLE OR LOWER SPINE BONE WITH RELEASE OF SPINAL CORD AND/OR NERVES,	\$186.11
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THO	\$1,147.51
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	\$1,078.66
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR	\$1,179.10
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	\$947.70
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	\$1,093.41
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	\$866.90
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	\$1,039.16
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	\$920.89
63192	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	\$0.00
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE;	\$1,011.87
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE;	\$1,021.83
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	\$1,146.95
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	\$1,093.77
63198	REMOVAL OF SPINE BONE WITH INCISION OF UPPER SPINAL CORD, 2 STAGES WITHIN 14 DAY	\$1,231.73
63199	REMOVAL OF SPINE BONE WITH INCISION OF MIDDLE SPINAL CORD, 2 STAGES WITHIN 14 DA	\$1,441.73
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	\$999.37
63210	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	\$0.00
63215	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	\$0.00
63220	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	\$0.00
63225	LAMINECTOMY, ONE OR TWO SEGMENTS, FOR EXCISION OF INTRASPINAL	\$0.00
63240	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	\$0.00
63241	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	\$0.00
63242	LAMINECTOMY, MORE THAN TWO SEGMENTS, FOR EXCISION OF	\$0.00
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CO	\$2,024.60

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	\$2,024.89
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	\$2,106.70
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,245.95
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,321.52
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,063.61
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$931.00
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,394.55
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,539.21
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,411.69
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,280.33
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	\$1,393.78
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	\$1,373.20
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	\$1,226.48
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	\$1,209.19
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,621.05
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,599.67
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,474.94
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	\$1,297.20
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,861.60
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,913.64
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,912.98
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED	\$1,953.54
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	\$231.16
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	\$1,276.06
63301	REMOVAL OF MIDDLE SPINE BONE GROWTH, TRANSTHORACIC APPROACH	\$1,402.98
63302	REMOVAL OF MIDDLE SPINE BONE GROWTH, THORACOLUMBAR APPROACH	\$1,460.08
63303	REMOVAL OF LOWER OR SACRAL SPINE BONE GROWTH, TRANSPERITONEAL OR RETROPERITONEAL	\$1,494.60
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$1,596.05
63305	REMOVAL OF MIDDLE SPINE BONE GROWTH, TRANSTHORACIC APPROACH	\$1,636.86
63306	REMOVAL OF MIDDLE SPINE BONE GROWTH, THORACOLUMBAR APPROACH	\$1,650.31
63307	REMOVAL OF LOWER OR SACRAL SPINE BONE GROWTH, TRANSPERITONEAL OR RETROPERITONEAL	\$1,607.85
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$270.46
63600	CREATION OF STEREOTACTIC SPINAL CORD LESION, ACCESSED THROUGH THE SKIN	\$675.34
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	\$402.31
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 S	\$443.59
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$137.20
63650	IMPLANTATION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN	\$358.00
63652	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES INTRADURAL (SPINAL CORD)	\$0.00
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	\$616.30
63656	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ENDODURAL	\$0.00
63657	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBDURAL	\$0.00
63658	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBARACHNOID	\$0.00
63661	REMOVAL OR REVISION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S	\$149.56
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$336.70
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$225.02
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$350.26
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	\$395.96
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$311.41
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	\$854.03
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	\$963.39
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	\$1,083.99
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	\$1,193.94
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	\$671.89
63708	REPAIR DURAL/CSF LEAK	\$0.00
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	\$845.73
63710	DURAL GRAFT, SPINAL	\$742.15

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDIN	\$684.14
63741	CREATION OF SPINAL FLUID SHUNT, ACCESSED THROUGH THE SKIN	\$476.90
63744	REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT	\$475.29
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$339.09
64400	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO TRIGEMINAL NERVE OF FACE	\$39.26
64405	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO GREATER OCCIPITAL NERVE OF UPP	\$47.73
64408	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO VAGUS NERVE	\$58.77
64415	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO BRACHIAL NERVE BUNDLE OF ARM	\$50.44
64416	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO BRACHIA	\$116.52
64417	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO AXILLARY NERVE OF UPPER ARM AN	\$55.93
64418	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SUPRASCAPULAR NERVE OF SHOULDE	\$48.47
64420	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SINGLE INTERCOSTAL NERVE OF RI	\$47.71
64421	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO MULTIPLE INTERCOSTAL NERVES OF	\$66.30
64425	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO ILIOINGUINAL AND ILIOHYPOGASTR	\$64.65
64430	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO PUDENDAL NERVE OF EXTERNAL GEN	\$59.01
64435	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO PARACERVICAL NERVE OF UTERUS	\$53.48
64445	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SCIATIC NERVE OF LOWER BACK AN	\$50.49
64446	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO SCIATIC	\$121.82
64447	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO FEMORAL NERVE OF THIGH	\$56.86
64448	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO FEMORAL	\$111.95
64449	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LUMBAR NERVE BUNDLE OF	\$112.15
64450	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO OTHER PERIPHERAL NERVE OR BRAN	\$45.03
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROIL	\$50.56
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCL	\$52.29
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	\$23.56
64461	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	\$54.59
64462	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	\$34.29
64463	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	\$53.38
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$78.80
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$54.51
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$67.16
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$47.17
64486	INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON	\$39.80
64487	CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANA	\$45.71
64488	INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON	\$49.66
64489	CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANA	\$55.35
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$52.70
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$29.84
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$30.43
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$44.89
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$25.51
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$26.10
64505	INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE	\$49.57
64510	INJECTION OF ANESTHETIC AGENT, SYMPATHETIC NERVE BUNDLE	\$49.70
64517	INJECTION OF ANESTHETIC AGENT, SACRAL NERVE BUNDLE	\$88.29
64520	INJECTION OF ANESTHETIC AGENT, MIDDLE OR LOWER SPINE SYMPATHETIC NERVES	\$54.25
64530	INJECTION OF ANESTHETIC AGENT, ABDOMINAL SYMPATHETIC NERVE BUNDLE	\$69.29
64553	IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S	\$103.05
64555	IMPLANTATION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH TH	\$85.39
64561	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN	\$387.86
64566	IMPLANTATION OF LOWER LEG NEUROSTIMULATOR ELECTRODE, ACCESSED THROUGH THE SKIN	\$18.55
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$411.94
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$378.03
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$330.08
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$234.46
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$220.87

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$555.71
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	\$105.96
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	\$139.81
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	\$98.94
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	\$157.01
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$222.34
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$407.37
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$58.02
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	\$92.20
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERV	\$78.38
64616	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLU	\$66.67
64617	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX	\$72.30
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$105.63
64624	DESTRUCTION OF GENICULAR NERVE BRANCHES OF KNEE BY INJECTION USING IMAGING GUIDA	\$94.71
64625	RADIOFREQUENCY DESTRUCTION OF NERVES SUPPLYING JOINT BETWEEN SPINE AND PELVIS US	\$124.87
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$125.14
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$42.52
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$147.95
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$43.61
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$144.94
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$37.94
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$115.08
64642	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE	\$67.31
64643	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE	\$44.57
64644	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	\$73.49
64645	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	\$51.04
64646	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 5 OR MORE MUSCL	\$72.81
64647	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCL	\$83.93
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$27.47
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$34.71
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	\$109.13
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	\$162.58
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$248.34
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$260.27
64708	RELEASE OF NERVE OF ARM OR LEG, OPEN PROCEDURE	\$364.73
64712	RELEASE OF SCIATIC NERVE, OPEN PROCEDURE	\$438.31
64713	RELEASE OF MAJOR NERVE OF ARM OR LEG, OPEN PROCEDURE	\$554.15
64714	RELEASE OF NERVE OF UPPER LEG, OPEN PROCEDURE	\$452.00
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$336.15
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$361.76
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$289.07
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$287.36
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$266.26
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$175.85
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	\$167.82
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$260.88
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$277.91
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$249.96
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$305.05
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$297.27
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$332.90
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$314.43
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$316.88
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELECTIVE	\$665.50
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	\$371.66
64762	TRANSECTION OR AVULSION OF	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$359.23
64764	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH	\$0.00
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$454.85
64768	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC,	\$0.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$407.11
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$408.90
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$249.83
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$249.00
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	\$158.98
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$308.39
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	\$191.07
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$478.06
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$820.78
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	\$216.88
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$244.32
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$562.18
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$728.68
64795	BIOPSY OF NERVE	\$157.68
64802	SYMPATHECTOMY, CERVICAL	\$453.43
64803	SYMPATHECTOMY, CERVICAL	\$0.00
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$769.25
64806	SYMPATHECTOMY, CERVICOTHORACIC	\$0.00
64809	SYMPATHECTOMY, THORACOLUMBAR	\$688.81
64811	SYMPATHECTOMY, THORACOLUMBAR	\$0.00
64814	REMOVE SYMPATHETIC NERVES	\$0.00
64818	SYMPATHECTOMY, LUMBAR	\$541.85
64819	SYMPATHECTOMY, LUMBAR	\$0.00
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$536.69
64821	SYMPATHECTOMY; RADIAL ARTERY	\$456.60
64822	SYMPATHECTOMY; ULNAR ARTERY	\$456.60
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$526.04
64824	64818/PERIARTERIAL SYMPATHECTOMY	\$0.00
64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE	\$0.00
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$432.62
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	\$234.23
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$457.54
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	\$531.05
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	\$546.47
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	\$305.47
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$680.00
64856	SUTURE OF PERIPHERAL NERVE, ARM OR LEG, WITH RELOCATION TO NEW SITE	\$676.98
64857	SUTURE OF PERIPHERAL NERVE, ARM OR LEG	\$725.57
64858	SUTURE OF SCIATIC NERVE	\$835.80
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	\$217.89
64861	SUTURE OF; BRACHIAL PLEXUS	\$976.31
64862	SUTURE OF; LUMBAR PLEXUS	\$1,156.04
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$619.37
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$803.71
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	\$791.93
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	\$745.68
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	\$99.05
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	\$146.64
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	\$160.29
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$884.87
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	\$1,048.11
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	\$797.64

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	\$793.31
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	\$751.97
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	\$845.89
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$958.01
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,084.15
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$905.58
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$990.76
64901	PLACEMENT OF NERVE FOR GRAFTING, SINGLE STRAND	\$556.80
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	\$631.92
64905	TRANSFER OF NERVE TO INJURED NERVE, FIRST STAGE	\$675.81
64907	TRANSFER OF NERVE TO INJURED NERVE, SECOND STAGE	\$939.45
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$458.90
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH	\$556.87
64912	REPAIR OF NERVE USING NERVE GRAFT	\$496.42
64913	REPAIR OF NERVE USING NERVE GRAFT	\$97.70
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	\$932.99
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$447.75
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	\$469.40
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$478.48
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$506.40
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$556.00
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$852.84
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$895.29
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$941.19
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	\$480.38
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	\$442.96
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	\$481.95
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$430.14
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	\$566.60
65175	REMOVAL OF OCULAR IMPLANT	\$431.60
65205	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA	\$25.92
65210	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA OR SCLERA	\$31.84
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA	\$27.67
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA WITH SLIT LAMP EXAMINATION	\$34.83
65230	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM ANTERIOR CHAMBER, MAGNETIC EXTRACTION	\$0.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	\$405.55
65240	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM LENS (WITHOUT EXTRACTION LENS), MAGNET	\$0.00
65245	REMOVAL OF FOREIGN BODY, INTRAOCULAR FROM LENS (WITHOUT EXTRACTION LENS), NONMAG	\$0.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$621.68
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	\$717.72
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	\$104.08
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	\$197.52
65273	REPAIR OF LACERATED CONJUNCTIVA USING FLAP OR GRAFT, REQUIRING HOSPITALIZATION	\$244.04
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	\$227.74
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	\$464.80
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	\$768.23
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$296.76
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	\$339.97
65300	DELIMITING KERATOTOMY	\$0.00
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$375.66
65410	BIOPSY OF CORNEA	\$78.54
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$280.89
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$335.82
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$59.62
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	\$39.69
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$195.34

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	\$232.50
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	\$165.44
65650	VENTI MASK	\$0.00
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	\$733.62
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	\$858.72
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$901.97
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$897.20
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$624.63
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	\$0.00
65765	KERATOPHAKIA	\$0.00
65767	EPIKERATOPLASTY	\$0.00
65770	KERATOPROSTHESIS	\$945.89
65771	RADIAL KERATOTOMY	\$0.00
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$296.15
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$392.01
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	\$47.29
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	\$187.13
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	\$583.05
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	\$884.08
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$762.72
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$248.83
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	\$103.10
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$340.60
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$322.51
65820	GONIOTOMY	\$534.43
65825	GONIOTOMY WITH GONIOPUNCTURE	\$0.00
65830	GONIOPUNCTURE, WITHOUT GONIOTOMY	\$0.00
65850	TRABECULOTOMY AB EXTERNO	\$632.31
65855	LASER REPAIR TO IMPROVE EYE FLUID FLOW, 1 OR MORE SESSIONS	\$219.07
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$176.13
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	\$354.33
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$373.02
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$389.73
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$417.80
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$613.68
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$489.70
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	\$458.14
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$95.98
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	\$61.99
66130	EXCISION OF LESION, SCLERA	\$395.05
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$522.99
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$521.17
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	\$615.31
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	\$709.96
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	\$819.06
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$630.44
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$694.73
66179	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW	\$702.96
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	\$856.20
66183	INSERTION OF EYE FLUID DRAINAGE DEVICE	\$689.18
66184	REVISION OF SHUNT TO IMPROVE EYE FLUID FLOW	\$514.89
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	\$503.50
66225	REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT	\$656.43
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	\$374.80
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$235.23
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	\$233.30

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$540.35
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$739.65
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	\$344.58
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$409.80
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	\$389.96
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$345.19
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	\$412.36
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$319.77
66701	CYCLODIATHERMY; SUBSEQUENT	\$0.00
66702	CILIARY BODY DESTRUCTION, ANY METHOD (EG, DIATHERMY, CRYOTHERAPY, LASER, DIALYSI	\$0.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	\$319.52
66711	DESTRUCTION OF TISSUE ENCIRCLING LENS USING ENDOSCOPE	\$384.19
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$319.15
66721	CYCLOCRYOTHERAPY; SUBSEQUENT	\$0.00
66741	CYCLODIALYSIS; SUBSEQUENT	\$0.00
66761	CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING LASER, PER SESSION	\$205.55
66762	CREATION OF OPENINGS IN IRIS FOR EYE FLUID DRAINAGE USING LASER, 1 OR MORE SESSI	\$224.50
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$251.09
66800	DISCISSION OF LENS CAPSULE; INCISIONAL TECHNIQUE (NEEDLING OF LENS), INITIAL	\$0.00
66801	DISCISSION OF LENS CAPSULE; INCISIONAL TECHNIQUE (NEEDLING OF LENS), SUBSEQUENT	\$0.00
66802	DISCISSION OF LENS CAPSULE; LASER SURGERY (ONE OR MORE STAGES)	\$0.00
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	\$287.31
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	\$147.41
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	\$491.52
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	\$419.63
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$460.34
66850	FRAGMENTING, ASPIRATION, AND REMOVAL OF LENS MATERIAL	\$524.10
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$571.50
66915	EXPRESSION OF LENS, LINEAR, ONE OR MORE STAGES	\$0.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$511.03
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$590.37
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$534.71
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 LENS	\$778.50
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$494.28
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$584.09
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	\$484.39
66986	EXCHANGE OF INTRAOCULAR LENS	\$673.14
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-	\$0.00
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1	\$0.00
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	\$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$306.43
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$369.97
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	\$416.20
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	\$411.60
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	\$590.72
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$135.55
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$318.92
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	\$181.47
67035	VTRCTMY MECHNCL PARS PLANA APPRCH W/WO RMVL LENS	\$0.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$821.70
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$847.98
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$1,214.68
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$595.81
67042	REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH	\$680.36

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67043	REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH	\$715.45
67101	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS	\$406.49
67105	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS	\$365.66
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	\$881.22
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	\$1,430.57
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	\$555.94
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$718.34
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$326.30
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$378.24
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$627.47
67141	PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR FREEZING, 1 OR MORE SESSIONS	\$290.59
67145	PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR LASER, 1 OR MORE SESSIONS	\$266.00
67208	DESTRUCTION OF RETINAL GROWTH BY HEAT OR FREEZING, 1 OR MORE SESSIONS	\$350.59
67210	LASER DESTRUCTION OF RETINAL GROWTH, 1 OR MORE SESSIONS	\$408.38
67218	DESTRUCTION OF RETINAL GROWTH WITH IMPLANTATION OF RADIATION SOURCE, 1 OR MORE S	\$793.79
67220	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, 1 OR MORE SESSIONS	\$564.34
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$216.25
67225	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, AT SINGLE SESSION	\$26.23
67227	DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS	\$407.87
67228	LASER DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS	\$544.54
67229	LASER DESTRUCTION OR FREEZING OF EXTENSIVE LEAKING RETINAL BLOOD VESSELS, PRETER	\$519.84
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$517.69
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$572.28
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	\$738.96
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	\$402.54
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	\$503.99
67313	STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY PROCEDURE, ANY MUS	\$0.00
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	\$448.96
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	\$558.10
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	\$429.51
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	\$246.44
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	\$233.85
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	\$255.37
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	\$225.78
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	\$133.83
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	\$280.91
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$407.43
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$126.45
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$125.95
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	\$0.00
67400	EXPLORATION OF CAVITY BEHIND EYE, FRONTAL OR TRANSCONJUNCTIVAL APPROACH	\$630.29
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$525.31
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$642.90
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$592.26
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$667.35
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$94.41
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,121.32
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$784.07
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$823.57
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$825.08
67450	EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP, LATERAL APPROACH	\$851.67
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	\$37.86
67505	RETROBULBAR INJECTION; ALCOHOL	\$33.49
67510	RETROBULBR INJ;RADGRPHY	\$0.00
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$26.47
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$618.16

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$608.73
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$742.21
67599	UNLISTED PROCEDURE, ORBIT	\$0.00
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$64.21
67710	SEVERING OF TARSORRHAPHY	\$54.79
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$65.79
67800	EXCISION OF CHALAZION; SINGLE	\$59.08
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$78.29
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$94.42
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	\$199.12
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	\$58.85
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$35.21
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	\$71.81
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$107.30
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	\$325.77
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	\$90.12
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$81.46
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$78.56
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$216.64
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$301.15
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$326.89
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	\$421.77
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	\$424.71
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	\$395.64
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	\$403.82
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	\$374.41
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	\$327.43
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$343.64
67911	CORRECTION OF LID RETRACTION	\$339.60
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	\$317.82
67914	REPAIR OF ECTROPION; SUTURE	\$220.03
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$146.57
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	\$320.44
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	\$376.05
67921	REPAIR OF ENTROPION; SUTURE	\$204.68
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$142.38
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	\$350.65
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	\$356.71
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	\$153.89
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	\$313.08
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$63.32
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$371.29
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$353.02
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$391.77
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$569.76
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$732.10
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$741.54
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$435.69
67999	UNLISTED PROCEDURE, EYELIDS	\$0.00
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$62.96
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	\$33.35
68100	BIOPSY OF CONJUNCTIVA	\$56.12
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$83.77
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$115.75
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$242.70
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$85.37

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
68200	SUBCONJUNCTIVAL INJECTION	\$21.82
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$328.63
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$438.26
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	\$427.00
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	\$483.18
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$300.57
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	\$413.76
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	\$226.88
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$276.11
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$452.38
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$275.67
68399	UNLISTED PROCEDURE, CONJUNCTIVA	\$0.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$86.30
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$107.86
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$54.47
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$568.09
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$595.45
68510	BIOPSY OF LACRIMAL GLAND	\$225.30
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	\$448.26
68525	BIOPSY OF LACRIMAL SAC	\$218.07
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$167.43
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$565.08
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$713.92
68700	PLASTIC REPAIR OF CANALICULI	\$321.70
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$94.37
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$525.96
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	\$454.77
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	\$516.63
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	\$82.35
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$65.51
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$314.42
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$59.78
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$112.94
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	\$123.60
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	\$147.46
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$114.67
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$57.95
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$36.19
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	\$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$69.68
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$97.79
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$88.30
69090	EAR PIERCING	\$0.00
69100	BIOPSY EXTERNAL EAR	\$34.48
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$43.83
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$197.02
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$255.86
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$530.23
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$150.43
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$715.85
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	\$1,079.28
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$35.80
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$71.57
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$8.87
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	\$22.98
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$38.68

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69221	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	\$0.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	\$86.47
69223	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	\$0.00
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$335.77
69301	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$0.00
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	\$674.12
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$965.06
69399	UNLISTED PROCEDURE, EXTERNAL EAR	\$0.00
69420	INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM	\$72.56
69421	INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA	\$97.08
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	\$40.09
69425	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	\$0.00
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	\$78.53
69434	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	\$0.00
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$158.37
69437	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL	\$0.00
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$455.43
69450	TYMPANOLYSIS, TRANSCANAL	\$342.78
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$539.64
69502	MASTOIDECTOMY; COMPLETE	\$727.00
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$764.58
69511	MASTOIDECTOMY; RADICAL	\$793.37
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,043.24
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	\$1,809.83
69540	EXCISION AURAL POLYP	\$79.26
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$649.05
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$1,045.66
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	\$1,663.32
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$776.40
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$796.51
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$821.56
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$820.63
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$983.87
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	\$190.42
69611	TYMPANIC MEMBRANE PATCHING WITH TISSUE GRAFT	\$0.00
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$329.88
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$590.44
69632	REPAIR OF EARDRUM, EAR CANAL, AND BONES	\$758.45
69633	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	\$722.62
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$784.69
69636	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MASTOID BONE	\$897.81
69637	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	\$890.92
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$750.22
69642	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	\$987.54
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$903.19
69644	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	\$994.02
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$961.59
69646	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	\$1,052.75
69650	STAPES MOBILIZATION	\$571.51
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$696.53
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$917.11
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$900.11
69666	REPAIR OVAL WINDOW FISTULA	\$576.99
69667	REPAIR ROUND WINDOW FISTULA	\$577.26
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$639.22
69676	TYMPANIC NEURECTOMY	\$536.51

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
69677	TYMPANIC NEURECTOMY	\$0.00
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$453.54
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE	\$0.00
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	\$567.15
69714	TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE	\$723.52
69715	REMOVAL OF MASTOID BONE WITH IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESS	\$914.52
69717	TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE	\$748.46
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$925.85
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$849.88
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE	\$1,228.96
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$818.30
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$933.13
69799	UNLISTED PROCEDURE, MIDDLE EAR	\$0.00
69801	INCISION OF FLUID CANALS OF INNER EAR WITH INFUSION OF DRUGS, TRANSCANAL APPROAC	\$511.24
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$768.15
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$730.32
69905	LABYRINTHECTOMY; TRANSCANAL	\$659.12
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	\$798.08
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,130.49
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$972.60
69949	UNLISTED PROCEDURE, INNER EAR	\$0.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	\$1,290.71
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	\$1,402.57
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	\$1,352.34
69965	EUSTACHIAN TUBOPLASTY	\$0.00
69970	REMOVAL OF TUMOR, TEMPORAL BONE	\$1,475.41
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	\$0.00
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	\$155.12
70002	PNEUMOENCEPHALOGRAPHY;SPRV & INTERP ONLY	\$0.00
70003	PNEUMOENCEPHALOGRAPHY;COMPLETE PROCEDURE	\$0.00
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$188.91
70011	MYELOGRAPHY, POSTERIOR FOSSA; COMPLETE PROCEDURE	\$0.00
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$91.40
70016	CISTERNOGRAPHY, POSITIVE CONTRAST; COMPLETE PROCEDURE	\$0.00
70020	VENTRICULOGRPHY;AIR CONTRAST SUPRV & INTERP ONLY	\$0.00
70021	VENTRCLGRAPHY;POSTIVE CNTRST SPRV & INTRP ONLY	\$0.00
70022	STEREOTACTIC LOCALIZATION,HEAD	\$0.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$21.02
70040	RADIOLOGIC EXAMINATION, EYE;	\$0.00
70050	RADIOLOGIC EXAMINATION, EYE;	\$0.00
70100	X-RAY OF MANDIBLE, LESS THAN 4 VIEWS	\$27.78
70110	X-RAY OF MANDIBLE, MINIMUM OF 4 VIEWS	\$34.71
70120	X-RAY OF MASTOID, LESS THAN 3 VIEWS PER SIDE	\$34.15
70130	X-RAY OF MASTOID, MINIMUM OF 3 VIEWS PER SIDE	\$39.20
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$37.65
70140	X-RAY OF BONES OF FACE, LESS THAN 3 VIEWS	\$31.49
70150	X-RAY OF BONES OF FACE, MINIMUM OF 3 VIEWS	\$40.82
70160	X-RAY OF BONES OF NOSE, MINIMUM OF 3 VIEWS	\$27.12
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$43.39
70171	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT; COMPLETE PROCEDURE	\$0.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$28.99
70200	X-RAY OF EYE BONES, MINIMUM OF 4 VIEWS	\$41.79
70210	X-RAY OF PARANASAL SINUS, LESS THAN 3 VIEWS	\$30.52
70220	X-RAY OF PARANASAL SINUS, COMPLETE, MINIMUM OF 3 VIEWS	\$40.07
70230	RAD XM,SNSES,PRNSL;COMPLETE;W/CNTRST STDS,SPRV&INT	\$0.00
70231	RAD XM SNSES PRNSL,COMP W/CNTRST STDS,COMP PROC	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$21.66
70250	X-RAY OF SKULL, LESS THAN 4 VIEWS	\$30.09
70260	X-RAY OF SKULL, COMPLETE, MINIMUM OF 4 VIEWS	\$48.43
70300	X-RAY OF TEETH, SINGLE VIEW	\$13.36
70310	X-RAY OF TEETH, LESS THAN FULL MOUTH	\$20.56
70320	X-RAY OF TEETH, FULL MOUTH	\$34.80
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$23.89
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$40.04
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$90.82
70333	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$423.20
70350	CEPHALOGRAM, ORTHODONTIC	\$19.57
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	\$26.85
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$20.82
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$44.39
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$82.48
70374	LARYNGOGRAPHY, CONTRAST; COMPLETE PROCEDURE	\$0.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$23.24
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$73.89
70391	SIALOGRAPHY; COMPLETE PROCEDURE	\$0.00
70400	ORBITGRPHY AIR POSITVE CONTRST SUPRVSN/INTRPTATN	\$0.00
70401	ORBIGRPY AIR OR POSITIVE CNTRST;COMP PROC	\$0.00
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$203.07
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$256.62
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$310.02
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$231.00
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$240.26
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$289.71
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$209.20
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$237.23
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$288.60
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$205.75
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$268.85
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$289.49
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$334.94
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$334.94
70540	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK	\$427.26
70542	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK WITH CONTRAST	\$442.17
70543	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST	\$787.12
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$366.93
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$366.93
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$427.26
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$512.45
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$912.41
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$444.48
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$0.00
70557	MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE	\$0.00
70558	MRI SCAN OF BRAIN WITH CONTRAST, DURING OPEN BRAIN PROCEDURE	\$0.00
70559	MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE BEFORE AND AFTER CONTRAST	\$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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
71041	BRONCHOGRAPHY, UNILATERAL; COMPLETE PROCEDURE	\$0.00
71045	X-RAY OF CHEST, 1 VIEW	\$13.07
71046	X-RAY OF CHEST, 2 VIEWS	\$20.37
71047	X-RAY OF CHEST, 3 VIEWS	\$26.15
71048	X-RAY OF CHEST, MINIMUM OF 4 VIEWS	\$28.01
71061	BRONCHOGRAPHY, BILATERAL; COMPLETE PROCEDURE	\$0.00
71100	X-RAY OF RIBS OF ONE SIDE OF BODY, 2 VIEWS	\$27.69
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS	\$37.39
71110	X-RAY OF BOTH SIDES OF THE RIBS, 3 VIEWS	\$38.95
71111	X-RAY OF BOTH SIDES OF THE RIBS INCLUDING THE CHEST, MINIMUM OF 4 VIEWS	\$42.36
71120	X-RAY OF BREAST BONE, MINIMUM OF 2 VIEWS	\$31.55
71130	X-RAY OF JUNCTION OF BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS	\$32.05
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$266.42
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$304.37
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$381.88
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$382.28
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$431.66
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$446.99
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$788.32
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	\$438.68
72020	X-RAY OF SPINE, 1 VIEW	\$22.39
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	\$32.09
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$46.81
72052	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	\$55.95
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS	\$33.59
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS	\$33.24
72074	X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS	\$39.10
72080	X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS	\$32.38
72081	X-RAY OF SPINE, 1 VIEW	\$25.99
72082	X-RAY OF SPINE, 2 OR 3 VIEWS	\$42.31
72083	X-RAY OF SPINE, 4 OR 5 VIEWS	\$45.91
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS	\$54.70
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS	\$34.48
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS	\$47.49
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	\$57.07
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	\$38.48
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$266.42
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$280.60
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$340.76
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$240.34
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$280.60
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$340.75
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$247.17
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$280.60
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$341.06
72140	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$0.00
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$431.66
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$517.94
72143	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$0.00
72144	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$0.00
72145	CMPTXZD AXL TMGRAPHY, SPNE;W/WO CNTRST MAT	\$0.00
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$472.21
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$517.94
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$467.81
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$512.45
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$920.36

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$920.36
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$912.41
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	\$0.00
72170	X-RAY OF PELVIS, 1 OR 2 VIEWS	\$26.78
72180	RADIOLOGIC EXAMINATION, PELVIS	\$0.00
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	\$34.17
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$369.74
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$262.48
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$278.84
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$327.07
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$373.71
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$431.66
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$792.67
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$394.91
72200	X-RAY OF SACROILIAC JOINTS, LESS THAN 3 VIEWS	\$27.12
72202	X-RAY OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$28.90
72220	X-RAY OF PELVIS, MINIMUM OF 2 VIEWS	\$28.81
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$156.47
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$178.17
72256	MYELOGRAPHY, THORACIC; COMPLETE PROCEDURE	\$0.00
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$166.71
72266	MYELOGRAPHY, LUMBOSACRAL; COMPLETE PROCEDURE	\$0.00
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	\$253.11
72271	MYELOGRAPHY, ENTIRE SPINAL CANAL; COMPLETE PROCEDURE	\$0.00
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$108.61
72285	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, UPPER OR	\$319.32
72286	DISKOGRAPHY, CERVICAL; COMPLETE PROCEDURE	\$0.00
72295	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, LOWER SPI	\$291.79
72296	DISKOGRAPHY, LUMBAR; COMPLETE PROCEDURE	\$0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$23.36
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$27.12
73020	X-RAY OF SHOULDER, 1 VIEW	\$23.44
73030	X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS	\$28.13
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$90.51
73041	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$33.51
73060	X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS	\$28.39
73070	X-RAY OF ELBOW, 2 VIEWS	\$23.75
73080	X-RAY OF ELBOW, MINIMUM OF 3 VIEWS	\$25.75
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$90.82
73086	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
73090	X-RAY OF FOREARM, 2 VIEWS	\$26.47
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$22.74
73100	X-RAY OF WRIST, 2 VIEWS	\$25.44
73110	X-RAY OF WRIST, MINIMUM OF 3 VIEWS	\$24.25
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$73.79
73116	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
73120	X-RAY OF HAND, 2 VIEWS	\$28.24
73130	X-RAY OF HAND, MINIMUM OF 3 VIEWS	\$27.34
73140	X-RAY OF FINGERS, MINIMUM OF 2 VIEWS	\$21.42
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$205.80
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$240.34
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$356.88
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$342.45
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$368.37
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$442.17

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$714.47
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$423.20
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$442.17
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$787.12
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	\$0.00
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	\$20.14
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$27.99
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	\$34.94
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	\$26.99
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	\$32.88
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	\$38.30
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$92.67
73551	X-RAY OF FEMUR, 1 VIEW	\$18.70
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$21.88
73560	X-RAY OF KNEE, 1 OR 2 VIEWS	\$23.94
73562	X-RAY OF KNEE, 3 VIEWS	\$29.46
73564	X-RAY OF KNEE, 4 OR MORE VIEWS	\$33.09
73565	X-RAY OF BOTH KNEES, STANDING, FRONT TO BACK VIEW	\$25.75
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$107.55
73581	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
73590	X-RAY OF LOWER LEG, 2 VIEWS	\$26.78
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$23.05
73600	X-RAY OF ANKLE, 2 VIEWS	\$25.44
73610	X-RAY OF ANKLE, MINIMUM OF 3 VIEWS	\$24.25
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$90.82
73616	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY; COMPLETE PROCEDURE	\$0.00
73620	X-RAY OF FOOT, 2 VIEWS	\$23.05
73630	X-RAY OF FOOT, MINIMUM OF 3 VIEWS	\$27.46
73650	X-RAY OF HEEL, MINIMUM OF 2 VIEWS	\$24.76
73660	X-RAY OF TOES, MINIMUM OF 2 VIEWS	\$19.45
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$229.20
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$240.34
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$292.08
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$345.26
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$368.37
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$441.87
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$714.22
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$423.20
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$442.38
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$787.12
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	\$437.70
74018	X-RAY OF ABDOMEN, 1 VIEW	\$18.26
74019	X-RAY OF ABDOMEN, 2 VIEWS	\$22.32
74021	X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	\$26.04
74022	COMPLETE X-RAY STUDY OF ABDOMEN WITH SINGLE X-RAY OF CHEST	\$35.27
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$259.18
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$276.22
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$362.28
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$381.03
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$372.30
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$147.40
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$235.97
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$299.96
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$431.45
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$446.99
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$792.67

