

PROC-CD	MOD	Description	Medicaid Fee Schedule
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$65.06
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$66.30
10040		ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	\$47.83
10040	32	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	\$62.24
10060		INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$52.42
10060	32	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$59.93
10061		INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$97.47
10061	32	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$108.08
10080	32	INCISION AND DRAINAGE OF PILONIDAL CYST	\$107.30
10080		INCISION AND DRAINAGE OF PILONIDAL CYST	\$56.78
10081	32	INCISION AND DRAINAGE OF PILONIDAL CYST	\$163.42
10081		INCISION AND DRAINAGE OF PILONIDAL CYST	\$103.48
10120	32	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$85.13
10120		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$54.57
10121	32	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$156.40
10121		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$112.70
10140	32	INCISION AND DRAINAGE OF HEMATOMA	\$83.39
10140		INCISION AND DRAINAGE OF HEMATOMA	\$71.01
10160		PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$57.25
10160	32	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$70.39
10180	32	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$133.32
10180		INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$108.05
11000	32	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$31.76
11000		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$23.96
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$12.45
11001	32	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$17.44
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$415.20
11005		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$566.13
11006		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$520.32
11008		REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT	\$211.51
11010	32	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE	\$281.81
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE	\$219.04
11011	32	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITH OPEN FX(S)/DISLOCATI	\$333.00
11011		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITH OPEN FX(S)/DISLOCATI	\$262.37
11012	32	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITH OPEN FRACTURE(S)/DIS	\$484.78
11012		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITH OPEN FRACTURE(S)/DIS	\$373.19
11040	32	DEBRIDEMENT	\$27.63
11040		DEBRIDEMENT	\$20.46
11041		DEBRIDEMENT	\$33.06
11041	32	DEBRIDEMENT	\$42.11
11042	32	DEBRIDEMENT	\$56.05
11042		DEBRIDEMENT	\$44.20
11043	32	DEBRIDEMENT	\$145.85
11043		DEBRIDEMENT	\$125.89
11044		DEBRIDEMENT	\$172.73
11044	32	DEBRIDEMENT	\$190.42

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11055	32	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$24.88
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$15.03
11056	32	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO F	\$31.38
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO F	\$21.02
11057	32	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THA	\$38.57
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THA	\$27.45
11100	32	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$54.75
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$32.61
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$16.91
11101	32	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$26.88
11200		EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$37.52
11200	32	EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$44.96
11201		EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$11.56
11201	32	EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$17.49
11300	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$38.81
11300		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$22.28
11301	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$52.06
11301		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$35.53
11302	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$62.88
11302		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$44.16
11303	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$77.80
11303		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$54.40
11305	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$39.84
11305		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$27.37
11306	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$55.68
11306		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$40.09
11307	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$65.24
11307		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$47.15
11308	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$81.58
11308		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$60.37
11310	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$49.21
11310		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$31.44

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11311	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$62.25
11311		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$44.16
11312	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$71.81
11312		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$51.54
11313	32	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$93.59
11313		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$69.27
11400		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$42.74
11400	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$71.86
11401		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$56.58
11401	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$85.90
11402		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$67.58
11402	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$99.08
11403		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$81.11
11403	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$116.04
11404		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$92.35
11404	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$130.08
11406	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$159.67
11406		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$132.54
11420		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$47.53
11420	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$69.19
11421		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$64.22
11421	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$90.73
11422		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$73.76
11422	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$103.59
11423		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$91.62
11423	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$126.55
11424		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$107.64
11424	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$142.88

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11426	32	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$194.19
11426		EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$167.69
11440		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$58.77
11440	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$83.10
11441		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$73.83
11441	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$100.32
11442		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$81.88
11442	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$113.28
11443		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$106.21
11443	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$143.63
11444		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$138.99
11444	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$177.35
11446		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$180.43
11446	32	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$219.74
11450	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$195.89
11450		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$140.23
11451	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$266.92
11451		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$186.83
11462	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$192.52
11462		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$128.58
11463	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$272.66
11463		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$172.98
11470	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$209.63
11470		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$160.66
11471	32	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$280.87
11471		EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$196.44
11600	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$98.45
11600		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$63.99
11601	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$117.78
11601		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$82.23
11602	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$130.36
11602		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$93.25
11603	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$147.62
11603		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$105.83
11604	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$162.84
11604		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$116.69
11606	32	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$204.88
11606		EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$177.12
11620	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$98.96
11620		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$64.34
11621	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$125.39
11621		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$88.59
11622	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$145.86
11622		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$106.25
11623	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$168.19
11623		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$130.14
11624	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$197.88
11624		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$153.29
11626	32	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$241.12
11626		EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$215.24
11640	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$110.75
11640		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$74.58
11641		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$110.13
11641	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$180.36

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11642		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$131.51
11642	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$218.97
11643	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$197.91
11643		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$156.43
11644	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$245.33
11644		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$198.24
11646	32	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$318.11
11646		EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$293.16
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$6.02
11719	32	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$14.68
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) ONE TO FIVE	\$13.91
11720	32	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) ONE TO FIVE	\$20.77
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) SIX OR MORE	\$23.32
11721	32	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) SIX OR MORE	\$32.36
11730	32	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$54.39
11730		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$42.41
11732	32	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$25.42
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$21.92
11740		EVACUATION OF SUBUNGUAL HEMATOMA	\$18.02
11740	32	EVACUATION OF SUBUNGUAL HEMATOMA	\$27.01
11750		EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN)	\$90.97
11750	32	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN)	\$110.58
11752		EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN)	\$143.17
11752	32	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN)	\$151.37
11755	32	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL A	\$72.14
11755		BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL A	\$62.05
11760	32	RECONSTRUCTION OF NAIL BED	\$106.37
11760		RECONSTRUCTION OF NAIL BED	\$85.15
11762		RECONSTRUCTION OF NAIL BED	\$131.96
11762	32	RECONSTRUCTION OF NAIL BED	\$154.66
11765	32	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$62.44
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$36.42
11770	32	EXCISION OF PILONIDAL CYST OR SINUS	\$165.14
11770		EXCISION OF PILONIDAL CYST OR SINUS	\$139.88
11771	32	EXCISION OF PILONIDAL CYST OR SINUS	\$320.46
11771		EXCISION OF PILONIDAL CYST OR SINUS	\$303.93
11772	32	EXCISION OF PILONIDAL CYST OR SINUS	\$376.51
11772		EXCISION OF PILONIDAL CYST OR SINUS	\$352.81
11900	32	INJECTION, INTRALESIONAL	\$29.46
11900		INJECTION, INTRALESIONAL	\$19.80
11901		INJECTION, INTRALESIONAL	\$30.84
11901	32	INJECTION, INTRALESIONAL	\$41.76
11920	32	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$134.88
11920		TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$78.75
11921	32	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$149.67
11921		TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$94.79
11922	32	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$41.27
11922		TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$24.44
11950	32	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$59.78
11950		SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$49.49

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11951	32	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$74.74
11951		SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$61.95
11952	32	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$101.18
11952		SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$79.66
11954	32	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$108.72
11954		SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$84.89
11960		INSERTION OF TISSUE EXPANDER(S)	\$537.58
11970		REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$408.87
11971	32	REMOVAL OF TISSUE EXPANDER W/O INSERTION OF PROSTHESIS	\$285.40
11971		REMOVAL OF TISSUE EXPANDER W/O INSERTION OF PROSTHESIS	\$151.08
11976	32	REMOVAL WITHOUT REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$95.63
11976		REMOVAL WITHOUT REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$81.91
11980		SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTO	\$59.48
11980	32	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTO	\$87.86
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	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$93.72
12001		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$70.95
12002	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$103.17
12002		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$79.78
12004	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$122.90
12004		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$98.58
12005	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$152.27
12005		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$125.76
12006	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$199.60
12006		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$164.67
12007	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$217.74
12007		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$181.57
12011	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$99.91
12011		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$75.59
12013	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$113.33
12013		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$88.07
12014	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$133.87
12014		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$106.74
12015	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$168.88
12015		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$138.00
12016	32	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$204.44
12016		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$175.13
12017		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$260.29
12018		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$302.17
12020	32	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$162.08
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$118.68
12021		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$82.03
12021	32	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$93.97
12031	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$114.04
12031		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$84.41
12032	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$156.62
12032		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$104.83
12034	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$154.58
12034		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$129.95

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12035	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$216.86
12035		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$155.98
12036	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$243.04
12036		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$192.39
12037	32	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$272.85
12037		LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$229.67
12041	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$127.13
12041		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$92.51
12042	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$148.31
12042		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$107.80
12044	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$163.68
12044		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$140.61
12045	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$223.80
12045		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$168.06
12046	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$271.43
12046		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$206.57
12047	32	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$280.92
12047		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$245.67
12051	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$142.94
12051		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$98.88
12052	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$147.99
12052		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$110.21
12053	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$164.90
12053		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$140.57
12054	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$194.38
12054		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$166.93
12055	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$245.17
12055		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$214.30
12056	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$316.76
12056		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$274.67
12057	32	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$349.69
12057		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$318.20
13100	32	REPAIR, COMPLEX, TRUNK	\$178.60
13100		REPAIR, COMPLEX, TRUNK	\$134.38
13101	32	REPAIR, COMPLEX, TRUNK	\$212.06
13101		REPAIR, COMPLEX, TRUNK	\$162.04
13102	32	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITIO	\$60.26
13102		REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITIO	\$52.41
13120	32	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$184.98
13120		REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$139.51
13121	32	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$226.04
13121		REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$179.03
13122	32	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SE	\$73.78
13122		REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SE	\$60.73
13131	32	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$201.51
13131		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$159.07
13132		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$252.72
13132	32	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$312.29
13133	32	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$97.44
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$92.13

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13150	32	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$216.31
13150		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$176.14
13151		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$190.43
13151	32	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$242.19
13152		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$279.51
13152	32	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$350.93
13153	32	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (	\$107.77
13153		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (	\$100.38
13160		SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE,	\$456.31
14000		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$283.54
14000	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$343.92
14001	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$447.08
14001		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$407.78
14020	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$382.67
14020		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$345.56
14021	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$526.28
14021		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$491.98
14040		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$373.29
14040	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$455.52
14041		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$503.33
14041	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$603.13
14060		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$469.81
14060	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$656.74
14061		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$562.06
14061	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$906.65
14300		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM,	\$646.26
14300	32	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM,	\$818.20
14350		FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$468.19
15000		EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY	\$187.57
15001		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$43.86
15040		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$87.56
15040	32	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$184.34
15050	32	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL	\$283.48
15050		PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL	\$237.75
15100	32	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$548.68
15100		SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$429.21
15101	32	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$138.16
15101		SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$88.76
15110		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$465.83
15110	32	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$569.36
15111		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$74.58
15111	32	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$88.65
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$480.32



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15115	32	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$533.22
15116		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$101.82
15116	32	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$114.77
15120	32	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$517.08
15120		SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$483.63
15121	32	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$181.50
15121		SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$146.33
15130		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$376.74
15130	32	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$476.06
15131		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$60.44
15131	32	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$72.53
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$521.45
15135	32	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$570.68
15136		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$61.08
15136	32	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$67.27
15150		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$414.81
15150	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$471.65
15151		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75	\$80.49
15151	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75	\$93.43
15152		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C	\$100.51
15152	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C	\$114.60
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$446.71
15155	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$470.90
15156		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$112.17
15156	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$121.17
15157		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$122.23
15157	32	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$134.33
15170		ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE	\$205.07
15170	32	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE	\$246.44
15171		ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR E	\$60.74

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15171	32	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR E	\$62.43
15175		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$307.59
15175	32	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$347.82
15176		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$96.08
15176	32	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$99.46
15200	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$439.33
15200		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$382.18
15201	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$98.54
15201		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$72.61
15220	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$444.33
15220		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$395.06
15221	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$88.97
15221		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$65.26
15240	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$492.34
15240		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$460.84
15241	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$114.65
15241		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$102.79
15260		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	\$676.17
15261	32	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	\$134.68
15261		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	\$122.51
15300		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM O	\$174.50
15300	32	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM O	\$201.79
15301		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 1	\$39.54
15301	32	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 1	\$41.51
15320		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$202.83
15320	32	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$232.51
15321		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$59.03
15321	32	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$61.86
15330		ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE P	\$174.22
15330	32	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE P	\$201.51
15331		ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC	\$39.54
15331	32	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC	\$41.23
15335		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$194.60
15335	32	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$223.58
15336		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$56.48

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15336	32	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$59.86
15340		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$180.64
15340	32	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$215.80
15341		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$19.57
15341	32	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$31.10
15360		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; TRUNK, ARMS, LEGS; FIRST 100 SQ CM	\$194.15
15360	32	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; TRUNK, ARMS, LEGS; FIRST 100 SQ CM	\$233.25
15361		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ CM, OR EACH	\$45.05
15361	32	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ CM, OR EACH	\$48.39
15365		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$204.97
15365	32	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$243.24
15366		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$56.67
15366	32	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$60.04
15400		APPLICATION OF XENOGRAFT (HETEROGRAFT), SKIN	\$201.29
15401	1		\$41.67
15420		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$231.97
15420	32	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$259.83
15421		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$59.87
15421	32	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$79.57
15430		ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY ARE	\$346.25
15430	32	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY ARE	\$354.40
15570	32	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$520.84
15570		FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$447.63
15572	32	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$473.94
15572		FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$435.42
15574	32	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS	\$517.94
15574		FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS	\$471.48
15576	32	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, E	\$461.25
15576		FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, E	\$393.68