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$438.11
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$49.74
74210	X-RAY OF VOICE BOX AND/OR ESOPHAGUS IN NECK WITH CONTRAST	\$53.40
74220	X-RAY OF ESOPHAGUS WITH SINGLE CONTRAST	\$57.52
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAY	\$73.27
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$73.05
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$132.88
74240	X-RAY OF UPPER DIGESTIVE TRACT WITH SINGLE CONTRAST	\$88.76
74246	X-RAY OF UPPER DIGESTIVE TRACT WITH DOUBLE CONTRAST	\$93.04
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY, INCLUDING MULTIPLE SERIAL IMAGE	\$55.05
74250	X-RAY OF UPPER DIGESTIVE TRACT WITH SINGLE CONTRAST AND MULTIPLE SERIAL FILMS	\$69.48
74251	X-RAY OF UPPER DIGESTIVE TRACT WITH DOUBLE CONTRAST AND MULTIPLE SERIAL FILMS	\$68.44
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$189.09
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$243.88
74270	X-RAY OF LARGE BOWEL WITH SINGLE CONTRAST	\$90.00
74280	X-RAY OF LARGE BOWEL WITH DOUBLE CONTRAST	\$124.50
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$163.58
74285	RAD XM,CLN;HGH KIL TECH POLYP STUDY	\$0.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$42.01
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$18.78
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$0.00
74310	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$0.00
74315	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$0.00
74321	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC; COMPLETE PROCEDURE	\$0.00
74325	DIAG PNEUMOPRITONEUM;SUPRV & INTERP ONLY	\$0.00
74326	DIAG PNMPTNEVM;COMPLETE PROC	\$0.00
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$131.53
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$131.53
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$137.98
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$107.55
74351	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE; COMPLETE PROCEDURE	\$0.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$116.39
74356	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE; COMPLETE PROCEDURE	\$0.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$125.82
74361	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS OR BILIAR	\$0.00
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$235.78
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$84.06
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB; WITH SPECIAL HYPERTEN	\$0.00
74406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA 20MEV	\$0.00
74407	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS THR	\$0.00
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$93.26
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$98.06
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$100.63
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAPHY, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$57.07
74430	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF URINARY BLADDER, MINIMUM OF	\$47.66
74431	CYSTOGRAPHY, MINIMUM OF THREE VIEWS; COMPLETE PROCEDURE	\$0.00
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$52.61
74441	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY; COMPLETE PROCEDURE	\$0.00
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$66.31
74446	CORPORA CAVERNOSOGRAPHY; COMPLETE PROCEDURE	\$0.00
74450	URETHROCISTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$61.21
74451	URETHROCISTOGRAPHY, RETROGRADE; COMPLETE PROCEDURE	\$0.00
74455	URETHROCISTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$65.21
74456	URETHROCISTOGRAPHY, VOIDING; COMPLETE PROCEDURE	\$0.00
74460	PNEUMOGRAPHY RETRPTNL;SUPRV & INTERP ONLY	\$0.00
74461	PNEUMGRPHY RETRPTNL;COMPLETE PROCEDURE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
74470	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF KIDNEY CYST, LOWER BACK CON	\$62.37
74471	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION; C	\$0.00
74476	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	\$0.00
74481	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	\$0.00
74485	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF DILATION OF URINARY DUCTS (URETER	\$125.20
74486	DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC MONITORING AND RADIOGRAPHY;	\$0.00
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$48.19
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	\$285.02
74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY	\$171.19
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	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$58.16
74741	HYSTEROSALPINGOGRAPHY; COMPLETE PROCEDURE	\$0.00
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND	\$127.35
74760	PNEUMOGRAPHY PELVIC;SUPRV & INTERP ONLY	\$0.00
74761	PNEUMOGRAPHY,PELVIC;COMPLETE PROC	\$0.00
74770	RADIOLOGIC EXAMINATION, FETAL STUDY, INTRAUTERINE CONTRAST	\$0.00
74771	RADIOLOGIC EXAMINATION, FETAL STUDY, INTRAUTERINE CONTRAST	\$0.00
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$73.09
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$0.00
75501	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY; COMPLETE PROCEDURE (INCLUDING CATHETERIZAT	\$0.00
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND I	\$0.00
75506	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE; COMPLETE PROCEDURE (INCLUDING	\$0.00
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND IN	\$0.00
75509	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE; COMPLETE PROCEDURE (INCLUDING C	\$0.00
75510	ANGCRDGRPHY C02 PSTVE CNTRST INTRVNS PRCRDL EFFSN	\$0.00
75511	ANGCRD GRPHY C02 INTRVNS PRCRDLEFFSN ATRL THCKNSS	\$0.00
75520	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE; COMPLETE PRO	\$0.00
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL	\$0.00
75524	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE; COMPLETE PROC	\$0.00
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RAD	\$0.00
75528	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE; COM	\$0.00
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$293.12
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$313.83
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$422.83
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$439.32
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	\$49.37
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$44.89
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$138.89
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$197.21
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$243.98
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$435.08
75601	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY; COMPLETE PROCEDURE	\$0.00
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$460.17
75606	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY; COMPLETE PROCEDURE	\$0.00
75620	AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, WITHOUT SERIALOGRAPHY	\$0.00
75621	AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, WITHOUT SERIALOGRAPHY	\$0.00
75622	AORTOGRAPHY, ABDOMINAL, CATHETER, WITHOUT SERIALOGRAPHY	\$0.00
75623	AORTOGRAPHY, ABDOMINAL, CATHETER, WITHOUT SERIALOGRAPHY	\$0.00
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$459.80
75627	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATI	\$0.00
75628	AORTOGRAPHY, ABDOMINAL, CATHETER, BY SERIALOGRAPHY; COMPLETE PROCEDURE	\$0.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$571.32
75631	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$487.09
75651	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN; COMPLETE PROCED	\$0.00
75652	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; ONE V	\$0.00
75654	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; TWO V	\$0.00
75655	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; TWO V	\$0.00
75656	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; THREE	\$0.00
75657	ANGIOGRAPHY, CERVICOCEREBRAL, SELECTIVE CATHETER, INCLUDING VESSEL ORIGIN; THREE	\$0.00
75661	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDU	\$0.00
75663	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, BILATERAL, SELECTIVE; COMPLETE PROCEDUR	\$0.00
75669	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	\$0.00
75673	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL; CATHETER, COMPLETE PROCEDURE	\$0.00
75678	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	\$0.00
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	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$500.64
75706	ANGIOGRAPHY, SPINAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$550.27
75711	ANGIOGRAPHY, EXTREMITY, UNILATERAL; WITHOUT SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75712	ANGIOGRAPHY, EXTREMITY, UNILATERAL; BY SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$466.14
75717	ANGIOGRAPHY, EXTREMITY, BILATERAL; WITHOUT SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75718	ANGIOGRAPHY, EXTREMITY, BILATERAL; BY SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$459.48
75728	ANGIOGRAPHY, VISCERAL; SUPRASELECTIVE, COMPLETE PROCEDURE	\$0.00
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$459.48
75732	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$466.45
75734	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$459.48
75738	ANGIOGRAPHY, PELVIC; SUPRASELECTIVE, COMPLETE PROCEDURE	\$0.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$466.14
75742	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$479.91
75744	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75746	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LUNG ARTERY, CONTRAST	\$459.23
75747	ANGIOGRAPHY, PULMONARY; CATHETER, NONSELECTIVE, COMPLETE PROCEDURE	\$0.00
75748	ANGIOGRAPHY, PULMONARY; VENOUS INJECTION, COMPLETE PROCEDURE	\$0.00
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$0.00
75751	ANGIOGRAPHY, CORONARY, ROOT INJECTION; COMPLETE PROCEDURE	\$0.00
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR	\$0.00
75755	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR	\$0.00
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$461.73
75757	ANGIOGRAPHY, INTERNAL MAMMARY; COMPLETE PROCEDURE	\$0.00
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPER	\$0.00
75764	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION; COMPLETE PROCEDURE	\$0.00
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVI	\$0.00
75767	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION; COMPLETE PROCEDURE	\$0.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$428.91
75775	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION;	\$0.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$210.73
75802	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL; COMPLETE PROCEDURE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$224.19
75804	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL; COMPLETE PROCEDURE	\$0.00
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$233.06
75806	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL; COMPLETE PROCEDURE	\$0.00
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$246.78
75808	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL; COMPLETE PROCEDURE	\$0.00
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$44.12
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$367.45
75811	SPLENOPORTOGRAPHY; COMPLETE PROCEDURE	\$0.00
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.10
75821	VENOGRAPHY, EXTREMITY, UNILATERAL; COMPLETE PROCEDURE	\$0.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$90.22
75823	VENOGRAPHY, EXTREMITY, BILATERAL; COMPLETE PROCEDURE	\$0.00
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$459.48
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$459.48
75828	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY; COMPLETE PROCEDURE	\$0.00
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$459.48
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$473.31
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$459.48
75841	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$473.31
75843	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE; COMPLETE PROCEDURE	\$0.00
75845	VENOGRAPHY, AZYGOS	\$0.00
75846	VENOGRAPHY, AZYGOS	\$0.00
75847	VENOGRAPHY, AZYGOS	\$0.00
75850	VENOGRAPHY, INTRAOSSEOUS	\$0.00
75851	VENOGRAPHY, INTRAOSSEOUS	\$0.00
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$459.80
75861	VENOGRAPHY, SINUS OR JUGULAR, CATHETER; COMPLETE PROCEDURE	\$0.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$459.48
75871	VENOGRAPHY, SUPERIOR SAGITTAL SINUS; COMPLETE PROCEDURE, INCLUDING DIRECT PUNCTU	\$0.00
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$459.48
75873	VENOGRAPHY, EPIDURAL; COMPLETE PROCEDURE	\$0.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.10
75881	VENOGRAPHY, ORBITAL; COMPLETE PROCEDURE	\$0.00
75885	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN WITH ASSESS	\$471.06
75887	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN, INJECTION	\$377.02
75888	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION; COMPLETE P	\$0.00
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$459.48
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$459.48
75892	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION; COMPLETE PRO	\$0.00
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$436.08
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$845.96
75895	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIO	\$0.00
75897	TRANSCATHETER THERAPY, INFUSION (EG, THROMBOLYSIS OTHER THAN CORONARY), INCLUDIN	\$0.00
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$100.07
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$72.38
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$68.55
75941	PERCUTANEOUS PLACEMENT OF IVC FILTER; COMPLETE PROCEDURE	\$0.00
75950	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	\$0.00
75951	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	\$0.00
75955	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON, COIL, OR METHACRYLATE), PERM	\$0.00
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$0.00
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$0.00
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$0.00
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$413.98
75971	TRANSCATHETER BIOPSY; COMPLETE PROCEDURE	\$0.00
75972	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, UNILATERAL;	\$0.00
75973	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, UNILATERAL;	\$0.00
75974	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, SINGLE CATHETER;	\$0.00
75975	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, SINGLE CATHETER;	\$0.00
75976	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, DUAL CATHETERS;	\$0.00
75977	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, BILATERAL, DUAL CATHETERS;	\$0.00
75979	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS); COMPLET	\$0.00
75981	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING; COMPLETE PR	\$0.00
75983	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL B	\$0.00
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$92.75
75985	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY T	\$0.00
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$150.54
75990	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTI	\$0.00
76000	IMAGING GUIDANCE FOR PROCEDURE, UP TO 1 HOUR	\$49.90
76010	IMAGING FROM NOSE TO RECTUM, SINGLE VIEW, CHILD	\$24.20
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$56.20
76081	RADIOLOGIC EXAMINATION, FISTULA OR SINUS TRACT STUDY; COMPLETE PROCEDURE	\$0.00
76087	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT; COMPLETE PROCEDURE	\$0.00
76089	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS; COMPLETE PROCEDURE	\$0.00
76097	LOCALIZATION OF BREAST NODULE OR CALCIFICATION BEFORE OPERATION, WITH MARKER AND	\$0.00
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$20.56
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$64.05
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$69.91
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$80.40
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$50.43
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$36.74
76127	PRCDRS USNG POLAROID/SMLR PHOTO MEDIA	\$0.00
76130	RADLGCL XM;BEDSIDE/OPERATNG RM,NOT OTHRWS SPCFD	\$0.00
76135	RAD XM;IN HOME	\$0.00
76137	RAD XM;AFTER REGULAR HOURS	\$0.00
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	\$105.59
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$132.10
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$153.75
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$424.53
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	\$160.78
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$66.48
76500	ECHOENCEPHALOGRAPHY, A-MODE, DIENCEPHALIC MIDLINE	\$0.00
76505	ECHNCEPHALOGRAPHY,A-MODE;COMPLETE	\$0.00
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$72.42
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$131.77
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$84.94
76512	ULTRASOUND OF EYE DISEASE, GROWTH, OR STRUCTURE	\$80.25
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$74.16
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$9.23
76515	TOMOGRAPHY, W/W/O A OR M-MODE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$53.24
76517	B-SCAN A/OR REAL TIME W/IMAGE DOCUMENTATION	\$0.00
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$56.60
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$56.34
76530	ECHOGRAPHY THYROID;A-MODE	\$0.00
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$78.41
76601	ECHOGRPHY,CHEST;A-MODE	\$0.00
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$64.82
76620	ECHOCARDIOGRAPHY, M-MODE	\$0.00
76625	ECHOCARDIOGRAPHY, M-MODE	\$0.00
76627	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$0.00
76628	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$0.00
76629	ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE	\$0.00
76640	ECHOGRAPHY,BREAST;A-MODE	\$0.00
76641	ULTRASOUND OF ONE BREAST	\$72.54
76642	ULTRASOUND OF ONE BREAST	\$59.23
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$96.88
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$70.18
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY	\$63.83
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$106.53
76775	ULTRASOUND BEHIND ABDOMINAL CAVITY, LIMITED	\$69.91
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$88.77
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$91.69
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$87.43
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$55.73
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$108.78
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$101.50
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$186.17
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$107.47
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$88.39
76814	ULTRASOUND OF PREGNANT UTERUS (FIRST TRIMESTER), ABDOMINAL OR VAGINAL APPROACH	\$57.43
76815	ULTRASOUND OF PREGNANT UTERUS, 1 OR MORE FETUS(ES)	\$84.72
76816	ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS	\$70.34
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$74.64
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$84.46
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$75.79
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$71.84
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$79.75
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$125.99
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$62.27
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$87.20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$60.66
76830	ULTRASOUND, TRANSVAGINAL	\$77.68
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$98.58
76855	ECHOGRAPHY, PELVIC AREA (DOPPLER)	\$0.00
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$90.72
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$56.37
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$86.02
76872	ULTRASOUND, TRANSRECTAL;	\$90.72
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$164.68
76881	COMPLETE ULTRASOUND OF JOINT OF ARM OR LEG	\$79.89
76882	PARTIAL ULTRASOUND OF JOINT OR OTHER NON-BLOOD VESSEL STRUCTURE OF ARM OR LEG	\$19.66
76885	ULTRASOUND OF HIPS WITH MANIPULATION, INFANT	\$85.79
76886	ULTRASOUND OF HIPS, INFANT	\$70.97
76900	PERIPHERAL FLOW STDY;ARTERIAL ONLY	\$0.00
76910	PERIPHERAL FLOW STDY; VENOUS ONLY	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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 ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$78.15
76933	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY; COMPLETE PROCEDURE	\$0.00
76935	ULTRASONIC GUIDANCE FOR THORACENTESIS; COMPLETE PROCEDURE	\$0.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$293.19
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$25.56
76939	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION; COMPLET	\$0.00
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$128.56
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$105.32
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$94.48
76943	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY; COMPLETE PROCEDURE	\$0.00
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$82.20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$65.59
76947	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; COMPLETE PROCEDURE	\$0.00
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND	\$65.53
76949	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA; COMPLETE PROCEDURE	\$0.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$291.68
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$50.95
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$82.40
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$35.86
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (	\$221.14
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (	\$0.00
76980	ULTRSDND XM OUTSIDE REG HRS	\$0.00
76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)	\$72.91
76982	ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION	\$64.98
76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDI	\$39.47
76990	SPCL ULTRSDND DISPLY/IMAGNG TECHNIQUES	\$0.00
76991	INTRALUMINAL ULTRASOUND STUDY (EG, TRANSRECTAL, TRANSVAGINAL)	\$0.00
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.00
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
77001	FLUOROSCOPIC GUIDANCE FOR INSERTION, REPLACEMENT OR REMOVAL OF CENTRAL VENOUS AC	\$59.33
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$53.33
77003	FLUOROSCOPIC GUIDANCE FOR INJECTION INTO SPINE OR MUSCLE NEXT TO SPINE	\$51.53
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$355.92
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$232.54
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$0.00
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$122.28
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$357.48
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	\$168.38
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	\$172.50
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLU	\$268.11
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLU	\$273.31
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$73.33
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$105.53
77063	SCREENING DIGITAL TOMOGRAPHY OF BOTH BREASTS	\$36.80
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	\$90.59
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	\$113.15
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUT	\$93.09
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	\$19.76
77072	BONE AGE STUDIES	\$15.86
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$30.04
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$43.20

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$63.62
77076	X-RAY SURVEY OF BONES, INFANT	\$51.17
77077	IMAGING OF 2 OR MORE JOINTS, SINGLE VIEW	\$38.64
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$104.66
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$80.74
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$28.63
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$392.67
77085	BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE	\$38.18
77086	FRACTURE ASSESSMENT OF SPINE BONES USING DEDICATED X-RAY MACHINE FOR BONE DENSIT	\$24.14
77261	MANAGEMENT OF RADIATION THERAPY, SIMPLE	\$69.73
77262	MANAGEMENT OF RADIATION THERAPY, INTERMEDIATE	\$108.60
77263	MANAGEMENT OF RADIATION THERAPY, COMPLEX	\$161.40
77280	MANAGEMENT OF RADIATION THERAPY SIMULATION, SIMPLE	\$142.39
77285	MANAGEMENT OF RADIATION THERAPY, SIMULATION, INTERMEDIATE	\$225.40
77290	MANAGEMENT OF RADIATION THERAPY, SIMULATION, COMPLEX	\$308.18
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	\$292.53
77295	MANAGEMENT OF RADIATION THERAPY, 3D	\$1,163.72
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$68.85
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$1,078.48
77306	RADIATION THERAPY PLAN	\$95.46
77307	RADIATION THERAPY PLAN	\$185.59
77316	RADIATION THERAPY PLAN	\$123.80
77317	RADIATION THERAPY PLAN	\$162.03
77318	RADIATION THERAPY PLAN	\$232.78
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$171.17
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$51.68
77332	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, SIMPLE	\$65.81
77333	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, INTERMEDIATE	\$95.91
77334	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, COMPLEX	\$156.22
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$105.25
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$248.46
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$123.30
77371	RADIATION THERAPY DELIVERY, STEREOTACTIC RADIOSURGERY (SRS) FOR CRANIAL GROWTHS,	\$850.66
77372	RADIATION THERAPY DELIVERY, STEREOTACTIC RADIOSURGERY (SRS) FOR CRANIAL GROWTHS,	\$645.44
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,204.26
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	\$0.00
77400	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; SIMPLE	\$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL	\$58.71
77402	SIMPLE RADIATION TREATMENT DELIVERY >=1 MEV	\$58.71
77405	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; INTERMEDIATE	\$0.00
77407	INTERMEDIATE RADIATION TREATMENT DELIVERY >=1 MEV	\$68.94
77410	DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; COMPLEX	\$0.00
77412	COMPLEX RADIATION TREATMENT DELIVERY >=1 MEV	\$76.99
77415	THERAPEUTIC RADIOLOGY TREATMENT PORT FILM INTERPRETATION AND VERIFICATION, PER T	\$0.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$21.11
77423	RADIATION TREATMENT DELIVERY, HIGH ENERGY	\$66.22
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	\$164.97
77431	RADIATION TREATMENT MANAGEMENT, 1 OR 2 TREATMENTS	\$97.14
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF BRAIN LESIONS, COMPLETE COURSE OF	\$391.40
77435	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF 1 OR MORE LESIONS USING IMAGING G	\$439.08
77465	DAILY KILOVOLTAGE TREATMENT MANAGEMENT	\$0.00
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$183.54
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$493.81
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	\$0.00
77506	RAD.TREAT.1 AREA;SINGLE OR PARALLEL PORTS;20MEV OR GREATER	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
77520	PROTON TREATMENT DELIVERY, SIMPLE	\$0.00
77522	PROTON TREATMENT DELIVERY, SIMPLE WITH COMPENSATION	\$0.00
77523	PROTON TREATMENT DELIVERY, INTERMEDIATE	\$0.00
77525	PROTON TREATMENT DELIVERY, COMPLEX	\$0.00
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$162.14
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$218.27
77610	HYPERTHERMIA TREATMENT, 5 OR FEWER PROBE APPLICATIONS	\$162.14
77615	HYPERTHERMIA TREATMENT, 5 OR MORE PROBE APPLICATIONS	\$217.08
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$164.02
77630	PROVISION EXTRNL CMPNSTNG SHLD;RADIUM SRCS	\$0.00
77635	PROVISION EXTRNL CMPNSTNG SHLD;RADSTPE SRC	\$0.00
77699	UNLISTED PROC RAD THERAPY TRTMENT AID	\$0.00
77700	RADIUM THERAPY DOSIMETRY&INTERP APPLICATN	\$0.00
77705	RADIOISOTOPE THRPY DOSMTRY & INTERP APPLICATN	\$0.00
77749	UNLISTED PROC INTERNAL RAD DOSIMETY	\$0.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION, INCLUDES 3-MONTH FOLLOW-UP CA	\$236.88
77755	SUPERVSN & CONSULT RADIOELEMNT APPLCTN ONLY	\$0.00
77760	INTRACAVITY RADIUM APPLICATION	\$0.00
77761	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, SIMPLE	\$231.09
77762	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, INTERMEDIATE	\$345.48
77763	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, COMPLEX	\$486.60
77765	INTRACAVITRY RADIOISOTOPE APPLICATION	\$0.00
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	\$153.85
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	\$241.97
77770	HIGH DOSE BRACHYTHERAPY , 1 CHANNEL	\$217.99
77771	HIGH DOSE BRACHYTHERAPY , 2- 12 CHANNELS	\$405.47
77772	HIGH DOSE BRACHYTHERAPY , MORE THAN 12 CHANNELS	\$619.91
77775	INTERSTITIAL RADIOISOTOPE THERAPY	\$0.00
77778	APPLICATION OF RADIATION SOURCE, COMPLEX	\$786.81
77780	RADIUM HANDLING & LOODING	\$0.00
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$59.36
77790	SUPERVISION, HANDLING, LOADING OF RADIATION	\$58.45
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$0.00
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	\$56.70
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	\$114.70
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	\$165.84
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$111.53
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$147.10
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	\$0.00
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$213.35
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$55.02
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	\$136.66
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$425.81
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$0.00
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$193.92
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78102	BONE MARROW IMAGING; LIMITED AREA	\$89.22
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$149.08
78104	BONE MARROW IMAGING; WHOLE BODY	\$165.98
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$39.25
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$93.57
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$66.88
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$108.37
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$169.50
78130	RED CELL SURVIVAL STUDY;	\$117.81
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$185.67

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$153.62
78180	RADIOIRON BODY DISTRIBUTION/STDRAG POOLS	\$0.00
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$93.94
78186	SPLEEN IMAGING ONLY; WITH VASCULAR FLOW	\$0.00
78191	PLATELET SURVIVAL STUDY	\$265.36
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	\$0.00
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	\$0.00
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$177.94
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	\$0.00
78201	LIVER IMAGING; STATIC ONLY	\$95.31
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$114.86
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$115.90
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$135.84
78221	LIVER FNCTN STUDY W/HEPTBLRY AGENTS;W/PROBE TECH	\$0.00
78225	LIVER-LUNG IMAGING (EG, SUBPHRENIC ABSCESS)	\$0.00
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$224.45
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOL	\$228.90
78230	SALIVARY GLAND IMAGING;	\$90.27
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$125.29
78232	SALIVARY GLAND FUNCTION STUDY	\$135.15
78240	PANCREAS IMAGING	\$0.00
78258	ESOPHAGEAL MOTILITY	\$123.97
78261	GASTRIC MUCOSA IMAGING	\$162.78
78262	GASTROESOPHAGEAL REFLUX STUDY	\$166.94
78264	GASTRIC EMPTYING STUDY	\$167.02
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	\$261.01
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	\$338.74
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$10.86
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$93.09
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	\$0.00
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$199.74
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	\$0.00
78282	GASTROINTESTINAL PROTEIN LOSS	\$14.93
78285	GASTROINTSTNAL FAT ABSORPTION STDY	\$0.00
78286	GASTROINTSTNAL FATTY ACID ABSORPTON STDY	\$0.00
78290	INTESTINE IMAGING	\$127.32
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$135.39
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$106.53
78305	BONE AND/OR JOINT IMAGING, MULTIPLE AREAS	\$153.23
78306	BONE AND/OR JOINT IMAGING, WHOLE BODY	\$188.43
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	\$0.00
78315	BONE AND/OR JOINT IMAGING, 3 PHASE STUDY	\$197.41
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON	\$39.00
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY	\$0.00
78380	JOINT IMAGING; LIMITED AREA	\$0.00
78381	JOINT IMAGING; MULTIPLE AREAS	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78413	CRDC BLD POOL IMGN; W/DTRMNTN OF VNTRCLR WALL	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$18.27
78415	CARDIAC BLOOD POOL IMAGING, FUNCTIONAL IMAGING (EG, PHASE AND AMPLITUDE ANALYSIS	\$0.00
78418	MYOCARDIUM IMAGING,	\$0.00
78424	MYOCARDIUM IMAGING;	\$0.00
78425	CARDIAC REGURGITANT INDEX	\$0.00
78428	CARDIAC SHUNT DETECTION	\$106.68
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STU	\$0.00
78430	SINGLE NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE WITH CONCURRENTLY AC	\$0.00
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDI	\$0.00
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH	\$0.00
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH	\$0.00
78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGR	\$0.00
78435	CARDIAC FLOW IMAGING (IE, ANGIOCARDIOGRAPHY)	\$0.00
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$81.15
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$117.56
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$203.04
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$102.89
78454	NUCLEAR MEDICINE MULTIPLE STUDIES OF VESSELS OF HEART AT REST, USING DRUGS, OR E	\$97.90
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$153.65
78457	VENOGRAPHY FOR BLOOD CLOT IN VEIN, ONE LEG OR ARM	\$132.32
78458	VENOGRAPHY FOR BLOOD CLOT IN VEINS, BOTH LEGS OR ARMS	\$167.74
78459	SINGLE NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION	\$1,495.20
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$113.93
78467	MYOCARDIAL IMAGING, INFARCT AVID, AT REST; QUANTITATIVE	\$0.00
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$152.13
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$208.76
78470	CARDIAC OUTPUT	\$0.00
78471	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST, WALL MOTION STUDY PLUS E	\$0.00
78472	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF	\$221.07
78473	NUCLEAR MEDICINE STUDY OF HEART FUNCTION WALL MOTION AT REST AND STRESS WITH EVA	\$329.97
78474	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78475	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78476	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78477	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78479	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; SERIAL STUDIES, ANY COMB	\$0.00
78481	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF	\$211.58
78483	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST AND STRESS WITH EVALUATION O	\$318.81
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	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$271.81
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$200.90
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$63.79
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$118.90
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	\$142.19
78581	PULMONARY PERFUSION IMAGING; GASEOUS	\$0.00
78582	PULMONARY PERFUSION IMAGING; GASEOUS, WITH VENTILATION, REBREATHING AND WASHOUT	\$218.84
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$133.49
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$206.05
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78600	IMAGING OF BRAIN, LESS THAN 4 STATIC VIEWS	\$112.40
78601	IMAGING OF BRAIN WITH BLOOD FLOW, LESS THAN 4 STATIC VIEWS	\$132.15

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
78605	IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS	\$133.29
78606	IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS	\$152.60
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,495.20
78610	IMAGING OF BRAIN, BLOOD FLOW	\$64.11
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$193.15
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$109.38
78640	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$0.00
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$135.28
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$176.82
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$90.87
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78700	KIDNEY IMAGING MORPHOLOGY;	\$117.90
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$136.30
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$185.04
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	\$192.80
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$199.00
78720	KIDNEY FUNCTION STUDY ONLY (IE, RENOGRAM)	\$0.00
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$73.95
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$62.88
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$92.24
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$133.67
78770	PALCENTA IMAGNG	\$0.00
78775	NUCLEAR SCAN OF PLACENTA	\$0.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78800	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	\$152.44
78801	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	\$170.40
78802	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	\$216.41
78803	SPECT NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIB	\$259.27
78804	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	\$320.14
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$29.84
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$0.00
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$0.00
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$0.00
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION	\$342.87
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION	\$496.79
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION	\$647.63
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY I	\$71.34
78895	BEDSIDE UNIT REQUIRED	\$0.00
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$152.19
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$158.70
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$165.04
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$0.00
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$222.58
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$165.29
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$176.60
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
80047	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$30.51
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$11.70
80050	GENERAL HEALTH PANEL	\$41.19
80051	BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	\$9.69
80052	PRE-MARITAL PROFILE	\$0.00
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	\$14.61
80055	OBSTETRIC BLOOD TEST PANEL	\$21.14
80056	AMENORRHEA PROFILE	\$0.00
80057	MALE INFERTILITY AND/OR GYNECOMASTIA PROFILE	\$0.00
80060	HYPERTENSION PANEL	\$0.00
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	\$18.51
80062	CARDIAC EVALUATION (INCLUDING CORONARY RISK) PANEL	\$0.00
80064	CARDIAC INJURY PANEL; WITH CREATINE PHOSPHOKINASE (CPK) AND/OR LACTIC DEHYDROGEN	\$0.00
80065	METABOLIC PANEL	\$0.00
80066	MALABSORPTION PANEL	\$0.00
80067	PULMONARY (LUNG FUNCTION) PANEL	\$0.00
80068	LUNG MATURITY PROFILE	\$0.00
80069	KIDNEY FUNCTION BLOOD TEST PANEL	\$12.00
80070	THYROID PANEL;	\$0.00
80071	THYROID PANEL; WITH THYROTROPIN RELEASING HORMONE (TRH)	\$0.00
80074	ACUTE HEPATITIS PANEL	\$65.82
80075	PARATHYROID PANEL	\$0.00
80076	LIVER FUNCTION BLOOD TEST PANEL	\$11.29
80080	PROSTATIC PANEL	\$0.00
80081	BLOOD TEST PANEL FOR OBSTETRICS ( CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV,	\$61.18
80082	PANCREATIC PANEL	\$0.00
80085	MICROCYTIC ANEMIA PANEL	\$0.00
80086	MACROCYTIC ANEMIA PANEL	\$0.00
80088	TRANSITION PANEL (FOR MANAGEMENT OF PATIENT WITH PROVEN METASTATIC DISEASE)	\$0.00
80089	MUSCLE PANEL	\$0.00
80099	UNLISTED PANEL	\$0.00
80145	ADALIMUMAB	\$23.14
80150	AMIKACIN	\$20.83
80155	CAFFEINE LEVEL	\$11.58
80156	CARBAMAZEPINE; TOTAL	\$20.12
80157	CARBAMAZEPINE; FREE	\$11.11
80158	CYCLOSPORINE	\$24.95
80159	CLOZAPINE LEVEL	\$15.14
80162	DIGOXIN	\$18.35
80164	VALPROIC ACID LEVEL	\$18.72
80168	ETHOSUXIMIDE	\$22.58
80169	EVEROLIMUS LEVEL	\$11.24
80170	GENTAMICIN	\$22.65
80171	GABAPENTIN LEVEL	\$10.85
80173	HALOPERIDOL	\$20.34
80175	LAMOTRIGINE LEVEL	\$10.85
80176	LIDOCAINE	\$20.30
80177	LEVETIRACETAM LEVEL	\$10.85
80178	LITHIUM	\$9.13
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	\$14.78
80183	OXCARBAZEPINE LEVEL	\$10.85
80184	PHENOBARBITAL	\$15.83
80185	PHENYTOIN; TOTAL	\$18.32
80186	PHENYTOIN; FREE	\$19.03
80187	POSACONAZOLE	\$0.00
80188	PRIMIDONE	\$22.93

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
80190	PROCAINAMIDE;	\$14.05
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$23.15
80194	QUINIDINE	\$20.17
80195	SIROLIMUS	\$11.50
80197	TACROLIMUS	\$18.97
80198	THEOPHYLLINE	\$19.56
80199	TIAGABINE LEVEL	\$14.78
80200	TOBRAMYCIN	\$22.27
80201	TOPIRAMATE	\$16.48
80202	VANCOMYCIN	\$18.72
80203	ZONISAMIDE LEVEL	\$10.85
80230	INFLIXIMAB	\$23.14
80235	LACOSAMIDE	\$16.27
80280	VEDOLIZUMAB	\$23.14
80285	VORICONAZOLE	\$16.27
80299	QUANTITATION OF THERAPEUTIC DRUG	\$18.92
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$8.98
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$11.97
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$47.89
80400	HORMONAL PANEL FOR ADRENAL GLAND ASSESSMENT (ADRENAL GLAND INSUFFICIENCY)	\$45.06
80402	HORMONE PANEL FOR ADRENAL GLAND ASSESSMENT (21 HYDROXYLASE DEFICIENCY)	\$72.88
80406	HORMONE PANEL ADRENAL GLAND ASSESSMENT (3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY)	\$65.60
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	\$105.20
80410	CALCITONIN STIMULATION PANEL	\$67.34
80412	ADRENAL GLAND STIMULATION PANEL	\$276.30
80414	REPRODUCTIVE HORMONE PANEL (TESTOSTERONE)	\$43.30
80415	REPRODUCTIVE HORMONE PANEL (ESTRADIOL)	\$46.85
80416	RENAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$110.63
80417	PERIPHERAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$36.88
80418	ANTERIOR PITUITARY GLAND EVALUATION PANEL	\$485.86
80420	DEXAMETHASONE (STEROID) SUPPRESSION EVALUATION PANEL, 48 HOUR	\$60.38
80422	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR INSULINOMA (PANCREATIC TUMOR)	\$38.63
80424	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL GLA	\$42.34
80426	GONADOTROPIN RELEASING HORMONE (REPRODUCTIVE HORMONE) PANEL	\$124.44
80428	GROWTH HORMONE STIMULATION PANEL	\$55.90
80430	GROWTH HORMONE SUPPRESSION PANEL	\$65.76
80432	INSULIN-INDUCED C-PEPTIDE (PROTEIN) SUPPRESSION PANEL	\$113.24
80434	INSULIN TOLERANCE PANEL FOR ACTH (ADRENAL GLAND HORMONE) INSUFFICIENCY	\$84.78
80435	INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY	\$86.31
80436	METRAPONE (HORMONE ANTIBODY) PANEL	\$76.42
80438	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 1	\$69.63
80439	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 2	\$92.84
80500	CLINICAL PATHOLOGY CONSULTATION	\$20.57
80502	COMPREHENSIVE, CLINICAL PATHOLOGY CONSULTATION	\$70.69
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$4.37
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$4.37
81002	URINALYSIS, MANUAL TEST	\$3.54
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$3.10
81004	URINALYSIS; COMPONENTS, SINGLE, NOT OTHERWISE LISTED, SPECIFY	\$0.00
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	\$3.00
81006	URNLYSIS; URINE VOL MEASUREMENT	\$0.00
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	\$3.55
81010	URINALYSIS; CONCENTRATION AND DILUTION TEST	\$0.00
81011	URINALYSIS; WATER DEPRIVATION TEST	\$0.00
81012	URINALYSIS; WATER DEPRIVATION TEST WITH VASOPRESSIN RESPONSE	\$0.00
81015	URINALYSIS; MICROSCOPIC ONLY	\$4.20

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81020	URINALYSIS, 2 OR 3 GLASS TEST	\$4.29
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$8.74
81030	QUANTITATIVE SEDIMENT ANALYSIS AND QUANTITATIVE PROTEIN (ADDIS COUNT)	\$0.00
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$2.70
81099	UNLISTED URINALYSIS PROCEDURE	\$0.00
81105	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 1) FOR COMMON VARIANT	\$90.53
81106	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 2) FOR COMMON VARIANT	\$90.53
81107	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 3) FOR COMMON VARIANT	\$90.53
81108	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 4) FOR COMMON VARIANT	\$90.53
81109	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 5) FOR COMMON VARIANT	\$90.53
81110	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 6) FOR COMMON VARIANT	\$90.53
81111	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 9) FOR COMMON VARIANT	\$90.53
81112	GENE ANALYSIS (HUMAN PLATELET ANTIGEN 15) FOR COMMON VARIANT	\$90.53
81120	GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) FOR COMMON VARIANTS	\$115.95
81121	GENE ANALYSIS (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) FOR COMMON VAR	\$177.47
81161	GENE ANALYSIS (DYSTROPHIN)	\$167.40
81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE AND ANALYSIS FOR DUPLICAT	\$1,491.52
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG,	\$280.80
81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG,	\$350.40
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$169.73
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$180.81
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$169.73
81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	\$197.71
81171	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRA	\$82.20
81172	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRA	\$164.90
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	\$180.81
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	\$111.12
81175	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) FULL SEQU	\$424.21
81176	GENE ANALYSIS (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) TARGETED	\$179.18
81177	ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVAL	\$82.20
81178	ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	\$82.20
81179	ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	\$82.20
81180	ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALY	\$82.20
81181	ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETEC	\$82.20
81182	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG, SPINOCEREBELLAR ATAXIA	\$82.20
81183	ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DET	\$82.20
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	\$82.20
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	\$507.76
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR AT	\$111.12
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPH	\$82.20
81188	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO	\$82.20
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQ	\$164.90
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIA	\$111.12
81200	GENE ANALYSIS (ASPARTOACYLASE)	\$28.35
81201	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE	\$468.00
81202	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS	\$168.00
81203	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION OR DELETION VARIANTS	\$120.00
81204	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE,	\$82.20
81205	GENE ANALYSIS (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE)	\$0.00
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MA	\$134.21
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MI	\$118.55
81209	GENE ANALYSIS (BLOOM SYNDROME, RECQ HELICASE-LIKE)	\$0.00
81210	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A	\$107.55
81212	GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR 185DELAG, 5385INSC, 6174DELT VARIANTS	\$106.02
81215	GENE ANALYSIS (BREAST CANCER 1) FOR KNOWN FAMILIAL VARIANT	\$55.94
81216	GENE ANALYSIS (BREAST CANCER 2) OF FULL SEQUENCE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81217	GENE ANALYSIS (BREAST CANCER 2) FOR KNOWN FAMILIAL VARIANT	\$55.94
81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) FULL GENE SEQUENCE	\$197.71
81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	\$99.41
81220	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	\$333.96
81221	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	\$0.00
81222	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	\$0.00
81223	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	\$299.40
81224	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR)	\$101.25
81225	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) COMMON VA	\$175.08
81226	GENE ANALYSIS (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) COMMON VAR	\$270.95
81228	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER VARIANTS	\$540.00
81229	GENOME-WIDE MICROARRAY ANALYSIS FOR COPY NUMBER AND SINGLE NUCLEO	\$696.00
81230	GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) FOR COMMON VARIANT	\$104.89
81231	GENE ANALYSIS (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) FOR COMMON VARIANT	\$104.89
81232	GENE ANALYSIS (DIHYDROPYRIMIDINE DEHYDROGENASE) FOR COMMON VARIANT	\$104.89
81233	BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS,	\$105.24
81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUAT	\$82.20
81235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS	\$198.01
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, MYELODYSPL	\$169.73
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, DIFFUSE LA	\$105.24
81238	GENE ANALYSIS (COAGULATION FACTOR IX) FULL SEQUENCE ANALYSIS	\$360.00
81239	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACT	\$164.90
81240	GENE ANALYSIS (PROTHROMBIN, COAGULATION FACTOR II) A VARIANT	\$40.28
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI	\$50.02
81242	GENE ANALYSIS (FANCONI ANEMIA, COMPLEMENTATION GROUP C) COMMON VARIANT	\$0.00
81243	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION) ABNORMAL ALLELES	\$0.00
81244	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 1) FOR CHARACTERIZATION OF ALLELES	\$0.00
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	\$99.55
81247	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR COMMON VARIANT	\$104.89
81248	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FOR KNOWN FAMILIAL VARIANT	\$225.15
81249	GENE ANALYSIS (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) FULL SEQUENCE ANALYSIS	\$360.00
81250	GENE ANALYSIS (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) COMMON VARIANTS	\$0.00
81251	GENE ANALYSIS (GLUCOSIDASE, BETA, ACID) COMMON VARIANTS	\$28.35
81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE SEQU	\$0.00
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL	\$0.00
81254	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON VARIANT	\$21.00
81255	GENE ANALYSIS (HEXOSAMINIDASE A) COMMON VARIANTS	\$30.87
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VAR	\$53.50
81257	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) COMMON DELETION	\$0.00
81258	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR KNOWN FAMILIAL VARIANT	\$225.15
81259	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FULL SEQUENCE ANALYSIS	\$360.00
81260	GENE ANALYSIS (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KI	\$0.00
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$162.07
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$35.73
81263	GENE REARRANGEMENT ANALYSIS (IMMUNOGLOBULIN HEAVY CHAIN LOCUS), VARIABLE REGION	\$241.07
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL	\$122.23
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPAR	\$176.03
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS OF P	\$0.00
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$169.82
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$213.47
81269	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR DUPLICATION/DELETION VARIA	\$121.44
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617P	\$75.04
81271	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT AB	\$82.20
81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), T	\$197.71
81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D	\$74.92
81274	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALL	\$164.90

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	\$118.49
81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	\$118.31
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMI	\$0.00
81283	GENE ANALYSIS (INTERFERON, LAMBDA 3) FOR RS12979860 VARIANT	\$45.26
81284	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNOR	\$82.20
81285	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELE	\$164.90
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	\$164.90
81287	GENE ANALYSIS (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) FOR PROMOTER METHYLATION	\$49.81
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	\$111.12
81290	GENE ANALYSIS (MUCOLIPIN 1) COMMON VARIANTS	\$0.00
81291	GENE ANALYSIS (5, 10-METHYLENETETRAHYDROFOLATE REDUCTASE) COMMON VARIANTS	\$0.00
81292	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) FULL SEQUENCE	\$387.74
81293	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) KNOWN FAMILIAL	\$155.44
81294	GENE ANALYSIS (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) DUPLICATION OR	\$114.41
81295	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) FULL SEQUENCE	\$91.03
81296	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) KNOWN FAMILIAL	\$77.72
81297	GENE ANALYSIS (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) DUPLICATION OR	\$91.03
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$172.70
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$96.74
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$97.01
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN	\$237.02
81302	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) FULL SEQUENCE ANALYS	\$0.00
81303	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) KNOWN FAMILIAL VARIA	\$72.00
81304	GENE ANALYSIS (METHYL CPG BINDING PROTEIN 2) DUPLICATION OR DELET	\$90.00
81305	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WALDENSTROM'S MACROGLOB	\$105.24
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(	\$174.82
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A	\$169.73
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE A	\$180.81
81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA)	\$164.90
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT	\$148.28
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS], ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINO	\$159.84
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROP	\$82.20
81314	GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) TARG	\$197.71
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$169.70
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$258.83
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$468.77
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$110.77
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$133.00
81320	PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS	\$174.82
81321	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	\$360.42
81322	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT	\$35.04
81323	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION OR DELETION VARIANT	\$52.56
81324	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), DUPLICATION OR DELETION ANALYSIS	\$0.00
81325	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS	\$0.00
81326	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT	\$31.71
81328	GENE ANALYSIS (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) FOR	\$104.89
81329	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	\$82.20
81330	GENE ANALYSIS (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) COMMON VARIANT	\$28.20
81331	METHYLATION ANALYSIS (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE	\$0.00
81332	GENE ANALYSIS (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTI	\$35.04
81333	TGFB1 (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL DYSTROPHY) GENE ANA	\$82.20
81334	GENE ANALYSIS (RUNT RELATED TRANSCRIPTION FACTOR 1) TARGETED SEQUENCE ANALYSIS	\$197.71
81335	GENE ANALYSIS (THIOPURINE S-METHYLTRANSFERASE) FOR COMMON VARIANT	\$104.89
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	\$180.81
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE	\$111.12
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	\$171.01

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	\$40.59
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANG	\$164.94
81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG, SPINOCEREBELLAR AT	\$82.20
81344	TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALU	\$82.20
81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MUL	\$111.12
81346	GENE ANALYSIS (THYMIDYLATE SYNTHETASE) FOR COMMON VARIANT	\$104.89
81350	GENE ANALYSIS (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) FOR DETECTI	\$140.40
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COM	\$52.92
81361	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR COMMON VARIANT	\$104.89
81362	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR KNOWN FAMILIAL VARIANT	\$225.15
81363	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FOR DUPLICATION/DELETION VARIANT	\$121.44
81364	GENE ANALYSIS (HEMOGLOBIN, SUBUNIT BETA) FULL SEQUENCE ANALYSIS	\$194.75
81370	HLA CLASS I AND II TYPING LOW RESOLUTION HLA-A, -B, -C, -DRB1/3/4/5 AND -DQB1	\$329.16
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION HLA-A, -B, AND -DRB1	\$197.02
81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-	\$180.82
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA	\$91.16
81374	HLA CLASS I TYPING, LOW RESOLUTION ONE ANTIGEN EQUIVALENT	\$59.55
81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN	\$180.69
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS	\$100.04
81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV	\$75.15
81378	HLA CLASS I AND II TYPING HIGH RESOLUTION HLA-A, -B, -C, AND -DRB1	\$282.86
81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE	\$274.52
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E	\$145.09
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O	\$77.42
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS	\$101.24
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	\$89.33
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	\$82.20
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	\$58.88
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	\$111.12
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	\$0.00
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	\$180.81
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	\$0.00
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	\$0.00
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	\$1,200.00
81410	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	\$302.40
81411	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	\$0.00
81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYST	\$0.00
81415	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASES	\$2,868.00
81416	TEST FOR DETECTING GENES ASSOCIATED WITH DISEASE	\$7,200.00
81417	REEVALUATION TEST FOR DETECTING GENES ASSOCIATED WITH DISEASE	\$192.00
81420	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	\$481.40
81430	TEST FOR DETECTING GENES CAUSING HEARING LOSS	\$975.00
81431	TEST FOR DETECTING GENES CAUSING HEARING LOSS	\$0.00
81432	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED BREAST CANCER-RELATED DISORDE	\$0.00
81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	\$0.00
81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	\$0.00
81437	GENE ANALYSIS (NEUROENDOCRINE TUMORS), GENOMIC SEQUENCE	\$0.00
81438	GENE ANALYSIS (NEUROENDOCRINE TUMORS), DUPLICATION AND DELETION VARIANTS	\$0.00
81440	TEST FOR DETECTING GENES	\$1,994.40
81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME,	\$0.00
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI	\$1,469.14
81448	GENE ANALYSIS PANEL FOR HEREDITARY DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM	\$433.26
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	\$0.00
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS,	\$126.94
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF	\$387.16
81500	GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS	\$156.30

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
81503	GENETIC PROFILING ON ONCOLOGY BIOPSY OF OVARIAN LESIONS	\$538.20
81504	GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS	\$312.00
81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE,	\$0.00
81507	DNA ANALYSIS USING MATERNAL PLASMA	\$477.00
81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A, HCG	\$32.58
81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A, HC	\$0.00
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3,	\$0.00
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, H	\$92.10
81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, T	\$0.00
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GEN	\$2,323.80
81520	GENE ANALYSIS OF BREAST TUMOR TISSUE	\$1,859.41
81521	GENE ANALYSIS OF BREAST TUMOR TISSUE	\$2,323.80
81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONT	\$2,323.80
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENE	\$387.16
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIF	\$300.76
81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY	\$399.38
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY	\$21.31
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UT	\$118.08
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME	\$861.58
81541	GENE ANALYSIS OF PROSTATE TUMOR TISSUE	\$2,323.80
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GE	\$0.00
81545	ONCOLOGY (THYROID), GENE EXPRESSION ANALYSIS OF 142 GENES, UTILIZING FINE NEEDLE	\$1,292.37
81551	GENE ANALYSIS OF PROSTATE TUMOR TISSUE	\$0.00
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR O	\$0.00
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUAN	\$387.16
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL A	\$43.31
82005	ACETOACETIC ACID	\$0.00
82009	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUALITATIV	\$6.25
82010	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUANTITATI	\$11.29
82011	ACETYSALICYLIC ACID; QUANTITATIVE	\$0.00
82012	ACETYSALICYLIC ACID; QUALITATIVE	\$0.00
82013	ACETYLCHOLINESTERASE	\$15.44
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	\$11.62
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	\$23.31
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	\$53.38
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP) LEVEL	\$21.63
82035	ADENOSINE; 5'-TRIPHOSPHATE, BLOOD	\$0.00
82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	\$6.85
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	\$7.15
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	\$8.00
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	\$6.33
82045	ALBUMIN; ISCHEMIA MODIFIED	\$28.46
82060	ALCOHOL (ETHANOL), BLOOD; BY GAS-LIQUID CHROMATOGRAPHY	\$0.00
82065	ALCOHOL (ETHANOL), URINE; CHEMICAL	\$0.00
82070	ALCOHOL (ETHANOL), URINE; BY GAS-LIQUID CHROMATOGRAPHY	\$0.00
82072	ALCOHOL (ETHANOL) GELATION	\$0.00
82075	ALCOHOL (ETHANOL); BREATH	\$16.66
82076	ALCOHOL; ISOPROPYL	\$0.00
82078	ALCOHOL; METHYL	\$0.00
82085	ALDOLASE	\$13.42
82086	ALDOLASE, BLOOD; COLORIMETRIC	\$0.00
82087	ALDOSTERONE; DOUBLE ISOTOPE TECHNIQUE	\$0.00
82088	ALDOSTERONE	\$56.32
82089	ALDOSTERONE; RIA, URINE	\$0.00
82091	ALDOSTERONE; SALINE INFUSION TEST	\$0.00
82095	ALKALOIDS, TISSUE; SCREENING	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82096	ALKALOIDS, TISSUE; QUANTITATIVE	\$0.00
82100	ALKALOIDS, URINE; SCREENING	\$0.00
82103	ALPHA-1-ANTITRYPSIN; TOTAL	\$18.56
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$19.98
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM	\$23.18
82106	ALPHA-FETOPROTEIN (AFP) LEVEL, AMNIOTIC FLUID	\$23.18
82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	\$62.99
82108	ALUMINUM	\$21.73
82112	AMIKACIN	\$0.00
82120	AMINES, VAGINAL FLUID, QUALITATIVE	\$5.19
82126	AMINO ACID NITROGEN, ALPHA	\$0.00
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	\$11.62
82128	AMINO ACID ANALYSIS, MULTIPLE AMINO ACIDS	\$19.16
82130	AMINO ACIDS, URINE OR PLASMA, CHROMATOGRAPHIC FRACTIONATION	\$0.00
82131	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	\$23.31
82134	AMINOHIPPURATE, PARA (PAH)	\$0.00
82135	AMINOLEVULINIC ACID, DELTA (ALA)	\$22.75
82136	AMINO ACID LEVEL, MULTIPLE AMINO ACIDS	\$14.14
82137	AMINOPHYLLINE	\$0.00
82138	AMITRIPTYLINE	\$0.00
82139	AMINO ACID LEVEL, MULTIPLE AMINO ACIDS	\$23.31
82140	AMMONIA	\$20.14
82141	AMMONIA; URINE	\$0.00
82142	AMMONIUM CHLORIDE LOADING TEST	\$0.00
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$5.77
82150	AMYLASE	\$8.96
82154	ANDROSTANEDIOL GLUCURONIDE	\$24.17
82155	AMYLASE, SERUM;	\$0.00
82156	AMYLASE, URINE (DIASTASE)	\$0.00
82157	ANDROSTENEDIONE	\$40.46
82159	ANDROSTERONE;	\$0.00
82160	ANDROSTERONE	\$20.96
82163	ANGIOTENSIN II	\$17.21
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	\$20.17
82165	ANILINE	\$0.00
82168	ANTIHISTAMINES	\$0.00
82170	ANTIMONY, URINE	\$0.00
82172	APOLIPOPROTEIN, EACH	\$21.41
82173	ARGININE TOLERANCE TEST	\$0.00
82175	ARSENIC	\$26.22
82180	ASCORBIC ACID (VITAMIN C) LEVEL, BLOOD	\$13.66
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$12.50
82210	BARBITURATES; QUANTITATIVE AND IDENTIFICATION	\$0.00
82225	BARIUM	\$0.00
82230	BERYLLIUM, URINE	\$0.00
82231	BETA-2 MICROGLOBULIN, RIA; URINE	\$0.00
82232	BETA-2 MICROGLOBULIN	\$22.36
82235	BICARBONATE EXCRETION, URINE	\$0.00
82236	BICARBONATE LOADING TEST	\$0.00
82239	BILE ACIDS; TOTAL	\$23.67
82240	BILE ACIDS; CHOLYGLYCINE	\$22.28
82245	BILE PIGMENTS, URINE	\$0.00
82247	BILIRUBIN; TOTAL	\$6.94
82248	BILIRUBIN; DIRECT	\$6.94
82252	BILIRUBIN; FECES, QUALITATIVE	\$3.81
82260	BILIRUBIN; URINE, QUANTITATIVE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82261	BIOTINIDASE, EACH SPECIMEN	\$23.31
82265	BILIRUBIN; AMNIOTIC FLUID, QUANTITATIVE	\$0.00
82268	BISMUTH	\$0.00
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUT	\$4.49
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	\$4.54
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3 SIMU	\$4.54
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE,	\$13.33
82280	BORIC ACID; BLOOD	\$0.00
82285	BORIC ACID; URINE	\$0.00
82286	BRADYKININ	\$5.77
82290	BROMIDES; BLOOD	\$0.00
82291	BROMIDES; URINE	\$0.00
82300	CADMIUM	\$19.40
82305	CAFFEINE	\$0.00
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$40.91
82308	CALCITONIN	\$37.01
82310	CALCIUM; TOTAL	\$7.12
82315	CALCIUM, BLOOD; FLUOROMETRIC	\$0.00
82320	CALCIUM, BLOOD; EMISSION FLAME PHOTOMETRY	\$0.00
82325	CALCIUM, BLOOD; ATOMIC ABSORPTION FLAME PHOTOMETRY	\$0.00
82330	CALCIUM; IONIZED	\$18.88
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	\$4.34
82335	CALCIUM, URINE; QUALITATIVE (SULKOWITCH)	\$0.00
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	\$8.34
82345	CALCIUM, FECES, QUANTITATIVE, TIMED SPECIMEN	\$0.00
82355	CALCULUS; QUALITATIVE ANALYSIS	\$15.99
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	\$17.80
82365	CALCULUS; INFRARED SPECTROSCOPY	\$11.44
82370	CALCULUS; X-RAY DIFFRACTION	\$17.32
82372	CARBAMAZEPINE, SERUM	\$0.00
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$25.23
82374	CARBON DIOXIDE (BICARBONATE)	\$6.76
82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	\$0.00
82376	CARBOXYHEMOGLOBIN; QUALITATIVE	\$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$26.22
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$23.31
82380	CAROTENE	\$12.75
82382	CATECHOLAMINES; TOTAL URINE	\$14.41
82383	CATECHOLAMINES; BLOOD	\$21.01
82384	CATECHOLAMINES; FRACTIONATED	\$34.90
82387	CATHEPSIN-D	\$17.44
82390	CERULOPLASMIN	\$14.84
82397	CHEMILUMINESCENT ASSAY	\$11.84
82400	CHLORAL HYDRATE; BLOOD	\$0.00
82415	CHLORAMPHENICOL	\$10.62
82418	CHLORAZEPATE DIPOTASSIUM	\$0.00
82420	CHLORDIAZEPOXIDE; BLOOD	\$0.00
82425	CHLORDIAZEPOXIDE; URINE	\$0.00
82435	CHLORIDE; BLOOD	\$6.35
82436	CHLORIDE; URINE	\$6.95
82437	CHLORIDES; SWEAT (WITHOUT IONTOPHORESIS)	\$0.00
82438	CHLORIDE; OTHER SOURCE	\$6.76
82441	CHLORINATED HYDROCARBONS, SCREEN	\$5.03
82443	CHLOROTHIAZIDE-HYDROCHLOROTHIAZIDE	\$0.00
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$6.02
82470	CHOLESTEROL, SERUM; TOTAL AND ESTERS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
82480	CHOLINESTERASE (ENZYME) LEVEL, TO TEST FOR EXPOSURE TO CHEMICAL OR LIVER DISEASE	\$10.89
82482	CHOLINESTERASE; RBC	\$6.44
82484	CHOLINESTERASE; SERUM AND RBC	\$0.00
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$17.31
82490	CHROMIUM;	\$0.00
82495	CHROMIUM	\$28.03
82505	CHYMOTRYPSIN, DUODENAL CONTENTS	\$0.00
82507	CITRATE	\$38.43
82512	CLONAZEPAM	\$0.00
82523	COLLAGEN CROSS LINKS TEST, (URINE TEST TO EVALUATE BONE HEALTH)	\$25.83
82525	COPPER	\$17.15
82526	COPPER; URINE	\$0.00
82528	CORTICOSTERONE	\$18.87
82529	CORTISOL; FLUOROMETRIC, PLASMA	\$0.00
82530	CORTISOL; FREE	\$23.10
82531	CORTISOL; CPB, PLASMA	\$0.00
82532	CORTISOL; CPB, URINE	\$0.00
82533	CORTISOL; TOTAL	\$22.53
82534	CORTISOL; RIA, URINE	\$0.00
82536	CORTISOL; AFTER ADRENOCORTICOTROPIC HORMONE (ACTH) ADMINISTRATION	\$0.00
82537	CORTISOL; 48 HOURS AFTER CONTINUOUS ACTH INFUSION	\$0.00
82538	CORTISOL; AFTER METYRAPONE TARTRATE ADMINISTRATION	\$0.00
82539	CORTISOL; DEXAMETHASONE SUPPRESSION TEST, PLASMA AND/OR URINE	\$0.00
82540	CREATINE	\$6.40
82542	CHEMICAL ANALYSIS USING CHROMATOGRAPHY TECHNIQUE	\$24.96
82545	CREATINE; URINE	\$0.00
82546	CREATINE AND CREATININE	\$0.00
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$9.01
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	\$18.51
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15.95
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$9.95
82555	CREATINE PHOSPHOKINASE (CPK), BLOOD; COLORIMETRIC	\$0.00
82565	CREATININE; BLOOD	\$7.07
82570	CREATININE; OTHER SOURCE	\$7.15
82575	CREATININE; CLEARANCE	\$13.06
82585	CRYOFIBRINOGEN	\$11.85
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	\$8.95
82600	CYANIDE	\$16.27
82601	CYANIDE; TISSUE	\$0.00
82606	CYANOCOBALAMIN (VITAMIN B-12); BIOASSAY	\$0.00
82607	CYANOCOBALAMIN (VITAMIN B-12);	\$20.83
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	\$19.80
82610	CYSTATIN C	\$19.00
82614	CYSTINE, BLOOD, QUALITATIVE	\$0.00
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	\$11.29
82620	CYSTINE AND HOMOCYSTINE, URINE; QUANTITATIVE	\$0.00
82624	CYSTINE AMINOPEPTIDASE	\$0.00
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$34.93
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$30.72
82628	DESIPRAMINE	\$0.00
82633	DESOXYCORTICOSTERONE, 11 (HORMONE) LEVEL	\$25.97
82634	DEOXYCORTISOL, 11 (HORMONE) LEVEL	\$24.54
82635	DIACETIC ACID	\$0.00
82636	DIAZEPAM	\$0.00
82638	DIBUCAINE NUMBER	\$10.27
82639	DICUMAROL	\$0.00

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82640	DIGITOXIN (DIGITALIS); BLOOD, RIA	\$0.00
82641	DIGITOXIN (DIGITALIS); URINE	\$0.00
82642	DIHYDROTESTOSTERONE (DHT)	\$19.52
82652	DIHYDROXYVITAMIN D, 1, 25 LEVEL	\$53.19
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	\$15.95
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$24.96
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$15.14
82660	DRUG SCREEN (AMPHETAMINES, BARBITURATES, ALKALOIDS)	\$0.00
82662	IMMUNOASSAY TECHNIQUE FOR DRUGS	\$0.00
82664	ELECTROPHORESIS, LABORATORY TESTING TECHNIQUE	\$47.48
82668	ERYTHROPOIETIN	\$25.97
82670	ESTRADIOL	\$38.62
82671	ESTROGENS; FRACTIONATED	\$27.08
82672	ESTROGENS; TOTAL	\$29.97
82673	ESTRIOL; FLUOROMETRIC	\$0.00
82674	ESTRIOL; GLC	\$0.00
82676	ESTRIOL; CHEMICAL	\$0.00
82677	ESTRIOL	\$33.43
82678	ESTRONE; CHEMICAL	\$0.00
82679	ESTRONE	\$20.93
82691	ETHCHLORVYNOL; URINE	\$0.00
82692	ETHOSUXIMIDE	\$0.00
82693	ETHYLENE GLYCOL	\$20.59
82694	ETIOCHOLANOLONE	\$0.00
82696	ETIOCHOLANOLONE	\$19.77
82705	FAT OR LIPIDS, FECES; QUALITATIVE	\$7.04
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	\$23.21
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$23.79
82720	FATTY ACIDS, BLOOD; ESTERIFIED	\$0.00
82725	FATTY ACIDS, NONESTERIFIED	\$18.40
82726	VERY LONG CHAIN FATTY ACIDS	\$25.23
82727	FERRIC CHLORIDE, URINE	\$0.00
82728	FERRITIN	\$15.81
82730	FIBRINOGEN, QUANTITATIVE	\$0.00
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$89.01
82735	FLUORIDE	\$25.63
82740	FLUORIDE; URINE	\$0.00
82741	FLUCYTOSINE (5-FLUOROCYTOSINE)	\$0.00
82745	FOLIC ACID (FOLATE), BLOOD; BIOASSAY	\$0.00
82746	FOLIC ACID; SERUM	\$20.32
82747	FOLIC ACID; RBC	\$23.93
82750	FORMIMINOGLUTAMIC ACID (FIGLU), URINE	\$0.00
82755	FREE RADICAL ASSAY TECHNIQUE FOR DRUGS (FRAT)	\$0.00
82756	FREE THYROXINE INDEX (T-7)	\$0.00
82757	FRUCTOSE, SEMEN	\$14.54
82759	GALACTOKINASE, RBC	\$18.01
82760	GALACTOSE	\$15.47
82763	GALACTOSE; TOLERANCE TEST	\$0.00
82765	GALACTOSE; URINE	\$0.00
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	\$17.66
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	\$11.59
82777	GALECTIN-3	\$10.68
82780	GALLIUM	\$0.00
82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	\$10.55
82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	\$22.76
82786	GAMMAGLOBULIN, SALT PRECIPITATION METHOD	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, IGG1, 2, 3, OR 4)	\$11.20
82790	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PO2	\$0.00
82792	GASES, BLOOD, OXYGEN SATURATION QUANTIFICATION	\$0.00
82793	GASES, BLOOD, OXYGEN SATURATION; BY SPECTROPHOTOMETRY	\$0.00
82795	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PCO2	\$0.00
82800	GASES, BLOOD, PH ONLY	\$11.71
82801	GASES, BLOOD; PCO2	\$0.00
82802	GASES, BLOOD; PH, PCO2 BY ELECTRODE	\$0.00
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$26.74
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$39.21
82810	BLOOD GAS, OXYGEN SATURATION MEASUREMENT	\$12.06
82812	GASES, BLOOD; PO2 BY MANOMETRY	\$0.00
82817	GASES, BLOOD; PH, PCO2 BY TONOMETRY	\$0.00
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$7.80
82929	GASTRIC ACID, FREE OR TOTAL; EACH ADDITIONAL SPECIMEN	\$0.00
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$7.67
82931	GASTRIC ACID, PH TITRATION; SINGLE SPECIMEN	\$0.00
82932	GASTRIC ACID, PH TITRATION; EACH ADDITIONAL SPECIMEN	\$0.00
82938	GASTRIN AFTER SECRETIN STIMULATION	\$14.83
82941	GASTRIN	\$24.38
82942	GLOBULIN, SERUM	\$0.00
82943	GLUCAGON	\$19.75
82944	GLUCOSAMINE	\$0.00
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$5.42
82946	GLUCAGON TOLERANCE TEST	\$20.83
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$5.42
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.37
82949	GLUCOSE; FERMENTATION	\$0.00
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$6.56
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	\$17.80
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS (LIST SEPARATELY IN	\$5.42
82954	GLUCOSE, URINE	\$0.00
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	\$13.40
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	\$8.38
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	\$2.50
82963	GLUCOSIDASE, BETA	\$18.01
82965	GLUTAMATE DEHYDROGENASE	\$6.48
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$9.95
82978	GLUTATHIONE	\$11.95
82979	GLUTATHIONE REDUCTASE, RBC	\$5.77
82985	GLYCATED PROTEIN	\$20.83
82995	GOLD, BLOOD	\$0.00
82996	GONADOTROPIN, CHORIONIC, BIOASSAY;	\$0.00
82997	GONADOTROPIN, CHORIONIC, BIOASSAY;	\$0.00
82998	GONADOTROPIN, CHORIONIC, RIA	\$0.00
83000	GONADOTROPIN, PITUITARY, FOLLICLE STIMULATING HORMONE (FSH); BIOASSAY	\$0.00
83001	GONADOTROPIN, FOLLICLE STIMULATING (REPRODUCTIVE HORMONE) LEVEL	\$25.69
83002	GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL	\$25.60
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$23.04
83004	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN); AFTER GLUCOSE TOLERANCE TEST	\$0.00
83005	GUANASE, BLOOD	\$0.00
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$56.47
83010	HAPTOGLOBIN; QUANTITATIVE	\$17.38
83011	HAPTOGLOBIN; QUANTITATIVE, ELECTROPHORESIS	\$0.00
83012	HAPTOGLOBIN; PHENOTYPES	\$14.41
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$93.09

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$10.86
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	\$19.80
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY);	\$30.35
83019	HELICOBACTER PYLORI, BREATH TEST (INCLUDING DRUG AND BREATH SAMPLE COLLECTION KI	\$0.00
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C,	\$17.80
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR	\$24.96
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.26
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	\$11.43
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	\$8.24
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$13.42
83040	HEMOGLOBIN; METHEMOGLOBIN, ELECTROPHORETIC SEPARATION	\$0.00
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	\$4.16
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	\$10.12
83051	HEMOGLOBIN; PLASMA	\$6.13
83052	HEMOGLOBIN; SICKLE, TURBIDIMETRIC	\$0.00
83053	HEMOGLOBIN; SOLUBILITY, S-D, ETC	\$0.00
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	\$6.94
83065	HEMOGLOBIN; THERMOLABILE	\$5.77
83068	HEMOGLOBIN; UNSTABLE, SCREEN	\$7.10
83069	HEMOGLOBIN; URINE	\$3.31
83070	HEMOSIDERIN; QUALITATIVE	\$6.56
83080	B-HEXOSAMINIDASE, EACH ASSAY	\$23.31
83086	HISTIDINE; BLOOD, QUALITATIVE	\$0.00
83087	HISTIDINE; URINE, QUALITATIVE	\$0.00
83088	HISTAMINE	\$40.81
83090	HOMOCYSTINE	\$23.31
83093	HOMOGENITIC ACID; BLOOD, QUALITATIVE	\$0.00
83094	HOMOGENITIC ACID; URINE, QUALITATIVE	\$0.00
83095	HOMOGENITIC ACID; URINE, QUANTITATIVE	\$0.00
83150	HOMOVANILLIC ACID (HVA)	\$19.80
83485	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; KINETIC ULTRAVIOLET METHOD	\$0.00
83486	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; COLORIMETRIC METHOD	\$0.00
83491	HYDROXYCORTICOSTEROIDS, 17- (ADRENAL GLAND HORMONE) LEVEL	\$14.68
83492	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); GAS LIQUID CHROMATOGRAPHY (GLC)	\$0.00
83493	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, PORTER-SILBER TYPE	\$0.00
83494	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, FLUOROMETRIC	\$0.00
83495	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, PORTER-SILBER TYPE	\$0.00
83496	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, FLUOROMETRIC	\$0.00
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$17.82
83498	HYDROXYPROGESTERONE, 17-D (SYNTHETIC HORMONE) LEVEL	\$37.54
83500	HYDROXYPROLINE; FREE	\$18.99
83505	HYDROXYPROLINE; TOTAL	\$20.38
83510	HYDROXYPROLINE, URINE; FREE AND TOTAL	\$0.00
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$15.95
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$11.72
83519	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$18.67
83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$17.89
83523	IMIPRAMINE	\$0.00
83524	INDICAN, URINE	\$0.00
83525	INSULIN; TOTAL	\$15.81
83526	INSULIN TOLERANCE TEST	\$0.00
83527	INSULIN; FREE	\$10.85
83528	INTRINSIC FACTOR	\$13.33
83530	INULIN CLEARANCE	\$0.00
83533	IODINE PROTEIN BOUND (PBI)	\$0.00
83534	IODINE;TOTAL	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
83540	IRON	\$8.95
83545	IRON, SERUM; AUTOMATED	\$0.00
83546	IRON, SERUM; RADIOACTIVE UPTAKE METHOD	\$0.00
83550	IRON BINDING CAPACITY	\$12.08
83555	IRON BINDING CAPACITY, SERUM; AUTOMATED	\$0.00
83565	IRON BINDING CAPACITY, SERUM; RADIOACTIVE UPTAKE METHOD	\$0.00
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$7.42
83571	ISOCITRIC DEHYDROGENASE (IDH), BLOOD; COLORIMETRIC	\$0.00
83576	ISONICOTINIC ACID HYDRAZIDE (INH)	\$0.00
83578	KANAMYCIN	\$0.00
83582	KETOGENIC STEROIDS, FRACTIONATION	\$11.88
83583	KETOGENIC STEROIDS, URINE; 11-DESOXY: 11-OXY RATIO	\$0.00
83584	KETOGLUTARATE, ALPHA	\$0.00
83586	KETOSTEROIDS, 17 (HORMONE) MEASUREMENT	\$10.73
83587	KETOSTEROIDS, 17- (17-KS), BLOOD; FRACTIONATION, ALPHA/BETA	\$0.00
83588	KETOSTEROIDS, 17- (17-KS), BLOOD; RIA	\$0.00
83589	KETOSTEROIDS, 17- (17-KS), URINE; TOTAL	\$0.00
83590	KETOSTEROIDS, 17- (17-KS), URINE; FRACTIONATION, ALPHA/BETA	\$0.00
83593	KETOSTEROIDS, 17 (HORMONE) MEASUREMENT	\$22.05
83596	KETSTRDS, 17-(17-KS), URINE;D/A/F RATIO	\$0.00
83597	KETOSTEROIDS, 17- (17-KS), URINE; 11-DESOXY: 11-OXY RATIO	\$0.00
83599	KETOSTEROIDS, 17-OH, RIA	\$0.00
83600	KYNURENIC ACID	\$0.00
83605	LACTATE (LACTIC ACID)	\$14.76
83610	LACTIC DEHYDROGENASE (LDH), RIA	\$0.00
83615	LACTATE DEHYDROGENASE (LD), (LDH);	\$8.35
83620	LACTIC DEHYDROGENASE (LDH), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
83624	LACTIC DEHYDROGENASE (LDH), BLOOD; HEAT OR UREA INHIBITION (TOTAL NOT INCLUDED)	\$0.00
83625	LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITATION	\$10.73
83626	LACTIC DEHYDROGENASE (LDH), BLOOD; ISOENZYMES, CHEMICAL SEPARATION	\$0.00
83628	LACTIC DEHYDROGENASE, LIVER (LLDH)	\$0.00
83629	LACTIC DEHYDROGENASE (LDH), URINE	\$0.00
83630	LACTOFERRIN, FECAL; QUALITATIVE	\$16.45
83631	LACTOFERRIN, FECAL; QUANTITATIVE	\$16.45
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$16.94
83633	LACTOSE, URINE; QUALITATIVE	\$4.61
83645	LEAD, SCREENING; BLOOD	\$0.00
83650	LEAD, SCREENING; URINE	\$0.00
83655	LEAD	\$16.72
83660	LEAD, QUANTITATIVE; URINE	\$0.00
83661	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO	\$18.43
83662	FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST	\$15.86
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$26.43
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$26.43
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$7.68
83675	LEUCINE AMINOPEPTIDASE (LAP), BLOOD; COLORIMETRIC	\$0.00
83680	LEUCINE AMINOPEPTIDASE (LAP), URINE	\$0.00
83681	LEUCINE TOLERANCE TEST	\$0.00
83685	LIDOCAINE	\$0.00
83690	LIPASE	\$9.52
83695	LIPOPROTEIN (A)	\$12.66
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	\$47.43
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	\$9.44
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	\$24.28
83704	LIPOPROTEIN LEVEL	\$30.86
83705	LIPIDS, BLOOD; FRACTIONATED (CHOLESTEROL, TRIGLYCERIDES, PHOSPHOLIPIDS)	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
83717	LIPOPROTEIN, BLOOD; ULTRACENTRIFUGATION AND QUANTITATION	\$0.00
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$11.31
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL	\$9.76
83720	LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA	\$0.00
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL	\$13.18
83722	LIPOPROTEIN, DIRECT MEASUREMENT; SMALL DENSE LDL CHOLESTEROL	\$21.04
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$14.41
83730	MACROGLOBULINS (SIA TEST)	\$0.00
83735	MAGNESIUM	\$9.26
83740	MAGNESIUM, BLOOD; FLUOROMETRIC	\$0.00
83750	MAGNESIUM, BLOOD; ATOMIC ABSORPTION	\$0.00
83755	MAGNESIUM, URINE; CHEMICAL	\$0.00
83760	MAGNESIUM, URINE; FLUOROMETRIC	\$0.00
83775	MALATE DEHYDROGENASE	\$6.18
83785	MANGANESE	\$20.62
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NOT	\$24.96
83790	MANNITOL CLEARANCE	\$0.00
83795	MELANIN, URINE, QUALITATIVE	\$0.00
83799	MEPERIDINE, QUANTITATIVE	\$0.00
83825	MERCURY, QUANTITATIVE	\$22.47
83830	MERCURY, QUANTITATIVE; URINE	\$0.00
83835	METANEPHRINES	\$23.41
83842	METHAPYRILENE	\$0.00
83845	METHAQUALONE	\$0.00
83857	METHEMALBUMIN	\$14.84
83859	METHYPRYLON	\$0.00
83860	MORPHINE; SCREENING	\$0.00
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE	\$23.58
83862	MORPHINE; RIA	\$0.00
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$16.69
83865	MUCOPOLYSACCHARIDES, ACID, URINE; QUANTITATIVE	\$0.00
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$8.10
83873	MYELIN BASIC PROTEIN (NERVE PROTEIN) LEVEL, SPINAL FLUID	\$14.42
83874	MYOGLOBIN	\$17.84
83875	MYOGLOBIN, URINE	\$0.00
83876	MYELOPEROXIDASE (MPO)	\$0.00
83880	NATRIURETIC PEPTIDE	\$28.46
83883	NEPHELOMETRY, TEST METHOD USING LIGHT	\$18.79
83885	NICKEL	\$20.54
83895	NITROGEN, TOTAL; URINE, 24-HOUR SPECIMEN	\$0.00
83910	NONPROTEIN NITROGEN (NPN), BLOOD	\$0.00
83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	\$9.35
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	\$27.79
83917	ORGANIC ACIDS; SCREEN, QUALITATIVE	\$0.00
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	\$22.75
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$22.75
83920	ORNITHINE CARBAMYL TRANSFERASE (OCT)	\$0.00
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$22.75
83930	OSMOLALITY; BLOOD	\$9.13
83935	OSMOLALITY; URINE	\$9.42
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$41.26
83938	OUABAIN	\$0.00
83945	OXALATE	\$17.80
83946	OXAZEPAM	\$0.00
83947	OXYBUTYRIC ACID, BETA	\$0.00
83948	OXYCODINONE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
83949	OXYTOCINASE, RIA	\$0.00
83950	ONCOPROTEIN; HER-2/NEU	\$53.99
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	\$0.00
83965	PARALDEHYDE, BLOOD, QUANTITATIVE	\$0.00
83970	PARATHORMONE (PARATHYROID HORMONE)	\$57.04
83972	PENTAZOCINE	\$0.00
83973	PENTOSE, URINE, QUALITATIVE	\$0.00
83974	PEPSIN, GASTRIC	\$0.00
83975	PEPSINOGEN, BLOOD	\$0.00
83985	PESTICIDE OTHER THAN CHLORINATED HYDROCARBONS, BLOOD, URINE, OR OTHER MATERIAL	\$0.00
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	\$4.95
83987	PH; EXHALED BREATH CONDENSATE	\$22.74
83992	PHENCYCLIDINE (PCP)	\$12.32
83993	CALPROTECTIN, FECAL	\$27.42
83995	PHENOL, BLOOD OR URINE	\$0.00
84005	PHENOLSULFONPHTHALEIN (PSP) TEST, URINE	\$0.00
84021	PHENOTHIAZINE, URINE; QUALITATIVE, CHEMICAL	\$0.00
84030	PHENYLALANINE, PKU (AMINO ACID) LEVEL	\$7.61
84031	PHENYLALANINE (PKU), BLOOD; FLUOROMETRIC	\$0.00
84033	PHENYLBUTAZONE	\$0.00
84035	PHENYLKETONES, QUALITATIVE	\$3.07
84037	PHENYLKETONES; URINE, QUALITATIVE	\$0.00
84038	PHENYLPROPANOLAMINE	\$0.00
84039	PHENYLPYRUVIC ACID; BLOOD	\$0.00
84040	PHENYLPYRUVIC ACID; URINE	\$0.00
84045	PHENYTOIN	\$0.00
84060	PHOSPHATASE, ACID; TOTAL	\$6.19
84065	PHOSPHATASE, ACID; PROSTATIC FRACTION	\$0.00
84066	PHOSPHATASE, PROSTATIC (PROSTATE ENZYME) LEVEL	\$13.35
84075	PHOSPHATASE, ALKALINE;	\$7.15
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	\$6.12
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$20.44
84081	PHOSPHATIDYLGLYCEROL	\$22.84
84082	PHOSPHATES, TUBULAR REABSORPTION OF (TRP)	\$0.00
84083	PHOSPHOGLUCOMUTASE, ISOENZYMES	\$0.00
84085	PHOSPHOGLUCONATE, 6, DEHYDROGENASE (ENZYME) LEVEL	\$5.65
84087	PHOSPHOHEXOSE ISOMERASE	\$8.65
84090	PHOSPHOLIPIDS, BLOOD	\$0.00
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	\$6.56
84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	\$7.15
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	\$3.59
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	\$11.68
84112	CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN	\$90.64
84118	PORPHYRINS, COPRO-, URINE; QUANTITATIVE	\$0.00
84119	PORPHYRINS, URINE; QUALITATIVE	\$11.90
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$20.33
84121	PORPHYRINS; URO-, COPRO- AND PORPHOBILINOGEN, URINE	\$0.00
84126	PORPHYRINS, FECES; QUANTITATIVE	\$21.35
84128	PORPHYRINS, PLASMA	\$0.00
84132	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	\$6.35
84133	POTASSIUM; URINE	\$5.94
84134	PREALBUMIN	\$20.16
84135	PREGNANEDIOL	\$16.04
84136	PREGNANEDIOL; OTHER METHOD (SPECIFY)	\$0.00
84138	PREGNANETRIOL	\$15.88
84139	PREGNANETRIOL; OTHER METHOD (SPECIFY)	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD	\$6.65
84300	SODIUM; URINE	\$6.72
84302	SODIUM; OTHER SOURCE	\$6.79
84305	SOMATOMEDIN	\$29.38
84307	SOMATOSTATIN	\$15.32
84310	SORBITOL DEHYDROGENASE, SERUM	\$0.00
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$9.66
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$2.10
84317	STARCH, FECES, SCREENING	\$0.00
84318	STERCIBILIN, QUALITATIVE, FECES	\$0.00
84324	STRYCHNINE	\$0.00
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$16.43
84376	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH SPECIMEN	\$7.61
84377	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH SPECIMEN	\$4.61
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84379	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84382	SULFOBROMOPHTHALEIN (BSP)	\$0.00
84392	SULFATE, URINE	\$3.98
84395	SULFONAMIDE, BLOOD, CHEMICAL	\$0.00
84397	SULFONAMIDE;CRYSTALS, QUALITATIVE	\$0.00
84401	TESTOSTRN,BLD;DBL ISOTOPE	\$0.00
84402	TESTOSTERONE; FREE	\$35.19
84403	TESTOSTERONE; TOTAL	\$35.68
84404	TESTOSTRN,URINE;DBL ISOTOP	\$0.00
84406	TESTOSTERONE, BINDING PROTEIN	\$0.00
84407	TETRACAINE	\$0.00
84408	TETRAHYDROCANNABINOL THC (MARIJUANA)	\$0.00
84409	TETRAHYDROCORTISONE OR TETRAHYDROCORTISOL	\$0.00
84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	\$43.53
84420	THEOPHYLLINE, BLOOD OR SALIVA	\$0.00
84425	THIAMINE (VITAMIN B-1)	\$26.36
84430	THIOCYANATE	\$9.76
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	\$18.54
84432	THYROGLOBULIN	\$22.20
84434	THIORIDAZINE	\$0.00
84435	THYROXINE, (T-4), CPB OR RESIN UPTAKE	\$0.00
84436	THYROXINE; TOTAL	\$9.50
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$8.95
84439	THYROXINE; FREE	\$12.46
84442	THYROXINE BINDING GLOBULIN (TBG)	\$20.44
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	\$23.21
84444	THYROTROPIN RELEASING FACTOR (TRF)	\$0.00
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	\$32.92
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$19.60
84447	TOXICOLOGY, SCREEN; GENERAL	\$0.00
84448	TOXICOLOGY, SCREEN; SEDATIVE (ACID AND NEUTRAL DRUGS, VOLATILES)	\$0.00
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$24.87
84450	LIVER ENZYME (SGOT), LEVEL	\$7.14
84455	TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
84460	LIVER ENZYME (SGPT), LEVEL	\$7.32
84465	TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
84466	TRANSFERRIN	\$17.65
84472	TRICHLOROETHANOL	\$0.00
84474	TRICHLOROACETIC ACID	\$0.00
84476	TRIFLUOPERAZINE	\$0.00
84478	TRIGLYCERIDES	\$7.95

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	\$8.95
84480	THYROID HORMONE, T3 MEASUREMENT	\$19.60
84481	THYROID HORMONE, T3 MEASUREMENT	\$23.41
84482	THYROID HORMONE, T3 MEASUREMENT	\$21.78
84483	TRIMETHADIONE	\$0.00
84484	TROPONIN, QUANTITATIVE	\$13.60
84485	TRYPSIN (PANCREATIC ENZYME) MEASUREMENT, INTESTINAL FLUID	\$6.29
84488	TRYPSIN (PANCREATIC ENZYME) ANALYSIS, STOOL	\$6.12
84490	STOOL TRYPSIN (PANCREATIC ENZYME) ANALYSIS, 24-HOUR COLLECTION	\$6.38
84510	TYROSINE	\$8.72
84512	TROPONIN, QUALITATIVE	\$10.64
84520	UREA NITROGEN; QUANTITATIVE	\$5.45
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$4.02
84540	UREA NITROGEN, URINE	\$6.56
84545	UREA NITROGEN, CLEARANCE	\$9.12
84550	URIC ACID LEVEL, BLOOD	\$6.25
84555	URIC ACID; URICASE, ULTRAVIOLET METHOD	\$0.00
84560	URIC ACID; OTHER SOURCE	\$6.56
84565	UROBILIN, URINE; QUALITATIVE	\$7.73
84570	UROBILIN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$0.00
84575	UROBILIN, FECES, QUANTITATIVE	\$0.00
84577	UROBILINOGEN (METABOLISM SUBSTANCE) LEVEL, STOOL	\$10.46
84578	UROBILINOGEN (METABOLISM SUBSTANCE) ANALYSIS, URINE	\$2.72
84580	UROBILINOGEN (METABOLISM SUBSTANCE) LEVEL, URINE	\$5.95
84583	UROBILINOGEN (METABOLISM SUBSTANCE) MEASUREMENT, URINE	\$4.21
84584	UROPEPSIN, URINE	\$0.00
84585	VANILLYLMADELIC ACID (VMA), URINE	\$21.42
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$46.25
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$46.91
84589	VISCOSITY	\$0.00
84590	VITAMIN A	\$16.02
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$9.72
84595	VITAMIN A, BLOOD; INCLUDING CAROTENE	\$0.00
84597	VITAMIN K	\$18.94
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE,	\$13.47
84605	VOLUME, BLOOD, DYE METHOD (EVANS BLUE);	\$0.00
84610	VOLUME, BLOOD, DYE METHOD (EVANS BLUE); INCLUDING TOTAL PLASMA AND TOTAL BLOOD C	\$0.00
84613	WARFARIN	\$0.00
84615	XANTHURENIC ACID	\$0.00
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$9.93
84630	ZINC	\$15.74
84635	ZINC, QUANTITATIVE; URINE	\$0.00
84645	ZINC SULFATE TURBIDITY	\$0.00
84681	C-PEPTIDE	\$28.75
84695	GENTAMICIN	\$0.00
84701	GONADOTROPIN, CHORIONIC, BETA SUBUNIT, RIA	\$0.00
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	\$20.80
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	\$10.38
84704	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) MEASUREMENT	\$21.03
84800	THYROID STIMULATING HORMONE (TSH), NEONATAL	\$0.00
84810	TOBRAMYCIN	\$0.00
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING	\$8.41
84999	UNLISTED CHEMISTRY PROCEDURE	\$0.00
85000	BLEEDING TIME; DUKE	\$0.00
85002	BLEEDING TIME	\$6.22
85003	BLEEDING TIME;ADELSON-CRSBY IMMRSN MTHD	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$9.04
85005	BLOOD COUNT; BASOPHIL COUNT, DIRECT	\$0.00
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC	\$4.76
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL	\$4.76
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	\$5.14
85012	BLOOD COUNT; EOSINOPHIL COUNT, DIRECT	\$0.00
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$3.27
85014	BLOOD COUNT; HEMATOCRIT (HCT)	\$3.27
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	\$3.27
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE	\$10.74
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TE	\$8.95
85028	BLOOD COUNT;	\$0.00
85029	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	\$0.00
85030	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	\$0.00
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$6.01
85041	RED BLOOD CELL COUNT, AUTOMATED TEST	\$4.20
85044	RED BLOOD COUNT, MANUAL TEST	\$5.94
85045	RED BLOOD COUNT, AUTOMATED TEST	\$5.59
85046	RED BLOOD COUNT AUTOMATED, WITH ADDITIONAL CALCULATIONS	\$7.72
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$3.52
85049	PLATELET COUNT, AUTOMATED TEST	\$6.25
85055	RETICULATED PLATELET ASSAY	\$18.20
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	\$15.19
85097	BONE MARROW, SMEAR INTERPRETATION	\$34.18
85100	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION, STAINING AND INTERPRETATION	\$0.00
85101	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION AND STAINING ONLY	\$0.00
85103	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND INTERPRETATION	\$0.00
85105	BONE MARROW BIOPSY, NEEDLE OR TROCAR; INTERPRETATION ONLY	\$0.00
85109	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND PREPARATION ONLY	\$0.00
85120	BONE MARROW TRANSPLNT	\$0.00
85130	CHROMOGENIC SUBSTRATE ASSAY	\$16.44
85160	CALCIUM SATURATION CLOTTING TEST	\$0.00
85165	CAPILLARY FRAGILITY TEST, RUMPEL-LEEDE (SEPARATE	\$0.00
85170	BLOOD CLOT EVALUATION, (RETRACTION TIME)	\$3.03
85171	CLOT RETRACTION; QUANTITATIVE	\$0.00
85172	CLOT RETRACTION; INHIBITION BY DRUGS	\$0.00
85175	BLOOD CLOT EVALUATION, (CLOT DISSOLVING TIME)	\$3.81
85210	CLOTTING FACTOR II PROTHROMBIN, MEASUREMENT	\$17.95
85220	CLOTTING FACTOR V (ACG OR PROACCELERIN) MEASUREMENT	\$24.39
85230	CLOTTING FACTOR VII (PROCONVERTIN, STABLE FACTOR)	\$24.75
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	\$24.75
85242	CLOTTING; FACTOR VIII (AHG), TWO STAGE	\$0.00
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	\$17.12
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$31.72
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$31.72
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS	\$31.72
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	\$26.31
85260	CLOTTING; FACTOR X (STUART-PROWER)	\$24.75
85270	CLOTTING; FACTOR XI (PTA)	\$24.75
85280	CLOTTING; FACTOR XII (HAGEMAN)	\$22.58
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	\$13.70
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	\$7.45
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	\$15.88
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	\$15.88
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	\$16.38
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	\$9.07