PROC-CD	MOD	Description	Medicaid Fee Schedule
15600	32	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$241.06
15600		INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$126.11
15610	32	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$180.40
15610		INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$150.11
15620	32	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$270.60
15620		INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$185.18
15630	32	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$259.27
15630		INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$204.34
15650	32	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO	\$281.15
15650		TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO	\$239.36
15732		MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP HEAD OR NECK	\$752.66
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	32	GRAFT	\$593.26
15740		GRAFT	\$566.13
15750		GRAFT	\$656.13
15756		FREE MUSCLE FLAP WITH/WITHOUT SKIN GRAFT 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	32	GRAFT	\$496.29
15760		GRAFT	\$464.80
15770		GRAFT	\$435.90
15775		PUNCH GRAFT FOR HAIR TRANSPLANT	\$187.41
15776		PUNCH GRAFT FOR HAIR TRANSPLANT	\$262.26
15780	32	DERMABRASION	\$470.33
15780		DERMABRASION	\$387.47
15781	32	DERMABRASION	\$291.86
15781		DERMABRASION	\$252.70
15782	32	DERMABRASION	\$354.27
15782		DERMABRASION	\$270.65
15783	32	DERMABRASION SUPERFICIAL ANY SITE(EG TATTOO REMOVAL)	\$276.96
15783		DERMABRASION SUPERFICIAL ANY SITE(EG TATTOO REMOVAL)	\$208.75
15786	32	ABRASION	\$133.27
15786		ABRASION	\$81.74
15787	32	ABRASION	\$35.80
15787		ABRASION	\$14.18
15788	32	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$219.78
15788		CHEMICAL PEEL, FACIAL; EPIDERMAL	\$127.82
15789	32	CHEMICAL PEEL, FACIAL; DERMAL	\$320.72
15789		CHEMICAL PEEL, FACIAL; DERMAL	\$237.35
15792	32	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$224.48
15792		CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$157.54
15793		CHEMICAL PEEL, NONFACIAL; DERMAL	\$199.60
15819		CERVICOPLASTY	\$502.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
15820		BLEPHAROPLASTY, LOWER EYELID	\$330.78
15820	32	BLEPHAROPLASTY, LOWER EYELID	\$366.96
15821	32	BLEPHAROPLASTY, LOWER EYELID	\$400.35
15821		BLEPHAROPLASTY, LOWER EYELID	\$362.61
15822		BLEPHAROPLASTY, UPPER EYELID	\$292.82
15822	32	BLEPHAROPLASTY, UPPER EYELID	\$330.25
15823		BLEPHAROPLASTY, UPPER EYELID	\$432.04
15823	32	BLEPHAROPLASTY, UPPER EYELID	\$472.27
15831		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$633.41
15832		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$592.70
15833		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$530.86
15834		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$533.13
15835		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$547.68
15836		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$459.86
15837	32	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$446.99
15837		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$441.37
15838		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$387.09
15839	32	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$459.89
15839		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$398.25
15840		GRAFT FOR FACIAL NERVE PARALYSIS	\$770.34
15841		GRAFT FOR FACIAL NERVE PARALYSIS	\$1,189.02
15842		GRAFT FOR FACIAL NERVE PARALYSIS	\$1,977.93
15845		GRAFT FOR FACIAL NERVE PARALYSIS	\$724.64
15851	32	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL),	\$63.19
15851		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL),	\$31.93
15852	32	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA	\$68.03
15852		DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA	\$33.43
15860		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST	\$92.57
15860	32	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST	\$96.31
15920		EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY	\$361.18
15922		EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY	\$492.19
15931		EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$401.71
15933		EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$549.95
15934		EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN	\$617.36
15935		EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN	\$759.23
15936		EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE	\$663.09
15937		EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE	\$788.36
15940		EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$418.63
15941		EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$588.18
15944		EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL	\$613.04
15945		EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL	\$694.45
15946		EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH	\$1,113.06
15950		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE	\$347.78
15951		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE	\$558.81
15952		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION	\$558.50
15953		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION	\$648.71
15956		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR	\$894.46
15958		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR	\$892.28
16000	32	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	\$45.76
16000		INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	\$32.04
16020	32	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$52.33
16020		DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$34.39
16025	32	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$90.45
16025		DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$69.98
16030	32	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$107.84
16030		DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$81.33

PROC-CD	MOD	Description	Medicaid Fee Schedule
16035		ESCHAROTOMY	\$209.68
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR P	\$59.53
17000		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$27.90
17000	32	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$39.61
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$6.38
17003	32	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$10.43
17004		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$115.15
17004	32	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$151.01
17106		DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); L	\$195.41
17106	32	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); L	\$227.49
17107		DESTRUCT. OF CUTANEOUS VASC. PROLIFERATIVE LESIONS 10.0-50.0	\$361.72
17107	32	DESTRUCT. OF CUTANEOUS VASC. PROLIFERATIVE LESIONS 10.0-50.0	\$411.62
17108	32	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); O	\$650.19
17108		DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); O	\$635.22
17110	32	DESTRUCTION BY ANY METHOD OF FLAT (PLANE, JUVENILE) WARTS	\$56.69
17110		DESTRUCTION BY ANY METHOD OF FLAT (PLANE, JUVENILE) WARTS	\$33.45
17111	32	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$64.12
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$42.40
17250	32	CHEMICAL CAUTERIZATION OF A WOUND	\$43.34
17250		CHEMICAL CAUTERIZATION OF A WOUND	\$21.11
17260		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$41.16
17260	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$63.62
17261		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$52.31
17261	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$76.95
17262		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$70.21
17262	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$98.28
17263		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$80.98
17263	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$112.79
17264		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$88.91
17264	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$124.16
17266		DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$106.12

PROC-CD	MOD	Description	Medicaid Fee Schedule
17266	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$147.28
17270		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$57.13
17270	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$81.45
17271		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$66.59
17271	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$94.04
17272		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$80.14
17272	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$111.33
17273		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$93.06
17273	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$127.67
17274		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$117.37
17274	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$156.98
17276		DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$141.91
17276	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$182.46
17280		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$54.49
17280	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$81.31
17281		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$77.57
17281	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$107.83
17282		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$92.79
17282	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$127.10
17283		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$117.44
17283	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$155.80
17284		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$141.36
17284	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$183.77
17286		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$198.19
17286	32	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$241.54
17304		CHEMOSURGERY (MOHS' TECHNIQUE)	\$298.50
17305		CHEMOSURGERY (MOHS' TECHNIQUE)	\$118.29
17306		CHEMOSURGERY (MOHS' TECHNIQUE)	\$111.12
17307		CHEMOSURGERY (MOHS' TECHNIQUE)	\$112.05
17310		CHEMOSURGERY (MOHS' TECHNIQUE)	\$34.67
17340		CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	\$27.80

PROC-CD	MOD	Description	Medicaid Fee Schedule
17340	32	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	\$44.50
17360	32	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$70.15
17360		CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$55.75
19000	32	PUNCTURE ASPIRATION OF CYST OF BREAST	\$70.93
19000		PUNCTURE ASPIRATION OF CYST OF BREAST	\$31.03
19001		PUNCTURE ASPIRATION OF CYST OF BREAST	\$15.86
19001	32	PUNCTURE ASPIRATION OF CYST OF BREAST	\$27.74
19020	32	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$249.95
19020		MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$176.39
19030		INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR	\$56.73
19030	32	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR	\$181.95
19100		BIOPSY OF BREAST	\$47.22
19100	32	BIOPSY OF BREAST	\$93.68
19101		BIOPSY OF BREAST	\$168.35
19101	32	BIOPSY OF BREAST	\$260.97
19102		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	\$105.45
19103		BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEV	\$193.12
19110	32	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY	\$279.94
19110		NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY	\$231.29
19112	32	EXCISION OF LACTIFEROUS DUCT FISTULA	\$249.13
19112		EXCISION OF LACTIFEROUS DUCT FISTULA	\$190.18
19120	32	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	\$273.63
19120		EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	\$263.34
19125	32	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL	\$298.64
19125		EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL	\$280.86
19126		EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL	\$126.42
19140		MASTECTOMY FOR GYNECOMASTIA THROUGH CIRCUMAREOLAR OR OTHER INCISION	\$276.48
19160		MASTECTOMY, PARTIAL	\$310.90
19162		MASTECTOMY, PARTIAL	\$672.89
19180		MASTECTOMY, SIMPLE, COMPLETE	\$440.52
19182		MASTECTOMY, SUBCUTANEOUS	\$402.68
19200		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES,	\$760.17
19220		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY	\$772.58
19240		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES	\$759.76
19260		EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	\$695.15
19271		EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC	\$1,001.14
19272		EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC	\$1,066.32
19290		PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	\$47.76
19290	32	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	\$110.76
19291	32	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESI	\$45.69
19291		PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESI	\$24.19
19295		IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST	\$75.00
19296	32	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	\$3,932.15



PROC-CD	MOD	Description	Medicaid Fee Schedule
19297		PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	\$70.21
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$246.79
19298	32	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$1,459.40
19316		MASTOPEXY	\$617.47
19318		REDUCTION MAMMAPLASTY	\$844.14
19324		MAMMAPLASTY, AUGMENTATION	\$279.65
19325		MAMMAPLASTY, AUGMENTATION	\$418.34
19328		REMOVAL OF INTACT MAMMARY IMPLANT	\$292.70
19330		REMOVAL OF MAMMARY IMPLANT MATERIAL	\$361.70
19340		IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	\$351.48
19342		DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	\$620.86
19350	32	NIPPLE/AREOLA RECONSTRUCTION	\$579.91
19350		NIPPLE/AREOLA RECONSTRUCTION	\$475.32
19355	32	CORRECTION OF INVERTED NIPPLES	\$494.96
19355		CORRECTION OF INVERTED NIPPLES	\$371.15
19357		BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUB	\$926.80
19361		BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMP	\$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 (TRAM),	\$1,315.42
19368		BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	\$1,553.39
19369		BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	\$1,477.38
19370		OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$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
19396	32	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$137.17
20000	32	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$121.21
20000		INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$96.95
20005	32	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$174.71
20005		INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$161.70
20100		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$448.20
20100	32	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$460.67
20101		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$167.73
20102	32	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$287.69
20102		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/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

PROC-CD	MOD	Description	Medicaid Fee Schedule
20200		BIOPSY, MUSCLE	\$83.98
20205		BIOPSY, MUSCLE	\$132.94
20206		BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$52.62
20220		BIOPSY, BONE, TROCAR OR NEEDLE	\$84.38
20225		BIOPSY, BONE, TROCAR OR NEEDLE	\$102.23
20245		BIOPSY, EXCISIONAL	\$367.87
20250		BIOPSY, VERTEBRAL BODY, OPEN	\$289.23
20501		INJECTION OF SINUS TRACT	\$39.54
20520		REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH	\$134.78
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$46.50
20550		INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS	\$39.27
20551		INJECTION; TENDON ORIGIN/INSERTION	\$43.41
20552		INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	\$35.03
20553		INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	\$39.29
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$40.93
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$42.08
20610		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$48.79
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$28.14
20612	32	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$42.73
20615		ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$130.44
20650		INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	\$138.73
20660		APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME,	\$158.66
20661		APPLICATION OF HALO, INCLUDING REMOVAL	\$308.58
20664		APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	\$432.00
20665	32	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$87.96
20665		REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$79.91
20670		REMOVAL OF IMPLANT	\$137.06
20680		REMOVAL OF IMPLANT	\$217.12
20690		APPLICATION OF EXTERNAL FIXATION SYSTEM (EG,	\$192.28
20692		APPLICATION OF A MULTIPLANE(PINS OR WIRES IN MORE THAN 1 PLA	\$330.69
20693		ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYS. REQ. ANESTH	\$368.18
20694		DELETE	\$275.57
20802		REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH	\$2,043.68
20805		REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL	\$2,519.44
20822		REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO	\$1,638.74
20838		REPLANTATION, FOOT	\$1,959.62
20902		BONE GRAFT, ANY DONOR AREA	\$424.70
20910		CARTILAGE GRAFT	\$424.70
20926		TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS, ETC)	\$293.90
20931		ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	\$99.70
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
20950	32	MONITORING OF INTERSTITIAL FLUID PRESSURE (EG, WICK	\$222.66
20950		MONITORING OF INTERSTITIAL FLUID PRESSURE (EG, WICK	\$80.39
20955		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS	\$2,007.53
20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA METATARSAL	\$1,817.07
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,211.44
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,100.99

PROC-CD	MOD	Description	Medicaid Fee Schedule
20972		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,783.10
20973		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,184.25
20974		ELECTRICAL STIMULATION TO AID BONE HEALING	\$31.84
20975		ELECTRICAL STIMULATION TO AID BONE HEALING	\$118.29
20982		ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOOMA, METASTASIS) RADIOFREQUENCY, PERCUT	\$300.94
21010		ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$487.32
21025		EXCISION OF BONE MANDIBLE	\$490.41
21029		REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE	\$426.77
21031		EXCISION OF TORUS MANDIBULARIS	\$174.47
21031	32	EXCISION OF TORUS MANDIBULARIS	\$213.63
21032		EXCISION OF MAXILLARY TORUS PALATINUS	\$189.08
21040	32	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE	\$274.36
21040		EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE	\$231.92
21046		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA- ORAL OSTEOTOMY (EG	\$675.79
21047		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA- ORAL OSTEOTOMY AND	\$822.74
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA- ORAL OSTEOTOMY (EG,	\$695.25
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA- ORAL OSTEOTOMY AND	\$781.92
21076		IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$667.43
21077		IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$1,678.96
21079		IMPRESSION & CUSTOM PREPARATION:INTERIM OBTURATOR PROSTHESIS	\$1,129.20
21080		IMPRESSION & CUSTOM PREPARATION:DEFINITIVE OBTURATOR PROSTHE	\$1,285.36
21081		IMPRESSION & CUSTOM PREPARATION:MANDIBULAR RESECTION PROSTHE	\$1,161.63
21082		IMPRESSION & CUSTOM PREPARATION:PALATAL AUGMENTATION PROSTHE	\$1,023.73
21083		IMPRESSION& CUSTOM PREPARATION:PALATAL LIFT PROSTHESIS	\$988.24
21084		IMPRESSION & CUSTOM PREPARATION:SPEECH AID PROSTHESIS	\$1,137.00
21085		IMPRESSION & CUSTOM PREPARATION:ORAL SURGICAL SPLINT	\$519.71
21086		IMPRESSION & CUSTOM PREPARATION:AURICULAR PROSTHESIS	\$1,261.58
21087		IMPRESSION & CUSTOM PREPARATION:NASAL PROSTHESIS	\$1,232.79
21100	32	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL	\$394.43
21100		APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL	\$222.39
21139		REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$642.92
21141		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTIO	\$818.93
21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,	\$918.27
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$856.76
21147		RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, ANY DIRECTION, REQUIRING	\$1,046.58
21150		RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYND	\$1,183.44
21159		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	\$2,110.76
21160		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	\$2,192.46
21172		RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR A	\$1,244.06

PROC-CD	MOD	Description	Medicaid Fee Schedule
21175		RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADV	\$1,553.85
21180		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AU	\$1,238.28
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,535.08
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,649.06
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,655.66
21188		RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (IN	\$1,088.47
21196		RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	\$957.49
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$761.00
21206		OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR	\$713.15
21210		GRAFT, BONE	\$543.34
21215		GRAFT, BONE	\$564.66
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT	\$735.48
21242		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$684.79
21244		RECONSTRUCT OF MANDIBLE EXTRAORAL W/TRANSOSTEAL BONE PLATE	\$608.90
21247		RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDE	\$1,226.97
21248		RECONST MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT PARTIAL	\$581.28
21249		RECONSTRUCT MANDIBLE/MAXILLA ENDOSTEAL IMPLANT COMPLETE	\$820.61
21255		RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCL	\$844.56
21256		RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (IN	\$849.64
21260		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS	\$853.11
21263		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS	\$1,227.52
21282		LATERAL CANTHOPEXY	\$237.19
21310		TREATMENT OF CLOSED OR OPEN NASAL FRACTURE WITHOUT	\$29.01
21320		MANIPULATIVE TREATMENT, NASAL BONE FRACTURE	\$144.28
21320	32	MANIPULATIVE TREATMENT, NASAL BONE FRACTURE	\$241.30
21325		OPEN TREATMENT OF NASAL FRACTURE	\$309.83
21330		OPEN TREATMENT OF NASAL FRACTURE	\$378.71
21335		OPEN TREATMENT OF NASAL FRACTURE	\$453.77
21337		TREATMENT OF CLOSED NASAL SEPTAL FRACTURE	\$197.82
21343		OPEN TX OF CLOSED OR OPEN DEPRESSED FRONTAL SINUS FRACTURE	\$911.42
21344		OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONT	\$920.66
21346		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT	\$592.85
21347		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT	\$726.54
21355	32	MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR AREA,	\$250.00
21355		MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR AREA,	\$180.28
21356		OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	\$218.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
21360		OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE,	\$347.32
21365		OPEN TREATMENT OF CLOSED OR OPEN COMPLICATED, (EG, MULTIPLE	\$797.25
21385		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$525.73
21386		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$501.50
21390		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$598.54
21406		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$377.59
21407		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$645.46
21422		TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE)	\$463.51
21423		OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (CO	\$574.91
21432		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE)	\$479.69
21433		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE)	\$1,267.63
21440		MANIPULATIVE TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$224.74
21451		TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$335.23
21453		TREATMENT OF OPEN MANDIBULAR FRACTURE	\$411.66
21454		OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE WITH	\$347.39
21461		OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$523.31
21462		OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$717.68
21470		OPEN TREATMENT OF COMPLICATED CLOSED OR OPEN MANDIBULAR	\$1,014.18
21480		UNCOMPLICATED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION,	\$54.73
21501		INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES	\$202.17
21550		BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$106.18
21555		EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX	\$190.68
21556		EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX	\$275.32
21615		EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET	\$513.99
21627		STERNAL DEBRIDEMENT	\$523.07
21685		HYOID MYOTOMY AND SUSPENSION	\$658.65
21700		DIVISION OF SCALENUS ANTICUS	\$367.96
21705		DIVISION OF SCALENUS ANTICUS	\$474.43
21750		CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE	\$654.42
21800		TREATMENT OF RIB FRACTURE	\$57.43
21920	32	BIOPSY, SOFT TISSUE OF BACK OR FLANK	\$132.74
21920		BIOPSY, SOFT TISSUE OF BACK OR FLANK	\$86.76
21930	32	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	\$270.79
21930		EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	\$231.00
21935		RADICAL RESECTION OF TUMOR SOFT TISSUE BACK OR FLANK	\$808.50
22010		INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	\$566.96
22015		INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMB	\$562.07
22103		PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	\$106.06
22116		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRES	\$105.89
22216		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	\$275.22
22226		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SE	\$273.23
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	\$1,091.30
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	\$1,237.44
22325		OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$893.94

PROC-CD	MOD	Description	Medicaid Fee Schedule
22326		OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$1,097.16
22327		OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$1,067.08
22328		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S),	\$205.32
22520		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$511.92
22521		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$474.00
22522		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$170.64
22523		PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$423.06
22524		PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$405.55
22525		PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$192.50
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$1,192.02
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$1,112.39
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$278.81
22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,114.60
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,322.34
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,226.82
22585		ARTHRODESIS, ANTERIOR OR ANTEROLATERAL, EACH ADDITIONAL	\$303.46
22590		ARTHRODESIS POSTERIOR TECH CRANIOCERVICAL W/BONE GRFT INTFIX	\$1,071.61
22595		ARTHRODESIS POST TECH C1/C2 W/BONE GRFT AND/OR INT FIX	\$1,009.66
22600		ARTHRODESIS, POSTERIOR TECHNIQUE, CERVICAL BELOW C2 SEGMENT,	\$981.00
22610		ARTHRODESIS POSTERIOR/POSTEROLATERAL TECH W/LOCAL BONE OR	\$854.36
22612		ARTHRODESIS POSTERIOR/POSTEROLATERAL TECH W/LOCAL BONE	\$1,200.94
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONA	\$339.12
22630		ARTHRODESIS POSTERIOR INTERBODY TECH W/LOCAL BONE OR ALLOGRAF	\$1,179.48
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL I	\$283.26
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	\$952.06
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	\$1,694.86
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE V	\$1,891.39
22810		ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W/WO CAST W/BONEGR	\$1,500.89
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	\$1,571.43
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	\$1,709.99
22830		EXPLORATION OF SPINAL FUSION	\$795.01
22840		POSTERIOR INSTRUMENTATION	\$792.17
22842		POSTERIOR INSTRUMENTATION	\$592.14
22843		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$652.96
22844		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$814.53
22845		ANTERIOR INSTRUMENTATION	\$582.00
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	\$789.08

PROC-CD	MOD	Description	Medicaid Fee Schedule
22847		ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	\$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	\$564.49
22851		APPLICATION OF PROSTHETIC DEVICE (EG, METAL CAGES, METHYLMETHACRYLATE) TO VERTEB	\$386.73
22852		REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$412.09
22855		REMOVAL OF ANTERIOR INSTRUMENTATION	\$653.94
22900		EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	\$284.50
23000	32	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS)	\$327.77
23000		REMOVAL OF SUBDELTOID (OR INTRATENDINOUS)	\$286.62
23020		CAPSULAR CONTRACTURE RELEASE (SEVER TYPE)	\$522.78
23030	32	INCISION AND DRAINAGE, SHOULDER AREA	\$275.72
23030		INCISION AND DRAINAGE, SHOULDER AREA	\$193.66
23031	32	INCISION AND DRAINAGE, SHOULDER AREA	\$270.05
23031		INCISION AND DRAINAGE, SHOULDER AREA	\$139.95
23035		INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	\$572.05
23040		ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION,	\$586.22
23044		ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR	\$462.90
23065	32	BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$118.42
23065		BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$96.44
23066	32	BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$300.56
23066		BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$223.29
23075	32	EXCISION, TUMOR, SHOULDER AREA	\$166.28
23075		EXCISION, TUMOR, SHOULDER AREA	\$140.08
23076		EXCISION, TUMOR, SHOULDER AREA	\$392.82
23077		RADICAL RESECTION OF TUMOR SOFT TISSUE OF SHOULDER AREA	\$782.09
23100		ARTHROTOMY FOR BIOPSY, GLENOHUMERAL JOINT	\$403.26
23101		ARTHROTOMY FOR BIOPSY OR FOR EXCISION OF TORN	\$382.25
23105		ARTHROTOMY FOR SYNOVECTOMY	\$531.68
23106		ARTHROTOMY FOR SYNOVECTOMY	\$378.73
23107		ARTHROTOMY GLENOHUMERAL JNT W/JNT EXPLORATION W/WO REMOVAL	\$556.10
23120		CLAVICULECTOMY	\$418.42
23125		CLAVICULECTOMY	\$561.47
23130		ACROMIONECTOMY, PARTIAL OR TOTAL	\$470.30
23140		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$385.18
23145		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$580.87
23146		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$455.84
23150		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$488.66
23155		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$612.88
23156		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$515.20
23170		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$419.39
23172		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$414.51
23174		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$572.91
23180		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$527.54
23182		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$582.02
23184		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$630.56
23190		OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$425.52
23195		RESECTION HUMERAL HEAD	\$585.00
23200		RADICAL RESECTION FOR TUMOR	\$709.94
23210		RADICAL RESECTION FOR TUMOR	\$707.76
23220		RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$846.35
23221		RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$1,011.11

PROC-CD	MOD	Description	Medicaid Fee Schedule
23222		RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$1,230.57
23330	32	REMOVAL OF FOREIGN BODY, SHOULDER	\$139.86
23330		REMOVAL OF FOREIGN BODY, SHOULDER	\$107.78
23331		REMOVAL OF FOREIGN BODY, SHOULDER	\$381.05
23332		REMOVAL OF FOREIGN BODY, SHOULDER	\$665.59
23350		INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	\$40.41
23350	32	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	\$171.71
23395		MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF	\$875.65
23397		MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF	\$905.41
23400		SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	\$773.34
23405		TENOMYOTOMY, SHOULDER AREA	\$520.33
23406		TENOMYOTOMY, SHOULDER AREA	\$632.89
23410		REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR	\$724.68
23412		REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR	\$798.21
23415		CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY,	\$516.86
23420		REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION,	\$831.01
23430		TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	\$572.01
23440		RESECTION OR TRANSPLANTATION OF LONG TENDON OF	\$584.81
23450		CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$784.31
23455		CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$870.97
23460		CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$882.71
23462		CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$896.51
23465		CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$903.64
23466		CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE	\$866.09
23470		ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE OPERATION)	\$997.25
23472		ARTHROPLASTY WITH GLENOID AND PROXIMAL HUMERAL	\$1,020.01
23480		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION	\$594.94
23485		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION	\$763.58
23490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$670.04
23491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$808.70
23500		TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$121.75
23500	32	TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$137.35
23505		TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$203.37
23505	32	TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$225.52
23515		OPEN TREATMENT OF CLOSED OR OPEN CLAVICULAR	\$446.71
23520		TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$125.02
23520	32	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$136.33
23525		TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$190.19
23525	32	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$206.94
23530		OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR	\$426.74
23532		OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR	\$461.39
23540		TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$124.45
23540	32	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$146.28
23545	32	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$192.41
23545		TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$175.57
23550		OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR	\$457.08
23552		OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR	\$487.63
23570		TREATMENT OF CLOSED SCAPULAR FRACTURE	\$130.77
23570	32	TREATMENT OF CLOSED SCAPULAR FRACTURE	\$142.73
23575		TREATMENT OF CLOSED SCAPULAR FRACTURE	\$223.47
23575	32	TREATMENT OF CLOSED SCAPULAR FRACTURE	\$243.12
23585		OPEN TREATMENT OF CLOSED OR OPEN SCAPULAR FRACTURE	\$524.26
23600		TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$183.80
23600	32	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$209.07