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
85302	PROTEIN C, (CLOTTING INHIBITOR) ACTIVITY	\$16.61
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$19.11
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	\$16.02
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$21.18
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$21.41
85310	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBOPLASTIN	\$0.00
85311	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBINASE	\$0.00
85320	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBOPLASTIN	\$0.00
85330	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIFACTOR VIII	\$0.00
85335	FACTOR INHIBITOR TEST	\$17.99
85337	THROMBOMODULIN	\$8.74
85340	CLOTTING INHIBITORS OR ANTICOAGULANTS; CROSS RECALCIFICATION TIME (MIXTURES)	\$0.00
85341	CLOTTING INHIBITORS OR ANTICOAGULANTS; PTT INHIBITION TEST	\$0.00
85345	COAGULATION TIME; LEE AND WHITE	\$3.61
85347	COAGULATION TIME; ACTIVATED	\$5.88
85348	COAGULATION TIME; OTHER METHODS	\$3.12
85360	EUGLOBULIN LYSIS	\$7.04
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE,	\$9.52
85363	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); ETHANOL GEL	\$0.00
85364	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); HEMAGGLUTINATION INHIBITION (ME	\$0.00
85365	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); IMMUNOELECTROPHORESIS	\$0.00
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$7.22
85367	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PRECIPITATION	\$0.00
85368	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PROTAMINE PARACOAGULATION (PPP)	\$0.00
85369	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); STAPHYLOCOCCAL CLUMPING	\$0.00
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$9.52
85371	FIBRINOGEN, SEMIQUANTITATIVE; LATEX	\$0.00
85372	FIBRINOGEN, SEMIQUANTITATIVE; TURBIDIMETRIC	\$0.00
85376	FIBRINOGEN; THROMBIN WITH PLASMA DILUTION	\$0.00
85377	FIBRINOGEN; THROMBIN TIME DILUTION	\$0.00
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE	\$9.86
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$14.06
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR	\$14.22
85384	FIBRINOGEN; ACTIVITY	\$11.74
85385	FIBRINOGEN; ANTIGEN	\$7.12
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	\$4.33
85392	FIBRINOLYSINS; WITH EACA CONTROL	\$0.00
85395	FIBRINOLYSINS; SEMIQUANTITATIVE	\$0.00
85396	COAGULATION OR FIBRINOLYSIS (CLOT DISSOLVING) FUNCTION MEASUREMENT WITH INTERPRE	\$13.22
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$0.00
85398	FIBRINOLYSIS, QUANTITATIVE	\$0.00
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$12.22
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	\$10.66
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$23.76
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	\$5.48
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	\$8.54
85426	FIBRINOLYTIC MECHANISMS; VON WILLEBRAND FACTOR ASSAY	\$0.00
85441	HEINZ BODIES; DIRECT	\$3.53
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	\$5.71
85460	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; DIFFERENTIAL LYSIS	\$10.69
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$5.56
85475	HEMOLYSIN, ACID	\$12.26
85520	HEPARIN ASSAY	\$15.81
85525	HEPARIN NEUTRALIZATION	\$16.12
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$11.89
85536	IRON STAIN, PERIPHERAL BLOOD	\$5.42

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
85538	LEDER STAIN (ESTERASE) BLOOD OR BONE MARROW	\$0.00
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$11.88
85544	LUPUS ERYTHEMATOSUS (LE) CELL PREP	\$0.00
85547	MECHANICAL FRAGILITY, RBC	\$7.21
85548	MORPHOLOGY OF RED BLOOD CELLS, ONLY	\$0.00
85549	MURAMIDASE	\$15.73
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$5.60
85556	OSMOTIC FRAGILITY, RBC; INCUBATED, QUALITATIVE	\$0.00
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$11.20
85560	PEROXIDASE STAIN, WBC	\$0.00
85575	PLATELET; IN VITRO	\$0.00
85576	PLATELET, AGGREGATION (IN VITRO), EACH AGENT	\$22.53
85577	PLATELET; RETENTION (IN VITRO), GLASS BEAD	\$0.00
85580	PLATELET; COUNT (REES-ECKER)	\$0.00
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	\$24.84
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$25.30
85610	BLOOD TEST, CLOTTING TIME	\$5.43
85611	BLOOD TEST, CLOTTING TIME	\$5.43
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	\$13.22
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$13.22
85614	PROTHROMBIN TIME	\$0.00
85615	PROTHROMBIN UTILIZATION (CONSUMPTION)	\$0.00
85618	PROTHROMBIN-PROCONVERTIN, P&P (OWREN)	\$0.00
85630	RED BLOOD CELL SIZE (PRICE-JONES)	\$0.00
85632	RED BLOOD CELL PEROXIDE HEMOLYSIS	\$0.00
85635	REPTILASE TEST	\$8.26
85650	SEDIMENTATION RATE (ESR); WINTROBE TYPE	\$0.00
85651	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION	\$4.91
85652	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION	\$3.73
85660	SICKLING OF RBC, REDUCTION	\$7.63
85665	STREPTOKINASE TITER (PLASMINOGEN ACTIVATOR)	\$0.00
85667	T-CELL DEPLETION (ANY METHOD) OF BONE MARROW FOR TRANSPLANTATION	\$0.00
85670	THROMBIN TIME, FIBRINOGEN SCREENING TEST	\$7.98
85675	THROMBIN TIME, FIBRINOGEN SCREENING TEST	\$5.75
85700	THROMBOPLASTIN GENERATION TEST; SCREENING (HICKS-PITNEY)	\$0.00
85705	THROMBOPLASTIN INHIBITION, TISSUE	\$13.31
85710	THROMBOPLASTIN GENERATION TEST; DEFINITIVE, WITH PLATELET SUBSTITUTE	\$0.00
85711	THROMBOPLASTIN GENERATION TEST; WITH PATIENT'S PLATELETS	\$0.00
85720	THROMBOPLASTIN GENERATION TEST; ALL FACTORS	\$0.00
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	\$8.30
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EACH	\$8.95
85810	VISCOSITY	\$16.14
85820	VISCOSITY; SERUM OR PLASMA	\$0.00
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	\$12.34
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY M	\$9.26
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.30
86002	AGGLUTININS; FEBRILE PANEL (TYPHOID O & H, PARATYPHOID A & B, BRUCELLA AND PROTE	\$0.00
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.22
86004	AGGLUTININS; WARM	\$0.00
86005	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE	\$1.73
86006	ANTIBODY, NON-RBC, QUALITATIVE; FIRST ANTIGEN, SLIDE OR TUBE	\$0.00
86007	ANTIBODY, NON-RBC, QUALITATIVE; EACH ADDITIONAL ANTIGEN	\$0.00
86008	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE	\$13.28
86009	ANTIBODY, NON-RBC, QUANTITATIVE; EACH ADDITIONAL ANTIGEN	\$0.00
86011	ANTIBODY, DETECTION, LEUKOCYTE ANTIBODY	\$0.00
86012	ANTIBODY ABSORPTION, COLD AUTO ABSORPTION; PER SERUM	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86013	ANTIBODY ABSORPTION, COLD AUTO ABSORPTION; DIFFERENTIAL	\$0.00
86014	ANTIBODY, PLATELET ANTIBODIES (AGGLUTININS)	\$0.00
86016	ANTIBODY SCREEN, RBC, EACH SERUM	\$0.00
86017	ANTIBODIES, RBC, SALINE	\$0.00
86018	ANTIBODIES, RBC, SALINE	\$0.00
86019	ANTIBODY (RBC) ELUTION, ANY METHOD, EACH ELUTION	\$0.00
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	\$20.80
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	\$25.38
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	\$15.20
86024	ANTIBODY IDENTIFICATION; RBC ANTIBODIES (EACH PANEL)	\$0.00
86026	ANTIBODY IDENTIFICATION	\$0.00
86028	ANTIBODY IDENTIFICATION	\$0.00
86032	ANTIHUMAN GLOBULIN TEST; INDIRECT, QUALITATIVE (BROAD, GAMMA OR NONGAMMA), EACH	\$0.00
86033	ANTIHUMAN GLOBULIN TEST; INDIRECT, TITER (BROAD, GAMMA OR NONGAMMA), EACH	\$0.00
86034	ANTIHUMAN GLOBULIN TEST; ENZYME TECHNIQUE, QUALITATIVE	\$0.00
86035	ANTIHUMAN GLOBULIN TEST	\$0.00
86038	ANTINUCLEAR ANTIBODIES (ANA);	\$16.70
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$15.43
86045	ANTISTREPTOCOCCAL CARBOHYDRATE, ANTI-A CHO	\$0.00
86060	ANTISTREPTOLYSIN 0; TITER	\$10.09
86063	ANTISTREPTOLYSIN 0; SCREEN	\$7.98
86066	ANTITRYPSIN, ALPHA-1; PI (PROTEASE INHIBITOR) TYPING	\$0.00
86067	ANTITRYPSIN, ALPHA-1; OTHER METHOD (SPECIFY)	\$0.00
86068	BLOOD COMPATIBILITY TEST; CROSSMATCH BY IMMEDIATE SPIN AND ANTIHUMAN GLOBULIN TE	\$0.00
86069	BLOOD CROSSMATCH, COMPLETE STANDARD TECHNIQUE, INCLUDES	\$0.00
86070	BLOOD COMPATIBILITY TEST; CROSSMATCH BY IMMEDIATE SPIN TECHNIQUE ONLY	\$0.00
86072	BLOOD CROSSMATCH	\$0.00
86073	BLOOD CROSSMATCH	\$0.00
86074	BLOOD CROSSMATCH	\$0.00
86075	BLOOD CROSSMATCH, MINOR ONLY (PLASMA, RH IMMUNE GLOBULIN),	\$0.00
86076	BLOOD CROSSMATCH, MINOR ONLY (PLASMA, RH IMMUNE GLOBULIN),	\$0.00
86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF	\$51.86
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING	\$52.33
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD	\$52.37
86080	BLOOD TYPING; ABO ONLY	\$0.00
86082	BLOOD TYPING; ABO AND RHO(D)	\$0.00
86083	BLOOD TYPING; ABO, RH(D) AND RBC ANTIBODY SCREENING	\$0.00
86084	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, P	\$0.00
86085	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT'S SERUM, PER U	\$0.00
86090	BLOOD TYPING	\$0.00
86096	BLOOD TYPING, RBC ANTIGENS OTHER THAN ABO OR RHO(D)	\$0.00
86100	BLOOD TYPING; RHO(D) ONLY	\$0.00
86105	BLOOD TYPING; RH GENOTYPING, COMPLETE	\$0.00
86115	BLOOD TYPING; ANTI-RH IMMUNOGLOBULIN TESTING (RHOGAM TYPE)	\$0.00
86120	BLOOD TYPING	\$0.00
86128	COLLECTION, PROCESSING AND STORAGE OF PREDEPOSITED AUTOLOGOUS WHOLE BLOOD OR 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; SPLITTING OPN/CLSD SEPTM, EA	\$0.00
86140	C-REACTIVE PROTEIN;	\$7.15
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	\$17.20
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$35.54
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	\$35.16

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	\$22.20
86149	CARCINOEMBRYONIC ANTIGEN (CEA); GEL DIFFUSION	\$0.00
86151	CARCINOEMBRYONIC ANTIGEN (CEA); RIA OR EIA	\$0.00
86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME	\$0.00
86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME	\$0.00
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$13.40
86156	COLD AGGLUTININ; SCREEN	\$9.26
86157	COLD AGGLUTININ; TITER	\$11.14
86158	COMPLEMENT; C'1 ESTERASE	\$0.00
86159	COMPLEMENT; C'2 ESTERASE	\$0.00
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$16.59
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$16.59
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	\$28.08
86163	COMPLEMENT; C'3 ESTERASE	\$0.00
86164	COMPLEMENT; C'4 ESTERASE	\$0.00
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$8.40
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$12.66
86202	CRYPRCPATE PRPRTON;W/THWNG & POOLNG EA UNIT	\$0.00
86209	CYTOTOXIC TESTING	\$0.00
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$18.32
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	\$18.99
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$16.73
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM,	\$24.78
86241	86240 DILUTION EACH BOTTLE (FACTOR VIII	\$0.00
86244	FETO-PROTEIN, ALPHA-1, RIA OR EIA	\$0.00
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY	\$16.66
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	\$16.66
86265	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	\$0.00
86266	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	\$0.00
86267	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT INCLUDING PROCESSING AND COLLE	\$0.00
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$13.19
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$6.86
86281	HEMOLYSINS, ACID (FOR PAROXYSMAL HEMOGLOBINURIA) (HAM TEST)	\$0.00
86282	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	\$0.00
86283	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED WITH GLUCOSE (EG, ATP)	\$0.00
86285	HEPATITIS B SURFACE ANTIGEN (HBSAG) (AUSTRALIAN ANTIGEN,	\$0.00
86286	HEPATITIS B SURFACE ANTIGEN (HBSAG) (AUSTRALIAN ANTIGEN,	\$0.00
86288	HEPATITIS B CORE ANTIGEN (HBCAG), RIA	\$0.00
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER	\$16.45
86297	HEPATITIS A VIRUS ANTBDY,RIA	\$0.00
86298	HEPATITIS A ANTIBODY (HAAB) (EG, RIA, EIA); IGG ANTIBODY	\$0.00
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	\$28.76
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$28.76
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$28.76
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	\$29.81
86308	HETEROPHILE ANTIBODIES; SCREENING	\$7.15
86309	HETEROPHILE ANTIBODIES; TITER	\$5.42
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG	\$6.18
86312	HIV (HTLV-III) ANTIBODY DETECTION; IMMUNOASSAY	\$0.00
86314	HIV (HTLV-III) ANTIBODY DETECTION; CONFIRMATORY TEST (EG, WESTERN BLOT)	\$0.00
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4,	\$28.76
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	\$20.72
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	\$17.89
86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	\$0.00
86320	IMMUNOELECTROPHORESIS; SERUM	\$22.10
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH	\$22.53

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	\$19.02
86329	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	\$11.77
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR	\$10.05
86332	IMMUNE COMPLEX ASSAY	\$32.38
86333	IMMUNE COMPLEX ASSAY; RAJI CELL	\$0.00
86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$30.87
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	\$30.87
86336	INHIBIN A	\$18.09
86337	INSULIN ANTIBODIES	\$29.59
86338	INSULIN FACTOR ANTIBODIES, RIA	\$0.00
86340	INTRINSIC FACTOR ANTIBODIES	\$20.83
86341	ISLET CELL ANTIBODY	\$25.15
86342	IRRADIATION OF BLOOD PRODUCTS, EACH	\$0.00
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$10.45
86344	LEUKOCYTE PHAGOCYTOSIS	\$6.70
86345	LEUKOCYTE POOR BLD,NYLON FLTR PREP INC CLCT/PROCES	\$0.00
86346	LEUKOCYTE POOR BLD,INVRT SPIN PREP INC CLCTN/PROCE	\$0.00
86347	LEUKCYTE POOP BLD INRT SPN PRPAR;NOTINCL COLL &PRC	\$0.00
86349	LEUKOCYTE TRANSFUSION (LEUKAPHERESIS)	\$0.00
86351	LYMPHOCYTE STORAG,LIQUD NITRGN, INCL PREPRTN	\$0.00
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETEC	\$97.30
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED	\$41.09
86355	B CELLS, TOTAL COUNT	\$36.89
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI	\$25.28
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$31.62
86358	LYMPHOCYTES; B-CELL EVALUATION	\$0.00
86359	T CELLS COUNT, TOTAL	\$52.13
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	\$64.93
86361	T CELLS; ABSOLUTE CD4 COUNT	\$25.00
86365	MAST CELL DEGRANULATION TEST	\$0.00
86367	STEM CELLS COUNT, TOTAL	\$36.89
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$20.11
86377	MICROSOMAL ANTIBODY (THYROID); OTHER METHOD (SPECIFY)	\$0.00
86382	NEUTRALIZATION TEST, VIRAL	\$14.17
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$9.55
86385	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL);	\$0.00
86386	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN S	\$22.61
86389	PLSMAPHERESIS, EA UNIT	\$0.00
86392	PLATELET CONCNRTR; PREPRTN	\$0.00
86393	PLATELET CNCENTRATE;MIX & POOL, EA UNIT	\$0.00
86398	PLATELT RICH PLSMA;PREPARTN	\$0.00
86402	PRECIPITIN DETERMINATION, GEL DIFFUSION, IN ASPERGILLOSIS,	\$0.00
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	\$14.08
86404	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$0.00
86405	PRECIPITIN TEST FOR BLOOD (SPECIES IDENTIFICATION)	\$0.00
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$14.58
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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
86423	RADIOIMMUNOSORBENT TEST (RIST) IGE, QUANTITATIVE	\$0.00
86424	RAT MAST CELL TECNQ	\$0.00
86425	RED BLD CELLS, PCKD, PREPRTN GRVTY METH	\$0.00
86426	RED BLD CELLS, PACKED;CENTRFGE METHD ADD COLL & PR	\$0.00
86427	RED BLD CELLS, PACKED;PRCSSNG LY BLD BNK, INCL CLL	\$0.00
86430	RHEUMATOID FACTOR; QUALITATIVE	\$7.85
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$7.85
86450	SKIN TEST;ACTINOMYCOSIS	\$0.00
86455	SKIN TEST; ANERGY TESTING, ONE OR MORE ANTIGENS	\$0.00
86460	SKIN TEST;BLASTOMYCOSIS	\$0.00
86470	SKIN TEST;BRUCELLOSIS	\$0.00
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; GAMMA IN	\$51.95
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERAT	\$87.22
86485	SKIN TEST; CANDIDA	\$13.04
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$3.31
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	\$7.69
86495	SKIN TEST;DIPHThERIA (SCHICK)	\$0.00
86500	SKIN TEST;ECHINOCOCCOSIS	\$0.00
86510	SKIN TEST; HISTOPLASMOSIS	\$8.45
86520	SKIN TEST;LEPTOSPIROSIS	\$0.00
86530	SKIN TESTS;LYMPHOGRANULOMA VENEREUM	\$0.00
86540	SKIN TEST; MUMPS	\$7.89
86550	SKIN TEST;PSITTOCOSIS	\$0.00
86565	SKIN TESTS;SARCOIDOSIS, SKIN TEST ONLY	\$0.00
86570	SKIN TEST; TRICHINOIS	\$0.00
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$6.68
86590	STREPTOKINASE, ANTIBODY	\$15.24
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	\$5.90
86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	\$6.09
86594	THYROID AUTOANTIBODIES	\$0.00
86595	TISSUE CULTURE	\$0.00
86597	TISSUE;TYPING	\$0.00
86600	TOXOPLASMOSIS, DYE TEST	\$0.00
86602	ANTIBODY; ACTINOMYCES	\$8.53
86603	ANTIBODY; ADENOVIRUS	\$10.79
86606	ANTIBODY; ASPERGILLUS	\$20.80
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$17.81
86611	ANTIBODY; BARTONELLA	\$14.22
86612	ANTIBODY; BLASTOMYCES	\$10.82
86615	ANTIBODY; BORDETELLA	\$11.06
86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN	\$21.40
86618	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	\$23.54
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$11.21
86622	ANTIBODY; BRUCELLA	\$12.35
86625	ANTIBODY; CAMPYLOBACTER	\$11.00
86628	ANTIBODY; CANDIDA	\$16.60
86630	TRANSFER FACTOR TEST (TFT)	\$0.00
86631	ANTIBODY; CHLAMYDIA	\$16.35
86632	ANTIBODY; CHLAMYDIA, IGM	\$17.55
86635	ANTIBODY; COCCIDIOIDES	\$9.62
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	\$10.16
86641	ANTIBODY; CRYPTOCOCCUS	\$12.08
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$19.89
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$23.28
86648	ANTIBODY; DIPHThERIA	\$21.02
86650	TREPONEMA ANTIBODIES, FLUORESCENT, ABSORBED (FTA-ABS)	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$11.06
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$11.06
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$11.06
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$11.06
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$10.92
86660	TREPONEMA PALLIDUM IMMOBILIZATION (TPI)	\$0.00
86662	TREPONEMA PALLIDUM TEST, OTHER, SPECIFY (EG, TPIA, TPA, TPMB, TPCF, RPCF)	\$0.00
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$18.13
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$21.14
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$25.07
86666	ANTIBODY; EHRlichia	\$8.53
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$8.72
86670	WASHD RED CELLS TRNSFUS, NO UNIT CLCT/PRCSS	\$0.00
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$16.95
86674	ANTIBODY; GIARDIA LAMBLIA	\$20.34
86677	ANTIBODY; HELICOBACTER PYLORI	\$20.05
86681	ADRENAL CORTEX ANTIBODIES, RIA	\$0.00
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.60
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	\$13.28
86685	ANTI-ACHR (ACETYLCHOLINE RECEPTOR) ANTIBODY TITER	\$0.00
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	\$11.60
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	\$11.74
86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	\$26.75
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$23.72
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$19.89
86695	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1	\$18.23
86696	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2	\$27.05
86698	ANTIBODY; HISTOPLASMA	\$10.48
86701	ANTIBODY; HIV-1	\$12.28
86702	ANTIBODY; HIV-2	\$18.69
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	\$18.96
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$16.66
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	\$16.27
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$14.84
86707	HEPATITIS BE ANTIBODY (HBEAB)	\$15.98
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$17.12
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15.55
86710	ANTIBODY; INFLUENZA VIRUS	\$11.36
86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	\$11.87
86713	ANTIBODY; LEGIONELLA	\$21.15
86717	ANTIBODY; LEISHMANIA	\$10.27
86720	ANTIBODY; LEPTOSPIRA	\$18.23
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$11.06
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$10.79
86732	ANTIBODY; MUCORMYCOSIS	\$11.06
86735	ANTIBODY; MUMPS	\$18.03
86738	ANTIBODY; MYCOPLASMA	\$18.31
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$11.06
86744	ANTIBODY; NOCARDIA	\$11.06
86747	ANTIBODY; PARVOVIRUS	\$20.77
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$11.06
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$10.39
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$10.81
86757	ANTIBODY; RICKETTSIA	\$26.75
86759	ANTIBODY; ROTAVIRUS	\$11.06
86762	ANTIBODY; RUBELLA	\$19.89

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86765	ANTIBODY; RUBEOLA	\$17.81
86768	ANTIBODY; SALMONELLA	\$11.06
86771	ANTIBODY; SHIGELLA	\$11.06
86774	ANTIBODY; TETANUS	\$12.41
86777	ANTIBODY; TOXOPLASMA	\$19.89
86778	ANTIBODY; TOXOPLASMA, IGM	\$19.90
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM	\$18.97
86784	ANTIBODY; TRICHINELLA	\$17.36
86787	ANTIBODY; VARICELLA-ZOSTER	\$17.81
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$23.54
86789	ANTIBODY; WEST NILE VIRUS	\$20.11
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$17.81
86793	ANTIBODY; YERSINIA	\$11.06
86794	ANALYSIS FOR ANTIBODY TO ZIKA VIRUS	\$12.48
86800	THYROGLOBULIN ANTIBODY	\$21.98
86803	HEPATITIS C ANTIBODY;	\$19.73
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	\$21.40
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	\$44.08
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	\$39.68
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	\$28.22
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	\$24.88
86810	TISSUE TYPING	\$0.00
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	\$35.66
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	\$80.13
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$38.49
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$88.98
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	\$47.33
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$77.76
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$25.92
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$27.77
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$24.48
86830	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC	\$66.59
86831	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFIC	\$57.08
86832	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU	\$104.64
86833	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION QU	\$95.13
86834	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I	\$294.89
86835	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE ASSAYS	\$266.36
86849	UNLISTED IMMUNOLOGY PROCEDURE	\$18.98
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$19.65
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$16.20
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$55.70
86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$7.42
86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED C	\$7.90
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER	\$7.15
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	\$32.95
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR	\$0.00
86900	BLOOD TYPING; ABO	\$4.12
86901	BLOOD TYPING; RH (D)	\$8.22
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN T	\$5.38
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER	\$4.02
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$5.28
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$10.71
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN	\$0.00
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL ANTIGEN	\$0.00
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$20.80
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$20.80

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$20.80
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$0.00
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$5.35
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	\$9.00
86931	FROZEN BLOOD, EACH UNIT; THAWING	\$0.00
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	\$0.00
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	\$11.32
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	\$16.73
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	\$54.60
86950	LEUKOCYTE TRANSFUSION	\$0.00
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	\$0.00
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$16.20
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$0.00
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	\$0.00
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$0.00
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL	\$0.00
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	\$9.00
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	\$21.15
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	\$14.11
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	\$9.23
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE	\$14.27
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION	\$13.04
87046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AND	\$7.91
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC,	\$11.90
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE	\$7.91
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE	\$7.91
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	\$13.08
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	\$11.16
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	\$11.16
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	\$9.16
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY	\$11.90
87086	BACTERIAL COLONY COUNT, URINE	\$11.16
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLAT	\$10.55
87101	FUNGAL CULTURE (MOLD OR YEAST) OF SKIN, HAIR, OR NAIL	\$10.66
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$11.61
87103	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$12.46
87106	FUNGAL CULTURE, YEAST	\$14.27
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$14.42
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$21.26
87110	CULTURE, CHLAMYDIA, ANY SOURCE	\$27.08
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY	\$13.63
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$15.13
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	\$7.71
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID	\$10.51
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG,	\$7.15
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, DIRECT PROBE	\$27.71
87150	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PR	\$50.27
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$4.39
87153	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	\$165.22
87158	CULTURE, TYPING; OTHER METHODS	\$4.39
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES	\$9.01
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT	\$9.47
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$5.40

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87169	MACROSCOPIC EXAMINATION; PARASITE	\$5.90
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$5.90
87173	ENDOTOXIN, BACTERIAL (PYROGENS);	\$0.00
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	\$4.93
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$12.30
87181	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$2.57
87184	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$9.53
87185	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$2.57
87186	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$11.94
87187	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$8.69
87188	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	\$5.56
87190	ANTIMICROBIAL STUDY, MYCOBACTERIA (TB ORGANISM FAMILY)	\$7.81
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$9.79
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA,	\$5.90
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN	\$7.42
87207	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES	\$8.37
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	\$17.57
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	\$5.90
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI	\$5.90
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	\$27.28
87250	INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL FOR VIRUS ISOLATION	\$27.02
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE	\$36.02
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	\$12.39
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES	\$16.39
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	\$42.92
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS	\$10.06
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA	\$16.58
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS,	\$16.76
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	\$12.02
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA	\$16.58
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.76
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.58
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$10.06
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$16.58
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B	\$16.58
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA A	\$16.58
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA	\$16.58
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$10.06
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RESPIRATORY	\$16.58
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS	\$10.06
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	\$10.06
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; TREPONEMA	\$10.06
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; VARICELLA	\$10.06
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT	\$16.58
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT	\$10.06
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$12.02
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87335	DETECTION TEST FOR E. COLI, (ESCHERICHIA COLI 0157)	\$16.58
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87338	QUALITATIVE OR SEMIQUANTITATIVE DETECTION TEST FOR HELICOBACTER PYLORI IN STOOL,	\$16.58
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.27
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.43
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$15.92
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.76
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$10.06
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$34.12
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$20.92
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$20.92
87400	DETECTION TEST FOR INFLUENZA VIRUS, A OR B	\$16.58
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$10.06
87430	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP A)	\$16.58
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$16.58
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$13.25
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$8.03
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$29.42
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$35.91
87475	DETECTION TEST FOR BORRELIA BURGDORFERI, (BACTERIA)	\$16.81
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$29.42
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$27.71
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$29.42
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$35.00
87483	CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MANGITIDIS, STREPTOCOCCUS PNEUMON	\$343.03
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$16.81
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$29.42
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$35.91
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$27.71
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$48.50
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$29.30
87493	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE,	\$50.27
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$16.81
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$48.50
87497	DETECTION TEST FOR CYTOMEGALOVIRUS, QUANTIFICATION	\$59.20
87498	DETECTION TEST FOR ENTEROVIRUS (INTESTINAL VIRUS)	\$49.04
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (	\$49.04
87501	DETECTION TEST FOR INFLUENZA VIRUS	\$72.22
87502	DETECTION TEST FOR MULTIPLE TYPES INFLUENZA VIRUS	\$119.75
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MU	\$29.22
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$27.71
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$29.42
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$35.00
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$48.50
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$59.20
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT	\$27.71
87521	DETECTION TEST FOR HEPATITIS C VIRUS	\$48.50
87522	DETECTION TEST FOR HEPATITIS C VIRUS	\$59.20
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT	\$16.81
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED	\$29.42
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$35.00
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$16.81
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$46.44
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$59.20
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT	\$16.81

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$29.42
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$35.00
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE	\$16.81
87535	DETECTION TEST FOR HIV-1 VIRUS	\$48.50
87536	DETECTION TEST FOR HIV-1 VIRUS	\$117.59
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE	\$16.81
87538	DETECTION TEST FOR HIV-2 VIRUS	\$29.42
87539	DETECTION TEST FOR HIV-2 VIRUS	\$35.91
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$16.81
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$29.42
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$35.00
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$16.81
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$29.42
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$35.91
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$27.71
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$48.50
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$35.91
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$27.71
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$29.42
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$35.91
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM,	\$21.05
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$16.81
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$29.42
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$35.00
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$27.71
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$48.50
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$35.91
87623	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)	\$28.68
87624	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)	\$28.68
87625	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)	\$28.68
87631	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$105.80
87632	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$176.02
87633	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$343.75
87634	DETECTION TEST FOR RESPIRATORY SYNCYTIAL VIRUS	\$52.00
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATO	\$100.00
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$49.04
87641	DETECTION TEST FOR STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT (MRSA BACTERIA)	\$49.04
87650	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP A)	\$27.71
87651	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP A)	\$29.42
87652	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP A)	\$35.00
87653	DETECTION TEST FOR STREP (STREPTOCOCCUS, GROUP B)	\$49.04
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$20.17
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$28.72
87662	DETECTION TEST FOR ZIKA VIRUS	\$38.01
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$28.02
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$48.50
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$35.91
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$33.62
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$58.84
87802	DETECTION TEST FOR STREPTOCOCCUS, GROUP B (BACTERIA)	\$10.06
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.58
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.58
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.58
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.76
87810	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	\$16.58
87880	STREP TEST (STREPTOCOCCUS, GROUP A)	\$16.58
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT	\$16.58
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATE	\$127.48
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, REVERSE	\$355.78
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C	\$256.16
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG	\$486.21
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$35.94
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$0.00
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER RE	\$181.44
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS	\$212.33
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIR	\$212.33
87999	UNLISTED MICROBIOLOGY PROCEDURE	\$7.90
88000	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	\$0.00
88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	\$0.00
88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD	\$0.00
88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN	\$0.00
88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	\$0.00
88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	\$0.00
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	\$0.00
88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	\$0.00
88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD	\$0.00
88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	\$0.00
88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	\$0.00
88036	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY	\$0.00
88037	LIMITED, GROSS AND/OR MICROSCOPIC AUTOPSY, SINGLE ORGAN	\$0.00
88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	\$0.00
88045	CORONER'S SERVICES	\$0.00
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	\$0.00
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS	\$35.00
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SIMPLE	\$47.63
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG,	\$44.09
88109	88104 SMEARS & CELLS BLOCK W/INTERPRETATION	\$0.00
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION	\$93.30
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$322.52
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$272.50
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$13.13
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	\$12.61
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR	\$11.05
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING	\$22.89
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$28.00
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$16.99
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER	\$15.73
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH	\$21.00
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN	\$14.60
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$8.86
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$8.86
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG,	\$7.59
88156	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, THE BETHESDA SYSTEM (TBS), UP TO THR	\$0.00
88158	WITH MANUAL CYTOTECHNOLOGIST SCREENING AND AUTOMATED RESCREENING UNDER PHYSICIAN	\$0.00
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	\$33.12
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND	\$35.90
88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES	\$44.05
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL	\$14.60
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$14.60
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$8.86

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$8.86
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$39.40
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	\$87.10
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$29.85
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$37.01
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$18.12
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	\$68.89
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$40.70
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$19.96
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$51.09
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$63.76
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$84.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	\$15.32
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	\$161.00
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY	\$117.98
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS	\$146.52
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	\$125.68
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	\$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS	\$3.76
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$3.76
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE	\$95.85
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100	\$145.18
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	\$145.18
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	\$148.16
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	\$124.02
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	\$125.98
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$104.48
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1	\$178.88
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12	\$139.43
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$29.60
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS	\$22.45
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	\$44.40
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	\$29.18
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$55.50
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	\$34.68
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR,	\$28.43
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	\$15.92
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	\$13.11
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	\$16.54
88299	UNLISTED CYTOGENETIC STUDY	\$0.00
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	\$13.56
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	\$29.54
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	\$38.92
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	\$66.67
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	\$118.35
88309	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY	\$165.80
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	\$12.61
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E	\$51.28
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON	\$37.43
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN	\$63.31
88316	PREP OF DUP SLDS, STND / UNSTND REQSTD BY CNSLT	\$0.00
88317	INTERPRETATION AND REPORT BY TREATING PHYSICIAN OF PREVIOUSLY DIAGNOSED HISTOLOG	\$0.00
88319	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP III, FOR ENZYME CONSTIT	\$99.23
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$70.99
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$85.05
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT	\$106.09

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
88329	PATHOLOGY CONSULTATION DURING SURGERY;	\$37.40
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN	\$61.43
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN	\$26.58
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$62.55
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$32.70
88341	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE	\$45.26
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	\$57.22
88344	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE	\$78.76
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	\$60.22
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	\$273.83
88350	IMMUNOFLUORESCENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDUR	\$48.43
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	\$266.70
88356	MORPHOMETRIC ANALYSIS; NERVE	\$178.32
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)	\$46.95
88360	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$84.56
88361	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$107.70
88362	NERVE TEASING PREPARATIONS	\$171.05
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSU	\$10.40
88364	CELL EXAMINATION	\$65.85
88365	IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE	\$82.14
88366	CELL EXAMINATION	\$99.62
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$163.50
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$94.81
88369	MICROSCOPIC GENETIC EXAMINATION MANUAL	\$49.37
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	\$18.63
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT	\$19.07
88373	MICROSCOPIC GENETIC EXAMINATION USING COMPUTER-ASSISTED TECHNOLOGY	\$40.23
88374	MICROSCOPIC GENETIC EXAMINATION USING COMPUTER-ASSISTED TECHNOLOGY	\$139.61
88375	MICROSCOPIC IMAGING USING AN ENDOSCOPE, INTERPRETATION AND REPORT, REAL-TIME OR	\$0.00
88377	MICROSCOPIC GENETIC EXAMINATION MANUAL	\$144.50
88380	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L	\$0.00
88381	PREPARATION OF SPECIMEN, MANUAL	\$126.26
88387	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE	\$19.67
88388	PATHOLOGIST EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE DURING SURGERY	\$11.44
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	\$22.00
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$0.00
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$0.00
88740	HEMOGLOBIN MEASUREMENT, PER DAY	\$0.00
88741	HEMOGLOBIN MEASUREMENT, PER DAY	\$0.00
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	\$0.00
89005	TST COMB ASND INDLY PRCDR NUM / SEC CONV / CBC	\$0.00
89006	CBC, URINALYSIS & SEROLOGY	\$0.00
89007	CBC, URINALYSIS, SEROLOGY, BLOOD TYPING & RH GRP	\$0.00
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	\$44.44
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EX	\$6.53
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),	\$7.61
89055	WHITE BLOOD CELL MEASURE, STOOL SPECIMEN	\$5.96
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALY	\$9.88
89070	CERBRSPNL FLD, COMP XM (CLRD, GLCS, PRTN, CELL CNT	\$0.00
89080	COLLOIDAL GOLD, SPINAL FLUID	\$0.00
89125	FAT STAIN OF STOOL, URINE, OR RESPIRATORY SECRETIONS	\$5.96
89160	MEAT FIBERS, FECES	\$5.09
89190	NASAL SMEAR FOR EOSINOPHILS	\$6.56
89205	OCCULT BLOOD, ANY SOURCE EXCEPT FECES	\$0.00
89210	PHARMACOKINETIC ANALYS, SPCFY DRUG/FLUID TISS	\$0.00
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	\$11.23

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
89230	SWEAT COLLECTION BY IONTOPHORESIS	\$3.14
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$10.50
89250	CULTURE OF EGGS OR EMBRYOS, LESS THAN 4 DAYS	\$0.00
89251	CULTURE OF EGGS OR EMBRYOS, LESS THAN 4 DAYS, WITH CO-CULTURE OF EGGS OR EMBRYOS	\$0.00
89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	\$0.00
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	\$0.00
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	\$0.00
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	\$0.00
89258	CRYOPRESERVATION; EMBRYO(S)	\$0.00
89259	CRYOPRESERVATION; SPERM	\$0.00
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR	\$0.00
89261	SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR	\$0.00
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	\$0.00
89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST	\$12.32
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)	\$7.22
89320	SEMEN EVALUATION VOLUME, SPERM COUNT, MOTILITY AND ANALYSIS	\$16.66
89321	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	\$16.66
89322	SEMEN EVALUATION, VOLUME, SPERM COUNT, MOTILITY, AND ANALYSIS	\$21.65
89325	SPERM ANTIBODIES	\$8.95
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	\$17.58
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT	\$8.30
89331	SPERM EVALUATION, FOR REVERSE EJACULATION, URINE SPECIMEN	\$27.37
89345	SPUTUM XM HEMDSIDERIN/FORGN MATRL	\$0.00
90000	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE	\$0.00
90010	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE	\$0.00
90015	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	\$0.00
90017	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE	\$0.00
90020	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	\$0.00
90030	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVIC	\$0.00
90040	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	\$0.00
90050	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVIC	\$48.18
90060	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE S	\$48.18
90070	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVI	\$0.00
90080	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE	\$0.00
90100	HOME MEDICAL SERVICE, NEW PATIENT; BRIEF SERVICE	\$0.00
90110	HOME MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE	\$0.00
90115	HOME MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	\$0.00
90117	HOME MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE	\$0.00
90130	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$0.00
90140	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	\$0.00
90150	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVICE	\$0.00
90160	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	\$0.00
90170	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICE	\$0.00
90200	INITIAL HOSPITAL CARE; BRIEF HISTORY AND EXAMINATION, INITIATION OF DIAGNOSTIC A	\$0.00
90215	INITIAL HOSPITAL CARE; INTERMEDIATE HISTORY AND EXAMINATION, INITIATION OF DIAGN	\$0.00
90225	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$0.00
90240	SUBSEQUENT HOSPITAL CARE, EACH DAY; BRIEF SERVICES	\$0.00
90250	SUBSEQUENT HOSPITAL CARE, EACH DAY; LIMITED SERVICES	\$0.00
90260	SUBSEQUENT HOSPITAL CARE, EACH DAY; INTERMEDIATE SERVICES	\$0.00
90270	SUBSEQUENT HOSPITAL CARE, EACH DAY; EXTENDED SERVICES	\$0.00
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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	\$0.00
90300	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	\$0.00
90315	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	\$0.00
90320	INITIAL CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-TERM	\$0.00
90340	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90350	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90360	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90370	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90399	UNLISTED IMMUNE GLOBULIN	\$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 VACCINE, TYPE 4, LIVE, FOR ORAL USE	\$4.00
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	\$4.00
90500	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; MINIMAL SERVICE	\$0.00
90505	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; BRIEF SERVICE	\$0.00
90510	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; LIMITED SERVICE	\$0.00
90515	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	\$0.00
90517	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; EXTENDED SERVICE	\$0.00
90520	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	\$0.00
90530	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$0.00
90540	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; BRIEF SERVICE	\$0.00
90550	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; LIMITED SERVICE	\$0.00
90560	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	\$0.00
90570	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICE	\$0.00
90580	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE SERVICE	\$0.00
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$4.00
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	\$4.00
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICA	\$4.00
90590	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$0.00
90605	INITIAL CONSULTATION; INTERMEDIATE	\$0.00
90610	INITIAL CONSULTATION; EXTENDED	\$0.00
90620	INITIAL CONSULTATION; COMPREHENSIVE	\$0.00
90625	CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE, FOR ORAL USE	\$0.00
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN	\$4.00
90632	VACCINE FOR HEPATITIS A INJECTION INTO MUSCLE, ADULT DOSAGE	\$4.00
90633	VACCINE FOR HEPATITIS A (2 DOSE SCHEDULE) INJECTION INTO MUSCLE, PEDIATRIC OR AD	\$4.00
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	\$4.00
90636	VACCINE FOR HEPATITIS A AND HEPATITIS B INJECTION INTO MUSCLE, ADULT DOSAGE	\$4.00
90640	FOLLOW-UP CONSULTATION; BRIEF	\$0.00
90641	FOLLOW-UP CONSULTATION; LIMITED	\$0.00
90642	FOLLOW-UP CONSULTATION; INTERMEDIATE	\$0.00
90643	FOLLOW-UP CONSULTATION; COMPLEX	\$0.00
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	\$4.00
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	\$4.00
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE	\$4.00
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FO	\$4.00
90651	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE	\$4.00
90652	CONFIRMATORY CONSULTATION; EXTENDED	\$0.00
90653	INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	\$4.00
90654	VACCINE FOR INFLUENZA INJECTION INTO SKIN	\$4.00
90655	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$4.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90656	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$4.00
90657	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$4.00
90658	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$4.00
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	\$4.00
90661	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$0.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	\$4.00
90664	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION, PANDEMIC FORMULATION	\$4.00
90666	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE, PANDEMIC FORMULATION	\$4.00
90667	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE, PANDEMIC FORMULATION	\$4.00
90668	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE, PANDEMIC FORMULATION	\$4.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	\$4.00
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	\$4.00
90673	VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE	\$4.00
90674	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$4.00
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$4.00
90676	RABIES VACCINE, FOR INTRADERMAL USE	\$4.00
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$4.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$4.00
90682	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE	\$4.00
90685	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$4.00
90686	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$4.00
90687	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$4.00
90688	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$4.00
90689	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV), INACTIVATED, ADJUVANTED, PRESERVATIV	\$4.00
90690	TYPHOID VACCINE, LIVE, ORAL	\$4.00
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	\$4.00
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVATED, ADJUVANTED, PRESERVA	\$0.00
90696	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), A	\$4.00
90697	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), H	\$0.00
90698	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), H	\$4.00
90699	UNLISTED MEDICAL SERVICE, GENERAL	\$0.00
90700	VACCINE FOR DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS (WHOOPING COUGH) INJECT	\$4.00
90702	VACCINE FOR DIPHTHERIA AND TETANUS TOXOIDS INJECTION INTO MUSCLE, PATIENT YOUNGE	\$4.00
90707	VACCINE FOR MEASLES, MUMPS, AND RUBELLA (GERMAN MEASLES) INJECTION BENEATH SKIN	\$4.00
90710	VACCINE FOR MEASLES, MUMPS, RUBELLA (GERMAN MEASLES), AND VARICELLA (CHICKEN POX	\$4.00
90711	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND INJECTABLE PO	\$0.00
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$4.00
90714	VACCINE FOR TETANUS AND DIPHTHERIA TOXOIDS INJECTION INTO MUSCLE, PATIENT 7 YEAR	\$4.00
90715	VACCINE FOR TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS (WHOOPING COUGH)	\$4.00
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$4.00
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$4.00
90723	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), H	\$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	VACCINE FOR PNEUMOCOCCAL POLYSACCHARIDE FOR INJECTION BENEATH THE SKIN OR INTO M	\$4.00
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE	\$4.00
90734	VACCINE FOR MENINGOCOCCUS FOR ADMINISTRATION INTO MUSCLE	\$4.00
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	\$4.00
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	\$4.00
90739	HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$4.00
90740	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, DIALYSIS OR	\$4.00
90742	IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEA	\$0.00
90743	VACCINE FOR HEPATITIS B (2 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, ADOLESCENT	\$4.00
90744	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, PEDIATRIC A	\$4.00
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$4.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90747	VACCINE FOR HEPATITIS B (4 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, DIALYSIS OR	\$4.00
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	\$4.00
90749	UNLISTED VACCINE/TOXOID	\$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
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	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROC	\$4.77
90790	CHEMOTHERAPY MALIGNANT DISEASE;PARENTERAL	\$0.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$104.43
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$104.43
90793	CHEMOTHERAPY MALIGNANT DISEASE;INTRACAUTY	\$0.00
90796	INJ INTRATHECAL CHEMO AGNT ADM PHYS	\$0.00
90798	INTRAVENOUS THERAPY FOR SEVERE OR INTRACTABLE ALLERGIC DISEASE IN PHYSICIAN'S OF	\$0.00
90831	TELEPHONE CONSULTATION WITH OR ABOUT PATIENT FOR PSYCHIATRIC	\$0.00
90832	PSYCHOTHERAPY, 30 MINUTES	\$46.62
90833	PSYCHOTHERAPY, 30 MINUTES	\$42.15
90834	PSYCHOTHERAPY, 45 MINUTES	\$75.00
90836	PSYCHOTHERAPY, 45 MINUTES	\$68.43
90837	PSYCHOTHERAPY, 60 MINUTES	\$110.09
90838	PSYCHOTHERAPY, 60 MINUTES	\$110.68
90839	PSYCHOTHERAPY FOR CRISIS, FIRST 60 MINUTES	\$0.00
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITIO	\$0.00
90841	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	\$25.36
90843	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	\$42.00
90844	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOS	\$78.00
90845	PSYCHOANALYSIS	\$65.82
90846	FAMILY PSYCHOTHERAPY, 50 MINUTES	\$71.55
90847	FAMILY PSYCHOTHERAPY INCLUDING PATIENT, 50 MINUTES	\$82.73
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$25.38
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$27.20
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$69.49
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$70.99
90880	HYPNOTHERAPY	\$83.76
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	\$0.00
90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDI	\$27.98
90913	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDI	\$15.52
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED	\$62.86
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT	\$108.49
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	\$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 OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$63.76
90947	DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION	\$106.32
90951	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT YOUNGER THAN 2	\$599.20
90952	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT YOUNGER THAN 2 YEARS	\$0.00
90953	DIALYSIS SERVICES (1 PHYSICIAN VISIT PER MONTH), PATIENT YOUNGER THAN 2 YEARS OF	\$0.00
90954	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 2-11 YEARS OF	\$487.27