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23605	32	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$335.56
23605		TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$312.16
23615		OPEN TREATMENT OF CLOSED OR OPEN HUMERAL (SURGICAL	\$586.36
23616		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH	\$1,225.92
23620		TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$138.66
23620	32	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$189.19
23625		TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$253.74
23625	32	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$277.43
23630		OPEN TREATMENT OF CLOSED OR OPEN GREATER TUBEROSITY	\$464.22
23650	32	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$203.58
23650		TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$180.50
23655		TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$239.70
23660		OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION	\$464.21
23665		TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$265.46
23665	32	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$287.60
23670		OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION,	\$494.23
23675	32	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH SURGICAL	\$356.58
23675		TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH SURGICAL	\$333.81
23680		OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION,	\$614.28
23700		MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING	\$153.92
23800		ARTHRODESIS, SHOULDER JOINT	\$876.10
23802		ARTHRODESIS, SHOULDER JOINT	\$878.67
23900		INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$998.77
23920		DISARTICULATION OF SHOULDER	\$841.12
23921		DISARTICULATION OF SHOULDER	\$322.61
23930	32	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$235.17
23930		INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$166.04
23931	32	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$195.80
23931		INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$104.39
23935		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$416.26
24000		ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$357.63
24006		ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE P	\$511.08
24065		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$107.39
24065	32	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$146.37
24066	32	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$359.74
24066		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$286.56
24075	32	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA	\$285.73
24075		EXCISION, TUMOR, UPPER ARM OR ELBOW AREA	\$225.58
24076		EXCISION, TUMOR, UPPER ARM OR ELBOW AREA	\$340.26
24077		RAD RESECT OF TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$685.30
24100		ARTHROTOMY, ELBOW	\$304.37
24101		ARTHROTOMY, ELBOW	\$385.44
24102		ARTHROTOMY, ELBOW	\$490.98
24105		EXCISION, OLECRANON BURSA	\$235.26
24110		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$472.26
24115		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$584.41
24116		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$670.21
24120		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$385.10
24125		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$426.91
24126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$472.54
24130		EXCISION, RADIAL HEAD	\$387.54
24134		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$631.40
24136		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$466.41

PROC-CD	MOD	Description	Medicaid Fee Schedule
24138		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$449.34
24140		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$631.84
24145		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$476.07
24147		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$474.53
24149		RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CON	\$789.53
24150		RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS	\$823.48
24151		RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS	\$895.14
24152		RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK	\$532.44
24153		RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK	\$603.00
24155		RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$657.94
24160		IMPLANT REMOVAL	\$413.36
24164		IMPLANT REMOVAL	\$365.18
24200	32	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$130.25
24200		REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$96.60
24201	32	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$365.66
24201		REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$273.94
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$50.57
24220	32	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$203.39
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	\$268.70
24301		MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	\$559.90
24305		TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	\$369.55
24310		TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	\$329.10
24320		TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT	\$611.83
24330		FLEXOR-PLASTY, ELBOW, (EG, STEINDLER TYPE ADVANCEMENT)	\$545.74
24331		FLEXOR-PLASTY, ELBOW, (EG, STEINDLER TYPE ADVANCEMENT)	\$598.45
24332		TENOLYSIS, TRICEPS	\$363.93
24340		TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	\$450.93
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$453.94
24342		REINSERTION OF RUPTURED BICEPS TENDON, DISTAL,	\$614.56
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES H	\$724.62
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HA	\$724.62
24350		FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW"	\$305.14
24351		FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW"	\$337.62
24352		FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW"	\$379.43
24354		FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW"	\$378.45
24356		FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW"	\$412.28
24360		ARTHROPLASTY, ELBOW	\$729.27
24361		ARTHROPLASTY, ELBOW	\$783.88
24362		ARTHROPLASTY, ELBOW	\$817.90
24363		ARTHROPLASTY, ELBOW	\$1,077.13
24365		ARTHROPLASTY, RADIAL HEAD	\$483.37
24366		ARTHROPLASTY, RADIAL HEAD	\$552.25
24400		OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$641.55
24410		MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON	\$854.41
24420		OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$822.54
24430		REPAIR OF NONUNION OR MALUNION, HUMERUS	\$786.24
24435		REPAIR OF NONUNION OR MALUNION, HUMERUS	\$820.73
24470		HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS	\$500.70

PROC-CD	MOD	Description	Medicaid Fee Schedule
24495		DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL	\$481.02
24498		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$696.94
24500		TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$182.00
24500	32	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$240.95
24505		TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$319.62
24505	32	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$381.37
24515		OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SHAFT	\$657.83
24516		OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	\$665.38
24530		TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$213.78
24530	32	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$267.11
24535		TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$375.67
24535	32	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$438.05
24538		TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$550.73
24545		OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONDYLAR OR	\$612.66
24546		OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHO	\$815.91
24560		TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$160.55
24560	32	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$219.18
24565		TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$300.33
24565	32	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$360.52
24566		PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERA	\$456.90
24575		OPEN TREATMENT OF CLOSED OR OPEN HUMERAL EPICONDYLAR	\$559.48
24576		TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$167.70
24576	32	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$217.57
24577		TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$320.54
24577	32	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$381.36
24579		OPEN TREATMENT OF CLOSED OR OPEN HUMERAL CONDYLAR FRACTURE,	\$619.22
24582		PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$500.93
24586		OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW	\$847.62
24587		OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW	\$823.20
24600		TREATMENT OF CLOSED ELBOW DISLOCATION	\$225.39
24600	32	TREATMENT OF CLOSED ELBOW DISLOCATION	\$283.71
24605		TREATMENT OF CLOSED ELBOW DISLOCATION	\$275.73
24615		OPEN TREATMENT OF CLOSED OR OPEN ELBOW DISLOCATION	\$540.99
24620		TREATMENT OF CLOSED MONTEGGIA TYPE OF FRACTURE	\$358.42
24635		OPEN TREATMENT OF CLOSED OR OPEN MONTEGGIA TYPE	\$869.22
24640		TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD,	\$76.75
24640	32	TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD,	\$127.12
24650		TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$125.45
24650	32	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$197.70
24655		TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$250.88
24655	32	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$312.63
24665		OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR	\$486.33
24666		OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR	\$588.99
24670		TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$149.15
24670	32	TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$202.47
24675		TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$272.48

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24675	32	TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$332.66
24685		OPEN TREATMENT OF CLOSED OR OPEN ULNAR FRACTURE	\$532.27
24800		ARTHRODESIS, ELBOW JOINT	\$635.88
24802		ARTHRODESIS, ELBOW JOINT	\$762.00
24900		AMPUTATION, ARM THROUGH HUMERUS	\$555.59
24920		AMPUTATION, ARM THROUGH HUMERUS	\$550.56
24925		AMPUTATION, ARM THROUGH HUMERUS	\$429.96
24930		AMPUTATION, ARM THROUGH HUMERUS	\$601.44
24931		AMPUTATION, ARM THROUGH HUMERUS	\$683.32
24935		STUMP ELONGATION, UPPER EXTREMITY	\$855.46
25000		TENDON SHEATH INCISION	\$261.08
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$223.58
25020		DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT	\$394.24
25023		DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT	\$711.07
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	\$512.29
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	\$824.32
25028		INCISION AND DRAINAGE, FOREARM AND/OR WRIST	\$341.13
25031		INCISION AND DRAINAGE, FOREARM AND/OR WRIST	\$306.43
25035		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$534.85
25040		ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION,	\$424.25
25065		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	\$105.70
25066		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	\$284.65
25075		EXCISION, TUMOR, FOREARM AND/OR WRIST AREA	\$244.54
25076		EXCISION, TUMOR, FOREARM AND/OR WRIST AREA	\$367.43
25077		RAD RESECT TUMOR SOFT TISSUE OF FOREARM AND/OR WRIST AREA	\$625.15
25085		CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	\$368.29
25100		ARTHROTOMY, WRIST JOINT	\$276.33
25101		ARTHROTOMY, WRIST JOINT	\$322.83
25105		ARTHROTOMY, WRIST JOINT	\$417.87
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR	\$416.79
25110		EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$279.23
25111		EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR)	\$233.71
25112		EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR)	\$287.86
25115		RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR	\$586.69
25116		RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR	\$532.50
25118		SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST,	\$306.17
25119		SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST,	\$429.29
25120		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$470.98
25125		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$528.33
25126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$525.08
25130		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$326.61
25135		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$408.89
25136		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$353.85
25145		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$470.17
25150		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$471.28
25151		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$512.47
25170		RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	\$708.27
25210		CARPECTOMY	\$364.86
25215		CARPECTOMY	\$535.76
25230		RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$347.40
25240		EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	\$373.26
25246		INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$54.32

PROC-CD	MOD	Description	Medicaid Fee Schedule
25246	32	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$185.61
25248		EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$346.07
25250		REMOVAL OF WRIST PROSTHESIS	\$400.62
25251		REMOVAL OF WRIST PROSTHESIS	\$608.87
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	\$265.48
25260		REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$536.92
25263		REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$548.58
25265		REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$653.27
25270		REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST	\$458.83
25272		REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST	\$504.96
25274		REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY,	\$580.23
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES	\$465.60
25280		LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR	\$504.49
25290		TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR	\$515.27
25295		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$475.60
25300		TENODESIS AT WRIST	\$524.10
25301		TENODESIS AT WRIST	\$490.42
25310		TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR	\$568.66
25312		TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR	\$633.82
25315		FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST	\$655.28
25316		FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST	\$785.38
25320		CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY,	\$616.58
25332		ARTHROPLASTY, WRIST	\$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 JO	\$614.19
25350		OSTEOTOMY, RADIUS	\$598.80
25355		OSTEOTOMY, RADIUS	\$662.90
25360		OSTEOTOMY	\$570.63
25365		OSTEOTOMY	\$793.95
25370		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY	\$787.42
25375		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY	\$836.25
25390		OSTEOPLASTY, RADIUS OR ULNA	\$681.93
25391		OSTEOPLASTY, RADIUS OR ULNA	\$881.02
25392		OSTEOPLASTY, RADIUS AND ULNA	\$840.02
25393		OSTEOPLASTY, RADIUS AND ULNA	\$956.62
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	\$542.20
25400		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA	\$727.99
25405		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA	\$904.54
25415		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA	\$878.30
25420		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA	\$1,011.65
25425		REPAIR OF DEFECT WITH AUTOGENOUS BONE GRAFT	\$921.76
25426		REPAIR OF DEFECT WITH AUTOGENOUS BONE GRAFT	\$907.78
25430		INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	\$481.62
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLU	\$485.39
25440		REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE,	\$602.71
25441		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$741.65
25442		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$603.59
25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$630.09
25444		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$669.31
25445		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$626.25
25446		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$1,001.79

PROC-CD	MOD	Description	Medicaid Fee Schedule
25447		INTERPOSITION ARTHROPLASTY, 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	\$528.40
25455		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$586.50
25490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$624.23
25491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$658.38
25492		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$761.00
25500		TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$131.07
25500	32	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$201.54
25505		TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$289.18
25505	32	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$350.61
25515		OPEN TREATMENT OF CLOSED OR OPEN RADIAL SHAFT	\$531.35
25520		CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR	\$366.03
25520	32	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR	\$422.17
25525		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION	\$710.36
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION	\$844.86
25530		TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$126.45
25530	32	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$194.05
25535		TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$288.08
25535	32	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$345.77
25545		OPEN TREATMENT OF CLOSED OR OPEN ULNAR SHAFT	\$520.50
25560		TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$148.88
25560	32	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$201.27
25565		TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$322.44
25565	32	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$387.31
25574		OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FI	\$452.28
25575		OPEN TREATMENT OF CLOSED OR OPEN RADIAL AND	\$632.66
25600		TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$143.02
25600	32	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$221.00
25605		TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$320.44
25605	32	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$382.51
25611		TREATMENT OF CLOSED, COMPLEX, DISTAL RADIAL	\$458.12
25620		OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIAL	\$497.81
25622		TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$145.67
25622	32	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$210.49
25624		TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$245.45
25624	32	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$329.66
25628		OPEN TREATMENT OF CLOSED OR OPEN CARPAL SCAPHOID	\$495.84
25630		TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$148.52
25630	32	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$219.04
25635		TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$225.68
25635	32	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$317.67
25645		OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE	\$442.87
25650		TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	\$158.22
25650	32	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	\$232.12
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$283.75
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$420.71
25660		TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL	\$242.09
25670		OPEN TREATMENT OF CLOSED OR OPEN RADIOCARPAL	\$474.74

PROC-CD	MOD	Description	Medicaid Fee Schedule
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$348.57
25675		TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION	\$247.58
25675	32	TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION	\$302.46
25676		OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIOULNAR	\$481.38
25680		TREATMENT OF CLOSED TRANS-SCAPHOPERILUNAR TYPE	\$301.28
25685		OPEN TREATMENT OF CLOSED OR OPEN TRANS-SCAPHOPERILUNAR	\$575.41
25690		TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$336.86
25695		OPEN TREATMENT OF LUNATE DISLOCATION	\$491.10
25800		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$612.50
25805		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$701.67
25810		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$656.09
25820		INTERCARPAL FUSION	\$481.56
25825		INTERCARPAL FUSION	\$583.69
25830		DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-K	\$647.03
25900		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$567.81
25905		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$587.54
25907		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$523.66
25909		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$552.40
25915		KRUKENBERG PROCEDURE	\$985.32
25920		DISARTICULATION THROUGH WRIST	\$498.49
25922		DISARTICULATION THROUGH WRIST	\$433.81
25924		DISARTICULATION THROUGH WRIST	\$499.26
25927		TRANSMETACARPAL AMPUTATION	\$539.95
25929		TRANSMETACARPAL AMPUTATION	\$415.89
25931		TRANSMETACARPAL AMPUTATION	\$514.75
26010	32	DRAINAGE OF FINGER ABSCESS	\$179.43
26010		DRAINAGE OF FINGER ABSCESS	\$96.86
26011	32	DRAINAGE OF FINGER ABSCESS	\$279.37
26011		DRAINAGE OF FINGER ABSCESS	\$165.44
26020		DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	\$350.06
26025		DRAINAGE OF PALMAR BURSA	\$368.91
26030		DRAINAGE OF PALMAR BURSA	\$431.70
26034		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$433.23
26035		DECOMPRESSION FINGERS AND/OR HAND, INJECTION	\$573.05
26037		DECOMPRESSIVE FASCIOTOMY HAND (EXCLUDES 26035)	\$477.49
26040		FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE	\$290.99
26045		FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE	\$409.48
26055	32	TENDON SHEATH INCISION FOR TRIGGER FINGER	\$432.82
26055		TENDON SHEATH INCISION FOR TRIGGER FINGER	\$224.70
26060		TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	\$195.30
26070		ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$283.34
26075		ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$303.01
26080		ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$331.00
26100		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$262.16
26105		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$312.36
26110		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$296.52
26115		EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER	\$241.72
26116		EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER	\$388.42
26117		RAD RESECT TUMOR SOFT TISSUE OF HAND OR FINGER	\$524.01
26121		FASCIECTOMY PALMAR W/WO Z-PLASTY OTHER LOCAL TISSUE REARRANG	\$549.18

PROC-CD	MOD	Description	Medicaid Fee Schedule
26123		FASCIECTOMY PALMAR W/WO ZPLASTY OTHER LOCAL TISSUE REARRANGE	\$628.70
26125		FASCIECTOMY PALMAR W/WO ZPLASTY OTHER LOCAL TISSUE REARRANGE	\$216.88
26130		SYNOVECTOMY, CARPOMETACARPAL JOINT	\$427.06
26135		SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING	\$490.87
26140		SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT,	\$446.31
26145		SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY),	\$460.12
26160	32	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$394.40
26160		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$224.40
26170		EXCISION OF TENDON, PALM, FLEXOR, SINGLE	\$295.69
26180		EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)	\$331.31
26185		SESAMOIDECTOMY, THUMB OR FINGER(SEPARATE PROCEDURE)	\$333.52
26200		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$402.61
26205		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$516.10
26210		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	\$385.52
26215		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	\$479.70
26230		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$418.28
26235		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$403.74
26236		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$369.60
26250		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL	\$535.59
26255		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL	\$771.10
26260		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL	\$498.39
26261		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL	\$616.33
26262		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL	\$420.67
26320		REMOVAL OF IMPLANT FROM FINGER OR HAND	\$330.21
26340		MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$204.62
26350		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT	\$523.67
26352		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT	\$596.10
26356		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN	\$671.53
26357		FLEXOR TENDON REPAIR OR ADVANCE SINGLE SECONDARY EACH TENDON	\$616.15
26358		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN	\$655.37
26370		PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$565.35
26372		PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$644.27
26373		PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$615.10
26390		FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE	\$605.92
26392		REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON	\$756.22
26410		EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE,	\$421.25
26412		EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE,	\$497.86
26415		EXTENSOR TENDON EXCISION OMLANTATION OF PLASTIC TUBE OR ROD	\$554.26
26416		REMOVAL TUBE OR ROD AND INSERT OF EXTENSOR TENDON GRAFT HAND	\$764.02
26418		EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE,	\$421.33
26420		EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE,	\$536.27
26426		EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR,	\$491.06
26428		EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR,	\$535.51
26432		EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"),	\$363.23
26433		EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"),	\$390.41
26434		EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"),	\$448.15
26437		EXTENSOR TENDON REALIGNMENT, HAND	\$442.01
26440		TENOLYSIS, SIMPLE, FLEXOR TENDON	\$468.42
26442		TENOLYSIS, SIMPLE, FLEXOR TENDON	\$612.02
26445		TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER	\$443.05
26449		TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR	\$578.67
26450		TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	\$280.05



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26455		TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH	\$277.92
26460		TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH	\$269.72
26471		TENODESIS	\$431.43
26474		TENODESIS	\$423.67
26476		TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	\$409.39
26477		TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	\$412.36
26478		TENDON LENGTHENING FLEXOR HAND OR FINGER SINGLE EACH	\$448.55
26479		TENDON SHORTENING FLEXOR HAND OR FINGER SINGLE EACH	\$440.47
26480		TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL	\$552.17
26483		TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL	\$653.26
26485		TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE,	\$589.51
26489		TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE,	\$546.35
26490		OPPONENS PLASTY	\$568.97
26492		OPPONENS PLASTY	\$635.31
26494		OPPONENS PLASTY	\$623.45
26496		OPPONENS PLASTY	\$619.88
26497		TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION	\$617.72
26498		TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION	\$856.37
26499		CORRECTION CLAW FINGER, OTHER METHODS	\$613.40
26500		TENDON PULLEY RECONSTRUCTION	\$442.10
26502		TENDON PULLEY RECONSTRUCTION	\$487.90
26504		TENDON PULLEY RECONSTRUCTION W/TENDON PROSTHESIS (SEP PROC)	\$511.85
26508		THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE	\$450.76
26510		CROSS INTRINSIC TRANSFER	\$425.47
26516		CAPSULODESIS FOR M-P JOINT STABILIZATION	\$493.15
26517		CAPSULODESIS FOR M-P JOINT STABILIZATION	\$582.40
26518		CAPSULODESIS FOR M-P JOINT STABILIZATION	\$571.87
26520		CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE	\$487.34
26525		CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE	\$490.24
26530		ARTHROPLASTY, METACARPOPHALANGEAL JOINT	\$521.48
26531		ARTHROPLASTY, METACARPOPHALANGEAL JOINT	\$590.49
26535		ARTHROPLASTY INTERPHALANGEAL JOINT	\$359.11
26536		ARTHROPLASTY INTERPHALANGEAL JOINT	\$510.83
26540		PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$479.17
26541		PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$609.11
26542		PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$477.93
26545		RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE,	\$484.45
26546		REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAININGBONE GRAFT WITH OR	\$610.51
26548		REPAIR&RECONSTR FINGER VOLAR PLATE INTERPHALANGEAL JOINT	\$530.74
26550		POLLICIZATION OF A DIGIT	\$1,202.06
26551		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP AROUND" WIT	\$2,507.36
26553		TOE-TO-HAND TRANSFER WITH MICROVASCLULAR ANASTOMOSIS GREAT TOE WRAP-AROUND WITH	\$2,485.72
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS: GREAT TOE "WRAP-AROUND" WIT	\$2,923.25
26555		POSITIONAL CHANGE OF OTHER FINGER	\$1,019.30
26556		FREE TOE JOINT TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$2,577.84
26560		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$386.51
26561		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$695.87
26562		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$817.15

PROC-CD	MOD	Description	Medicaid Fee Schedule
26565		OSTEOTOMY FOR CORRECTION OF DEFORMITY	\$480.59
26567		OSTEOTOMY FOR CORRECTION OF DEFORMITY	\$477.19
26568		OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	\$661.27
26580		REPAIR CLEFT HAND	\$1,025.86
26587		RECONSTRUCTION OF SUPERNUMERARY DIGIT SOFT TISSUE AND BONE	\$581.87
26590		REPAIR MACRODACTYLIA	\$1,041.77
26591		REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	\$326.78
26593		RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	\$417.23
26596		EXCISION OF CONSTRICTING RING OF FINGER,	\$524.30
26600		TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$117.44
26600	32	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$173.86
26605		TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$166.50
26605	32	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$237.52
26607		TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$323.57
26608		PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$322.88
26615		OPEN TREATMENT OF CLOSED OR OPEN METACARPAL	\$339.62
26641		TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB,	\$199.66
26641	32	TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB,	\$252.37
26645		TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE	\$235.74
26645	32	TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE	\$297.48
26650		TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE	\$346.20
26665		OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$449.09
26670		TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$187.91
26670	32	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$241.86
26675		TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$266.13
26675	32	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$329.75
26676		TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$359.15
26685		OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$414.75
26686		OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$459.42
26700		TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$162.97
26700	32	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$186.34
26705		TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$216.41
26705	32	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$264.63
26706		TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$304.59
26715		OPEN TREATMENT OF CLOSED OR OPEN METACARPOPHALANGEAL	\$341.06
26720		TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$94.34
26720	32	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$112.78
26725		TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$174.41
26725	32	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$206.50
26727		TREATMENT OF UNSTABLE PHALANGEAL SHAFT FRACTURE,	\$303.06
26735		OPEN TREATMENT OF CLOSED OR OPEN PHALANGEAL SHAFT FRACTURE,	\$344.51
26740		TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$118.43
26740	32	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$129.29
26742		TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$214.01
26742	32	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$273.27
26746		OPEN TREATMENT OF CLOSED OR OPEN ARTICULAR FRACTURE,	\$356.56
26750		TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$94.28
26750	32	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$108.32
26755	32	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$190.39
26755		TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$154.52
26756		TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$263.35
26765		OPEN TREATMENT OF CLOSED OR OPEN DISTAL PHALANGEAL	\$259.30
26770		TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$136.33
26770	32	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$162.53

PROC-CD	MOD	Description	Medicaid Fee Schedule
26775		TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$190.88
26775	32	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$237.90
26776		TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$281.32
26785		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL	\$266.22
26820		FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS	\$560.16
26841		ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH	\$519.41
26842		ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH	\$593.06
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS,	\$525.26
26844		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS,	\$572.40
26850		ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR	\$487.55
26852		ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR	\$541.94
26860		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$403.67
26861		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$97.39
26862		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$500.95
26863		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$203.10
26910		AMPUTATION, METACARPAL, WITH FINGER OR THUMB	\$487.40
26951		AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,	\$374.75
26952		AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,	\$456.57
26990		INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA	\$470.25
26991	32	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA	\$455.30
26991		INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA	\$345.22
26992		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$740.38
27000		TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED	\$293.74
27001		TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	\$352.01
27003		TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN,	\$454.23
27005		TENOTOMY, ILIOPSOAS, OPEN (SEPARATE PROCEDURE)	\$476.20
27006		TENOTOMY, ABDUCTORS OF HIP, OPEN (SEPARATE PROCEDURE)	\$505.24
27025		OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST,	\$573.77
27030		ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE	\$742.10
27033		ARTHROTOMY, HIP, FOR EXPLORATION OR REMOVAL OF	\$758.16
27035		HIP JOINT DENERVATION, INTRAPELVIC OR EXTRAPELVIC	\$910.10
27036		CAPSULECTOMY OR CAPSULOTOMY OF HIP, WITH OR WITHOUT EXCISIONOF HETEROTOPIC BONE	\$762.45
27040	32	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	\$203.12
27040		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	\$142.78
27041		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	\$442.25
27047	32	EXCISION, TUMOR, PELVIS AND HIP AREA	\$373.98
27047		EXCISION, TUMOR, PELVIS AND HIP AREA	\$346.22
27048		EXCISION, TUMOR, PELVIS AND HIP AREA	\$363.96
27049		RAD RESECT OF TUMOR SOFT TISSUE OF PELVIS AND HIP AREA	\$748.98
27050		ARTHROTOMY, FOR BIOPSY	\$294.49
27052		ARTHROTOMY, FOR BIOPSY	\$407.97
27054		ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	\$550.94
27060		EXCISION	\$317.92
27062		EXCISION	\$323.83
27065		EXCISION OF BONE CYST OR BENIGN TUMOR	\$381.13
27066		EXCISION OF BONE CYST OR BENIGN TUMOR	\$603.55
27067		EXCISION OF BONE CYST OR BENIGN TUMOR	\$798.75
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION)	\$678.32
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION)	\$725.12
27075		RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,387.84
27076		RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,196.52
27077		RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,598.26
27078		RADICAL RESECTION FOR TUMOR OR INFECTION	\$750.93
27079		RADICAL RESECTION FOR TUMOR OR INFECTION	\$753.72
27080		COCCYGECTOMY, PRIMARY	\$367.40