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
90955	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 2-11 YEARS OF AGE	\$277.33
90956	DIALYSIS SERVICES (1 PHYSICIAN VISIT PER MONTH), PATIENT 2-11 YEARS OF AGE	\$187.91
90957	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 12-19 YEARS OF	\$392.90
90958	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 12-19 YEARS OF AGE	\$265.66
90959	DIALYSIS SERVICES (1 PHYSICIAN VISIT PER MONTH), PATIENT 12-19 YEARS OF AGE	\$174.23
90960	DIALYSIS SERVICES (4 OR MORE PHYSICIAN VISITS PER MONTH), PATIENT 20 YEARS OF AG	\$176.35
90961	DIALYSIS SERVICES (2-3 PHYSICIAN VISITS PER MONTH), PATIENT 20 YEARS OF AGE AND	\$141.94
90962	DIALYSIS SERVICES (1 PHYSICIAN VISIT PER MONTH), PATIENT 20 YEARS OF AGE AND OLD	\$102.26
90963	HOME DIALYSIS SERVICES PER MONTH, PATIENT YOUNGER THAN 2 YEARS OF AGE	\$337.71
90964	HOME DIALYSIS SERVICES PER MONTH, PATIENT 2-11 YEARS OF AGE	\$279.92
90965	HOME DIALYSIS SERVICES PER MONTH, PATIENT 12-19 YEARS OF AGE	\$266.34
90966	HOME DIALYSIS SERVICES PER MONTH, PATIENT 20 YEARS OF AGE OR OLDER	\$140.18
90967	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT YOUNGER THAN	\$12.24
90968	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 2-11 YEARS OF	\$9.40
90969	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 12-19 YEARS O	\$9.19
90970	DIALYSIS SERVICES, PER DAY (LESS THAN FULL MONTH SERVICE), PATIENT 20 YEARS OF A	\$4.93
90976	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90977	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90978	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90979	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90982	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90983	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90984	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90985	PERITONEAL DIALYSIS FOR END-STAGE RENAL DISEASE (ESRD),	\$0.00
90988	SUPERVISION OF HEMODIALYSIS IN HOSPITAL OR OTHER FACILITY (EXCLUDING HOME DIALYS	\$0.00
90989	DIALYSIS TRAINING, PATIENT HELPER, COMPLETED COURSE	\$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, PATIENT HELPER, COURSE NOT COMPLETED	\$0.00
90994	SUPERVISION OF CHRONIC AMBULATORY PERITONEAL DIALYSIS (CAPD), HOME OR OUT-PATIE	\$0.00
90995	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, PER FULL MONTH	\$0.00
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$94.90
90998	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY	\$0.00
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	\$0.00
91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	\$142.41
91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	\$15.67
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$149.71
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$163.36
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$83.53
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$188.96
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$375.51
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$118.50
91038	MONITORING OF GASTROESOPHAGEAL REFLUX INCLUDING ANALYSIS AND INTERPRETATION, PRO	\$100.39
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$368.65
91065	MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR GI SYMPTOMS	\$42.00
91090	GASTROINTESTINAL STRING TEST FOR UPPER GASTROINTESTINAL BLEEDING,	\$0.00
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$738.30
91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$575.70
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELE	\$814.39
91117	MEASUREMENT OF COLON MOVEMENT, MINIMUM 6 HOURS CONTINUOUS RECORDING"	\$95.06
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$363.85
91122	ANORECTAL MANOMETRY	\$173.36
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	\$0.00
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	\$0.00
91200	MEASURING THE STIFFNESS IN THE LIVER VIA ELASTOGRAPHY	\$24.08

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	\$0.00
92002	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT	\$48.16
92004	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT, 1 OR MORE	\$81.31
92012	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT	\$37.49
92014	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT, 1	\$60.20
92015	ASSESSMENT FOR PRESCRIPTION EYE WEAR USING A RANGE OF LENS POWERS	\$0.00
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$85.43
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$72.95
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$12.68
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$21.67
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$34.76
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$20.90
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	\$59.01
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$38.66
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$43.89
92083	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS	\$47.92
92100	MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD, SAME D	\$30.48
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTE	\$24.30
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INT	\$29.56
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INT	\$29.56
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$60.08
92145	CORNEAL HYSTERESIS DETERMINATION	\$10.17
92201	OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHE	\$14.69
92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MACULA (EG, FOR GLAUCOM	\$95.16
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WI	\$8.20
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIAB	\$20.07
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$49.97
92235	IMAGING OF BLOOD VESSELS IN BACK OF EYE USING FLUORESCEIN DYE	\$86.15
92240	IMAGING OF BLOOD VESSELS IN BACK OF EYE USING INDOCYANINE-GREEN DYE	\$181.38
92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME I	\$155.58
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$49.50
92260	OPHTHALMODYNAMOMETRY	\$11.55
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$57.24
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$58.07
92273	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD (IE, FFERG	\$91.28
92274	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCA (MFERG)	\$61.30
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$25.47
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$53.59
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$40.37
92286	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH SPECULAR MICROSCOP	\$93.11
92287	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOG	\$43.86
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	\$139.79
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$56.23
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$68.83
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$47.13
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$73.26
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$23.82
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$38.28
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$23.40
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$12.41
92326	REPLACEMENT OF CONTACT LENS	\$42.27
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	\$28.88
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCA	\$34.44
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCA, OTHER THAN BIFOCA	\$62.82
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$0.00
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCA	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$33.74
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$10.00
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$21.49
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	\$65.23
92502	EXAMINATION OF HEAD, NECK, INCLUDING EARS, NOSE AND THROAT UNDER GENERAL ANESTHE	\$78.41
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$8.73
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING D	\$21.05
92508	GROUP TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCES	\$11.15
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$39.44
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$23.08
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	\$18.42
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$32.28
92521	EVALUATION OF SPEECH FLUENCY	\$73.10
92522	EVALUATION OF SPEECH SOUND PRODUCTION	\$59.11
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	\$123.10
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$61.31
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$22.46
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND O	\$26.08
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATI	\$13.23
92540	OBSERVATION, TESTING, AND RECORDING OF ABNORMAL EYE MOVEMENT	\$47.51
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDIN	\$35.89
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$36.89
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$29.23
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$26.01
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$57.44
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.21
92548	COMPUTERIZED DYNAMIC ASSESSMENT OF BALANCE AND POSTURAL INSTABILITY	\$75.05
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDIT	\$41.66
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$10.22
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$10.13
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$15.10
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$22.15
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.92
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$19.35
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$40.56
92559	AUDIOMETRIC TESTING OF GROUPS	\$0.00
92560	BEKESY AUDIOMETRY; SCREENING	\$0.00
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$24.03
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$13.85
92563	TONE DECAY TEST	\$12.92
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$16.29
92565	STENGER TEST, PURE TONE	\$13.54
92566	IMPEDANCE TESTING	\$0.00
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$17.78
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$12.92
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC	\$14.52
92571	FILTERED SPEECH TEST	\$13.23
92572	STAGGERED SPONDAIC WORD TEST	\$3.06
92575	SENSORINEURAL ACUITY LEVEL TEST	\$10.17
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$15.35
92577	STENGER TEST, SPEECH	\$24.27
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$24.34
92581	EVOKED RESPONSE (EEG) AUDIOMETRY	\$0.00
92582	CONDITIONING PLAY AUDIOMETRY	\$24.34
92583	SELECT PICTURE AUDIOMETRY	\$30.14
92584	ELECTROCOCHLEOGRAPHY	\$83.43

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$102.83
92586	PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEV	\$53.88
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM	\$50.22
92588	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUA	\$66.75
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$82.87
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$100.00
92592	HEARING AID CHECK,INCLUDES ELECTROSTATIC EVAL, MONO AURAL	\$42.65
92593	HEARING AID CHECK,INCLUDES ELECTROACOUSTIC EVAL,BINAURAL	\$59.75
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$19.97
92601	ANALYSIS AND PROGRAMMING OF INNER EAR (COCHLEAR) IMPLANT, PATIENT YOUNGER THAN 7	\$105.52
92602	ANALYSIS AND REPROGRAMMING OF INNER EAR (COCHLEAR) IMPLANT, PATIENT YOUNGER THAN	\$73.97
92603	ANALYSIS AND PROGRAMMING OF INNER EAR (COCHLEAR) IMPLANT, PATIENT AGE 7 YEARS OR	\$70.98
92604	ANALYSIS AND REPROGRAMMING OF INNER EAR (COCHLEAR) IMPLANT, PATIENT AGE 7 YEARS	\$48.36
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	\$0.00
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	\$45.54
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$88.11
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$17.26
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	\$47.70
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$88.36
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$88.36
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$49.97
92613	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE	\$26.99
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$49.97
92615	EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING AN	\$24.15
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$72.92
92617	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY FU	\$30.08
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$36.09
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$8.94
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$35.47
92626	EVALUATION OF HEARING FUNCTION TO DETERMINE CANDIDACY FOR, OR POSTOPERATIVE STAT	\$56.67
92627	EVALUATION OF HEARING FUNCTION TO DETERMINE CANDIDACY FOR, OR POSTOPERATIVE STAT	\$16.69
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$88.44
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$88.44
92640	ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$41.55
92700	EAR, NOSE, OR THROAT PROCEDURE	\$0.00
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR	\$324.64
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJO	\$0.00
92924	REMOVAL OF PLAQUE OF MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUGH THE SKIN	\$385.94
92925	REMOVAL OF PLAQUE OF MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUGH THE SKIN	\$0.00
92928	CATHETER INSERTION OF STENTS IN MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUG	\$360.43
92929	CATHETER PLACEMENT OF STENTS IN MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUG	\$0.00
92933	REMOVAL OF PLAQUE AND INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH, ACC	\$403.04
92934	REMOVAL OF PLAQUE AND INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH, ACC	\$0.00
92937	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$359.99
92938	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$0.00
92941	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$403.82
92943	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$403.82
92944	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$0.00
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$168.25
92953	TEMPORARY TRANSCUTANEOUS PACING	\$11.61
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$125.14
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$176.85
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$172.04
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$78.33
92973	REMOVAL OF BLOOD CLOT IN HEART ARTERY, ACCESSED THROUGH THE SKIN	\$129.06
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY	\$140.52

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$229.41
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$138.64
92986	CATHETER BASED REPAIR OF LEFT LOWER HEART (AORTIC) VALVE, ACCESSED THROUGH THE S	\$1,018.07
92987	CATHETER BASED REPAIR OF HEART VALVE (MITRAL) BETWEEN LEFT UPPER AND LOWER CHAMB	\$1,053.82
92990	CATHETER BASED REPAIR OF HEART VALVE (PULMONARY) TO LUNGS, ACCESSED THROUGH THE	\$799.62
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	\$603.65
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	\$0.00
92997	BALLOON CATHETER OPENING OF MAJOR LUNG ARTERY (PULMONARY), ACCESSED THROUGH THE	\$637.24
92998	BALLOON CATHETER OPENING OF MAJOR LUNG ARTERY (PULMONARY), ACCESSED THROUGH THE	\$278.81
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$23.63
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$15.16
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	\$8.47
93015	EXERCISE OR DRUG-INDUCED HEART AND BLOOD VESSEL STRESS TEST WITH EKG MONITORING,	\$92.98
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$21.45
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$55.90
93018	EXERCISE OR DRUG-INDUCED HEART AND BLOOD VESSEL STRESS TEST WITH EKG MONITORING,	\$15.63
93024	ERGONOVINE PROVOCATION TEST	\$98.73
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$211.93
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	\$12.20
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$4.93
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	\$7.26
93045	RHYTHM ECG, ONE TO THREE LEADS	\$0.00
93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES	\$11.68
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	HEART RHYTHM TRACING, ANALYSIS, AND INTERPRETATION OF 48-HOUR EKG	\$140.59
93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$41.05
93226	HEART RHYTHM ANALYSIS, INTERPRETATION AND REPORT OF 48-HOUR EKG	\$72.56
93227	HEART RHYTHM TRACING, ANALYSIS, AND INTERPRETATION OF 48-HOUR EKG	\$26.97
93228	HEART RHYTHM TRACING, COMPUTER ANALYSIS, AND INTERPRETATION OF PATIENT-TRIGGERED	\$15.81
93229	HEART RHYTHM TRACING, COMPUTER ANALYSIS, PHYSICIAN PRESCRIBED TRANSMISSION OF PA	\$0.00
93240	BALLISTOCARDIOGRAM	\$0.00
93258	ELECTROCARDIOGRAPHIC MONITORING FOR UP TO 12 HOURS OF	\$0.00
93259	ELECTROCARDIOGRAPHIC MONITORING FOR UP TO 12 HOURS OF	\$0.00
93260	PROGRAMMING DEVICE EVALUATION OF HEART MONITORING SYSTEM WITH ADJUSTMENT OF PROG	\$42.80
93261	EVALUATION OF DEFIBRILLATOR WITH ANALYSIS, REVIEW, AND REPORT	\$39.19
93262	ELECTROCARDIOGRAPHIC MONITORING, 12 THROUGH 24 HOURS OF	\$0.00
93263	ELECTROCARDIOGRAPHIC MONITORING, 12 THROUGH 24 HOURS OF	\$0.00
93264	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DA	\$22.51
93266	ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NON-CONTINUOUS	\$0.00
93268	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$205.43
93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$41.05
93271	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$155.61
93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$23.85
93273	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$0.00
93274	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$0.00
93275	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$0.00
93276	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93277	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$0.00
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$52.13
93279	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF PERMANENT SINGLE LEAD PACEMAK	\$36.04
93280	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF PERMANENT DUAL LEAD PACEMAKER	\$42.76
93281	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF PERMANENT MULTIPLE LEAD PACEM	\$49.99
93282	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$46.03
93283	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$56.03
93284	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$65.63
93285	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF HEART RHYTHM MONITOR SYSTEM S	\$31.21
93286	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF SINGLE, DUAL, OR MULTIPLE LEA	\$17.62
93287	EVALUATION AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, REVIEW AND	\$23.02
93288	EVALUATION OF PARAMETERS OF LEADLESS, SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER S	\$28.12
93289	EVALUATION OF DEFIBRILLATOR INCLUDING CONNECTION, RECORDING AND DISCONNECTION	\$42.97
93290	EVALUATION OF PARAMETERS OF IMPLANTABLE HEART AND BLOOD VESSEL MONITOR SYSTEM WI	\$20.22
93291	EVALUATION OF HEART RHYTHM MONITOR SYSTEM IMPLANTED UNDER SKIN WITH QUALIFIED HE	\$26.86
93292	EVALUATION OF WEARABLE DEFIBRILLATOR SYSTEM INCLUDING CONNECTION, DISCONNECTION,	\$24.20
93293	TELEPHONIC EVALUATION OF SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER HEART RHYTHM S	\$39.20
93294	REMOTE EVALUATIONS OF SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM WITH QUALI	\$23.04
93295	REMOTE EVALUATIONS OF DEFIBRILLATOR UP TO 90 DAYS WITH ANALYSIS, REVIEW AND REPO	\$41.72
93296	REMOTE EVALUATIONS OF SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM OR IMPLANT	\$25.27
93297	REMOTE EVALUATIONS OF IMPLANTABLE HEART AND BLOOD VESSEL MONITOR SYSTEM WITH QUA	\$15.81
93298	REMOTE EVALUATIONS OF HEART RHYTHM MONITOR SYSTEM IMPLANTED UNDER SKIN WITH QUAL	\$18.58
93300	ECHOCARDIOGRAPHY, M-MODE	\$0.00
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	\$187.44
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	\$100.97
93305	ECHOCARDIOGRAPHY, M-MODE	\$0.00
93306	ULTRASOUND EXAMINATION OF HEART INCLUDING COLOR-DEPICTED BLOOD FLOW RATE, DIRECT	\$177.92
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$175.94
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$92.06
93309	ECHOCARDIOGRAPHY, M-MODE AND REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$0.00
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$223.29
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$46.11
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$179.58
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$242.18
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$47.37
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	\$199.34
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	\$0.00
93320	DOPPLER ULTRASOUND STUDY OF HEART BLOOD FLOW, VALVES, AND CHAMBERS	\$77.00
93321	FOLLOW-UP OR LIMITED HEART DOPPLER ULTRASOUND STUDY OF HEART BLOOD FLOW, VALVES,	\$45.25
93325	DOPPLER ULTRASOUND STUDY OF COLOR-DIRECTED HEART BLOOD FLOW, RATE, AND VALVE FUN	\$100.18
93350	ULTRASOUND EXAMINATION OF THE HEART PERFORMED DURING REST, EXERCISE, AND/OR DRUG	\$99.58
93351	ULTRASOUND EXAMINATION AND CONTINUOUS MONITORING OF THE HEART PERFORMED DURING R	\$183.31
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEP	\$25.79
93355	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION DURING PROCEDUR	\$141.73
93356	HEART MUSCLE STRAIN IMAGING	\$74.88
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA	\$531.31
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR	\$578.76
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO	\$757.45
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$597.65
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$697.72
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$747.25
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$847.25
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$720.79
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$795.43
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$849.58
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$975.23

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY T	\$123.11
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI	\$65.51
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE	\$170.18
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR	\$138.23
93505	ENDOMYOCARDIAL BIOPSY	\$275.05
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$767.74
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$0.00
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,024.52
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$1,829.82
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
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	\$43.92
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	\$19.25
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$34.77
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$35.32
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$26.71
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$26.71
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$30.17
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$27.36
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$219.12
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$170.28
93580	CATHETER BASED CLOSURE OF CONGENITAL HEART DEFECT WITH IMPLANT, ACCESSED THROUGH	\$719.01
93581	CATHETER BASED CLOSURE OF CONGENITAL HEART DEFECT WITH IMPLANT, ACCESSED THROUGH	\$963.22
93582	CLOSURE OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTERY TO AORTA VIA CAT	\$414.39
93583	THERAPY FOR REDUCTION OF LOWER HEART CHAMBER DEFECT VIA CATHETER ACCESSED THROUG	\$461.10
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC	\$732.74
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI	\$608.30
93592	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSI	\$267.49
93600	BUNDLE OF HIS RECORDING	\$124.21
93602	INTRA-ATRIAL RECORDING	\$139.08
93603	RIGHT VENTRICULAR RECORDING	\$165.09
93604	INTRAVENTRICULAR RECORDING	\$0.00
93605	RIGHT VENTRICULAR RECORDING	\$0.00
93606	COMBINED INTRACARDIAC RECORDING	\$0.00
93608	LEFT VENTRICULAR RECORDING	\$0.00
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH	\$380.28
93610	INTRA-ATRIAL PACING	\$186.21
93612	INTRAVENTRICULAR PACING	\$195.76
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN	\$238.63
93614	BUNDLE OF HIS PACING	\$0.00
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$49.26
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$80.70
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$353.96
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$637.92
93620	INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUCTION OF ABNORMA	\$900.80
93621	INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUCTION OF ABNORMA	\$0.00
93622	INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUCTION OF ABNORMA	\$0.00
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	\$0.00
93624	INSERTION OF CATHETERS FOR ASSESSMENT OF HEART PACING, RECORDING, OR ATTEMPTED I	\$278.41

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93630	LEFT VENTRICULAR ENDOCARDIAL RESECTION, WITH OR WITHOUT	\$0.00
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	\$565.96
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$421.81
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$547.26
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$491.76
93644	EVALUATION IMPLANTABLE DEFIBRILLATOR	\$194.85
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$550.26
93653	EVALUATION AND INSERTION OF CATHETERS FOR CREATION OF COMPLETE HEART BLOCK	\$492.16
93654	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUC	\$656.92
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DI	\$246.13
93656	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND TREATMENT OF AB	\$657.09
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT A	\$246.27
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$120.87
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$0.00
93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION	\$0.00
93700	PERIPHERAL VASCULAR DISEASE	\$0.00
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS	\$29.00
93702	LYMPHEDEMA ASSESSMENT FOR EXTRACELLULAR FLUID ANALYSIS	\$80.00
93710	PHONOANGIOGRAPHY, CAROTID	\$0.00
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$344.84
93725	PLETHYSMOGRAPHY, REGIONAL; W/ INTERP/RPRT	\$0.00
93726	PLETHYSMOGRAPHY, REGIONAL; TRACING ONLY	\$0.00
93728	OCULOPLETHYSMOGRAPHY	\$0.00
93730	PHLEBORHEOGRAPHY	\$0.00
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PRO	\$0.00
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR O	\$22.14
93780	CIRCULATION TIME;	\$0.00
93781	CIRCULATION TIME;	\$0.00
93784	AMBULATORY BLOOD PRESSURE MONITORING, 24 HOURS OR LONGER, WITH RECORDING, SCANNI	\$48.38
93786	AMBULATORY BLOOD PRESSURE MONITORING, 24 HOURS OR LONGER, WITH RECORDING ONLY	\$23.17
93788	AMBULATORY BLOOD PRESSURE MONITORING, 24 HOURS OR LONGER, WITH SCANNING ANALYSIS	\$13.07
93790	AMBULATORY BLOOD PRESSURE MONITORING, 24 HOURS OR LONGER, REVIEW WITH INTERPRETA	\$12.15
93792	TRAINING FOR HOME INTERNATIONAL NORMALIZED RATIO (INR) MONITORING OF BLOOD THINN	\$37.64
93793	ANTI-CLOTTING MANAGEMENT FOR PATIENT TAKING WARFARIN	\$7.74
93795	ELECTRONIC PACEMAKER TESTING	\$0.00
93796	TELEPHONE PACEMAKER ANALYSIS	\$0.00
93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$9.96
93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$15.38
93799	UNLISTED 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	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$161.52
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$102.54
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$200.44
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$127.36
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$186.62
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$198.64
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$194.68
93910	NON-INVASIVE STUDIES OF LOWER EXTREMITY ARTERIES (EG, SEGMENTAL BLOOD PRESSURE M	\$0.00
93920	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY ARTERIES, BILATERAL, WITH OR WITHO	\$0.00
93922	ULTRASOUND STUDY OF ARTERIES OF BOTH ARMS AND LEGS	\$76.40
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY A	\$117.07
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$138.14
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$192.13
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$116.39

**Disclaimer: The Medicaid Fee Schedule may change without notice.**

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$156.25
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$103.76
93950	NON-INVASIVE STUDIES OF EXTREMITY VEINS (EG, DOPPLER STUDIES WITH EVALUATION OF	\$0.00
93960	QUANTITATIVE VENOUS FLOW STUDIES (EG, CAPACITANCE AND OUTFLOW MEASUREMENT OF CAL	\$0.00
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$169.29
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$112.56
93975	ULTRASOUND SCAN OF ABDOMINAL, PELVIC, AND/OR SCROTAL ARTERIAL INFLOW AND VENOUS	\$244.58
93976	ULTRASOUND LIMITED SCAN OF ABDOMINAL, PELVIC, AND/OR SCROTAL ARTERIAL INFLOW AND	\$149.97
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$149.97
93979	ULTRASOUND SCAN OF BLOOD FLOW OF AORTA, VENA CAVA, BYPASS GRAFTS, OR ONE SIDE OF	\$105.87
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$173.48
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP	\$130.77
93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXTREMITY ON ONE SIDE FOR PREOPERATIVE ASSESSME	\$182.83
93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXTREMITY ON BOTH SIDES OF BODY FOR PREOPERATIV	\$92.05
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$111.49
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	\$0.00
94002	VENTILATION ASSISTANCE AND MANAGEMENT, HOSPITAL INPATIENT OR OBSERVATION	\$59.64
94003	VENTILATION ASSISTANCE AND MANAGEMENT, HOSPITAL INPATIENT OR OBSERVATION	\$43.79
94004	VENTILATION ASSISTANCE AND MANAGEMENT, NURSING FACILITY PER DAY	\$31.91
94005	EVALUATION OF HOME VENTILATOR MANAGEMENT CARE PLAN, 30 MINUTES OR MORE	\$0.00
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$24.25
94011	MEASUREMENT AND GRAPHIC RECORDING OF TOTAL AND TIMED EXHALED AIR CAPACITY, INFAN	\$46.82
94012	MEASUREMENT AND GRAPHIC RECORDING OF TOTAL AND TIMED EXHALED AIR CAPACITY BEFORE	\$71.99
94013	MEASUREMENT OF REMAINING AIR OR LUNG CAPACITY AFTER EXHALATION, INFANT OR CHILD	\$15.12
94014	MEASUREMENT AND GRAPHIC RECORDING OF AMOUNT AND SPEED OF BREATHED AIR INCLUDING	\$33.77
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$15.08
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND IN	\$20.42
94060	MEASUREMENT AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFOR	\$46.78
94070	MULTIPLE MEASUREMENTS AND GRAPHIC RECORDINGS OF THE AMOUNT AND SPEED OF BREATHED	\$61.45
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$7.54
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$14.25
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$19.04
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.49
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$32.56
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$31.34
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$40.46
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$57.86
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALT	\$43.49
94617	EXERCISE TEST FOR SPASM OF LUNG AIRWAYS	\$64.07
94618	TEST FOR EXERCISE-INDUCED LUNG STRESS	\$22.16
94621	TEST FOR EXERCISE-INDUCED HEART AND LUNG STRESS	\$104.05
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.32
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	\$5.50
94644	RESPIRATORY INHALED AEROSOL TREATMENT TO RELIEVE AIRWAY OBSTRUCTION, FIRST HOUR	\$27.58
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$10.46
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$39.67
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$29.54
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT USE OF AEROSOL GENERATOR, NEBULIZER,	\$14.35
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$20.34
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$16.41
94669	MECHANICAL CHEST WALL MANIPULATION FOR IMPROVEMENT IN LUNG FUNCTION	\$24.53
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$54.46
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$70.85
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$53.03
94700	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST ONL	\$0.00
94705	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST AND	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RE	\$36.14
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, D	\$28.22
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$28.22
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	\$36.28
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$40.02
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	\$2.29
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	\$4.77
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$19.84
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$23.83
94772	MEASUREMENT AND RECORDING OF BREATHING PATTERN OVER 12-24 HOURS, INFANT	\$0.00
94774	PEDIATRIC HOME MONITORING OF BREATHING PAUSES DURING SLEEP, INCLUDING BREATHING	\$0.00
94775	ATTACHMENT AND DISCONNECTION OF PEDIATRIC HOME MONITORING DEVICE FOR DETECTION O	\$0.00
94776	PEDIATRIC HOME MONITORING OF BREATHING PAUSES DURING SLEEP, INCLUDING BREATHING	\$0.00
94777	PEDIATRIC HOME MONITORING OF BREATHING PAUSES DURING SLEEP, INCLUDING BREATHING	\$0.00
94780	CAR SEAT OR BED AIRWAY TESTING OF INFANT 1 YEAR OR LESS, 60 MINUTES	\$14.47
94781	CAR SEAT OR BED AIRWAY TESTING OF INFANT 1 YEAR OR LESS, ADDITIONAL 30 MINUTES	\$5.03
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	\$20.00
95000	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; UP TO 30	\$0.00
95001	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 31-60 TE	\$0.00
95002	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 61-90 TE	\$0.00
95003	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; MORE THA	\$0.00
95004	INJECTION OF ALLERGENIC EXTRACTS INTO SKIN, ACCESSED THROUGH THE SKIN	\$3.37
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	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$14.38
95014	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	\$0.00
95016	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	\$0.00
95017	ALLERGY TESTING WITH VENOMS INTO OR WITHIN SKIN, IMMEDIATE TYPE REACTION, INCLUD	\$2.28
95018	ALLERGY TESTING WITH DRUGS OR BIOLOGICALS INTO OR WITHIN THE SKIN, IMMEDIATE TYP	\$4.42
95021	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95022	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95023	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$4.93
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$4.93
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$7.73
95030	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95031	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95032	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95033	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95034	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95040	PATCH OR APPLICATION TESTS; UP TO 10 TESTS	\$0.00
95041	PATCH OR APPLICATION TESTS; 11-20 TESTS	\$0.00
95042	PATCH OR APPLICATION TESTS; 21-30 TESTS	\$0.00
95043	PATCH OR APPLICATION TESTS; MORE THAN 30 TESTS	\$0.00
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$6.80
95050	PHOTO PATCH TESTS; UP TO 10 TESTS	\$0.00
95051	PHOTO PATCH TESTS; MORE THAN 10 TESTS	\$0.00
95052	APPLICATION OF ALLERGENIC EXTRACT SKIN PATCH, EXPOSURE TO ULTRAVIOLET LIGHT, AND	\$8.36
95056	PHOTO TESTS	\$5.87
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$11.73
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$6.80
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$73.17

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$93.43
95076	INGESTION OF TEST ITEMS FOR ALLERGIES, 120 MINUTES	\$44.53
95077	FOOD ALLERGENIC EXTRACT IMMUNOTHERAPY	\$0.00
95079	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG	\$44.53
95080	PASSIVE TRANSFER TESTS; UP TO 10 TESTS	\$0.00
95081	PASSIVE TRANSFER TESTS; 11-20 TESTS	\$0.00
95082	PASSIVE TRANSFER TESTS; MORE THAN 20 TESTS	\$0.00
95105	MEDICAL CONFERENCE SERVICES (EG, USE OF MECHANICAL AND ELECTRIC DEVICES, CLIMATO	\$0.00
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$12.97
95117	INJECTION OF INCREMENTAL DOSAGES OF ALLERGEN, 2 OR MORE INJECTIONS	\$16.72
95120	PREPARATION, PROVISION, AND INJECTION OF ALLERGEN EXTRACT	\$0.00
95125	PREPARATION, PROVISION AND INJECTION OF ALLERGEN EXTRACT, 2 OR MORE INJECTIONS	\$0.00
95130	PREPARATION, PROVISION, AND INJECTION OF ONE STINGING INSECT VENOM	\$0.00
95131	PREPARATION, PROVISION, AND INJECTION OF TWO STINGING INSECT VENOM	\$0.00
95132	PREPARATION, PROVISION, AND INJECTION OF THREE STINGING INSECT VENOM	\$0.00
95133	PREPARATION, PROVISION, AND INJECTION OF FOUR STINGING INSECT VENOM	\$0.00
95134	PREPARATION, PROVISION, AND INJECTION OF FIVE STINGING INSECT VENOM	\$0.00
95135	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$0.00
95140	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$0.00
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.38
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.38
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.80
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.38
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.80
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.80
95150	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$0.00
95155	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$0.00
95160	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$0.00
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.38
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$3.38
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR	\$80.90
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	\$0.00
95249	CONTINUOUS MONITORING OF GLUCOSE IN TISSUE FLUID USING SENSOR UNDER SKIN	\$38.27
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$104.01
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$18.98
95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETU	\$0.00
95705	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95706	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95707	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95710	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION	\$0.00
95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY	\$0.00
95717	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$64.56
95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$84.95
95719	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$100.23
95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$131.58
95721	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$132.07
95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$160.51
95723	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$163.37
95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$204.70

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
95725	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$185.90
95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED H	\$258.62
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$712.82
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$760.49
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION,	\$142.99
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN S	\$65.05
95803	STUDY OF SLEEP AND WAKE PATTERNS INCLUDING INTERPRETATION AND REPORT, MINIMUM OF	\$0.00
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$488.08
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$347.15
95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP,	\$404.78
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$534.28
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$583.76
95812	MEASUREMENT OF BRAIN WAVE (EEG) ACTIVITY, 41-60 MINUTES	\$129.83
95813	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG) EXTENDED MONITORING, 61-119 MINUTES	\$170.24
95816	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND DROWSY	\$121.57
95819	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND ASLEEP	\$103.13
95822	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, IN COMA OR ASLEEP	\$144.59
95824	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, CEREBRAL DEATH EVALUATIO	\$43.18
95828	POLYSOMNOGRAPHY (RECORDING, ANALYSIS AND INTERPRETATION OF THE MULTIPLE SIMULTAN	\$0.00
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$936.19
95830	INSERTION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF SPHENOIDAL	\$70.81
95836	ELECTROCORTICOGRAM FROM AN IMPLANTED BRAIN NEUROSTIMULATOR PULSE GENERATOR/TRANS	\$67.92
95851	RANGE OF MOTION TESTING OF ARM, LEG OR EACH SPINE SECTION	\$7.89
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	\$5.33
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	\$22.24
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$59.08
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$98.48
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$118.33
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$156.68
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$82.98
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$55.22
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$55.97
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$84.46
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	\$25.46
95870	NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES IN ARM OR LEG	\$25.46
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE	\$82.21
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$20.36
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$20.64
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)	\$63.77
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$37.36
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$57.31
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(	\$51.40
95905	NEEDLE MEASUREMENT AND RECORDING OF MOVEMENT AND/OR FEELING OF ARM OR LEG WITH I	\$41.42
95907	NERVE TRANSMISSION STUDIES, 1-2 STUDIES	\$61.79
95908	NERVE TRANSMISSION STUDIES, 3-4 STUDIES	\$76.22
95909	NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$91.27
95910	NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$120.05
95911	NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$122.85
95912	NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$169.58
95913	NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$196.29
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$47.70
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$50.78
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$83.82
95924	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, AT LEAST 5 MINUTES O	\$95.96
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$59.31
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$59.31

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$59.94
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$135.06
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$140.86
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$65.38
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$54.08
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$40.81
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$201.45
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	\$312.05
95940	CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES	\$19.98
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF BOTH PARASYMPATHETIC FUNCTIO	\$0.00
95952	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY ATTACHED ELECTRODES OR	\$0.00
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN OR OTHER QUALIFIED HE	\$166.30
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$116.80
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	\$134.27
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$254.26
95961	MAPPING OF ELECTRICAL BRAIN WAVE ACTIVITY (EEG) USING ELECTRODES ON BRAIN SURFAC	\$168.18
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	\$175.92
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	\$0.00
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	\$0.00
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	\$0.00
95970	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DE	\$16.65
95971	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DE	\$28.64
95972	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DE	\$55.14
95976	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG	\$25.16
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG	\$33.59
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$21.16
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$8.40
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$16.58
95983	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (	\$31.68
95984	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (	\$27.79
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$45.46
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$27.76
95992	REPOSITIONING MANEUVERS FOR TREATMENT OF VERTIGO, PER DAY	\$0.00
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	\$0.00
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	\$0.00
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE W	\$0.00
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	\$59.90
96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOT	\$79.82
96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOT	\$36.44
96116	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH IN	\$61.95
96121	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$48.49
96125	STANDARDIZED THOUGHT PROCESSING TESTING, INTERPRETATION, AND REPORT PER HOUR"	\$41.65
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT	\$3.63
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH	\$67.64
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH	\$51.53
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED H	\$66.27
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED H	\$50.79
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIA	\$15.28
96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN	\$11.96
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIA	\$26.65
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIA	\$26.65
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED,	\$1.37
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALTH-FOCUSED CLINICAL INTERV	\$54.92
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INITIAL 30 MINUTES	\$37.48
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUT	\$12.91
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH	\$3.23