PROC-CD	MOD	Description	Medicaid Fee Schedule
27086	32	REMOVAL OF FOREIGN BODY, PELVIS OR HIP	\$162.48
27086		REMOVAL OF FOREIGN BODY, PELVIS OR HIP	\$108.17
27087		REMOVAL OF FOREIGN BODY, PELVIS OR HIP	\$430.06
27090		REMOVAL OF HIP PROSTHESIS	\$633.82
27091		REMOVAL OF HIP PROSTHESIS	\$1,224.30
27093		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$57.11
27093	32	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$206.49
27095		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$65.12
27095	32	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$215.12
27096		INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	\$42.43
27096	32	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	\$240.45
27097		HAMSTRING RECESSION, PROXIMAL	\$515.06
27098		ADDUCTOR TRANSFER TO ISCHIUM	\$517.41
27100		TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER	\$639.14
27105		TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES	\$605.99
27110		TRANSFER ILIOPSOAS	\$760.26
27111		TRANSFER ILIOPSOAS	\$712.11
27120		ACETABULOPLASTY	\$1,037.48
27122		ACETABULOPLASTY	\$914.04
27125		HEMIARTHROPLASTY OF HIP (PARTIAL HIP REPLACEMENT)	\$891.37
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL	\$1,385.91
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT	\$1,380.47
27134		REVISION OF TOTAL HIP ARTHROPLASTY	\$1,668.92
27137		REVISION OF TOTAL HIP ARTHROPLASTY	\$1,262.71
27138		REVISION OF TOTAL HIP ARTHROPLASTY	\$1,313.61
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER	\$826.65
27146		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$918.92
27147		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,123.29
27151		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,103.46
27156		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,293.93
27158		OSTEOTOMY, PELVIS, BILATERAL FOR CONGENITAL MALFORMATION	\$1,016.80
27161		OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$930.77
27165		OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING	\$1,015.63
27170		BONE GRAFT FOR NONUNION, FEMORAL HEAD, NECK,	\$941.75
27175		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$388.67
27176		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$660.06
27177		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$807.96
27178		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$658.20
27179		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$713.19
27181		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$775.26
27185		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$443.51
27187		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$833.15
27193		CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$276.94
27193	32	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$300.02
27194		CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$454.55
27194	32	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$471.39
27200		TREATMENT OF CLOSED COCCYGEAL FRACTURE	\$102.21
27200	32	TREATMENT OF CLOSED COCCYGEAL FRACTURE	\$117.49
27202		OPEN TREATMENT OF CLOSED OR OPEN COCCYGEAL FRACTURE	\$607.12

PROC-CD	MOD	Description	Medicaid Fee Schedule
27215		OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$621.37
27216		PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCAT	\$685.24
27217		OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATI	\$833.13
27218		OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXAT	\$1,002.93
27220		TREATMENT OF CLOSED ACETABULUM (HIP SOCKET)	\$331.50
27220	32	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET)	\$355.20
27222		TREATMENT OF CLOSED ACETABULUM (HIP SOCKET)	\$619.62
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) C	\$1,264.38
27228		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO)	\$1,406.26
27230		TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL	\$297.94
27230	32	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL	\$317.58
27232		TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL	\$590.20
27235		TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,	\$732.45
27236		OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE,	\$921.32
27238		TREATMENT OF CLOSED INTERTROCHANTERIC,	\$326.78
27240		TREATMENT OF CLOSED INTERTROCHANTERIC,	\$670.30
27244		OPEN TREATMENT OF CLOSED OR OPEN INTERTROCHANTERIC,	\$923.47
27245		OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL	\$1,087.13
27246		TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE,	\$280.32
27246	32	TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE,	\$299.34
27248		OPEN TREATMENT OF CLOSED OR OPEN GREATER TROCHANTERIC	\$637.47
27250		TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC	\$340.91
27252		TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC	\$490.44
27253		OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION,	\$752.59
27254		OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION,	\$947.13
27256		TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION,	\$217.99
27257		TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION,	\$293.81
27258		OPEN TREATMENT OF CONGENITAL HIP DISLOCATION	\$875.74
27259		OPEN TREATMENT OF CONGENITAL HIP DISLOCATION	\$1,159.68
27265		TX OF ATRAUMATIC HIP DISLOCATION HIP W/O ANESTHESIA	\$285.28
27266		TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL	\$393.81
27275		MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$143.41
27280		ARTHRODESIS, SACROILIAC JOINT (INCLUDING	\$762.16
27282		ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$641.31
27284		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT)	\$980.16
27286		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT)	\$991.88
27290		INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	\$1,341.88
27295		DISARTICULATION OF HIP	\$1,027.02
27301	32	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED	\$437.08
27301		INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED	\$414.94
27303		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$535.80
27305		FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$360.89
27306		TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR	\$268.34
27307		TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR	\$325.17
27310		ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$570.59
27315		NEURECTOMY, HAMSTRING MUSCLE	\$365.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
27320		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$335.71
27323	32	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	\$154.88
27323		BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	\$118.71
27324		BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	\$280.09
27327	32	EXCISION, TUMOR, THIGH OR KNEE AREA	\$279.86
27327		EXCISION, TUMOR, THIGH OR KNEE AREA	\$253.66
27328		EXCISION, TUMOR, THIGH OR KNEE AREA	\$325.92
27329		RAD RESECT TUMOR SOFT TISSUE OF THIGH OR KNEE AREA	\$807.96
27330		ARTHROTOMY, KNEE	\$321.34
27331		ARTHROTOMY, KNEE	\$382.16
27332		ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR	\$511.96
27333		ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR	\$457.35
27334		ARTHROTOMY, KNEE, FOR SYNOVECTOMY	\$547.79
27335		ARTHROTOMY, KNEE, FOR SYNOVECTOMY	\$624.93
27340		EXCISION, PREPATELLAR BURSA	\$263.93
27345		EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	\$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	\$498.75
27356		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$572.88
27357		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$615.43
27358		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$253.04
27360		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$693.17
27365		RADICAL RESECTION FOR TUMOR, FEMUR OR KNEE, BONE	\$917.75
27370		INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$40.61
27370	32	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$196.46
27372	32	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$385.56
27372		REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$294.66
27380		SUTURE OF INFRAPATELLAR TENDON	\$455.54
27381		SUTURE OF INFRAPATELLAR TENDON	\$632.64
27385		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE	\$491.29
27386		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE	\$657.08
27390		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$329.08
27391		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$418.80
27392		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$540.50
27393		LENGTHENING OF HAMSTRING TENDON	\$395.65
27394		LENGTHENING OF HAMSTRING TENDON	\$483.77
27395		LENGTHENING OF HAMSTRING TENDON	\$709.84
27396		TRANSPLANT, HAMSTRING TENDON TO PATELLA	\$482.95
27397		TRANSPLANT, HAMSTRING TENDON TO PATELLA	\$638.99
27400		TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR	\$540.19
27403		ARTHROTOMY WITH OPEN MENISCUS REPAIR	\$515.53
27405		REPAIR, PRIMARY, TORN	\$549.03
27407		REPAIR, PRIMARY, TORN	\$594.56
27409		REPAIR, PRIMARY, TORN	\$788.18
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$1,180.50
27415		SUTR RPP LIG W/WO MNSCTMY W/PES ANSRNS TRNSFR/FSCL	\$982.40
27418		ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE	\$668.21
27420		RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$602.86
27422		RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$605.23
27424		RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$603.09
27425		LATERAL RETINACULAR RELEASE (ANY METHOD)	\$344.95
27427		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$580.51
27428		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$820.50

PROC-CD	MOD	Description	Medicaid Fee Schedule
27429		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$817.42
27430		QUADRICEPS PLASTY (BENNETT OR THOMPSON TYPE)	\$573.52
27435		CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	\$527.24
27437		ARTHROPLASTY, PATELLA	\$534.30
27438		ARTHROPLASTY, PATELLA	\$692.99
27440		ARTHROPLASTY, KNEE, TIBIAL PLATEAU	\$639.55
27441		ARTHROPLASTY, KNEE, TIBIAL PLATEAU	\$609.60
27442		ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS	\$726.15
27443		ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS	\$674.68
27445		ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (EG, WALLDIUS TYPE)	\$1,049.75
27446		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU	\$960.00
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU	\$1,492.58
27448		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR	\$690.14
27450		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR	\$852.53
27454		OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT	\$983.71
27455		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$750.00
27457		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$782.81
27465		OSTEOPLASTY, FEMUR	\$811.59
27466		OSTEOPLASTY, FEMUR	\$931.62
27468		OSTEOPLASTY, FEMUR	\$1,039.36
27470		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO	\$975.79
27472		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO	\$1,082.92
27475		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$507.16
27477		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$611.06
27479		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$725.29
27485		ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL	\$516.30
27486		REVISION OF TOTAL KNEE ARTHROPLASTY	\$1,149.06
27487		REVISION OF TOTAL KNEE ARTHROPLASTY	\$1,483.24
27488		REMOVAL OF KNEE PROSTHESIS, INCLUDING 'TOTAL KNEE'	\$932.68
27495		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$961.48
27496		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR)	\$365.40
27497		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR)	\$422.68
27498		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$452.58
27499		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDE	\$504.67
27500		TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	\$361.95
27500	32	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	\$472.98
27501		CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	\$375.61
27501	32	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	\$484.76
27502		TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	\$586.07
27503		CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	\$587.63
27506		OPEN TREATMENT OF CLOSED OR OPEN FEMORAL SHAFT	\$982.50
27507		OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERC	\$842.51
27508		TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END,	\$316.30
27508	32	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END,	\$375.24
27509		PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTUR	\$417.25
27510		TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END,	\$484.58

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27511		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERC	\$833.16
27513		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCOND	\$1,008.97
27514		OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE,	\$973.63
27516		TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$381.15
27517		TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$495.63
27517	32	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$532.74
27519		OPEN TREATMENT OF CLOSED OR OPEN DISTAL	\$846.67
27520		TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	\$161.38
27520	32	TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	\$244.33
27524		OPEN TREATMENT OF CLOSED OR OPEN PATELLAR FRACTURE,	\$589.94
27530		TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$227.14
27530	32	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$284.52
27532		TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$390.49
27532	32	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$413.88
27535		OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITH	\$698.67
27536		OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE,	\$822.41
27538		TREATMENT OF CLOSED INTERCONDYLAR SPINE(S)	\$274.74
27538	32	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S)	\$336.18
27540		OPEN TREATMENT OF CLOSED OR OPEN INTERCONDYLAR	\$711.79
27550		TREATMENT OF CLOSED KNEE DISLOCATION	\$290.62
27550	32	TREATMENT OF CLOSED KNEE DISLOCATION	\$346.13
27552		TREATMENT OF CLOSED KNEE DISLOCATION	\$395.00
27556		OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION,	\$830.62
27557		OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION,	\$956.30
27558		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATIO	\$986.12
27560		TREATMENT OF CLOSED PATELLAR DISLOCATION	\$190.64
27560	32	TREATMENT OF CLOSED PATELLAR DISLOCATION	\$251.45
27562		TREATMENT OF CLOSED PATELLAR DISLOCATION	\$332.45
27566		OPEN TREATMENT OF CLOSED OR OPEN PATELLAR	\$674.98
27570		MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA	\$120.79
27580		FUSION OF KNEE, ANY TECHNIQUE	\$1,059.00
27590		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$684.13
27591		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$767.73
27592		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$590.54
27594		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$386.79
27596		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$601.26
27598		DISARTICULATION AT KNEE	\$633.72
27600		FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$337.14
27601		FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$338.18
27602		FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$399.31
27603	32	INCISION AND DRAINAGE, LEG OR ANKLE	\$388.29
27603		INCISION AND DRAINAGE, LEG OR ANKLE	\$320.62
27604	32	INCISION AND DRAINAGE, LEG OR ANKLE	\$280.97
27604		INCISION AND DRAINAGE, LEG OR ANKLE	\$246.35
27605	32	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$267.56
27605		TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$156.77
27606		TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$224.58
27606	32	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$282.59
27607		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$526.69
27610		ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$505.00
27612		ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE,	\$456.94



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27613		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$107.14
27613	32	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$155.79
27614	32	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$343.62
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$297.78
27615		RAD RESECT TUMOR SOFT TISSUE OF LEG OR ANKLE AREA	\$715.15
27618		EXCISION, TUMOR, LEG OR ANKLE AREA	\$270.11
27618	32	EXCISION, TUMOR, LEG OR ANKLE AREA	\$337.15
27619	32	EXCISION, TUMOR, LEG OR ANKLE AREA	\$474.70
27619		EXCISION, TUMOR, LEG OR ANKLE AREA	\$433.53
27620		ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR	\$383.36
27625		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY	\$518.66
27626		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY	\$562.80
27630	32	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$343.12
27630		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$281.06
27635		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$510.59
27637		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$598.59
27638		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$635.32
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$732.60
27641		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$602.73
27645		RESECTION FOR TUMOR, RADICAL	\$844.88
27646		RESECTION FOR TUMOR, RADICAL	\$789.95
27647		RESECTION FOR TUMOR, RADICAL	\$673.88
27648		INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$39.92
27648	32	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$160.62
27650		REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON	\$563.24
27652		REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON	\$606.10
27654		REPAIR, SECONDARY, RUPTURED ACHILLES TENDON,	\$609.96
27656	32	REPAIR, FASCIAL DEFECT OF LEG	\$365.51
27656		REPAIR, FASCIAL DEFECT OF LEG	\$281.61
27658		REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$329.70
27658	32	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$386.46
27659		REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$422.47
27659	32	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$477.05
27664		REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$307.34
27664	32	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$332.29
27665		REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$365.90
27665	32	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$432.64
27675		REPAIR FOR DISLOCATING PERONEAL TENDONS	\$425.80
27676		REPAIR FOR DISLOCATING PERONEAL TENDONS	\$494.61
27680		TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR	\$339.55
27681		TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR	\$411.71
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	\$365.66
27686		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	\$459.37
27687		GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$383.46
27690		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$489.33
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$575.65
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$102.31
27695		SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT,	\$430.99
27696		SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT,	\$492.11
27698		SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED	\$573.94
27700		ARTHROPLASTY, ANKLE	\$542.19
27702		ARTHROPLASTY, ANKLE	\$830.46
27703		ARTHROPLASTY, ANKLE	\$862.38
27704		REMOVAL OF ANKLE IMPLANT	\$443.11

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27705		OSTEOTOMY	\$640.92
27707		OSTEOTOMY	\$318.71
27709		OSTEOTOMY	\$628.29
27712		OSTEOTOMY	\$791.47
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	\$831.90
27720		REPAIR OF NONUNION OR MALUNION, TIBIA	\$897.06
27722		REPAIR OF NONUNION OR MALUNION, TIBIA	\$697.86
27724		REPAIR OF NONUNION OR MALUNION, TIBIA	\$911.50
27725		REPAIR OF NONUNION OR MALUNION, TIBIA	\$844.40
27727		REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$756.14
27730		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$408.16
27730	32	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$490.18
27732		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$341.04
27732	32	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$433.66
27734		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$497.01
27740		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$544.44
27740	32	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$688.52
27742		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$591.57
27742	32	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$679.21
27745		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$610.87
27750		TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$205.49
27750	32	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$262.87
27752		TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$341.45
27752	32	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$403.19
27756		OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT	\$464.49
27758		OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT	\$726.16
27759		OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	\$819.11
27760		TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$168.46
27760	32	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$238.86
27762		TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$288.36
27762	32	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$347.93
27766		OPEN TREATMENT OF CLOSED OR OPEN DISTAL TIBIAL	\$492.00
27780		TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$149.36
27780	32	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$182.92
27781		TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$248.39
27781	32	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$308.27
27784		OPEN TREATMENT OF CLOSED OR OPEN PROXIMAL FIBULA	\$416.55
27786		TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$157.64
27786	32	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$232.95
27788		TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$232.65
27788	32	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$308.28
27792		OPEN TREATMENT OF CLOSED OR OPEN DISTAL FIBULAR	\$458.47
27808		TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$190.58
27808	32	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$250.78
27810		TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$313.58
27810	32	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$373.77
27814		OPEN TREATMENT OF CLOSED OR OPEN BIMALLEOLAR	\$629.86
27816		TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$199.34
27816	32	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$257.66
27818		TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$343.72
27818	32	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$404.53
27822		OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR	\$903.66
27823		OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR	\$1,027.55
27824		CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$198.09

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27824	32	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$263.58
27825		CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$378.23
27825	32	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$440.60
27826		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$734.66
27827		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$1,129.61
27828		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$1,265.82
27829		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESOSIS) DISRUPTION, WITH OR WI	\$517.10
27830		TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$218.73
27830	32	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$280.48
27831		TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$269.07
27832		OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$401.47
27840		TREATMENT OF ANKLE DISLOCATION	\$242.22
27842		TREATMENT OF ANKLE DISLOCATION	\$289.47
27846		OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION	\$568.00
27848		OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION	\$881.98
27860		MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA	\$136.89
27870		ARTHRODESIS, ANKLE, ANY METHOD	\$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	\$725.91
27882		AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$555.49
27884		AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$443.28
27886		AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$540.05
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND	\$592.29
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 O	\$370.71
27894		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMEN	\$506.24
28001		INCISION AND DRAINAGE, INFECTED BURSA, FOOT	\$123.13
28001	32	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	\$152.14
28002	32	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$254.35
28002		DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$227.84
28003		DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$402.52
28003	32	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$432.15
28005		INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$452.49
28008	32	FASCIOTOMY, PLANTAR AND/OR TOE, SUBCUTANEOUS	\$264.28
28008		FASCIOTOMY, PLANTAR AND/OR TOE, SUBCUTANEOUS	\$250.24
28010		TENOTOMY, SUBCUTANEOUS, TOE	\$171.50
28010	32	TENOTOMY, SUBCUTANEOUS, TOE	\$219.37
28011		TENOTOMY, SUBCUTANEOUS, TOE	\$220.76
28011	32	TENOTOMY, SUBCUTANEOUS, TOE	\$253.50
28020	32	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$333.60
28020		ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$301.48
28022		ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$231.78
28022	32	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$273.87
28024		ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$220.58

PROC-CD	MOD	Description	Medicaid Fee Schedule
28024	32	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$261.12
28030		NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT	\$288.69
28035	32	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$349.37
28035		TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$312.26
28043		EXCISION, TUMOR, FOOT	\$193.49
28043	32	EXCISION, TUMOR, FOOT	\$217.81
28045	32	EXCISION, TUMOR, FOOT	\$298.21
28045		EXCISION, TUMOR, FOOT	\$274.19
28046	32	RAD RESECT TUMOR SOFT TISSUE FOOT (EG MALIG NEOPLASM)	\$522.35
28046		RAD RESECT TUMOR SOFT TISSUE FOOT (EG MALIG NEOPLASM)	\$518.60
28050	32	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$270.74
28050		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$256.08
28052		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$219.92
28052	32	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$263.89
28054	32	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$223.43
28054		ARTHROTOMY FOR SYNOVIAL BIOPSY	\$220.00
28060	32	FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$322.73
28060		FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$302.77
28062	32	FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$431.40
28062		FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$384.31
28070	32	SYNOVECTOMY	\$310.02
28070		SYNOVECTOMY	\$299.10
28072	32	SYNOVECTOMY	\$290.79
28072		SYNOVECTOMY	\$275.51
28080	32	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$259.15
28080		EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$237.64
28086	32	SYNOVECTOMY, TENDON SHEATH, FOOT	\$324.93
28086		SYNOVECTOMY, TENDON SHEATH, FOOT	\$296.63
28088	32	SYNOVECTOMY, TENDON SHEATH, FOOT	\$272.84
28088		SYNOVECTOMY, TENDON SHEATH, FOOT	\$258.49
28090	32	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$269.71
28090		EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$245.38
28092	32	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$241.58
28092		EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$212.58
28100	32	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$374.23
28100		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$338.68
28102		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$453.82
28103		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$365.28
28103	32	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$469.11
28104	32	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$320.46
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$307.68
28106		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$410.03
28107	32	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$336.90
28107		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$331.91
28108		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$218.47
28108	32	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$273.97
28110	32	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL	\$276.68
28110		OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL	\$262.02
28111	32	OSTECTOMY, COMPLETE EXCISION	\$353.50
28111		OSTECTOMY, COMPLETE EXCISION	\$324.19
28112	32	OSTECTOMY, COMPLETE EXCISION	\$300.01
28112		OSTECTOMY, COMPLETE EXCISION	\$287.23
28113	32	OSTECTOMY, COMPLETE EXCISION	\$315.64
28113		OSTECTOMY, COMPLETE EXCISION	\$299.12
28114		OSTECTOMY, COMPLETE EXCISION	\$578.20
28116	32	OSTECTOMY, EXCISION OF TARSAL COALITION	\$417.88

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28116		OSTECTOMY, EXCISION OF TARSAL COALITION	\$400.10
28118	32	OSTECTOMY, CALCANEUS	\$370.34
28118		OSTECTOMY, CALCANEUS	\$357.86
28119	32	OSTECTOMY, CALCANEUS	\$342.60
28119		OSTECTOMY, CALCANEUS	\$321.08
28120	32	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$399.01
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$357.85
28122	32	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$413.58
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$403.29
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$264.02
28124	32	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$314.54
28126		CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	\$217.46
28126	32	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	\$260.19
28130		TALECTOMY (ASTRAGALECTOMY)	\$471.12
28140	32	METATARSECTOMY	\$395.60
28140		METATARSECTOMY	\$381.57
28150	32	PHALANGECTOMY OF TOE, SINGLE, EACH	\$273.14
28150		PHALANGECTOMY OF TOE, SINGLE, EACH	\$259.42
28153		RESECTION, HEAD OF PHALANX, TOE	\$204.31
28153	32	RESECTION, HEAD OF PHALANX, TOE	\$264.49
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION,	\$229.00
28160	32	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION,	\$272.03
28171		RADICAL RESECTION FOR TUMOR	\$508.61
28173	32	RADICAL RESECTION FOR TUMOR	\$482.34
28173		RADICAL RESECTION FOR TUMOR	\$463.31
28175	32	RADICAL RESECTION FOR TUMOR	\$372.51
28175		RADICAL RESECTION FOR TUMOR	\$349.11
28190	32	REMOVAL OF FOREIGN BODY, FOOT	\$142.47
28190		REMOVAL OF FOREIGN BODY, FOOT	\$105.05
28192	32	REMOVAL OF FOREIGN BODY, FOOT	\$266.48
28192		REMOVAL OF FOREIGN BODY, FOOT	\$235.60
28193	32	REMOVAL OF FOREIGN BODY, FOOT	\$306.33
28193		REMOVAL OF FOREIGN BODY, FOOT	\$285.12
28200	32	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$314.25
28200		REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$296.79
28202	32	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$398.17
28202		REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$381.33
28208	32	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$264.66
28208		REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$244.71
28210	32	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$397.56
28210		REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$362.63
28220		TENOLYSIS, FLEXOR, FOOT	\$236.50
28220	32	TENOLYSIS, FLEXOR, FOOT	\$284.53
28222		TENOLYSIS, FLEXOR, FOOT	\$302.55
28222	32	TENOLYSIS, FLEXOR, FOOT	\$363.99
28225	32	TENOLYSIS, EXTENSOR, FOOT	\$231.38
28225		TENOLYSIS, EXTENSOR, FOOT	\$213.60
28226	32	TENOLYSIS, EXTENSOR, FOOT	\$276.86
28226		TENOLYSIS, EXTENSOR, FOOT	\$264.38
28230		TENOTOMY, OPEN, FLEXOR	\$225.06
28230	32	TENOTOMY, OPEN, FLEXOR	\$254.07
28232	32	TENOTOMY, OPEN, FLEXOR	\$218.35
28232		TENOTOMY, OPEN, FLEXOR	\$189.97
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	\$179.52
28234	32	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	\$218.51
28238	32	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH	\$451.66

PROC-CD	MOD	Description	Medicaid Fee Schedule
28238		ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH	\$440.12
28240	32	TENOTOMY LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$250.31
28240		TENOTOMY LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$238.46
28250	32	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER	\$347.50
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER	\$336.59
28260	32	CAPSULOTOMY, MIDFOOT	\$411.81
28260		CAPSULOTOMY, MIDFOOT	\$395.28
28261	32	CAPSULOTOMY, MIDFOOT	\$571.74
28261		CAPSULOTOMY, MIDFOOT	\$559.57
28262	32	CAPSULOTOMY, MIDFOOT	\$879.70
28262		CAPSULOTOMY, MIDFOOT	\$857.87
28264		CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	\$590.51
28270		CAPSULOTOMY FOR CONTRACTURE	\$245.55
28270	32	CAPSULOTOMY FOR CONTRACTURE	\$278.92
28272		CAPSULOTOMY FOR CONTRACTURE	\$190.84
28272	32	CAPSULOTOMY FOR CONTRACTURE	\$228.26
28280	32	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES)	\$289.79
28280		WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES)	\$275.10
28285	32	HAMMERTOES OPERATION	\$303.76
28285		HAMMERTOES OPERATION	\$285.98
28286	32	HAMMERTOES OPERATION	\$288.63
28286		HAMMERTOES OPERATION	\$268.04
28288	32	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY,	\$301.73
28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY,	\$299.55
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$325.22
28290	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$364.74
28290		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$363.19
28292	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$434.49
28292		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$415.47
28293	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$550.78
28293		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$522.40
28294	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$519.71
28294		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$496.32
28296	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$541.29
28296		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$521.64
28297		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$544.86
28298	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$493.17
28298		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$478.20
28299	32	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$540.87
28299		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY	\$522.47