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
96164	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE; INITIAL	\$5.45
96165	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE; EACH ADD	\$24.24
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; I	\$20.25
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; E	\$14.24
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE	\$0.00
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE	\$0.00
96199	IMMUNOSUPPRESSION THERAPY	\$0.00
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	\$38.10
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$10.81
96365	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS UP TO 1 HOUR	\$46.51
96366	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS	\$14.27
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$23.03
96368	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS, CONCURRENT WITH ANOT	\$13.30
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$102.89
96370	INFUSION INTO TISSUE FOR THERAPY OR PREVENTION, BENEATH THE SKIN	\$10.00
96371	INFUSION FOR THERAPY OR PREVENTION, BENEATH THE SKIN	\$50.39
96372	INJECTION BENEATH THE SKIN OR INTO MUSCLE FOR THERAPY, DIAGNOSIS, OR PREVENTION	\$13.87
96373	INJECTION INTO ARTERY FOR THERAPY, DIAGNOSIS, OR PREVENTION	\$11.75
96374	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION	\$36.88
96375	INJECTION OF DIFFERENT DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR	\$15.80
96376	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION	\$0.00
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANE	\$0.00
96379	INJECTION OR INFUSION INTO A VEIN OR ARTERY FOR THERAPY, PREVENTION, OR DIAGNOSI	\$0.00
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$34.54
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$30.04
96405	CHEMOTHERAPY INTO A LESION, UP TO AND INCLUDING 7 LESIONS	\$30.10
96406	CHEMOTHERAPY INTO A LESION, MORE THAN 7 LESIONS	\$43.07
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$80.60
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$46.33
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$113.96
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$38.31
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$122.71
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$55.33
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$72.79
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$127.61
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL	\$52.00
96425	PROLONGED CHEMOTHERAPY INFUSION INTO ARTERY BY PORTABLE OR IMPLANTED PUMP, MORE	\$118.52
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$144.80
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CA	\$13.16
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$118.87
96500	CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT,	\$0.00
96501	CHEMOTHERAPY INJECTION, INTRAVENOUS, SINGLE PREMIXED AGENT,	\$0.00
96504	CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS,	\$0.00
96505	CHEMOTHERAPY INJECTION, INTRAVENOUS, MULTIPLE PREMIXED AGENTS,	\$0.00
96508	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	\$0.00
96509	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	\$0.00
96510	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	\$0.00
96511	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	\$0.00
96512	CHEMOTHERAPY INJECTION, INTRAVENOUS, COMPLEX, USING ONE OR	\$0.00
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$101.13
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$72.83
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$20.64
96524	CHEMOTHERAPY INJECTION, COMPLEX, ADMINISTERED BY PHYSICIAN,	\$0.00
96526	CHEMOTHERAPY INJECTION, COMPLEX, ADMINISTERED BY PHYSICIAN,	\$0.00
96535	CHEMOTHERAPY INJECTION, COMPLEX, REQUIRING THORACENTESIS	\$0.00
96538	CHEMOTHERAPY INJECTION, REQUIRING LUMBAR PUNCTURE, ADMINISTERED	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
96540	CHEMOTHERAPY INJECTION, INTRATHECAL VIA RESERVOIR, SINGLE OR	\$0.00
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS	\$82.55
96549	UNLISTED CHEMOTHERAPY PROCEDURE	\$41.60
96567	APPLICATION OF LIGHT AND LIGHT-SENSITIVE DRUGS TO AID DESTRUCTION OF PREMALIGNANT	\$50.24
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$58.12
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$29.40
96573	APPLICATION OF LIGHT AND LIGHT-SENSITIVE DRUGS TO AID DESTRUCTION OF PREMALIGNANT	\$131.08
96574	APPLICATION OF LIGHT AND LIGHT-SENSITIVE DRUGS FOLLOWING REMOVAL OF PREMALIGNANT	\$167.56
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$13.29
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$0.00
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM	\$25.74
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$32.74
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE	\$45.05
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$45.75
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ	\$46.58
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$83.40
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$0.00
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	\$0.00
97000	OFFICE VST W/ ONE MODALITY TO ONE AREA	\$0.00
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$10.08
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$13.69
97014	APPLICATION OF ELECTRICAL STIMULATION TO 1 OR MORE AREAS, UNATTENDED BY PHYSICAL	\$11.85
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$12.49
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$6.82
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$11.89
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$4.50
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$4.50
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$5.63
97032	APPLICATION OF ELECTRICAL STIMULATION TO 1 OR MORE AREAS, EACH 15 MINUTES	\$13.64
97033	APPLICATION OF MEDICATION THROUGH SKIN USING ELECTRICAL CURRENT, EACH 15 MINUTES	\$13.64
97034	THERAPEUTIC HOT AND COLD BATHS TO 1 OR MORE AREAS, EACH 15 MINUTES	\$11.39
97035	APPLICATION OF ULTRASOUND TO 1 OR MORE AREAS, EACH 15 MINUTES	\$9.52
97036	PHYSICAL THERAPY TREATMENT TO 1 OR MORE AREAS, HUBBARD TANK, EACH 15 MINUTES	\$16.04
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$10.37
97110	THERAPEUTIC EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIB	\$17.65
97112	THERAPEUTIC PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 M	\$18.58
97113	WATER POOL THERAPY WITH THERAPEUTIC EXERCISES TO 1 OR MORE AREAS, EACH 15 MINUTE	\$20.09
97116	WALKING TRAINING TO 1 OR MORE AREAS, EACH 15 MINUTES	\$16.70
97124	THERAPEUTIC MASSAGE TO 1 OR MORE AREAS, EACH 15 MINUTES	\$15.39
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMOR	\$14.89
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMOR	\$14.45
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$12.02
97140	MANUAL (PHYSICAL) THERAPY TECHNIQUES TO 1 OR MORE REGIONS, EACH 15 MINUTES	\$20.55
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$14.78
97151	BEHAVIOR IDENTIFICATION ASSESSMENT BY QUALIFIED HEALTH CARE PROFESSIONAL, EACH 1	\$31.25
97152	BEHAVIOR IDENTIFICATION ASSESSMENT BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HE	\$31.25
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECT	\$31.25
97154	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECT	\$12.50
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUALIFIED	\$31.25
97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONA	\$15.63
97157	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONA	\$15.63

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUA	\$15.63
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$51.57
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$51.57
97163	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$51.57
97164	RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$35.25
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$49.83
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$49.83
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTE	\$49.83
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MIN	\$33.13
97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS	\$0.00
97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	\$0.00
97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	\$0.00
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)	\$0.00
97530	THERAPEUTIC ACTIVITIES TO IMPROVE FUNCTION, WITH ONE-ON-ONE CONTACT BETWEEN PATI	\$18.32
97533	SENSORY TECHNIQUE TO ENHANCE PROCESSING AND ADAPTATION TO ENVIRONMENTAL DEMANDS,	\$17.81
97535	SELF-CARE OR HOME MANAGEMENT TRAINING, EACH 15 MINUTES	\$19.20
97542	WHEELCHAIR MANAGEMENT, EACH 15 MINUTES	\$17.54
97545	WORK HARDENING OR CONDITIONING, FIRST 2 HOURS	\$0.00
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	\$0.00
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	\$37.07
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	\$47.04
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	\$20.46
97605	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CE	\$18.49
97606	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	\$20.32
97607	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CEN	\$0.00
97608	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	\$0.00
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUC	\$0.00
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT WITH REPORT, EACH 15 MINUTES	\$19.83
97755	ASSISTIVE TECHNOLOGY ASSESSMENT TO ENHANCE FUNCTIONAL PERFORMANCE, EACH 15 MINUT	\$25.87
97760	TRAINING IN USE OF ORTHOTICS (SUPPORTS, BRACES, OR SPLINTS) FOR ARMS, LEGS AND/O	\$17.21
97761	TRAINING IN USE OF PROSTHESIS FOR ARMS AND/OR LEGS, PER 15 MINUTES	\$17.70
97763	MANAGEMENT AND/OR TRAINING IN USE OF ORTHOTICS (SUPPORTS, BRACES, OR SPLINTS) FO	\$32.18
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	\$0.00
98900	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O	\$0.00
98902	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT WITH PATIENT, AND/O	\$0.00
98910	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	\$0.00
98912	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	\$0.00
98920	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98921	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98922	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$22.01
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$30.70
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$37.99
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$43.75
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$53.93
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	\$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	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER Q	\$0.00
99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN	\$125.00
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	\$22.00
99151	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT YOU	\$14.44
99152	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT 5 Y	\$7.65

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99153	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, ADDITIONAL	\$7.59
99155	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT 5 YE	\$57.17
99156	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT 5 YE	\$46.29
99157	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, EACH ADDITIO	\$35.14
99160	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	\$0.00
99162	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	\$0.00
99170	EXAMINATION OF GENITAL AND ANAL REGION OF CHILD USING AN ENDOSCOPE, SUSPECTED TR	\$89.60
99171	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; BRIEF EXAMINATION, EVALUATION AND/OR	\$0.00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	\$46.30
99180	HYPERBARIC OXYGEN THERAPY; INITIAL	\$0.00
99182	HYPERBARIC OXYGEN THERAPY; SUBSEQUENT	\$0.00
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION	\$74.57
99184	INITIATION OF LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE	\$144.93
99190	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, EACH HOUR	\$0.00
99191	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, 45 MINUTES	\$0.00
99192	ASSEMBLY AND OPERATION OF HEART-LUNG MACHINE, 30 MINUTES	\$0.00
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$14.85
99199	PROCEDURE, SERVICE, OR REPORT	\$0.00
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$24.13
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES	\$48.03
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES	\$68.82
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES	\$99.17
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES	\$122.28
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES	\$9.17
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$24.13
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES	\$36.31
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES	\$56.46
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES	\$83.57
99217	HOSPITAL OBSERVATION CARE ON DAY OF DISCHARGE	\$50.53
99221	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 30 MINUTES PER DAY	\$53.33
99222	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 50 MINUTES PER DAY	\$87.63
99223	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 70 MINUTES PER DAY	\$116.67
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 15 MINUTES PER DAY	\$27.32
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 25 MINUTES PER DAY	\$42.31
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES PER DAY	\$59.39
99234	HOSPITAL OBSERVATION OR INPATIENT CARE LOW SEVERITY, 40 MINUTES PER DAY	\$95.13
99235	HOSPITAL OBSERVATION OR INPATIENT CARE MODERATE SEVERITY, 50 MINUTES PER DAY	\$128.86
99236	HOSPITAL OBSERVATION OR INPATIENT CARE HIGH SEVERITY, 55 MINUTES PER DAY	\$157.96
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	\$50.28
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	\$65.64
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED OR MINOR PROBLEM	\$15.42
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODERATELY SEVERE PROBLEM	\$23.95
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY SEVERE PROBLEM	\$48.05
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM OF HIGH SEVERITY	\$73.66
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM WITH SIGNIFICANT THREAT TO LIFE OR FUNCTION	\$115.85
99291	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT, FIRST 30-74 MINUTES	\$144.08
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$71.82
99304	INITIAL NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	\$46.61
99305	INITIAL NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	\$60.71
99306	INITIAL NURSING FACILITY VISIT, TYPICALLY 45 MINUTES PER DAY	\$74.08
99307	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 10 MINUTES PER DAY	\$23.47
99308	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 15 MINUTES PER DAY	\$39.23
99309	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	\$53.90
99310	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	\$68.61
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	\$45.08
99316	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES	\$57.25

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES	\$45.34
99324	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 20 MINUTES	\$36.37
99325	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 30 MINUTES	\$53.19
99326	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 45 MINUTES	\$76.94
99327	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	\$109.29
99328	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 75 MINUTES	\$139.40
99334	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 15 MINUTES	\$28.20
99335	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 25 MINUTES	\$44.54
99336	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 40 MINUTES	\$68.51
99337	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	\$107.32
99339	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 15-29	\$0.00
99340	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 30 MI	\$0.00
99341	NEW PATIENT HOME VISIT, TYPICALLY 20 MINUTES	\$44.73
99342	NEW PATIENT HOME VISIT, TYPICALLY 30 MINUTES	\$63.95
99343	NEW PATIENT HOME VISIT, TYPICALLY 45 MINUTES	\$93.85
99344	NEW PATIENT HOME VISIT, TYPICALLY 60 MINUTES	\$119.66
99345	NEW PATIENT HOME VISIT, TYPICALLY 75 MINUTES	\$140.70
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES	\$35.41
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES	\$53.81
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES	\$80.79
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 60 MINUTES	\$116.22
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	\$66.64
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	\$66.34
99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	\$68.89
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	\$56.45
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	\$38.23
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	\$0.00
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$48.67
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	\$66.86
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	\$65.52
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	\$59.27
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$61.58
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$59.80
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 YEARS AND OLDER	\$51.38
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN	\$34.35
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1 THROUGH 4 YE	\$33.27
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5 THROUGH 11 Y	\$40.89
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12 THROUGH 17	\$45.94
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39 YEARS	\$53.86
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64 YEARS	\$55.27
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 65 YEARS AND O	\$50.97
99406	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING, GREATER THAN 3 MINUTES UP TO 10	\$9.63
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, GREATER THAN 10 MINUTES	\$19.82
99415	PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE TYPICAL SERVICE TIME) D	\$6.13
99416	PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE TYPICAL SERVICE TIME) D	\$0.38
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FO	\$8.02
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FO	\$16.79
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FO	\$26.72
99438	INFANT CARE TO ONE YEAR OF AGE, WITH A MAXIMUM OF 12 OFFICE VISITS DURING REGULA	\$0.00
99451	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MAN	\$23.00
99452	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S	\$23.00
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE	\$13.27
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE	\$43.99
99456	WORK-RELATED OR MEDICAL DISABILITY EXAMINATION	\$0.00
99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, HEALTH CARE PROFESS	\$33.07
99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, CLINICAL STAFF/PHYS	\$20.18

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$57.63
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SE	\$48.69
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBO	\$30.80
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$74.71
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUAL	\$62.60
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	\$122.74
99466	CRITICAL CARE OF ILL OR INJURED PEDIATRIC PATIENT, 24 MONTHS OR YOUNGER, FIRST 3	\$199.35
99467	CRITICAL CARE OF ILL OR INJURED PEDIATRIC PATIENT, 24 MONTHS OR YOUNGER	\$102.67
99468	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGER,	\$300.00
99469	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGE	\$144.00
99471	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 29 DAYS THROU	\$168.72
99472	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 29 DAYS TH	\$144.00
99473	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY; PAT	\$7.57
99474	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY; SEP	\$5.54
99475	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 2 THROUGH 5 Y	\$300.00
99476	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 2 THROUGH	\$144.00
99477	INITIAL INTENSIVE CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGER, PER DAY	\$144.08
99478	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY	\$118.49
99479	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY	\$108.34
99480	SUBSEQUENT INTENSIVE CARE OF RECOVERING LOW BIRTH WEIGHT INFANT, PER DAY	\$104.40
99483	ASSESSMENT OF AND CARE PLANNING FOR PATIENT WITH IMPAIRED THOUGHT PROCESSING, TY	\$109.95
99490	CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH	\$27.15
99491	CHRONIC CARE MANAGEMENT SERVICES, PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QU	\$52.16
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST	\$55.54
99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN SUBSEQ	\$50.25
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, ADDITIONAL 30 M	\$26.81
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	\$32.99
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 STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	\$0.00
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	\$0.00
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND	\$5.20
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	\$0.00
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	\$0.00
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	\$16.64
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	\$0.00
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
A0021	AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)	\$0.00
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY	\$0.00
A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	\$0.00
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER	\$0.00
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	\$0.00
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR	\$0.00
A0160	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	\$0.00
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	\$0.00
A0180	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	\$0.00
A0190	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT	\$0.00
A0200	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT	\$0.00
A0210	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT	\$0.00
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	\$245.70
A0368	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	\$0.00
A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
A4201	GELFOAM, PER BOTTLE	\$0.00
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	\$0.16
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	\$0.16
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	\$0.16
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	\$0.21
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	\$0.21
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	\$3.64
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	\$0.52
A4215	NEEDLE, STERILE, ANY SIZE, EACH	\$0.10
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	\$0.60
A4217	STERILE WATER/SALINE, 500 ML	\$2.43
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	\$0.00
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	\$19.40
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EA	\$2.60
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	\$9.06
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	\$3.88
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	\$2.61
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	\$0.72
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	\$3.27
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	\$2.11
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	\$1.51
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$0.73
A4245	ALCOHOL WIPES, PER BOX	\$0.01
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	\$6.17
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	\$5.82
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	\$24.00
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	\$35.50
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	\$4.30
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	\$5.08
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	\$12.75
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	\$18.30
A4259	LANCETS, PER BOX OF 100	\$7.00
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	\$15.00
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$31.60
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY	\$0.00
A4265	PARAFFIN, PER POUND	\$3.39
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	\$0.00
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	\$0.26
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	\$2.50
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	\$0.00
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	\$4.95
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	\$0.00
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	\$0.00
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	\$0.00
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	\$0.00
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	\$0.00
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	\$0.00
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	\$3.43
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	\$3.43
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	\$15.95
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	\$15.95
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$9.76
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$14.13
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$15.02
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$17.05
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	\$17.58
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,	\$20.36
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$20.36
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$2.86
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	\$2.60
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	\$9.37
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	\$38.49
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$8.75
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	\$5.64
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR	\$3.30
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	\$0.13
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.94
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	\$2.81
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	\$0.00
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	\$0.00
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,	\$8.32
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	\$18.18
A4341	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, TEFLON	\$0.00
A4342	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX	\$0.00
A4343	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX WITH TEFLON COATING	\$0.00
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	\$11.56
A4345	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, SILICONE WITH ELASTOMER COATING	\$0.00
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	\$12.30
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$1.87
A4350	CATHETER CARE KIT	\$0.00
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,	\$1.20
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING	\$6.43
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	\$7.48
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$11.50
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY	\$7.02
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP	\$33.48
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR	\$10.81
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,	\$7.04
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH,	\$0.67
A4361	OSTOMY FACEPLATE, EACH	\$28.88
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	\$3.65
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	\$1.20
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	\$2.33
A4366	OSTOMY VENT, ANY TYPE, EACH	\$0.78
A4367	OSTOMY BELT, EACH	\$7.52
A4368	OSTOMY FILTER, ANY TYPE, EACH	\$0.27
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	\$1.79
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$3.60

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV	\$4.52
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN	\$6.77
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$18.54
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$51.39
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.63
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$33.18
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$16.23
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$40.31
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.98
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$26.59
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$30.47
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$10.41
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN	\$5.49
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),	\$4.62
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$4.71
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	\$6.70
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$10.40
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	\$7.66
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.18
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$9.04
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID	\$2.76
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.05
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$40.48
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	\$1.83
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$14.93
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	\$10.31
A4400	OSTOMY IRRIGATION SET	\$63.84
A4402	LUBRICANT, PER OUNCE	\$4.00
A4404	OSTOMY RING, EACH	\$1.83
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	\$3.40
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$5.74
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED	\$8.76
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.87
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$6.22
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.04
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	\$3.06
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$1.62
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$5.50
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$4.93
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$6.00
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$2.75
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$3.72
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.81
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$1.74
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$1.83
A4421	OSTOMY SUPPLY; MISCELLANEOUS	\$4.68
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	\$0.12
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$1.86
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$4.75
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	\$3.58
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	\$2.73
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$2.78
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	\$6.51
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$8.25
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.52
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	\$6.22

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE	\$20.80
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	\$2.92
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$3.81
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATO	\$5.20
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	\$41.04
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	\$0.00
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$1.03
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	\$0.44
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	\$0.00
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	\$0.50
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	\$287.21
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD	\$6.10
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	\$0.00
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$0.00
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	\$0.00
A4649	SURGICAL SUPPLY; MISCELLANEOUS	\$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	\$0.00
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	\$0.00
A4652	MICROCAPILLARY TUBE SEALANT	\$0.00
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	\$0.61
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	\$0.16
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	\$25.00
A4663	BLOOD PRESSURE CUFF ONLY	\$0.00
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	\$15.00
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	\$0.00
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	\$0.00
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	\$0.00
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	\$0.00
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	\$0.00
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	\$0.00
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	\$0.00
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	\$0.00
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	\$0.00
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	\$0.00
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	\$0.00
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	\$0.00
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	\$0.00
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	\$0.00
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	\$22.50
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	\$0.00
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	\$0.00
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	\$0.00
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	\$0.00
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	\$0.00
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	\$0.00
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	\$0.62

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	\$2.07
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.49
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$2.14
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$1.79
A5055	STOMA CAP	\$1.46
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PI	\$5.01
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONV	\$11.17
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	\$3.52
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$2.27
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	\$2.70
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	\$6.01
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$4.24
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$3.55
A5081	STOMA PLUG OR SEAL, ANY TYPE	\$3.89
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$10.62
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	\$0.00
A5093	OSTOMY ACCESSORY; CONVEX INSERT	\$2.09
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	\$24.21
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	\$61.69
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS,	\$33.44
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$3.72
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$11.29
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.25
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	\$9.11
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	\$15.22
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$1.16
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	\$17.83
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$11.29
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$59.36
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	\$176.00
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$27.54
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR	\$25.00
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	\$15.62
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER	\$25.26
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT	\$37.69
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TEC	\$44.56
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND	\$5.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	\$30.96
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	\$2.28
A6020	COLLAGEN BASED WOUND DRESSING, EACH DRESSING	\$0.94
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	\$17.88
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	\$20.05
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	\$190.30
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	\$5.90
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	\$0.00
A6154	WOUND POUCH, EACH	\$15.37
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ.	\$7.86
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	\$17.62
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	\$18.00
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	\$5.66
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$3.90
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA	\$7.27
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESI	\$7.12
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.57
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN	\$4.75
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	\$0.00
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESI	\$7.83
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$16.82
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE	\$30.61
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$10.11
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$10.39
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZ	\$10.72
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	\$0.00
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$0.08
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	\$0.45
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	\$0.94
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHE	\$0.63
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$1.66
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE AD	\$4.16
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	\$2.22
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	\$2.53
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	\$3.78
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS	\$3.88
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. I	\$3.88
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. I	\$3.88
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ.	\$4.46
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATE	\$6.57
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE T	\$18.30
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOU	\$6.81
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	\$17.25
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	\$29.16
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH A	\$8.48
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	\$23.76
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	\$13.12
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	\$12.77
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	\$2.74
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT AD	\$6.50
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	\$13.20
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	\$42.08
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY S	\$7.76
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	\$10.63
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	\$25.68
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	\$16.91

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	\$0.00
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS	\$2.10
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	\$4.05
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	\$6.85
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS	\$1.30
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	\$3.22
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	\$6.85
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.63
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.	\$4.48
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	\$8.50
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	\$0.00
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	\$0.00
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	\$0.00
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY	\$2.06
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$0.13
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR	\$0.45
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	\$0.46
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YA	\$1.13
A6410	EYE PAD, STERILE, EACH	\$0.39
A6411	EYE PAD, NON-STERILE, EACH	\$0.25
A6412	EYE PATCH, OCCLUSIVE, EACH	\$0.17
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	\$0.67
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN	\$0.17
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.29
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.49
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE	\$0.32
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.41
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.67
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE	\$1.16
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	\$1.75
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	\$2.00
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	\$4.00
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	\$5.91
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE	\$0.61
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$0.77
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$1.39
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	\$1.28
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	\$1.14
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHO	\$0.00
A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT	\$0.00
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	\$0.00
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	\$0.00
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	\$0.00
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	\$0.00
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	\$0.00
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	\$0.00
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	\$0.00
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	\$0.00
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	\$0.00
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	\$0.00
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	\$0.00
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	\$0.00
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	\$0.00
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	\$28.08
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	\$38.48
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	\$40.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	\$20.80
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	\$26.00
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	\$33.28
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	\$95.00
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	\$104.00
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	\$104.00
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	\$0.00
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	\$28.08
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES AL	\$24.82
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$7.30
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$30.90
A7002	TUBING, USED WITH SUCTION PUMP, EACH	\$3.58
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$2.08
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	\$1.64
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$28.18
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$13.36
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.93
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$0.00
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	\$0.00
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	\$21.28
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	\$2.81
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$0.76
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.36
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.44
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$11.88
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	\$12.78
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.51
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONL	\$0.00
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH	\$397.50
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH	\$28.75
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVIC	\$186.52
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	\$49.54
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	\$20.24
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$0.00
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$69.77
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	\$40.53
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	\$28.41
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	\$117.64
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$41.46
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.94
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$38.64
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$3.23
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.26
A7040	ONE WAY CHEST DRAIN VALVE	\$35.20
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	\$66.14
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$120.91
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	\$0.00
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	\$19.51
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	\$132.22
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	\$0.00
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	\$100.18
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	\$47.61
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND	\$10.81
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	\$0.64
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE	\$4.46
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH	\$0.32

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	\$2.37
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE	\$2.74
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A	\$1.41
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE	\$47.48
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	\$47.05
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND	\$45.16
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	\$25.23
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	\$77.40
A7525	TRACHEOSTOMY MASK, EACH	\$2.07
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	\$3.37
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	\$3.37
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$15.33
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$15.33
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	\$15.33
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	\$15.33
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	\$0.00
A9150	NON-PRESCRIPTION DRUGS	\$0.00
A9250	NURSING HOME RENTALS	\$0.00
A9260	NON-CERTIFIED PHYSICAL THERAPISTS	\$0.00
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, AN	\$0.00
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	\$0.00
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	\$0.00
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	\$0.00
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	\$83.20
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	\$0.00
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	\$83.20
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$0.00
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$59.80
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$1,855.00
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$79.17
A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	\$0.00
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	\$36.40
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	\$117.25
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	\$240.00
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$231.44
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$17.68
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$20.80
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$0.00
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	\$20.80
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	\$20.00
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$20.00
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	\$11.50
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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	\$0.00
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	\$0.00
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	\$0.00
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$0.00
A9585	INJECTION, GADOBUTROL, 0.1 ML	\$0.00
A9589	INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	\$0.00
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	\$892.46
A9603	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI	\$0.00
A9998	CONV. NO PROCEDURE	\$0.00
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	\$5.20
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEED	\$10.26
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	\$6.78
B4081	NASOGASTRIC TUBING WITH STYLET	\$19.17
B4082	NASOGASTRIC TUBING WITHOUT STYLET	\$13.50
B4083	STOMACH TUBE - LEVINE TYPE	\$2.17
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	\$38.22
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	\$38.22
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	\$5.00
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	\$0.17
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	\$0.00
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, I	\$0.94
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES	\$0.56
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER	\$0.49
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND	\$1.59
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES	\$1.12
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC	\$0.87
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR	\$1.12
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	\$0.56
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	\$0.56
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	\$0.49
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	\$1.59
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	\$1.12
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML =	\$9.89
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	\$14.41
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) -	\$0.00
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) -	\$27.88
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT)	\$33.47
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500	\$14.18
B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	\$6.53
B4187	OMEGAVEN, 10 GRAMS LIPIDS	\$0.00
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$145.60

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$197.60
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$239.20
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$280.80
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN,	\$4.49
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	\$6.76
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	\$5.74
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	\$20.80
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	\$10.40
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	\$4.06
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	\$0.00
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	\$74.80
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	\$2,262.63
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	\$2,262.63
B9998	NOC FOR ENTERAL SUPPLIES	\$0.00
B9999	NOC FOR PARENTERAL SUPPLIES	\$0.00
C1830	POWERED BONE MARROW BIOPSY NEEDLE	\$0.00
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$29.12
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$29.12
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$29.12
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$29.12
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$0.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$58.24
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$10.92
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.76
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$18.72
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	\$36.40
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$10.19
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$18.93
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$19.11
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$25.48
D0275	BITEWINGS-EACH ADDITIONAL FILM	\$0.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$46.80
D0310	SIALOGRAPHY	\$67.60
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$47.32
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$62.40
D0351	3D PHOTOGRAPHIC IMAGE	\$0.00
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN 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	\$36.40
D1120	PROPHYLAXIS-CHILD	\$26.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$14.16
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$14.16
D1351	SEALANT-PER TOOTH	\$24.32
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$6.33
D1510	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	\$115.44
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$149.76
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$149.76
D1520	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	\$85.61
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	\$31.20
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	\$31.20
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$31.20
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$41.04
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	\$41.04
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	\$41.04
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	\$115.44
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$30.94
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$40.40
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$48.46
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$53.56
D2330	RESIN-ONE SURFACE, ANTERIOR	\$0.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$0.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$0.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$0.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$38.53
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$50.02
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$60.63
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$66.90
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$0.00
D2740	CROWN - PORCELAIN/CERAMIC	\$234.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$234.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$234.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$234.00
D2792	CROWN-FULL CAST NOBLE METAL	\$234.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$28.08
D2920	RE-CEMENT OR RE-BOND CROWN	\$28.08
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$74.36
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$80.60
D2932	PREFABRICATED RESIN CROWN	\$46.80
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$74.36
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$74.36
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$62.40
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$15.60
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$74.88
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$74.88
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$67.60
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	\$40.56
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$71.44
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$87.93
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$260.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$338.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$416.00
D3340	FOUR OR MORE CANALS (EXCLUDING FINAL RESTORATION)	\$0.00
D3350	APEXIFICATION (PER TREATMENT VISIT)	\$0.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	\$80.29
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	\$36.40
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$36.40
D3410	APICOECTOMY - ANTERIOR	\$224.88
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$247.37
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$283.35
D3440	APICAL CURETTAGE	\$0.00
D3940	RECALCIFICATION OR REPAIR (PERFORATIONS, ROOT RESORPTION, ETC.)	\$0.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$187.20
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$20.68

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$49.92
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	\$0.00
D4340	PERIODONTAL SCALING AND ROOT PLANING-ENTIRE MOUTH	\$0.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	\$36.40
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$520.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$520.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$416.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$416.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	\$416.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	\$416.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLU	\$520.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCL	\$520.00
D5215	UPPER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	\$0.00
D5216	LOWER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	\$0.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING 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
D5280	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE HIGH NOBLE CASTING, CLASP ATTACHM	\$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.81
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$37.44
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$28.08
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$26.21
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$0.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$0.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$49.92
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$0.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$0.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$0.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$0.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	\$49.92
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$43.68
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$72.80
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$42.01
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$135.20
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$135.20
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$90.95
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$90.95
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$78.00
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$78.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$78.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$87.36
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$140.40
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$145.60
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$116.48
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$121.68
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$104.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$104.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$160.16
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$160.16
D5850	TISSUE CONDITIONING, MAXILLARY	\$40.77
D5911	FACIAL MOULAGE (SECTIONAL)	\$0.00
D5912	FACIAL MOULAGE (COMPLETE)	\$0.00
D5913	NASAL PROSTHESIS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D5914	AURICULAR PROSTHESIS	\$0.00
D5915	ORBITAL PROSTHESIS	\$0.00
D5916	OCULAR PROSTHESIS	\$0.00
D5917	COMPOSITE FACIAL PROSTHESIS	\$0.00
D5918	REPLACEMENT PROSTHESIS	\$0.00
D5919	FACIAL PROSTHESIS	\$0.00
D5920	OCULAR IMPLANT	\$0.00
D5921	ORBITAL IMPLANT	\$0.00
D5922	NASAL SEPTAL PROSTHESIS	\$0.00
D5923	OCULAR PROSTHESIS, INTERIM	\$0.00
D5924	CRANIAL PROSTHESIS	\$0.00
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	\$0.00
D5926	NASAL PROSTHESIS, REPLACEMENT	\$0.00
D5927	AURICULAR PROSTHESIS, REPLACEMENT	\$0.00
D5928	ORBITAL PROSTHESIS, REPLACEMENT	\$0.00
D5929	FACIAL PROSTHESIS, REPLACEMENT	\$0.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$0.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$0.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$0.00
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$0.00
D5936	OBTURATOR/PROSTHESIS, INTERIM	\$0.00
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	\$0.00
D5951	FEEDING AID	\$0.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$0.00
D5953	SPEECH AID PROSTHESIS, ADULT	\$0.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$0.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$0.00
D5956	OBTURATOR	\$0.00
D5957	SPEECH BULB	\$0.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$0.00
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$0.00
D5960	SPEECH AID PROSTHESIS, MODIFICATION	\$0.00
D5971	SIMPLE IMPLANT	\$0.00
D5972	COMPLEX IMPLANT	\$0.00
D5973	SUBPERIOSTEAL IMPLANT	\$0.00
D5974	ENDOSSEOUS IMPLANT (IN THE BONE)	\$0.00
D5976	MANDIBULAR STAPLE IMPLANT	\$0.00
D5982	SURGICAL STENT	\$0.00
D5983	RADIATION CARRIER	\$0.00
D5984	RADIATION SHIELD	\$0.00
D5985	RADIATION CONE LOCATOR	\$0.00
D5986	FLUORIDE GEL CARRIER	\$0.00
D5987	COMMISSURE SPLINT	\$0.00
D5988	SURGICAL SPLINT	\$0.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	\$0.00
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBU	\$0.00
D6549	RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	\$0.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$0.00
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	\$0.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$0.00
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$50.70
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$0.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	\$145.60

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$167.44
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$245.44
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$302.64
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$302.64
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$99.84
D7260	ORAL ANTRAL FISTULA CLOSURE	\$99.84
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$98.80
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND	\$98.80
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$78.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$78.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$78.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$78.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$78.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	\$93.60
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$36.40
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$78.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$31.20
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	\$0.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE	\$0.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$236.82
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$208.00
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$260.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$208.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$260.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$104.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$104.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$104.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$130.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$78.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$78.00
D7472	REMOVAL OF TORUS PALATINUS	\$0.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$0.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$0.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$62.40
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$62.40
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$55.33
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$31.20
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	\$208.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$182.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$260.00
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$0.00
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$0.00
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$0.00
D7710	MAXILLA-OPEN REDUCTION	\$0.00
D7720	MAXILLA-CLOSED REDUCTION	\$0.00
D7730	MANDIBLE-OPEN REDUCTION	\$0.00
D7740	MANDIBLE-CLOSED REDUCTION	\$0.00
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$0.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$0.00
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$0.00
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	\$0.00
D7810	OPEN REDUCTION OF DISLOCATION	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	\$75.00
D7963	FRENULOPLASTY	\$0.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$208.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$32.03
D7980	SURGICAL SIALOLITHOTOMY	\$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$0.00
D7982	SIALODOCHOPLASTY	\$0.00
D7990	EMERGENCY TRACHEOTOMY	\$0.00
D7991	CORONOIDECTOMY	\$0.00
D7992	EMINENECTOMY	\$0.00
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	\$0.00
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	\$0.00
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	\$0.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$0.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$0.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$0.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$0.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$0.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL 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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	\$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
D9005	HMO COPAYMENT	\$0.00
D9007	ADDITIONAL PAYMENT	\$0.00
D9008	MEDICARE DEDUCTIBLE	\$0.00
D9011	TOTAL CHARGE	\$0.00
D9014	THIRD PARTY LIABILITY FOR DENTAL CLAIMS	\$0.00
D9017	GROSS ADJUSTMENT	\$0.00
D9019	TOTAL SERVICE	\$0.00
D9020	TAX ON DENTAL ENCOUNTERS	\$0.00
D9022	PATIENT'S SHARE	\$0.00
D9070	INTEREST	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$59.28
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$0.00
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$55.99
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$0.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	\$104.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$66.56
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$66.56
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$60.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$0.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$0.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0.00
D9960	COMPLETION OF CLAIM FORM	\$0.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	\$0.00
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	\$0.00
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND	\$0.00
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	\$0.00
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	\$0.00
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP,	\$0.00
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	\$19.27
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	\$0.00
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	\$11.99
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	\$0.00
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	\$0.00
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	\$0.00
E0150	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$0.00
E0151	HANDGRIP,CANE, CRUTCH, OR WALKER	\$0.00
E0152	TIP, CANE, CRUTCH, WALKER	\$0.00
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	\$8.87
E0154	PLATFORM ATTACHMENT, WALKER, EACH	\$0.00
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	\$0.00
E0156	SEAT ATTACHMENT, WALKER	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0157	CRUTCH ATTACHMENT, WALKER, EACH	\$0.00
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	\$0.00
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	\$0.00
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	\$7.39
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH	\$1.89
E0162	SITZ BATH CHAIR	\$9.95
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	\$9.36
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	\$9.36
E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	\$15.09
E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	\$188.04
E0175	FOOT REST, FOR USE WITH COMMUNE CHAIR, EACH	\$5.81
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES	\$33.28
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	\$30.12
E0183	FLOTATION PAD FOR WHEELCHAIR	\$0.00
E0184	DRY PRESSURE MATTRESS	\$10.87
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$36.18
E0186	AIR PRESSURE MATTRESS	\$41.43
E0187	WATER PRESSURE MATTRESS	\$41.43
E0188	SYNTHETIC SHEEPSKIN PAD	\$3.10
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	\$10.81
E0191	HEEL OR ELBOW PROTECTOR, EACH	\$0.93
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	\$0.00
E0194	AIR FLUIDIZED BED	\$3,410.32
E0195	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED	\$0.00
E0196	GEL PRESSURE MATTRESS	\$41.43
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$36.18
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$36.18
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$8.09
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	\$10.70
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	\$56.14
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	\$125.06
E0210	ELECTRIC HEAT PAD, STANDARD	\$89.64
E0215	ELECTRIC HEAT PAD, MOIST	\$86.80
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	\$647.82
E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	\$50.00
E0221	INFRARED HEATING PAD SYSTEM	\$2,113.46
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	\$0.00
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	\$52.75
E0236	PUMP FOR WATER CIRCULATING PAD	\$92.62
E0239	HYDROCOLLATOR UNIT, PORTABLE	\$1,692.56
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	\$10.40
E0241	BATH TUB WALL RAIL, EACH	\$2.60
E0242	BATH TUB RAIL, FLOOR BASE	\$4.16
E0243	TOILET RAIL, EACH	\$5.41
E0244	RAISED TOILET SEAT	\$5.20
E0245	TUB STOOL OR BENCH	\$10.40
E0246	TRANSFER TUB RAIL ATTACHMENT	\$9.36
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	\$11.00
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	\$15.00
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	\$15.37
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$94.30
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$84.70
E0252	HOSPITAL BED, FIXED HEIGHT, WITH MATTRESS	\$0.00
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$111.42
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$73.62
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$213.72

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$187.72
E0271	MATTRESS, INNERSPRING	\$0.00
E0272	MATTRESS, FOAM RUBBER	\$0.00
E0275	BED PAN, STANDARD, METAL OR PLASTIC	\$18.61
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	\$17.02
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	\$703.50
E0280	BED CRADLE, ANY TYPE	\$0.00
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	\$94.30
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$84.70
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	\$111.42
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$73.26
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$210.69
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$187.72
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	\$0.00
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	\$380.10
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	\$1,000.00
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	\$286.65
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	\$1,155.00
E0305	BED SIDE RAILS, HALF LENGTH	\$0.00
E0310	BED SIDE RAILS, FULL LENGTH	\$0.00
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	\$76.00
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	\$190.46
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	\$9.06
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	\$17.40
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, F	\$0.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES,	\$0.00
E0330	URINAL, MALE, DAY/NIGHT	\$0.00
E0370	AIR PRESSURE ELEVATOR FOR HEEL	\$0.00
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS	\$451.75
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$548.13
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	\$581.41
E0400	OXYGEN CONTENTS, GASEOUS, PER CUBIC FOOT (INCLUDES ALL CHARGES FOR USE OF THE CO	\$0.00
E0405	OXYGEN CONTENTS, GASEOUS, PER 100 CUBIC FEET (INCLUDES ALL CHARGES FOR USE OF TH	\$0.00
E0410	OXYGEN CONTENTS, LIQUID, PER POUND	\$0.00
E0415	OXYGEN CONTENTS, LIQUID, PER 100 POUNDS	\$0.00
E0416	OXYGEN REFILL FOR PORTABLE GASEOUS SYSTEMS ONLY, UP TO 23 CUBIC FEET, (INCLUDES	\$0.00
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	\$0.00
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	\$0.00
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQU	\$0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	\$32.08
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	\$0.00
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	\$0.00
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	\$329.68
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$77.45
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$77.45
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$0.00
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$0.00
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	\$320.00
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT A	\$93.00
E0451	VOLUME VENTILATOR; PORTABLE (INCLUDES BATTERY, BATTERY CHARGER AND BATTERY CABLE	\$0.00
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	\$20.00
E0456	CHEST CUIRASS, WITH PUMP	\$0.00
E0457	CHEST SHELL (CUIRASS)	\$614.51
E0458	NEGATIVE PRESSURE PUMP	\$0.00
E0459	CHEST WRAP	\$93.68
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUB	\$923.83
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST	\$923.83
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF	\$0.00
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	\$0.00
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE	\$0.00
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	\$0.00
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	\$0.00
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	\$0.00
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPL	\$1,063.13
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	\$36.92
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	\$5.00
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	\$5.00
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	\$0.00
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES	\$1,134.64
E0505	IPPB MACHINES WITH MANUAL VALVES ELECTRICALLY DRIVEN WITH INTERNAL POWER SOURCE,	\$0.00
E0510	IPPB MACHINES WITH AUTOMATIC VALVES, EXTERNAL POWER SOURCE INCLUDES CYLINDER REG	\$0.00
E0515	IPPB MACHINES WITH AUTOMATIC VALVES, ELECTRICALLY DRIVEN WITH INTERNAL COMPRESSO	\$0.00
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATM	\$143.52
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH	\$5.00
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR	\$0.00
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$0.00
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$0.00
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR	\$75.90
E0570	NEBULIZER, WITH COMPRESSOR	\$13.00
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	\$36.03
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	\$38.09
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	\$13.00
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	\$0.00
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	\$57.96
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$44.79
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	\$0.00
E0602	BREAST PUMP, MANUAL, ANY TYPE	\$29.52
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	\$0.00
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	\$0.00
E0605	VAPORIZER, ROOM TYPE	\$75.56
E0606	POSTURAL DRAINAGE BOARD	\$228.80
E0607	HOME BLOOD GLUCOSE MONITOR	\$73.51
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE	\$499.30
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER	\$486.71
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	\$500.00
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	\$304.05
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	\$85.00
E0619	APNEA MONITOR, WITH RECORDING FEATURE	\$0.00
E0620	SEAT LIFT CHAIR, MOTORIZED TO ASSIST PATIENT IN STANDING AND SITTING	\$0.05
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	\$97.00
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	\$100.00
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	\$357.15
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	\$357.15
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD	\$1,303.12
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	\$142.55
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT	\$1,054.56
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	\$0.00
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	\$666.57
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	\$6,600.54
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	\$96.95
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	\$0.00
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$119.16
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$111.44
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$94.79
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$553.95
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$474.25
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$198.00
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 F	\$222.66
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	\$448.57
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	\$348.56
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	\$289.61
E0674	IRON LUNG	\$0.00
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE,	\$0.00
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE S	\$0.00
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	\$898.59
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,128.37
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,390.98
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES	\$4,427.34
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	\$48.10
E0705	TRANSFER DEVICE, ANY TYPE, EACH	\$55.64
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	\$18.39
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED S	\$487.78
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, F	\$532.82
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE	\$594.69
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	\$0.00
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	\$243.07
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	\$243.07
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	\$235.36
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	\$100.00
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	\$2,912.05
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF	\$84.13
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIE	\$460.91
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	\$84.13
E0776	IV POLE	\$15.60
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	\$18.42
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	\$10.68
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	\$0.00
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	\$0.00
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	\$0.00
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE	\$0.00
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPE	\$0.00
E0790	PARENTERAL INFUSION PUMP, PORTABLE	\$0.00
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	\$0.00
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	\$5.00
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	\$6.44
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	\$51.53
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	\$6.44
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	\$53.38
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	\$0.00
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	\$4.69
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	\$8.92
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	\$9.57
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	\$9.60
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	\$16.42

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	\$19.04
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT	\$49.85
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR	\$114.47
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	\$6.44
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	\$13.52
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	\$2.15
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	\$36.59
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	\$66.29
E0942	CERVICAL HEAD HARNESS/HALTER	\$2.75
E0944	PELVIC BELT/HARNESS/BOOT	\$3.57
E0945	EXTREMITY BELT/HARNESS	\$4.79
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	\$497.12
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	\$479.17
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	\$469.39
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	\$89.58
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	\$22.34
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	\$0.00
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MO	\$8.03
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDW	\$0.00
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	\$0.00
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	\$0.00
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING	\$0.00
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	\$43.54
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	\$5.48
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	\$0.00
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	\$2.14
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	\$8.84
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ON	\$6.46
E0968	COMMODE SEAT, WHEELCHAIR	\$17.49
E0969	NARROWING DEVICE, WHEELCHAIR	\$16.93
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	\$0.00
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY,	\$10.95
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	\$5.03
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	\$4.33
E0980	SAFETY VEST, WHEELCHAIR	\$2.99
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	\$0.00
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	\$0.00
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	\$235.68
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	\$116.69
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	\$18.25
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	\$413.47
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	\$0.00
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	\$0.00
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	\$6.50
E0994	ARM REST, EACH	\$3.30
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	\$3.15
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	\$0.00
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR	\$0.00
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR	\$0.00
E1005	WHEELCHAIR ACCESSORY, POWER SEATING 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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVA	\$94.99
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	\$32.86
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	\$11.46
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	\$0.00
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR,	\$13.14
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR,	\$13.14
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	\$0.00
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	\$0.00
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	\$0.00
E1030	ROLLABOUT CHAIR, WITHOUT ARMS	\$0.00
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	\$54.41
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE	\$613.20
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPER	\$0.00
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	\$97.64
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	\$40.01
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 30	\$40.01
E1040	ROLLABOUT CHAIR, WITH FIXED OR REMOVABLE ARMS	\$0.00
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT	\$182.95
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	\$119.14
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	\$2,922.58
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$117.06
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG	\$96.20
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY	\$112.84
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	\$76.96
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$96.20
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	\$165.56
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$126.88
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE	\$139.41
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$119.08
E1091	YOUTH WHEELCHAIR, ANY TYPE	\$0.00
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY	\$109.95
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING	\$177.97
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATI	\$0.00
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG	\$135.20
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOT	\$57.72
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$57.72
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE	\$83.20
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	\$74.36
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	\$235.92
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGR	\$86.55
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	\$83.08
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR	\$126.78
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$116.54
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$111.51
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$147.78
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$101.83
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER,	\$268.01
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	\$43.16
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	\$74.36
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	\$70.69
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	\$79.82
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15	\$37.36
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80	\$0.00
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	\$13.34
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	\$36.40
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND	\$196.46
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING	\$189.20
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	\$192.45
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	\$199.41
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING	\$192.89
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$167.16
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$147.48
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$148.77
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$0.00
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACH	\$105.04
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$63.11
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$63.11
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$63.11
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	\$148.09
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$109.92
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$109.92
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	\$131.19
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	\$49.94
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	\$8.92
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	\$43.35
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	\$231.93
E1351	CANNULA	\$0.00
E1353	REGULATOR	\$29.75
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, A	\$0.00
E1355	STAND/RACK	\$22.40
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, RE	\$0.00
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEME	\$0.00
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEM	\$0.00
E1371	FACE TENT	\$0.00
E1372	IMMERION EXTERNAL HEATER FOR NEBULIZER	\$139.15
E1373	TRACHEOTOMY MASK OR COLLAR	\$0.00
E1374	VARIABLE CONCENTRATION MASK	\$0.00
E1388	OXYGEN CONCENTRATOR, EQUIVALENT TO 244 CUBIC FEET	\$0.00
E1389	OXYGEN CONCENTRATOR, EQUIVALENT TO 488 CUBIC FEET	\$0.00
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	\$0.00
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	\$0.00
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	\$32.08
E1393	OXYGEN CONCENTRATOR, EQUIVALENT TO 1464 CUBIC FEET	\$0.00
E1394	OXYGEN CONCENTRATOR, EQUIVALENT TO 1708 CUBIC FEET	\$0.00
E1395	OXYGEN CONCENTRATOR, EQUIVALENT TO 1952 CUBIC FEET	\$0.00
E1396	OXYGEN CONCENTRATOR, EQUIVALENT TO OVER 1952 CUBIC FEET	\$0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	\$0.00
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	\$0.00
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	\$0.00
E1500	CENTRIFUGE, FOR DIALYSIS	\$5.00
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOV	\$5.00
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	\$5.00
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	\$5.00
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	\$5.00
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	\$5.00
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	\$5.00
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	\$5.00
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	\$5.00
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	\$5.00
E1590	HEMODIALYSIS MACHINE	\$5.00
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	\$5.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	\$5.00
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	\$5.00
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	\$5.00
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	\$5.00
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	\$5.00
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	\$5.00
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	\$5.00
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	\$5.00
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	\$5.00
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	\$5.00
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	\$0.00
E1637	HEMOSTATS, EACH	\$0.00
E1639	SCALE, EACH	\$5.00
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	\$0.00
E1700	JAW MOTION REHABILITATION SYSTEM	\$41.49
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	\$11.45
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	\$23.05
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATER	\$138.27
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITH	\$121.43
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	\$326.80
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	\$138.27
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO	\$99.66
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	\$138.27
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHO	\$126.22
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	\$85.99
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	\$138.27
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO	\$128.23
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOU	\$130.90
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	\$8.33
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE	\$10.51
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	\$138.27
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT	\$0.00
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	\$371.93
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJU	\$453.00
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION	\$50.00
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$48.77
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$48.80
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	\$18.86
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	\$283.52
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL	\$37.31
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$40.29
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22	\$40.71
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	\$69.15
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR	\$3.19
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EA	\$4.00
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	\$0.00
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	\$0.00
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	\$0.00
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$12.56
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$0.61
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), A	\$3.01
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$4.49
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$0.94
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	\$0.50
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	\$0.50
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	\$0.50

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	\$2.98
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, R	\$3.21
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$2.49
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	\$2.09
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEME	\$7.34
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O	\$1.74
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$3.79
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	\$0.00
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	\$0.00
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCL	\$0.00
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$50.00
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$50.00
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	\$50.00
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	\$50.00
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	\$0.00
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	\$0.00
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$0.00
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$0.00
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL RE	\$201.67
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUD	\$32.03
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK,	\$0.00
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL	\$0.00
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL	\$0.00
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	\$0.00
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING	\$0.00
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL,	\$0.00
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE,	\$0.00
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	\$0.00
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	\$0.00
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	\$35.85
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$53.76
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	\$38.08
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	\$60.92
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING	\$0.00
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	\$0.00
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CE	\$0.00
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	\$12.20
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL	\$0.00
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$9.04
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL	\$0.00
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$12.20
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,	\$0.00
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE	\$10.65
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER	\$0.00
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	\$0.00
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	\$0.00
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATIO	\$0.00
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, A	\$0.00
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	\$15.08
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYST	\$0.00
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYS	\$16.92
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELE	\$0.00
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$0.00
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$0.00
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	\$55.41
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ON	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLA	\$0.00
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), A	\$0.00
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$0.00
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMEN	\$0.00
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	\$0.00
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	\$0.00
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$0.00
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$0.00
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, R	\$0.00
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$0.00
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED W	\$0.00
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONL	\$0.00
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ON	\$0.00
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$0.00
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	\$0.00
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	\$0.00
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	\$0.00
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS TH	\$39.11
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$119.59
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$157.76
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$231.29
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	\$357.67
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	\$676.82
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL	\$50.00
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	\$50.00
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	\$0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	\$0.00
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	\$0.00
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	\$0.00
E2610	WHEELCHAIR SEAT CUSHION, POWERED	\$0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	\$0.00
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	\$0.00
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	\$0.00
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	\$0.00
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	\$0.00
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	\$0.00
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	\$0.00
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	\$0.00
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$0.00
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$0.00
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,	\$0.00
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER,	\$0.00
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	\$0.00
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN	\$0.00
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND	\$0.00
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER A	\$0.00
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	\$0.00
G0003	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPTO	\$332.28
G0051	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$37.94
G0054	BLOOD CHOLESTEROL TEST, BY CHOLESTEROL MONITORING DEVICE APPROVED BY FDA FOR HOM	\$4.47
G0055	GLUCOSE POST DOSE (INCLUDES GLUCOSE) DIRECT MEASUREMENT BY A GLUCOSE TESTING DEV	\$5.53
G0056	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY GLUCOSE TESTING DEVICE AP	\$15.68
G0057	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY A GLUCOSE TESTING DEVICE	\$4.64
G0061	LUNG VOLUME REDUCTION SURGERY (REDUCTION PNEUMOPLASTY) EG, LUNG SHAVING, LUNG CO	\$0.00
G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN	\$0.00
G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	\$0.00
G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY	\$0.00
G0079	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE	\$0.00
G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONL	\$0.00
G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE O	\$0.00
G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE	\$0.00
G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR US	\$0.00
G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. F	\$0.00
G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR U	\$0.00
G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A	\$0.00
G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONL	\$0.00
G0088	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$157.48
G0089	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$57.25
G0090	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$70.89
G0091	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$89.28
G0092	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$99.51
G0093	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$140.70
G0094	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$156.83
G0095	HEPATIC FUNCTION PANEL A ((WITH BILIRUBIN, TOTAL AND DIRECT)); ALBUMIN, SERUM; BI	\$0.00
G0096	BASIC METABOLIC PANEL (CARBON DIOXIDE (BICARBONATE)); CHLORIDE-BLOOD; CREATININE-	\$0.00
G0097	ELECTROLYTES PANEL (CARBON DIOXIDE; CHLORIDE-BLOOD; POTASSIUM-SERUM; SODIUM-SERU	\$0.00
G0098	COMPREHENSIVE METABOLIC PANEL (ALBUMIN-SERUM; BILIRUBIN-TOTAL; CALCIUM-TOTAL; CH	\$0.00
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$23.84
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$9.02
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	\$25.42
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$55.97
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$189.81
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	\$140.76
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30	\$34.21
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR	\$20.15
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$25.39
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$9.29
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	\$140.76
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$211.36
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$0.00
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$28.00
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$22.89
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$8.27
G0129	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL T	\$0.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$45.36
G0133	ULTRASOUND BONE MINERAL DENSITY STUDY, ONE OR MORE SITES APPENDICULAR SKELETON	\$0.00
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$21.72
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$28.00
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$28.00
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$28.00
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$15.73

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$21.00
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPI	\$0.00
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR H	\$0.00
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH	\$0.00
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 M	\$0.00
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15	\$0.00
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALT	\$0.00
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME H	\$0.00
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING	\$0.00
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SET	\$0.00
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALT	\$0.00
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE	\$0.00
G0165	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF MELANOMA OR	\$2,400.36
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$4.05
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$23.82
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED	\$92.25
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT	\$103.97
G0183	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLOROIDAL NEOVASCULAR	\$0.00
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$0.00
G0203	SCREENING MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGES ANALYZED FOR	\$0.00
G0205	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR	\$91.91
G0207	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR	\$75.43
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY	\$18.91
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY	\$12.74
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR	\$8.70
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$33.87
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$17.09
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$20.56
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	\$167.67
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WIT	\$100.48
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$7.06
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING	\$0.00
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; 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	\$24.13
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	\$0.00
G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPR	\$246.17
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	\$32.71
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$9.80
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATEL	\$36.80
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	\$9.73
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE	\$0.00
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	\$9.73
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING	\$317.98
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	\$62.31
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE	\$0.00
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	\$0.00
G0298	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	\$0.00
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR	\$0.00
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSE PRACTICAL NURSE (LPN) IN THE HOME H	\$0.00
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE	\$0.00
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15	\$0.00
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS	\$0.00
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF	\$0.00
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND	\$6.52

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	\$5.42
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	\$2.06
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	\$24.04
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	\$46.92
G0406	FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES	\$22.91
G0407	FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MI	\$41.21
G0408	FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES	\$58.97
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$423.21
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCAT	\$617.82
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	\$585.76
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR	\$796.60
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOP	\$425.37
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	\$0.00
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	\$0.00
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PE	\$0.00
G0425	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 30	\$48.15
G0426	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 50	\$65.65
G0427	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 70	\$96.56
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (L	\$8.94
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1	\$0.00
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	\$0.00
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2,	\$0.00
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	\$5.71
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	\$14.33
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	\$5.71
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION;	\$14.33
G0446	INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL,	\$14.33
G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	\$14.33
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	\$0.00
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	\$16.29
G0454	PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETE	\$5.47
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSES	\$32.30
G0464	COLORECTAL CANCER SCREENING; STOOL-BASED DNA AND FECAL OCCULT HEMOGLOBIN (E.G.,	\$0.00
G0466	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, NEW PATIENT; A MEDICALLY-NECESSA	\$0.00
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, ESTABLISHED PATIENT; A MEDICALLY	\$0.00
G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, IPPE OR AWV; A FQHC VISIT THAT I	\$0.00
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATIENT; A ME	\$0.00
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, ESTABLISHED PATIE	\$0.00
G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FR	\$0.00
G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	\$0.00
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	\$0.00
G0477	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	\$8.92
G0478	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	\$11.89
G0479	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR	\$47.55
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	\$47.96
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	\$73.79
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	\$99.62
G0483	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY	\$129.14
G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERAL	\$0.00
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY	\$0.00
G0492	DIALYSIS PROCEDURE WITH A SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED 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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION OF	\$0.00
G0496	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE TRAINING AND/OR EDUC	\$0.00
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B	\$0.00
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	\$3.41
G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60	\$123.19
G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 5	\$118.79
G0513	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	\$0.00
G0514	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY	\$0.00
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S	\$0.00
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB	\$0.00
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S	\$0.00
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PA	\$5.77
G2011	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	\$10.38
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSIC	\$8.15
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	\$23.46
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CO	\$25.46
G2058	CHRONIC CARE MANAGEMENT SERVICES, EACH ADDITIONAL 20 MINUTES OF CLINICAL STAFF T	\$17.63
G2061	QUALIFIED NONPHYSICIAN HEALTHCARE PROFESSIONAL ONLINE ASSESSMENT, FOR AN ESTABL	\$7.57
G2062	QUALIFIED NONPHYSICIAN HEALTHCARE PROFESSIONAL ONLINE ASSESSMENT SERVICE, FOR AN	\$13.32
G2063	QUALIFIED NONPHYSICIAN HEALTHCARE PROFESSIONAL ASSESSMENT SERVICE, FOR AN ESTABL	\$0.00
G2064	COMPREHENSIVE CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, E.G., PRI	\$20.65
G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	\$0.00
G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING AND	\$0.00
G2076	INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS A COMPLETE, FUL	\$0.00
G2077	PERIODIC ASSESSMENT; ASSESSING PERIODICALLY BY QUALIFIED PERSONNEL TO DETERMINE	\$0.00
G2078	TAKE-HOME SUPPLY OF METHADONE; UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE S	\$0.00
G2079	TAKE-HOME SUPPLY OF BUPRENORPHINE (ORAL); UP TO 7 ADDITIONAL DAY SUPPLY (PROVISI	\$0.00
G2080	EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDICATION ASSISTED TREATM	\$0.00
G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABL	\$15.61
G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABL	\$15.61
G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TRE	\$182.81
G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND	\$178.22
G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, IND	\$21.25
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$33.62
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$50.60
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$112.96
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$87.25
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$97.73
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$97.23
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$179.60
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$120.94
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$133.92
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$133.92
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$192.08
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$158.88
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$179.10
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$178.85
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARRO	\$278.95
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMEN	\$278.95
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELI	\$0.00
G6030	AMITRIPTYLINE	\$14.62
G6031	BENZODIAZEPINES	\$15.10
G6032	DESIPRAMINE	\$14.05
G6034	DOXEPIIN	\$12.65
G6035	GOLD	\$13.30
G6036	ASSAY OF IMIPRAMINE	\$14.05

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
G8221	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DVT PROPHYLAXIS	\$0.00
G8332	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC RETINOPATHY PATIENT FOR THE REQUIRED VISIT	\$0.00
G8389	MYELODYSPLASTIC SYNDROME (MDS) PATIENTS WITH NO DOCUMENTATION OF IRON STORES PRIOR TO TRANSFUSION	\$0.00
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 GROUP COUNSELING	\$0.00
G9481	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$11.02
G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$21.13
G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$32.63
G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$55.35
G9485	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$72.25
G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE OF A REMOTE MONITOR	\$10.89
G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE OF A REMOTE MONITOR	\$21.86
G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE OF A REMOTE MONITOR	\$33.69
G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE OF A REMOTE MONITOR	\$47.51
G9490	COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL, HOME VISIT FOR PATIENT ASSESSMENT	\$30.37
G9668	DOCUMENTATION OF MEDICAL REASON (S) FOR NOT CURRENTLY BEING A STATIN THERAPY USER	\$0.00
G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$0.00
G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$0.00
G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$0.00
G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$0.00
G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF A NEW PATIENT FOR USE OF A REMOTE MONITOR	\$0.00
G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT FOR USE OF A REMOTE MONITOR	\$0.00

**Disclaimer: The Medicaid Fee Schedule may change without notice.**

**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	\$0.00
G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	\$0.00
G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT IF AN ESTABLISHED PATIENT	\$0.00
G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT	\$0.00
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$0.00
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF	\$0.00
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$0.00
H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	\$0.00
H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	\$0.00
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM),	\$0.00
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$0.00
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-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	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	\$0.00
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	\$0.00
H1000	PRENATAL CARE, AT-RISK ASSESSMENT	\$0.00
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	\$0.00
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	\$0.00
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	\$0.00
H1004	PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME VISIT	\$0.00
H1005	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)	\$0.00
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$0.00
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	\$0.00
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	\$0.00
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$0.00
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	\$0.00
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	\$0.00
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	\$0.00
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	\$0.00
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$0.00
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$0.00
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	\$0.00
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$0.00
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	\$0.00
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	\$0.00
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	\$0.00
H2032	ACTIVITY THERAPY, PER 15 MINUTES	\$0.00
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	\$0.00
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	\$0.00
H5010	THERAPY, INDIVIDUAL, BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	\$0.00
H5020	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP, 45-50 MINUTES, PER PERSON, PE	\$0.00
H5025	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP; 90 MINUTES, PER PERSON, PER S	\$0.00
H5030	OTHER SERVICES BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	\$0.00
H5040	RESIDENTIAL CARE IN PUBLIC INSTITUTION	\$0.00
H5050	RESIDENTIAL CARE IN PRIVATE INSTITUTION	\$0.00
H5060	PUBLIC SPECIAL SCHOOLS OR DAY CARE CENTERS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$0.00
J0594	INJECTION, BUSULFAN, 1 MG	\$0.00
J0894	INJECTION, DECITABINE, 1 MG	\$0.00
J1324	INJECTION, ENFUVIRTIDE, 1 MG	\$0.00
J1458	INJECTION, GALSULFASE, 1 MG	\$0.00
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	\$0.00
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	\$0.00
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$0.00
J2170	INJECTION, MECASERMIN, 1 MG	\$0.00
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	\$0.00
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$0.00
J3243	INJECTION, TIGECYCLINE, 1 MG	\$0.00
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	\$0.00
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	\$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 DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$0.00
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJEC	\$102.06
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$0.00
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$110.87
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$171.37
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$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
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
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$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
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	\$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED TH	\$0.00
J9171	INJECTION, DOCETAXEL, 1 MG	\$0.00
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	\$0.00
K0001	STANDARD WHEELCHAIR	\$65.72
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$66.78
K0003	LIGHTWEIGHT WHEELCHAIR	\$85.74
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$189.39
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	\$196.33
K0006	HEAVY DUTY WHEELCHAIR	\$166.41

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0007	EXTRA HEAVY DUTY WHEELCHAIR	\$207.90
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	\$0.00
K0009	OTHER MANUAL WHEELCHAIR/BASE	\$0.00
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	\$0.00
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	\$0.00
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	\$0.00
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	\$0.00
K0019	ARM PAD, REPLACEMENT ONLY, EACH	\$0.00
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	\$0.00
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	\$0.00
K0038	LEG STRAP, EACH	\$0.00
K0039	LEG STRAP, H STYLE, EACH	\$0.00
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	\$0.00
K0041	LARGE SIZE FOOTPLATE, EACH	\$0.00
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	\$0.00
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	\$0.00
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	\$0.00
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	\$0.00
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	\$0.00
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	\$0.00
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	\$0.00
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	\$0.00
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	\$0.00
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	\$0.00
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH	\$9.36
K0065	SPOKE PROTECTORS, EACH	\$4.36
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ON	\$9.84
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	\$18.02
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	\$10.77
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EAC	\$6.08
K0073	CASTER PIN LOCK,EACH	\$3.29
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	\$5.78
K0105	IV HANGER, EACH	\$9.76
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	\$0.00
K0118	TENS SUPPLIES - ONE MONTH SUPPLY FOR TENS, 2 LEAD	\$23.35
K0143	ISOETHARINE HYDROCHLORIDE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED	\$0.00
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	\$17.07
K0282	WATER, DISTILLED, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	\$0.00
K0453	INJECTION, AMPHOTERICIN B, 50 MG	\$0.00
K0454	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	\$0.00
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION,	\$339.20
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	\$0.00
K0535	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE 16 SQUARE INCH O	\$0.00
K0536	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE MORE THAN 16 SQ	\$0.00
K0537	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ	\$0.00
K0548	INJECTION, INSULIN LISPRO, UP TO 50 UNITS	\$0.00
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL	\$251.11
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONIT	\$27.98
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$1.10
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$6.36
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5	\$0.57
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6	\$6.09
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5	\$14.60
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS,	\$2,268.20
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY,	\$194.23
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	\$12.14

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT	\$483.65
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CO	\$25.00
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	\$0.00
K0733	PWR WHEELCHAIR ACC, 12-24 AMP HR BATTERY, EACH	\$0.00
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OX	\$34.34
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQU	\$14.00
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHN	\$0.00
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	\$0.00
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCL	\$0.00
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 P	\$0.00
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO	\$0.00
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	\$129.28
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT	\$241.24
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	\$308.78
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CA	\$351.63
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$336.74
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEI	\$257.66
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	\$330.77
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	\$399.75
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$402.37
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	\$484.27
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	\$443.32
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	\$626.93
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	\$533.09
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	\$690.82
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 P	\$634.37
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIEN	\$442.59
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGH	\$442.59
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$405.74
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT	\$420.75
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	\$484.27
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$433.23
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/	\$626.93
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEA	\$807.36
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	\$431.86
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$431.86
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	\$519.96
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	\$528.44
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$508.07
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	\$521.03
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	\$500.96
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	\$708.26
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	\$727.56
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	\$963.86
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPAC	\$910.51
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$567.23
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT	\$578.60
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	\$703.76
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$671.17
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT	\$1,005.41
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	\$568.14
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	\$703.76
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SE	\$1,005.41

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID S	\$1,196.45
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	\$0.00
K1001	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES A	\$0.00
K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND ACCES	\$0.00
K1003	WHIRLPOOL TUB, WALK-IN, PORTABLE	\$0.00
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL C	\$0.00
K1005	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	\$0.00
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT	\$0.00
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITH	\$0.00
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	\$23.71
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	\$123.49
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	\$26.99
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH	\$67.92
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OF	\$85.95
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	\$412.90
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-T	\$78.38
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENS	\$211.18
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$230.90
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$346.13
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$403.40
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	\$39.80
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV	\$118.75
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	\$390.10
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO A	\$163.51
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	\$319.22
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	\$468.91
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	\$915.42
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC	\$420.46
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHEL	\$473.25
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC	\$588.65
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC	\$700.78
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	\$245.42
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	\$479.12
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	\$280.16
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	\$546.95
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	\$528.08
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME	\$280.28
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR	\$682.30
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$792.06
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$145.78
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$1,002.92
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$1,129.24
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$473.25
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING	\$133.37
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAST	\$362.08
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLA	\$41.12
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$58.10
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$193.11
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	\$9.68
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	\$32.18
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 T	\$43.27
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	\$36.75
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	\$193.79
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	\$39.55
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	\$32.29
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	\$76.36

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$483.98
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$84.13
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$135.19
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$21.15
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$844.18
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$1,070.07
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$624.97
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$621.81
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$624.97
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$493.33
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	\$71.73
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	\$378.34
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	\$149.07
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$944.87
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$263.93
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$1,220.12
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$1,220.12
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSSO), ANTERIOR-POSTERIOR-LATERAL CON	\$1,343.75
L0710	CTLSSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH	\$1,374.77
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	\$1,849.84
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	\$1,280.28
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	\$2,737.33
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS A	\$528.06
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	\$101.62
L0970	TLSSO, CORSET FRONT	\$87.05
L0972	LSO, CORSET FRONT	\$77.89
L0974	TLSSO, FULL CORSET	\$112.25
L0976	LSO, FULL CORSET	\$76.73
L0978	AXILLARY CRUTCH EXTENSION	\$272.30
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	\$6.74
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	\$8.15
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	\$35.49
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	\$0.00
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) (MILWAUKEE), INCLUSIVE OF FURNI	\$1,596.75
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATE	\$60.00
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND	\$1,508.96
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) OR SCOLIOSIS ORTHOS	\$35.43
L1020	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	\$72.56
L1025	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	\$73.64
L1030	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	\$32.44
L1040	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	\$65.25
L1050	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	\$55.76
L1060	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	\$67.19
L1070	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	\$56.99
L1080	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	\$32.44
L1085	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL	\$118.79
L1090	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	\$65.95
L1100	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	\$105.14
L1110	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER,	\$205.91
L1120	ADDITION TO CTLSSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	\$45.01
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS	\$1,347.53
L1210	ADDITION TO TLSSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	\$187.31
L1220	ADDITION TO TLSSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	\$163.24
L1230	ADDITION TO TLSSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	\$276.65
L1240	ADDITION TO TLSSO, (LOW PROFILE), LUMBAR DEROTATION PAD	\$58.18
L1250	ADDITION TO TLSSO, (LOW PROFILE), ANTERIOR ASIS PAD	\$43.94

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	\$48.45
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	\$65.37
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	\$65.66
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	\$91.99
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	\$1,184.61
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	\$1,034.44
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	\$39.00
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER,	\$79.47
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PR	\$29.65
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFEA	\$80.81
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),	\$89.57
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER	\$192.89
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED	\$126.12
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,	\$168.06
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED,	\$76.55
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL,	\$1,263.81
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	\$1,077.14
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	\$680.29
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION	\$911.67
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	\$1,317.41
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	\$1,458.77
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	\$1,284.26
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	\$947.32
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	\$1,029.45
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BE	\$65.53
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	\$127.95
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR	\$76.34
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	\$87.51
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED,	\$138.76
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR	\$342.56
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR	\$668.79
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	\$483.72
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFAB	\$62.90
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM	\$631.28
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$849.37
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$403.56
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$744.02
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	\$271.16
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	\$529.39
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	\$222.29
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	\$840.73
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	\$802.05
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET,	\$780.56
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICAT	\$146.01
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATE	\$45.66
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRI	\$389.39
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHEL	\$125.17
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUST	\$265.28
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,	\$206.26
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR	\$157.25
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING	\$180.74
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	\$420.71
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	\$334.24
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION),	\$624.75
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	\$522.07
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	\$395.95

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	\$383.21
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	\$361.72
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED,	\$220.98
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	\$312.57
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	\$367.42
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,	\$1,011.11
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL	\$1,931.89
L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STA	\$0.00
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$883.52
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$1,262.37
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$764.12
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,016.93
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE	\$88.21
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,088.63
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,106.81
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-	\$761.44
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC	\$79.09
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP	\$402.91
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL	\$493.79
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS,	\$73.64
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP	\$260.29
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL	\$349.73
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$577.01
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$652.45
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT,	\$278.42
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID,	\$442.48
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,	\$551.26
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$715.88
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$1,095.10
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED,	\$417.55
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID,	\$655.07
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED,	\$885.48
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JO	\$106.64
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	\$51.50
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	\$46.27
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT,	\$70.78
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	\$45.01
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	\$31.73
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH	\$288.79
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	\$52.18
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH	\$64.58
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST,	\$77.39
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	\$86.84
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	\$7.34
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	\$86.26
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP	\$382.09
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	\$329.86
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	\$138.46
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED	\$51.47
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION,	\$83.43
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	\$340.37
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT),	\$252.68
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	\$133.97
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS	\$128.11
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM	\$355.37
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	\$182.14

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	\$301.55
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT	\$995.04
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	\$32.72
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	\$282.82
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID	\$81.01
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	\$95.66
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	\$88.81
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE	\$114.64
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	\$89.59
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	\$98.74
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	\$56.84
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	\$41.10
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM ( BAIL, CABLE, OR	\$57.26
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH	\$67.58
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION,	\$67.58
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	\$58.97
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARI	\$221.54
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED	\$475.07
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM,	\$299.85
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	\$742.64
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	\$406.87
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	\$216.31
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT	\$354.49
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	\$239.17
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION	\$474.60
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	\$356.24
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST	\$207.90
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST	\$230.82
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	\$219.42
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	\$275.04
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION,	\$344.43
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL,	\$627.76
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP	\$837.46
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	\$180.77
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	\$376.91
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	\$68.40
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	\$120.75
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	\$102.91
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	\$90.39
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	\$36.56
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	\$106.78
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR	\$62.29
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	\$61.43
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	\$48.74
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	\$28.68
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	\$68.92
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL	\$84.76
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	\$68.28
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW	\$102.02
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE	\$85.90
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL,	\$21.25
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL,	\$35.74
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	\$0.00
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	\$29.12
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EA	\$148.10
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	\$62.35

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	\$76.14
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	\$82.15
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT,	\$82.15
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL	\$93.55
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	\$35.98
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH	\$5.99
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	\$22.18
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	\$22.18
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	\$34.78
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	\$14.98
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	\$14.98
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL,	\$19.19
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	\$20.38
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	\$41.98
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	\$38.38
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	\$3.01
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF	\$23.99
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	\$2.00
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	\$2.00
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	\$2.00
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	\$2.00
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	\$3.00
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	\$3.00
L3208	SURGICAL BOOT, EACH, INFANT	\$3.00
L3209	SURGICAL BOOT, EACH, CHILD	\$3.00
L3211	SURGICAL BOOT, EACH, JUNIOR	\$3.00
L3212	BENESCH BOOT, PAIR, INFANT	\$6.13
L3213	BENESCH BOOT, PAIR, CHILD	\$6.13
L3214	BENESCH BOOT, PAIR, JUNIOR	\$6.13
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	\$5.37
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	\$5.37
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	\$6.84
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	\$5.37
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	\$6.84
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	\$6.84
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	\$74.31
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	\$55.34
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	\$8.55
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE,	\$8.55
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	\$8.55
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,	\$8.55
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	\$8.55
L3254	NON-STANDARD SIZE OR WIDTH	\$8.55
L3255	NON-STANDARD SIZE OR LENGTH	\$8.55
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	\$8.55
L3260	SURGICAL BOOT/SHOE, EACH	\$2.28
L3265	PLASTAZOTE SANDAL, EACH	\$2.28
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	\$24.58
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	\$52.00
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	\$0.23
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	\$266.82
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	\$34.78
L3334	LIFT, ELEVATION, HEEL, PER INCH	\$17.99
L3340	HEEL WEDGE, SACH	\$40.18
L3350	HEEL WEDGE	\$10.80
L3360	SOLE WEDGE, OUTSIDE SOLE	\$16.79

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3370	SOLE WEDGE, BETWEEN SOLE	\$23.37
L3380	CLUBFOOT WEDGE	\$23.37
L3390	OUTFLARE WEDGE	\$23.37
L3400	METATARSAL BAR WEDGE, ROCKER	\$19.19
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	\$43.76
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	\$25.78
L3430	HEEL, COUNTER, PLASTIC REINFORCED	\$75.55
L3440	HEEL, COUNTER, LEATHER REINFORCED	\$35.98
L3450	HEEL, SACH CUSHION TYPE	\$49.76
L3455	HEEL, NEW LEATHER, STANDARD	\$19.19
L3460	HEEL, NEW RUBBER, STANDARD	\$16.18
L3465	HEEL, THOMAS WITH WEDGE	\$27.59
L3470	HEEL, THOMAS EXTENDED TO BALL	\$29.38
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	\$29.38
L3485	HEEL, PAD, REMOVABLE FOR SPUR	\$1.95
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	\$13.79
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	\$13.79
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	\$14.98
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	\$14.98
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	\$23.99
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	\$4.19
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	\$10.80
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	\$40.18
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	\$30.58
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	\$25.18
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	\$19.78
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	\$35.98
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	\$47.36
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	\$35.98
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	\$47.36
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT	\$20.38
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	\$36.40
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, O	\$41.53
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	\$386.62
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	\$0.00
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	\$13.08
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRI	\$123.89
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	\$67.12
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION,	\$599.65
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION	\$646.73
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK	\$972.27
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, I	\$214.57
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, O	\$0.00
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABR	\$46.13
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, ST	\$550.16
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS	\$582.59
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF	\$550.16
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTI	\$582.59
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	\$30.49
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN T	\$107.29
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT	\$18.94
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY	\$209.46
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION	\$0.00
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	\$763.00
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	\$941.24
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	\$2,508.92

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURN	\$425.51
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	\$255.64
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED,	\$49.46
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRIC	\$67.78
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	\$116.21
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	\$35.68
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	\$445.26
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TR	\$45.32
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	\$88.51
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC	\$116.21
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR	\$137.83
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	\$16.69
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	\$71.00
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NO	\$51.93
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WI	\$0.00
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	\$91.24
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	\$99.77
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	\$195.96
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	\$91.55
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED	\$94.79
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	\$0.00
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREF	\$503.26
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INC	\$720.88
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN,	\$458.11
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$851.12
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NO	\$807.91
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$851.12
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS,	\$720.88
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$720.88
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR	\$807.91
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$851.12
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND	\$232.34
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP	\$855.80
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES	\$358.76
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND	\$230.32
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	\$18.58
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	\$73.84
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSSO OR SO)	\$865.76
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	\$0.50
L4010	REPLACE TRILATERAL SOCKET BRIM	\$507.05
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	\$563.36
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	\$361.73
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$328.73
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$290.08
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$424.41
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$269.71
L4060	REPLACE HIGH ROLL CUFF	\$271.14
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	\$373.08
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	\$54.16
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	\$51.49
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	\$66.96
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	\$66.12
L4130	REPLACE PRETIBIAL SHELL	\$551.14
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$14.00
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	\$21.02
L4310	MULTI-PODUS OR EQUAL ORTHOTIC PREPARATORY MANAGEMENT SYSTEM FOR LOWER EXTREMITIE	\$255.52

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L4320	ADDITION TO AFO, MULTI-PODUS (OR EQUAL) ORTHOTIC PREPARATORY MANAGEMENT SYSTEM F	\$86.10
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G.,	\$81.51
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	\$157.58
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	\$307.64
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	\$85.65
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M	\$74.75
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M	\$145.93
L4390	REPLACE SOFT INTERFACE MATERIAL, MULTI-PODUS TYPE SPLINT	\$118.27
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	\$10.91
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	\$7.95
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST	\$77.80
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST	\$151.87
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	\$35.81
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM,	\$0.00
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	\$302.50
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	\$680.89
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	\$1,427.30
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	\$1,363.65
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	\$1,866.29
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	\$1,335.91
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	\$2,648.43
L5110	BELOW KNEE, WOOD SOCKET, JOINTS AND THIGH LACER, SACH FOOT	\$0.00
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHI	\$2,593.85
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION,	\$2,938.52
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	\$2,021.27
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO	\$1,602.44
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED	\$2,198.48
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE,	\$2,783.15
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTA	\$4,453.97
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE	\$4,551.59
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FR	\$5,083.14
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	\$1,695.83
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	\$0.00
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	\$2,637.25
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP	\$2,886.55
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,	\$5,082.35
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING,	\$844.32
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$168.16
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$1,056.97
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$299.51
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	\$166.00
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	\$190.06
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SA	\$882.99
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE	\$1,182.52
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COV	\$906.99
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$956.90
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$1,275.68
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH	\$1,396.75
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$1,229.29
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$1,212.13
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$1,347.61
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	\$1,628.20
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$1,449.79
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	\$1,723.08
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT,	\$4,400.50
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAM	\$3,959.33

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE	\$1,282.07
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE	\$1,079.75
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE	\$1,792.79
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE	\$860.88
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL	\$729.20
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR	\$285.44
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	\$146.17
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	\$150.76
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	\$195.97
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	\$220.04
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	\$281.57
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	\$238.33
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	\$124.96
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	\$289.75
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	\$224.09
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	\$126.15
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	\$262.99
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	\$130.64
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	\$192.43
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	\$368.90
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	\$985.39
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	\$410.71
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	\$256.45
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET,	\$796.52
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	\$278.32
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	\$493.31
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	\$227.42
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	\$624.62
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	\$214.66
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	\$997.82
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION	\$345.92
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	\$543.77
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE	\$110.48
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	\$330.47
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, P	\$206.97
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE,	\$181.15
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO,	\$262.18
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE,	\$185.86
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	\$398.15
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	\$412.36
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	\$52.10
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	\$73.26
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION	\$195.23
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	\$382.21
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	\$156.15
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$470.33
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	\$259.25
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	\$426.59
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	\$42.22
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$391.94
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	\$154.37
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$621.35
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	\$490.16
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$621.35
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	\$55.14
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	\$60.50

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	\$32.13
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	\$56.23
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	\$68.65
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	\$115.36
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	\$147.77
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION,	\$109.08
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	\$143.37
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	\$62.29
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA	\$70.70
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	\$223.78
L5700	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	\$1,514.74
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT	\$2,050.79
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO	\$3,138.63
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (	\$1,226.65
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	\$444.89
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	\$497.59
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	\$491.78
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	\$656.73
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	\$329.38
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	\$387.04
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	\$382.69
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING	\$246.06
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	\$600.34
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND	\$647.06
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	\$560.77
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	\$994.34
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID	\$1,014.29
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	\$1,845.55
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC	\$920.90
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$1,890.05
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$1,992.54
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON	\$285.22
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$458.34
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	\$591.40
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	\$443.88
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	\$649.18
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	\$496.29
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE	\$1,894.69
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	\$795.29
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND	\$801.31
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	\$789.20
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	\$1,385.18
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE	\$1,593.19
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	\$1,948.24
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE	\$1,652.94
L5840	ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC	\$1,891.71
L5845	ADDITION, ENDOSKELETAL, KNEE-SKIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	\$846.67
L5848	ADDITION TO ENDOSKELETAL KNEE-SKIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEA	\$507.96
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE	\$61.12
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION	\$182.36
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SKIN SYSTEM, POWERED A	\$13,248.06
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	\$159.58
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE	\$257.22
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	\$221.45
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	\$1,717.16
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$275.36

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$394.82
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	\$477.00
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CON	\$0.00
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	\$350.06
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	\$550.92
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER	\$708.19
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE	\$1,716.58
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TY	\$13,380.54
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	\$137.00
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMEN	\$137.00
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	\$288.47
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION	\$0.00
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	\$208.31
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL	\$218.99
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR	\$472.48
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	\$256.36
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE	\$1,325.96
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	\$2,281.74
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	\$1,567.68
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	\$422.15
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR	\$461.35
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	\$144.06
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	\$540.53
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	\$943.67
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L6000	PARTIAL HAND, THUMB REMAINING	\$1,156.04
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	\$1,308.42
L6020	PARTIAL HAND, NO FINGER REMAINING	\$1,198.14
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWE	\$4,145.50
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	\$1,087.80
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	\$1,462.83
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	\$1,643.53
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE,	\$2,193.93
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	\$2,077.22
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INT	\$2,711.83
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	\$2,186.69
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTER	\$3,425.17
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	\$2,933.03
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	\$1,537.57
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING,	\$699.76
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	\$875.01
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	\$1,143.18
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND	\$277.55
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	\$278.47
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU	\$1,665.84
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTH	\$1,955.43
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU	\$1,777.67
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PRO	\$2,929.10
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROST	\$3,393.71
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET,	\$950.62
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION	\$723.67
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET,	\$1,168.16
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION	\$984.65
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	\$1,676.66
L6589	FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	\$0.00
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	\$1,476.86

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	\$160.89
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	\$167.08
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	\$139.61
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY	\$30.42
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	\$92.45
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT,	\$32.32
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT	\$201.97
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH	\$286.18
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	\$278.32
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	\$466.88
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	\$197.62
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING	\$91.58
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	\$100.96
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	\$28.52
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	\$129.00
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	\$223.18
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE	\$1,181.29
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	\$141.79
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	\$104.81
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	\$135.46
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	\$234.20
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION,	\$1,489.87
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	\$245.27
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	\$1,536.59
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	\$244.49
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	\$61.39
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	\$82.19
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	\$25.27
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	\$46.87
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	\$129.51
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE	\$79.86
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE	\$97.18
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	\$177.50
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	\$160.85
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR	\$301.55
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	\$43.32
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST	\$306.29
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW	\$336.58
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	\$375.71
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	\$438.70
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	\$241.43
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	\$419.09
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	\$1,341.08
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$470.33
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$391.94
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$621.35
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$621.35
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	\$382.21
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	\$29.81
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$38.91
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$143.43
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	\$93.28
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	\$135.11
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE	\$0.00
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA	\$0.00
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA	\$0.00
L6760	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10AW	\$0.00
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	\$218.03
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	\$111.41
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEV	\$1,931.19
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL	\$1,464.89
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL,	\$876.46
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL,	\$1,835.12
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO P	\$2,933.03
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL,	\$115.99
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY	\$273.75
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,053.77
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,132.34
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,010.26
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR	\$429.50
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FO	\$3,879.54
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE	\$4,421.80
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	\$3,590.40
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	\$4,158.00
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	\$4,560.01
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	\$5,248.23
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	\$5,083.82
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	\$6,075.04
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	\$6,625.82
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	\$7,696.48
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER	\$8,161.18
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER	\$9,584.89
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$293.44
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	\$528.43
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$295.80
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	\$1,479.73
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	\$701.30
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	\$2,969.58
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	\$18,827.33
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	\$18,927.16
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	\$3,110.95
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	\$4,383.56
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY	\$4,090.73
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	\$4,312.67
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	\$4,203.32
L7360	SIX VOLT BATTERY, EACH	\$128.38
L7362	BATTERY CHARGER, SIX VOLT, EACH	\$134.84
L7364	TWELVE VOLT BATTERY, EACH	\$247.06
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	\$323.22
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	\$183.91
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	\$238.40
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRA	\$144.77
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	\$162.07
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$175.03
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYL	\$173.96
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MAT	\$262.55
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$343.38
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	\$7.80

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Procedure Code	Procedure Code Description	Maximum Allowable Charge
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$14.00
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	\$0.00
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	\$17.19
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, AN	\$34.21
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILA	\$98.74
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILAT	\$129.88
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	\$35.30
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	\$46.35
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	\$175.95
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	\$229.69
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	\$0.00
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	\$0.00
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	\$0.00
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	\$1,730.61
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,269.52
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,530.25
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,865.62
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,209.50
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,553.37
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,237.14
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,292.50
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,174.90
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	\$0.00
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE	\$18.82
L8300	TRUSS, SINGLE WITH STANDARD PAD	\$102.55
L8310	TRUSS, DOUBLE WITH STANDARD PADS	\$110.27
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	\$41.59
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	\$38.87
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	\$12.32
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	\$14.19
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	\$12.64
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE	\$38.37
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	\$13.85
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	\$14.65
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	\$13.85
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	\$38.87
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	\$72.55
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	\$22.03
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	\$4.73
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	\$5.54
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	\$6.88
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	\$38.93
L8500	ARTIFICIAL LARYNX, ANY TYPE	\$442.19
L8501	TRACHEOSTOMY SPEAKING VALVE	\$69.71
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	\$2.00
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	\$19.79
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE	\$51.59
L8510	VOICE AMPLIFIER	\$119.36
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE,	\$34.36
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE	\$1.59
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR	\$2.45
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	\$44.54
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	\$51.83
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	\$47.00
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA	\$653.97

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
L8608	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II	\$0.00
L8609	ARTIFICIAL CORNEA	\$440.82
L8610	OCULAR IMPLANT	\$44.09
L8612	AQUEOUS SHUNT	\$45.77
L8613	OSSICULA IMPLANT	\$19.35
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, R	\$561.58
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER	\$48.63
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DE	\$0.00
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY	\$0.00
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	\$0.00
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	\$0.00
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, R	\$0.00
L8630	METACARPOPHALANGEAL JOINT IMPLANT	\$281.81
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	\$1,653.92
L8641	METATARSAL JOINT IMPLANT	\$292.79
L8642	HALLUX IMPLANT	\$237.49
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	\$255.29
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	\$1,450.65
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	\$419.05
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	\$0.00
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	\$349.23
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULA	\$92.36
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	\$4,532.45
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR R	\$3,989.59
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEURO	\$569.58
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDE	\$9,941.84
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INC	\$6,343.69
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES	\$12,938.31
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLU	\$8,255.68
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEURO	\$1,416.44
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$3,515.70
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/A	\$1,970.66
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT	\$0.00
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	\$0.00
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	\$0.00
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEURO	\$12.53
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULAT	\$0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	\$0.00
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH S	\$0.00
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGE	\$0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	\$0.00
L9999	SALES TAX, ORTHOTIC/PROSTHETIC/ OTHER	\$0.00
M0009	NOT OTHERWISE CLASSIFIED, OFFICE VISITS	\$0.00
M0019	NOT OTHERWISE CLASSIFIED, HOME VISITS	\$0.00
M0021	PER DIEM INPATIENT HOSPITAL CARE WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PE	\$0.00
M0022	I.C.U. CARE FOLLOW-UP WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PERIOD	\$0.00
M0023	ROUTINE NEWBORN CARE, INHOSPITAL, INITIAL VISIT ONLY	\$0.00
M0024	CHEMOTHERAPY(FOR MALIGNANCIES, FOLLOW-UP VISIT FOR PURPOSES OF MONITORING)	\$0.00
M0029	NOT OTHERWISE CLASSIFIED, HOSPITAL VISITS	\$0.00
M0039	NOT OTHERWISE CLASSIFIED, SNF, ECF, OR ICF VISITS	\$0.00
M0049	NOT OTHERWISE CLASSIFIED, NH, BOARDING HOME, DOMICILLARY, CUSTODIAL CARE FACILIT	\$0.00
M0059	NOT OTHERWISE CLASSIFIED, EMERGENCY ROOM SERVICES	\$0.00
M0070	INSULIN SHOCK THERAPY, HYPOGLYCEMIA, SUBCOMA, PER TREATMENT	\$0.00
M0071	ORTHOMOLECULAR THERAPY	\$0.00
M0072	IMMUNOTHERAPY FOR MALIGNANT DISEASE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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
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 OTORHINOLARYNGOLOGIC SERVICES	\$0.00
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	\$0.00
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	\$0.00
M0399	NOT OTHERWISE CLASSIFIED, CARDIOVASCULAR SERVICES	\$0.00
M0520	ELECTRONIC PACEMAKER ANALYSIS, PULSE MONITOR	\$0.00
M0525	SINGLE LEAD EKG WITH ANALYSIS OF PACEMAKER RATE	\$0.00
M0526	COMPUTER TRACING AND INTERPRETATION OF ECGS	\$0.00
M0530	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, UP TO	\$0.00
M0535	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, 12 THR	\$0.00
M0540	SIGNAL-AVERAGING EKG	\$0.00
M0560	PNEUMOPLETHYSMOGRAPHY VENOUS OCCLUSIVE	\$0.00
M0575	ELECTROENCEPHALOGRAM (EEG), INTERPRETATION AND REPORT ONLY	\$0.00
M0580	TRANSTELEPHONIC ELECTROENCEPHALOGRAMS; COMPLETE PROCEDURE	\$0.00
M0585	ACHILLES REFLEX RESPONSE, ELECTRICAL RECORDING (ART)	\$16.80
M0590	MONITORING ECG, EEG OR PRESSURE IN INTRATHORACTIC OR OTHER CRITICAL SURGERY, PER	\$92.40
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
M9999	NOT OTHERWISE CLASSIFIED, CRITICAL CARE	\$0.00
P0999	NOT OTHERWISE CLASSIFIED, SPECIAL PATHOLOGY SERVICES	\$0.00
P2028	CEPHALIN FLOCCULATION, BLOOD	\$0.00
P2029	CONGO RED, BLOOD	\$0.00
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	\$0.00
P2032	ICTERUS INDEX, BLOOD	\$0.00
P2033	THYMOL TURBIDITY, BLOOD	\$0.00
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	\$6.95
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$14.60

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	\$13.75
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	\$21.60
P7020	VACCINE, AUTOGENOUS (MEDICAL NECESSITY PROCEDURE)	\$0.00
P9005	ADMINISTRATION FEE CHARGE BY A PROVIDER FOR SUPPLYING BLOOD OR BLOOD DERIVATIVES	\$0.00
P9007	HANDLING CHARGE FOR PURCHASED LAB SERVICES BLOOD ONLY	\$0.00
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	\$94.00
P9011	BLOOD, SPLIT UNIT	\$0.00
P9012	CRYOPRECIPITATE, EACH UNIT	\$0.00
P9014	GLOBULIN, GAMMA, 1 ML.	\$0.00
P9015	GLOBULIN, RH IMMUNE, 1 ML.	\$0.00
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	\$0.00
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH	\$59.50
P9019	PLATELETS, EACH UNIT	\$59.50
P9020	PLATELET RICH PLASMA, EACH UNIT	\$0.00
P9021	RED BLOOD CELLS, EACH UNIT	\$94.00
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	\$145.00
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	\$0.00
P9024	FACTOR VIII DILUTION, EACH BOTTLE.	\$0.00
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	\$0.00
P9032	PLATELETS, IRRADIATED, EACH UNIT	\$0.00
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9034	PLATELETS, PHERESIS, EACH UNIT	\$575.00
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	\$580.00
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	\$0.00
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	\$0.00
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	\$0.00
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	\$0.00
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	\$0.00
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	\$0.00
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	\$0.00
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	\$0.00
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$0.00
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	\$0.00
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	\$0.00
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	\$0.00
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT	\$0.00
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED,	\$0.00
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	\$0.00
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	\$0.00
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	\$0.00
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	\$0.00
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	\$0.00
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	\$0.00
P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	\$0.00
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED	\$0.00
P9100	PATHOGEN(S) TEST FOR PLATELETS	\$0.00
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECI	\$0.00
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	\$2.76
P9610	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S), SINGLE HOME BOUND, NURSING HOME,	\$5.10
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF	\$3.00
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	\$3.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
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	\$24.94
Q0036	OXYGEN CONCENTRATOR, HIGH HUMIDITY	\$0.00
Q0038	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEM	\$0.00
Q0039	OXYGEN CONTENTS, LIQUID, PER UNIT, (FOR USE WITH OWNED STATIONARY LIQUID SYSTEMS	\$0.00
Q0040	PORTABLE OXYGEN CONTENTS, GASEOUS PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS S	\$0.00
Q0041	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SY	\$0.00
Q0042	STATIONARY COMPRESSED GAS SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT), REGULATOR	\$0.00
Q0043	STATIONARY LIQUID OXYGEN SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT)' USE OF RES	\$0.00
Q0044	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	\$0.00
Q0046	PORTABLE LIQUID OXYGEN SYSTEM RENTAL, INCLUDES FLOWMETER, REFILL ADAPTOR, CONTEN	\$0.00
Q0047	ANESTHESIA FOR BLEPHAROPLASTY	\$0.00
Q0048	OTHER HEMOPHILIA CLOTTING FACTORS, EG ANTI-INHIBITORS, ONE INTERNATIONAL UNIT (O	\$0.00
Q0049	AIR FLUIDIZED BED	\$0.00
Q0057	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION, 7.5 MG	\$0.00
Q0059	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$0.00
Q0060	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$0.00
Q0061	SCREENING, PAPANICOLAOU SMEAR,CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING	\$0.00
Q0062	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD WITH CHOLANGIOGRAPHY)	\$0.00
Q0063	SCREENING, PAP SMEARS; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINA	\$0.00
Q0064	REMOTE AFTERLOAD BRACHYTHERAPY, 1-4 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0065	REMOTE AFTERLOAD BRACHYTHERAPY, 5-8 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0066	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	\$0.00
Q0067	REMOTE AFTERLOAD BRACHYTHERAPY, MORE THAN 12 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0069	MAGNETIC RESONANCE (EG., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$802.47
Q0070	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; W	\$0.00
Q0071	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; W	\$0.00
Q0072	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBER; WIT	\$0.00
Q0073	HALLUX IMPLANT	\$0.00
Q0074	AQUEOUS SHUNT	\$0.00
Q0076	REMOTE AFTERLOAD BRACHYTHERAPY, 9-12 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0077	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FO	\$0.00
Q0078	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - ELECTRIC	\$0.00
Q0079	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - NON-ELECTRIC	\$0.00
Q0080	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	\$0.00
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	\$30.00
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	\$5.00
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	\$48.31
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	\$48.31
Q0087	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	\$0.00
Q0088	INJECTION, CALCITRIOL, 1 MCG AMP	\$0.00
Q0089	INJECTION, IV., UROKINASE, 250,000 I.U. VIAL	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$8.27
Q0093	FILGRASTIM (G-CSF), PER 100 MCG	\$0.00
Q0094	SARGRAMOSTIM (GM-CSF), PER 250 MCG	\$0.00
Q0095	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON TEST	\$0.00
Q0096	OVULATION TEST KITS, VISUAL COLOR COMPARISON TEST FOR HUMAN LUTEINIZING HORMONE	\$0.00
Q0097	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON AUTOMATED	\$0.00
Q0098	GLUCOSE, BLOOD; BY GLUCOSE MONITOR'G DEVICE CLR'D BY THE FDA SPCFCLLY 4 HOME USE	\$4.91
Q0100	URINALYSIS BY DIP STICK OR TABLET FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONE	\$3.97
Q0101	MICROHEMATOCRIT, SPUN	\$3.67
Q0102	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$5.51
Q0105	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (100-199 MGS OF IODINE)	\$0.00
Q0106	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)	\$0.00
Q0107	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)	\$0.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$5.90
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$5.90
Q0113	PINWORM EXAMINATIONS	\$7.47
Q0114	FERN TEST	\$9.88
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	\$13.68
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	\$0.00
Q0126	IMMUNOASSAY, INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE	\$0.00
Q0127	CYCLOPHOSPHAMIDE; ORAL, 25 MG	\$0.00
Q0128	ETOPOSIDE; ORAL, 50 MG	\$18.22
Q0129	METHOTREXATE; ORAL, 2.5 MG	\$0.00
Q0130	MELPHALAN; ORAL, 2 MG	\$0.00
Q0133	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$0.00
Q0135	ADDITIONAL HIGH DOSE INJECTION OF CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE	\$0.00
Q0140	INJECTION, POTASSIUM CHLORIDE, 2 MEQ	\$0.00
Q0141	INJECTION, MAGNESIUM SULFATE, 500 MG	\$0.00
Q0142	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201	\$0.00
Q0143	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC SESTAMIBI,	\$0.00
Q0159	ADENOSINE INJECTION 90 MG	\$0.00
Q0162	CATHERIZATION FOR COLLECTION OF SPECIMEN(S), SINGLE PATIENT,ALL POS	\$0.00
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR	\$0.00
Q0188	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	\$0.00
Q0477	POWER MODULE PATIENT CABLE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICUL	\$81.40
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	\$0.00
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	\$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REP	\$0.00
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICU	\$0.00
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$0.00
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR A	\$0.00
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEME	\$0.00
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	\$0.00
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULA	\$0.00
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONL	\$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLA	\$0.00
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$0.00
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$0.00
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, RE	\$0.00
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	\$0.00
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSI	\$0.00
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICUL	\$0.00
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VEN	\$0.00
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	\$0.00
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRI	\$0.00
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	\$0.00
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	\$0.00
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	\$0.00
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE	\$0.00
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR AS	\$0.00
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	\$0.00
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	\$0.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$0.00
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	\$0.00
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$20.00
Q3030	SODIUM HYALURONATE PER 20 TO 25 MG DOSE, FOR INTRA-ARTICULAR INJECTION	\$0.00
Q3031	COLLAGEN SKIN TEST	\$0.00
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	\$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.50
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$10.36
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.14
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$14.20
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.92
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$18.88
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$9.44
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$6.47
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.32
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$5.16
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$4.79
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.64
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$3.11
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$24.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$38.92
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$10.27
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$11.69
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$14.20
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$5.94
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$13.27
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$4.12
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4049	FINGER SPLINT, STATIC	\$1.50
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	\$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	\$0.00
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	\$0.00
Q4101	APLIGRAF, PER SQUARE CENTIMETER	\$0.00
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWED), PER SQUARE CENTIMETER	\$0.00
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT	\$13.14
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	\$0.00
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4112	CYMETRA, INJECTABLE, 1CC	\$0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	\$0.00
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	\$0.00
Q4116	ALLODERM, PER SQUARE CENTIMETER	\$0.00
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4121	THERASKIN, PER SQUARE CENTIMETER	\$23.18
Q4122	DERMACELL, PER SQUARE CENTIMETER	\$75.40
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	\$0.00
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	\$0.00
Q4126	MEMODERM, DERMASpan, TRANZGRAFT OR INTEGUPPLY, PER SQUARE CENTIMETER	\$0.00
Q4127	TALYMED, PER SQUARE CENTIMETER	\$13.78
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	\$0.00
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	\$0.00
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	\$121.49
Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER	\$129.76
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	\$0.00
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	\$0.00
Q4152	DERMAPURE, PER SQUARE CENTIMETER	\$0.00
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	\$0.00
Q4154	BIOVANCE, PER SQUARE CENTIMETER	\$0.00
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	\$0.00
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	\$0.00
Q4157	REVITALON, PER SQUARE CENTIMETER	\$0.00
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	\$0.00
Q4159	AFFINITY, PER SQUARE CENTIMETER	\$0.00
Q4160	NUSHIELD, PER SQUARE CENTIMETER	\$0.00
Q4161	BIO-CONNKT WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	\$0.00
Q4164	HELICOLL, PER SQUARE CENTIMETER	\$0.00
Q4165	KERAMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	\$0.00
Q4167	TRUSKIN, PER SQUARE CENTIMETER	\$0.00
Q4168	AMNIOBAND, 1 MG	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER	\$0.00
Q4170	CYGNUS, PER SQUARE CENTIMETER	\$0.00
Q4171	INTERFYL, 1 MG	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER	\$0.00
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC	\$0.00
Q4175	MIRODERM, PER SQUARE CENTIMETER	\$0.00
Q4176	NEOPATCH, PER SQUARE CENTIMETER	\$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER	\$0.00
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	\$0.00
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	\$0.00
Q4182	TRANSCYTE, PER SQUARE CENTIMETER	\$0.00
Q4183	SURGIGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4184	CELLESTA, PER SQUARE CENTIMETER	\$0.00
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC	\$0.00
Q4186	EPIFIX, PER SQUARE CENTIMETER	\$0.00
Q4187	EPICORD, PER SQUARE CENTIMETER	\$0.00
Q4188	AMNIOARMOR, PER SQUARE CENTIMETER	\$0.00
Q4189	ARTACENT AC, 1 MG	\$0.00
Q4190	ARTACENT AC, PER SQUARE CENTIMETER	\$0.00
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	\$0.00
Q4192	RESTORIGIN, 1 CC	\$0.00
Q4193	COLL-E-DERM, PER SQUARE CENTIMETER	\$0.00
Q4194	NOVACHOR, PER SQUARE CENTIMETER	\$0.00
Q4195	PURAPLY, PER SQUARE CENTIMETER	\$0.00
Q4196	PURAPLY AM, PER SQUARE CENTIMETER	\$0.00
Q4197	PURAPLY XT, PER SQUARE CENTIMETER	\$0.00
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	\$0.00
Q4200	SKIN TE, PER SQUARE CENTIMETER	\$0.00
Q4201	MATRION, PER SQUARE CENTIMETER	\$0.00
Q4202	KEROXX (2.5G/CC), 1CC	\$0.00
Q4203	DERMA-GIDE, PER SQUARE CENTIMETER	\$0.00
Q4204	XWRAP, PER SQUARE CENTIMETER	\$0.00
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQUARE CENTIMETER	\$0.00
Q4206	FLUID FLOW OR FLUID GF, 1 CC	\$0.00
Q4208	NOVAFIX, PER SQUARE CENTIMETER	\$0.00
Q4209	SURGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER SQUARE CENTIMETER	\$0.00
Q4212	ALLOGEN, PER CC	\$0.00
Q4213	ASCENT, 0.5 MG	\$0.00
Q4214	CELLESTA CORD, PER SQUARE CENTIMETER	\$0.00
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG	\$0.00
Q4216	ARTACENT CORD, PER SQUARE CENTIMETER	\$0.00
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND XPL	\$0.00
Q4218	SURGICORD, PER SQUARE CENTIMETER	\$0.00
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIMETER	\$0.00
Q4220	BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER	\$0.00
Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER	\$0.00
Q4222	PROGENAMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4226	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE CENTIMETE	\$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

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	\$0.00
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	\$0.00
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	\$0.00
Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	\$0.00
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	\$0.00
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	\$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$0.00
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$0.00
Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9964	HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER M	\$0.00
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.81
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$1.14
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.30
Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER S	\$10.00
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$0.00
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	\$0.00
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	\$0.00
R0009	NOT OTHERWISE CLASSIFIED, HEAD AND NECK	\$0.00
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	\$67.71
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	\$28.68
R0109	NOT OTHERWISE CLASSIFIED, SPINE AND PELVIS	\$0.00
R0129	NOT OTHERWISE CLASSIFIED, UPPER EXTREMITY	\$0.00
R0159	NOT OTHERWISE CLASSIFIED, LOWER EXTREMITY	\$0.00
R0209	NOT OTHERWISE CLASSIFIED, GASTROINTESTINAL TRACT	\$0.00
R0259	NOT OTHERWISE CLASSIFIED, URINARY TRACT	\$0.00
R0309	NOT OTHERWISE CLASSIFIED, GYNECOLOGICAL AND OBSTETRICAL	\$0.00
R0359	NOT OTHERWISE CLASSIFIED, VEINS AND LYMPHATICS	\$0.00
R0599	NOT OTHERWISE CLASSIFIED, TRANSCATHETER THERAPY AND BIOPSY	\$0.00
S0190	MIFEPRISTONE, ORAL, 200 MG	\$81.05
S0191	MISOPROSTOL, ORAL, 200 MCG	\$2.36
S0209	WHEELCHAIR VAN, MILEAGE, PER MILE	\$0.00
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	\$1.95
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREAT	\$0.00
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES	\$0.00
S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	\$0.00
S5102	DAY CARE SERVICES, ADULT; PER DIEM	\$0.00
S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	\$0.00
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	\$0.00
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$0.00
S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	\$0.00
S5111	HOME CARE TRAINING, FAMILY; PER SESSION	\$0.00
S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	\$0.00
S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	\$0.00
S5120	CHORE SERVICES; PER 15 MINUTES	\$0.00
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	\$0.00
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	\$0.00
S5135	COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES	\$0.00
S5140	FOSTER CARE, ADULT; PER DIEM	\$0.00
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	\$0.00
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	\$65.00
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND	\$43.00
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	\$65.00
S5165	HOME MODIFICATIONS; PER SERVICE	\$0.00
S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	\$0.00
S5185	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	\$0.00
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER	\$0.00
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL	\$0.00
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	\$0.00
S9125	RESPIRE CARE, IN THE HOME, PER DIEM	\$0.00
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	\$0.00
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	\$0.00
S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	\$0.00
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER,	\$0.00
S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	\$0.00
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	\$0.00
T1000	PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	\$0.00
T1001	NURSING ASSESSMENT / EVALUATION	\$0.00
T1002	RN SERVICES, UP TO 15 MINUTES	\$0.00
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	\$0.00
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	\$0.00
T1005	RESPIRE CARE SERVICES, UP TO 15 MINUTES	\$78.70
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	\$0.00
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR	\$0.00
T1009	CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR	\$0.00
T1010	MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN	\$0.00
T1012	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT	\$0.00
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES	\$9.36
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	\$0.00
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	\$0.00
T1016	CASE MANAGEMENT, EACH 15 MINUTES	\$336.00
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	\$0.00
T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	\$0.00
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$0.00
T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	\$0.00
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	\$20.00
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL	\$0.00
T1024	EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE	\$0.00
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	\$0.00
T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM	\$0.00
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND	\$0.00
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE	\$31.47
T2001	NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT	\$0.00
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	\$0.00
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	\$4.92
T2015	HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR	\$0.00
T2016	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	\$0.00
T2019	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	\$0.00
T2021	DAY HABILITATION, WAIVER; PER 15 MINUTES	\$0.00
T2022	CASE MANAGEMENT, PER MONTH	\$0.00
T2023	TARGETED CASE MANAGEMENT; PER MONTH	\$0.00
T2024	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	\$0.00
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	\$0.00
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	\$0.56
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	\$0.66

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
T2031	ASSISTED LIVING; WAIVER, PER DIEM	\$0.00
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	\$0.00
T2034	CRISIS INTERVENTION, WAIVER; PER DIEM	\$0.00
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	\$0.00
T2039	VEHICLE MODIFICATIONS, WAIVER; PER SERVICE	\$0.00
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.62
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.66
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.66
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.69
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.75
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.75
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.94
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.85
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	\$0.30
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	\$0.00
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	\$0.56
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL	\$35.91
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	\$51.31
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATOR	\$100.00
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	\$100.00
V2020	FRAMES, PURCHASES	\$20.12
V2025	DELUXE FRAME	\$55.00
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$25.27
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$28.63
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$36.18
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	\$25.15
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$24.82
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$25.15
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$29.15
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	\$30.54
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	\$28.79
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$33.20
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	\$28.18
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$33.21
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$35.14
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$27.74
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$32.17
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$83.47
V2118	ANISEIKONIC LENS, SINGLE VISION	\$90.89
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$69.31
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	\$52.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$41.45
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$44.26
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$39.81
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$38.50
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	\$40.16
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	\$39.67
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$42.13
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12	\$40.04
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$41.12
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	\$41.62
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	\$40.92
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	\$51.73
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$48.08
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$46.31
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$51.22

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$129.14
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$102.85
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$17.78
V2220	BIFOCAL ADD OVER 3.25D	\$21.58
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$88.64
V2299	SPECIALTY BIFOCAL (BY REPORT)	\$0.00
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	\$50.16
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$50.16
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$50.16
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	\$54.15
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	\$58.46
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	\$58.46
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$58.46
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$58.46
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$58.46
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$58.46
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$58.46
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$60.03
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$76.48
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$83.87
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$69.16
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$87.56
V2318	ANISEIKONIC LENS, TRIFOCAL	\$174.82
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$20.10
V2320	TRIFOCAL ADD OVER 3.25D	\$9.11
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$138.47
V2399	SPECIALTY TRIFOCAL (BY REPORT)	\$0.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$74.27
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$99.02
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	\$0.00
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$76.22
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	\$110.05
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	\$116.75
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$97.91
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$123.49
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$129.99
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	\$83.88
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	\$118.74
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	\$121.60
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	\$104.88
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	\$426.92
V2599	CONTACT LENS, OTHER TYPE	\$59.80
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	\$0.00
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	\$0.00
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	\$542.88
V2620	PROSTHETIC, EYE, GLASS, STOCK	\$0.00
V2621	PROSTHETIC, EYE PLASTIC, STOCK	\$0.00
V2622	PROSTHETIC, EYE, GLASS, CUSTOM	\$0.00
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	\$1,216.99
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$28.01
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$331.46
V2626	REDUCTION OF OCULAR PROSTHESIS	\$210.88
V2627	SCLERAL COVER SHELL	\$999.32
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$221.68
V2629	PROSTHETIC EYE, OTHER TYPE	\$364.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$197.46

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$311.40
V2700	BALANCE LENS, PER LENS	\$39.13
V2715	PRISM, PER LENS	\$15.66
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$22.69
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$8.54
V2745	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES	\$5.38
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$20.63
V2755	U-V LENS, PER LENS	\$9.15
V2756	EYE GLASS CASE	\$1.56
V2760	SCRATCH RESISTANT COATING, PER LENS	\$14.38
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	\$0.00
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	\$28.15
V2770	OCCLUDER LENS, PER LENS	\$20.54
V2780	OVERSIZE LENS, PER LENS	\$10.98
V2781	PROGRESSIVE LENS, PER LENS	\$0.00
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$30.41
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	\$34.28
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$30.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	\$0.00
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	\$0.00
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	\$0.00
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	\$0.00
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	\$1.56
V5000	BASIC AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING THE MEASURING OF HEAR	\$0.00
V5001	COMPREHENSIVE AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING A BASIC AUDIO	\$0.00
V5002	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED ELECTROPHYSIO	\$0.00
V5003	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED BEHAVIORAL TE	\$0.00
V5008	HEARING SCREENING	\$0.00
V5010	ASSESSMENT FOR HEARING AID	\$52.00
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID(FOLLOWING INITIAL EXAM AND SELECTION	\$80.00
V5012	COMPLETE COCHLEAR IMPLANT REHABILITATION INCLUDING ADJUSTING AND TESTING OF EQUI	\$0.00
V5014	REPAIR/MODIFICATION OF A HEARING AID	\$142.05
V5016	UNLISTED AUDIOLOGIC PROCEDURE (SPECIFY)	\$0.00
V5020	CONFORMITY EVALUATION	\$0.00
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	\$442.00
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	\$312.00
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	\$0.00
V5100	HEARING AID, BILATERAL, BODY WORN	\$0.00
V5120	BINAURAL, BODY	\$0.00
V5130	BINAURAL, IN THE EAR	\$0.00
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	\$0.00
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	\$0.00
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	\$0.00
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	\$312.00
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE;CHILD:DIGITAL OR ANALOG	\$0.00
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	\$0.00
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	\$0.00
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	\$0.00
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	\$0.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$30.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$0.00
V5266	BATTERY FOR USE IN HEARING DEVICE	\$1.25
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	\$0.00
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	\$0.00
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	\$0.00
V5272	ASSISTIVE LISTENING DEVICE, TDD	\$0.00
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	\$0.00
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	\$0.00
V5275	EAR IMPRESSION, EACH	\$20.00
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	\$0.00
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED;ADULTS: DIGITAL OR ANALOG	\$0.00
V5301	BASIC ASSESSMENT OF SPECIFIC SINGLE SPEECH, VOICE, LANGUAGE COGNITIVE/ COMMUNICA	\$0.00
V5310	COMPREHENSIVE ASSESSMENT OF SPEECH, VOICE, LANGUAGE SYSTEMS, ORAL/ PHARYNGEAL SE	\$0.00
V5321	ASSESSMENT FOR ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX (EXCLUDES V5010	\$0.00
V5322	ASSESSMENT FOR AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES V5010 HEARI	\$0.00
V5330	TREATMENT FOR SPEECH, LANGUAGE, ORAL/PHARYNGEAL AND/OR COMMUNICATION DISORDER, P	\$0.00
V5335	REPAIR/MODIFICATION OF ORAL OR LARYNGEAL PROTHESIS OR ARTIFICIAL LARYNX	\$0.00
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	\$0.00
V5360	UNLISTED SPEECH-LANGUAGE SERVICE (SPECIFY)	\$0.00
V5362	SPEECH SCREENING	\$0.00
V5363	LANGUAGE SCREENING	\$0.00
V5364	DYSPHAGIA SCREENING	\$0.00
W0554	SKILLED NURSING SERVICES BY RN FOR EPSDT SERVICES IN THE HOME;MULTIPLE PATIENTS	\$70.00
W4082	EXTENSION SET FOR BUTTON TYPE TUBE/DECOMPRESSION TUBE	\$0.00
W4084	GLOBAL IMPLANTED SINGLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	\$0.00
W4085	GLOBAL IMPLANTED DOUBLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	\$0.00
W4086	SKIN LEVEL GASTROSTOMY TUBE	\$0.00
W4087	GLOBAL SINGLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICE & SUPPLIES	\$0.00
W4088	GLOBAL DOUBLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICES AND SUPPLI	\$0.00
W4089	GLOBAL PICC SERVICES AND SUPPLIES	\$0.00
W4090	MIDLINE AND PICC LINE INSERTION SUPPLIES	\$0.00
W4091	MIDLINE & PICC LINE FULL SERVICES	\$0.00
W4601	ATTENDANT CARE DAILY	\$0.00
W4603	HOME CARE TRAINING,NON-FAMILY,PER 15 MINUTES,SPECIALIZED SERVICES (DD/MR)	\$0.00
W4604	HOME CARE TRAINING,NON-FAMILY,PER SESSION,COUNSELING & TRAINING	\$0.00
W4605	COMPANION CARE,ADULT,PER DAY	\$0.00
W4606	HABILITATION:PRE-VOCATIONAL,EACH,15 MINUTES	\$0.00
W4614	DAY HABILITAION;PER 15 MINUTES	\$0.00
W4615	OTHER HABILITATION;NOS;PER DAY	\$0.00
W4616	INTERPRETOR,PER SERVICE	\$0.00
W4621	OTHER HABILITATION,NOS,PER 15 MINUTES	\$0.00
W4622	WAIVER CASE MANAGEMENT,COMPREHENSIVE,ALL-INCLUSIVE,PER 15 MINUTES	\$0.00
W4624	WAIVER SCREENING SERVICES/PREASSESSMENT/LOC DETERMINATION	\$0.00
W4625	WAIVER SERVICE COORDINATION	\$0.00
W4626	ONGOING MONITORING FOR INDIVIDUALS COVERED UNDER THE WAIVER	\$0.00
W4628	UTILITY COVERAGE,PER UTILITY	\$0.00
W4634	HABILITATION,RESIDENTIAL HAB/INDEP LIVING SKILLS DEVELOPMENT;PER DAY	\$0.00
W4638	HOMEMAKER,SEPARATE SERVICE,NOS,EACH 15 MINUTES	\$0.00
W4657	MEDICALLY FRAGILE DAY CARE, SPECIALIZED CHILD CARE, CENTER BASED, PER DAY	\$0.00
W4669	FOSTER CARE,CHILD,THERAPEUTIC;PER DAY	\$0.00
W4670	CHORE SERVICES,PER 15 MINUTES	\$0.00
W4671	CRIMINAL CHECK,PER EVENT	\$0.00
W4672	SPECIALIZED CHILD CARE,CENTER BASED,PER DAY	\$0.00
W4673	WAIVER CASE MANAGEMENT SERVICES,NOS	\$0.00
W4674	WAIVER ADMINISTRATION SERVICES,NOS	\$0.00
W4675	WAIVER RATE CELL/MONTHLY CAP PAYMENT	\$0.00
W4709	COMPANION CARE,ADULT,PER 15 MINUTES	\$0.00
W5120	SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME	\$0.00

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**Medicaid Fee-for-Service (FFS) Fee Schedule, without modifiers  
as of 06/24/2020**

Procedure Code	Procedure Code Description	Maximum Allowable Charge
W5640	OTC MEDICATION FOR CONSTIPATION IN SNF; PER RECIPIENT/MONTH	\$0.00
W5940	VAGINAL DELIVERY (COMPREHENSIVE PRENATAL & POSTPARTUM CARE)	\$0.00
W5942	PRENATAL AND POSTPARTUM CARE ONLY (COMPREHENSIVE CARE)	\$416.00
W5951	CESAREAN SECTION DELIVERY ONLY (INCL. IN-HOSPITAL POST-PARTUM VISITS)	\$1,000.00
W7890	DIAG RADIOPHARMACEUTICAL FLUORODEOXYGLUCOSE (FDG) FOR PET (POSITRON EMM TOMOGRA	\$600.00
W8390	HIV-1 DRUG RESISTANCE TESTING; GENOTYPING	\$420.00
W9006	ADDITIONAL PUMP REPAIRS/SERVICING; INCL. RENTAL DURING REPAIR	\$0.00
W9073	GLOBAL INTRATHECAL PAIN MANAGEMENT (VIA IMPLANTABLE INFUSIONPUMP) SERVICE AND S	\$0.00
W9074	PREPROGRAMMING OF IMPLANTABLE INFUSION PUMP	\$0.00
W9075	GLOBAL MISCELLANEOUS IV THERAPY SERVICES AND SUPPLIES	\$0.00
W9076	GLOBAL IV OR SUBQ (W/ PCA) OR EPIDURAL CHRONIC PAIN MANAGEMENT; PER DAY	\$0.00
W9078	GLOBAL IV HYDRATION SERVICES AND SUPPLIES; PER DAY	\$0.00
W9079	GLOBAL IV ANTI-INFECTIVE SERVICES AND SUPPLIES; PER DAY	\$0.00
W9080	DHS FORM 1156 - NEW PATIENT	\$0.00
W9081	DHS FORM 1156 ESTABLISHED PATIENT	\$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	\$0.00
W9083	BHMC PLAN CRISIS INTERVENTION, CONTACT BY TELEPHONE	\$0.00
W9084	BHMC PLAN CRISIS INTERVENTION, TELEPHONE CONTACT, W/ PERSONAL CONTACT	\$0.00
W9100	VISION SCREENING	\$12.48
W9207	DHS 1271 REEVALUATION	\$0.00
W9213	TANF MENTAL/MEDICAL DISABILITY DETERINATION PERFORMED BY QUEST	\$77.00
W9778	INITIAL PEDIATRIC REHABILITATIVE EVALUATION FOR CHILD < 21 IN SUBACUTE LOC	\$104.00
W9779	PEDIATRIC REHABILITATIVE INTERVENTION FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$72.80
W9780	1270 GENERAL ASSISTANCE/AID TO THE DISABLED REVIEW COMMITTEEDISABILITY EVALUATIO	\$94.86
W9781	1270 GENERAL ASSISTANCE/AID TO DISABLES REVIEW COMMITTEE EVALUATION; COMPLEX	\$156.00
W9801	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 1HOUR	\$104.00
W9802	QUEST PSYCHIATRIC EVALUATION FOR DETERMINATION OF SMI, 2 HOURS	\$208.00
W9803	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 3HOURS	\$312.00
W9805	QUEST CHILD BEHAVIORAL HEALTH EVAL OF ELIG IN FELIX WAIHEE CLASS, 2HRS	\$0.00
W9880	CASE MGMT, INPATIENT HOSPITAL FOR VENT DEPENDENT/TRACH CHILDPRIOR TO INITIAL	\$1,260.00
W9881	CASE MGMT FOR VENT DEPENDENT/TRACH CHILD LIVING AT HOME	\$840.00
W9882	CASE MGMT FOR NON-VENT DEPENDENT/NON-TRACH CHILD WITH SIGNIFICANT MEDICAL	\$336.00
W9883	CASE MANAGEMENT FOR CHILD WITH SIGNIFICANT MEDICAL NEEDS	\$84.00
W9884	ADDITIONAL OR UNUSUAL CASE MGMT SERVICES TO ADDRESS CHANGINGMEDICAL NEEDS, UNIT	\$28.00
W9970	SPECIALTY MOLDED UPPER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$148.00
W9971	SPECIALTY MOLDED LOWER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$168.00
W9984	CHIROPRACTIC MANIPULATION, EXTENEDED	\$0.00
Z9001	PROVIDER ADJUSTMENT	\$0.00
Z9002	MEDICARE CO-INSURANCE	\$0.00
Z9004	MEDICARE PAID	\$0.00
Z9005	HMO CO-PAYMENT	\$0.00
Z9007	ADDITIONAL PAYMENT	\$0.00
Z9008	MEDICARE DEDUCTIBLE	\$0.00
Z9011	TOTAL CHARGE	\$0.00
Z9014	THIRD PARTY LIABILITY	\$0.00
Z9017	GROSS ADJUSTMENT	\$0.00
Z9022	PATIENTS SHARE	\$0.00
Z9060	QUEST ENABLING SERVICE, LANGUAGE TRANSLATION, PER 15 MINUTES	\$9.36
Z9070	INTEREST	\$0.00
Z9440	MANAGED CARE EPSDT SCREENING RISK LEAD ASSESSMENT SRLA	\$0.00
Z9998	CONV. NO PROCEDURE	\$0.00
Z9999	CONV. NO DETAIL	\$0.00

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