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28300		OSTEOTOMY	\$513.63
28300	32	OSTEOTOMY	\$565.08
28302		OSTEOTOMY	\$554.04
28302	32	OSTEOTOMY	\$607.68
28304	32	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$501.03
28304		OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$475.77
28305		OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$609.06
28305	32	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$674.86
28306	32	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$344.18
28306		OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$326.41
28307	32	OSTEOTOMY METATARSAL BASE OR SHAFT SINGLE W/WO LENGTHENING	\$439.95
28307		OSTEOTOMY METATARSAL BASE OR SHAFT SINGLE W/WO LENGTHENING	\$394.86
28308	32	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$337.59
28308		OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$313.26
28309		OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT	\$622.16
28310	32	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$329.30
28310		OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$308.71
28312	32	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$307.95
28312		OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$298.91
28313		RECONSTR ANGULAR DEFORMITY OF TOE SOFT TISSUE PROCEDURES ONL	\$297.81
28315	32	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$301.76
28315		SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$279.30
28320		REPAIR OF NONUNION OR MALUNION	\$540.94
28322		REPAIR OF NONUNION OR MALUNION	\$427.95
28340	32	RECONSTR TOE MACRODACTYLY SOFT TISSUE RESECTION	\$422.50
28340		RECONSTR TOE MACRODACTYLY SOFT TISSUE RESECTION	\$391.32
28341	32	RECONSTR TOE MACRODACTYLY REQUIRING BONE RESECTION	\$489.57
28341		RECONSTR TOE MACRODACTYLY REQUIRING BONE RESECTION	\$458.70
28344	32	RECONSTRUCTION TOE(S) POLYDACTYLY	\$270.08
28344		RECONSTRUCTION TOE(S) POLYDACTYLY	\$261.97
28345	32	RECONSTRUCTION TOE(S) SYNDACTYLY W/WO SKIN GRFTS EACH WEB	\$363.36
28345		RECONSTRUCTION TOE(S) SYNDACTYLY W/WO SKIN GRFTS EACH WEB	\$355.87
28360		RECONSTRUCTION CLEFT FOOT	\$775.12
28400		TREATMENT OF CLOSED CALCANEAL FRACTURE	\$147.87
28400	32	TREATMENT OF CLOSED CALCANEAL FRACTURE	\$213.98
28405		TREATMENT OF CLOSED CALCANEAL FRACTURE	\$278.19
28405	32	TREATMENT OF CLOSED CALCANEAL FRACTURE	\$310.31
28406		TREATMENT OF CLOSED CALCANEAL FRACTURE	\$402.22
28415		OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL	\$1,170.94
28420		OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL	\$1,224.82
28430		TREATMENT OF CLOSED TALUS FRACTURE	\$138.29
28430	32	TREATMENT OF CLOSED TALUS FRACTURE	\$204.10
28435		TREATMENT OF CLOSED TALUS FRACTURE	\$219.81
28435	32	TREATMENT OF CLOSED TALUS FRACTURE	\$260.35
28436		TREATMENT OF CLOSED TALUS FRACTURE	\$302.40
28445		OPEN TREATMENT OF CLOSED OR OPEN TALUS FRACTURE,	\$682.83
28450		TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$126.55
28450	32	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$183.31
28455		TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$171.48

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28455	32	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$211.08
28456		TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$191.82
28465		OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE	\$560.72
28470		TREATMENT OF CLOSED METATARSAL FRACTURE	\$119.51
28470	32	TREATMENT OF CLOSED METATARSAL FRACTURE	\$178.14
28475		TREATMENT OF CLOSED METATARSAL FRACTURE	\$164.82
28475	32	TREATMENT OF CLOSED METATARSAL FRACTURE	\$214.41
28476		TREATMENT OF CLOSED METATARSAL FX; WITH MANIPULATION & PERCU	\$239.80
28485		OPEN TREATMENT OF CLOSED OR OPEN METATARSAL	\$475.03
28490		TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$68.89
28490	32	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$79.84
28495		TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$92.04
28495	32	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$97.60
28496	32	TX CLOSED FRACT GREAT TOE PHALANX/PHALANGES W/MANIP&PINNING	\$268.72
28496		TX CLOSED FRACT GREAT TOE PHALANX/PHALANGES W/MANIP&PINNING	\$169.37
28505		OPEN TREATMENT OF CLOSED OR OPEN FRACTURE GREAT	\$357.43
28510		TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$66.80
28510	32	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$75.54
28515		TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$84.64
28515	32	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$92.33
28525		OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX	\$318.49
28530		TX OF CLOSED SESAMOID FRACTURE	\$73.25
28530	32	TX OF CLOSED SESAMOID FRACTURE	\$105.47
28531	32	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$304.68
28531		OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$205.28
28540		TREATMENT OF CLOSED TARSAL BONE DISLOCATION	\$133.23
28545		TREATMENT OF CLOSED TARSAL BONE DISLOCATION	\$148.27
28546		TREATMENT OF CLOSED TARSAL BONE DISLOCATION, WITH	\$212.74
28555		OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE	\$428.52
28570		TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION	\$113.31
28570	32	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION	\$152.29
28575		TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION	\$200.22
28576		PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATIO	\$247.88
28585		OPEN TREATMENT OF CLOSED OR OPEN TALOTARSAL JOINT	\$527.77
28600		TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$116.12
28600	32	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$151.05
28605		TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$176.08
28605	32	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$209.75
28606		TREATMENT OF CLOSED TARSOMETATARSAL JOINT	\$294.30
28606	32	TREATMENT OF CLOSED TARSOMETATARSAL JOINT	\$409.08
28615		OPEN TREATMENT OF CLOSED OR OPEN TARSOMETATARSAL	\$664.60
28630		TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT	\$93.46
28635		TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT	\$123.57
28636		PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MA	\$164.24
28636	32	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MA	\$210.40
28645		OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL	\$294.40
28660		TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$77.54
28660	32	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$103.99
28665		TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$120.15
28666		PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPU	\$157.29



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28666	32	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPU	\$248.67
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL	\$282.19
28705		PANTALAR ARTHRODESIS	\$876.66
28715		TRIPLE ARTHRODESIS	\$763.86
28725		SUBTALAR ARTHRODESIS	\$656.13
28730		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,	\$611.05
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,	\$622.71
28737		ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH	\$566.52
28740	32	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$480.35
28740		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$440.04
28750	32	ARTHRODESIS, GREAT TOE	\$488.78
28750		ARTHRODESIS, GREAT TOE	\$421.73
28755	32	ARTHRODESIS, GREAT TOE	\$304.54
28755		ARTHRODESIS, GREAT TOE	\$281.15
28760	32	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT,	\$422.06
28760		ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT,	\$413.65
28800		AMPUTATION, FOOT	\$473.32
28805		AMPUTATION, FOOT	\$472.02
28810		AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$350.32
28820	32	AMPUTATION, TOE	\$302.88
28820		AMPUTATION, TOE	\$264.00
28825	32	AMPUTATION, TOE	\$268.00
28825		AMPUTATION, TOE	\$230.80
28890		EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANES	\$151.10
28890	32	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANES	\$253.51
29000		APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663	\$117.02
29000	32	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663	\$200.53
29010		APPLICATION OF RISSER JACKET, LOCALIZER, BODY	\$116.56
29010	32	APPLICATION OF RISSER JACKET, LOCALIZER, BODY	\$203.75
29015		APPLICATION OF RISSER JACKET, LOCALIZER, BODY	\$102.79
29015	32	APPLICATION OF RISSER JACKET, LOCALIZER, BODY	\$217.63
29020		APPLICATION OF TURNBUCKLE JACKET, BODY	\$88.93
29020	32	APPLICATION OF TURNBUCKLE JACKET, BODY	\$216.47
29025		APPLICATION OF TURNBUCKLE JACKET, BODY	\$109.84
29025	32	APPLICATION OF TURNBUCKLE JACKET, BODY	\$226.65
29035		APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$85.46
29035	32	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$195.22
29040		APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$109.09
29040	32	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$194.03
29044		APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$115.20
29044	32	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$215.47
29046		APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$128.01
29046	32	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$227.82
29049		APPLICATION	\$36.09
29049	32	APPLICATION	\$79.28
29055		APPLICATION	\$85.66
29055	32	APPLICATION	\$169.14
29058		APPLICATION	\$56.82
29058	32	APPLICATION	\$105.62
29065		APPLICATION	\$41.56
29065	32	APPLICATION	\$79.78
29075		APPLICATION	\$37.14
29075	32	APPLICATION	\$73.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
29085		APPLICATION	\$38.35
29085	32	APPLICATION	\$79.48
29086		APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$41.36
29105		APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$34.95
29105	32	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$77.44
29125		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$24.61
29125	32	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$58.91
29126		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$30.49
29126	32	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$73.48
29130		APPLICATION OF FINGER SPLINT	\$18.15
29130	32	APPLICATION OF FINGER SPLINT	\$29.38
29131		APPLICATION OF FINGER SPLINT	\$22.28
29131	32	APPLICATION OF FINGER SPLINT	\$43.17
29200		STRAPPING	\$24.17
29200	32	STRAPPING	\$43.87
29220		STRAPPING	\$25.58
29220	32	STRAPPING	\$41.49
29240		STRAPPING	\$27.92
29240	32	STRAPPING	\$45.39
29260		STRAPPING	\$21.56
29260	32	STRAPPING	\$36.00
29280		STRAPPING	\$20.29
29280	32	STRAPPING	\$34.95
29305		APPLICATION OF HIP SPICA CAST	\$107.65
29305	32	APPLICATION OF HIP SPICA CAST	\$193.50
29325		APPLICATION OF HIP SPICA CAST	\$118.53
29325	32	APPLICATION OF HIP SPICA CAST	\$217.19
29345		APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$63.14
29345	32	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$117.70
29355		APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$67.99
29355	32	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$121.07
29358		APPLICATION OF LONG LEG CAST BRACE	\$66.41
29358	32	APPLICATION OF LONG LEG CAST BRACE	\$127.33
29365		APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$54.61
29365	32	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$103.87
29405		APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$40.13
29405	32	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$76.57
29425		APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$44.99
29425	32	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$83.40
29435		APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$54.10
29435	32	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$102.65
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$22.43
29440	32	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$47.50
29445		APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$91.09
29445	32	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$135.77
29450		APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	\$79.98
29450	32	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	\$89.58
29505		APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$33.01
29505	32	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$70.97
29515		APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$29.94
29515	32	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$60.20
29520		STRAPPING	\$24.76
29520	32	STRAPPING	\$39.28
29530		STRAPPING	\$24.67
29530	32	STRAPPING	\$39.64
29540		STRAPPING	\$20.58

PROC-CD	MOD	Description	Medicaid Fee Schedule
29540	32	STRAPPING	\$27.27
29550		STRAPPING	\$18.91
29550	32	STRAPPING	\$24.97
29580		STRAPPING	\$23.14
29580	32	STRAPPING	\$44.94
29590		DENIS-BROWNE SPLINT STRAPPING	\$27.80
29590	32	DENIS-BROWNE SPLINT STRAPPING	\$36.53
29700	32	REMOVAL OR BIVALVING	\$36.97
29700		REMOVAL OR BIVALVING	\$22.74
29705		REMOVAL OR BIVALVING	\$29.80
29705	32	REMOVAL OR BIVALVING	\$41.65
29710	32	REMOVAL OR BIVALVING	\$72.91
29710		REMOVAL OR BIVALVING	\$51.99
29715		REMOVAL OR BIVALVING	\$39.10
29715	32	REMOVAL OR BIVALVING	\$76.21
29720		REPAIR OF SPICA, BODY CAST OR JACKET	\$27.58
29720	32	REPAIR OF SPICA, BODY CAST OR JACKET	\$66.21
29730	32	WINDOWING OF CAST	\$39.79
29730		WINDOWING OF CAST	\$28.61
29740		WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$42.21
29740	32	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$85.25
29750		WEDGING OF CLUBFOOT CAST	\$49.33
29750	32	WEDGING OF CLUBFOOT CAST	\$79.57
29800		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAG, WITH OR W/OUT SYNOV	\$364.88
29804		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$511.05
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PRO	\$296.67
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$749.02
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$728.89
29819		ARTHROSCOPY, SHOULDER, SURGICAL	\$493.91
29820		ARTHROSCOPY, SHOULDER, SURGICAL	\$469.76
29821		ARTHROSCOPY, SHOULDER, SURGICAL	\$497.79
29822		ARTHROSCOPY, SHOULDER, SURGICAL	\$489.96
29823		ARTHROSCOPY, SHOULDER, SURGICAL	\$528.66
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULA	\$458.72
29825		ARTHROSCOPY, SHOULDER, SURGICAL	\$495.15
29826		ARTHROSCOPY SHOULDER SURG DECOMPRESSION OF SUBACROMIAL SPACE	\$575.82
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$790.52
29830		ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT	\$339.28
29834		ARTHROSCOPY, ELBOW, SURGICAL	\$376.86
29835		ARTHROSCOPY, ELBOW, SURGICAL	\$389.48
29836		ARTHROSCOPY, ELBOW, SURGICAL	\$440.36
29837		ARTHROSCOPY, ELBOW, SURGICAL	\$406.61
29838		ARTHROSCOPY, ELBOW, SURGICAL	\$446.88
29840		ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOP (SEP PROCEDURE)	\$322.26
29843		ARTHROSCOPY WRIST SURG FOR INFECTION/LAVAGE AND DRAINAGE	\$378.05
29844		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	\$398.38
29845		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	\$452.04
29846		ARTHROSCOPY WRIST SURG EXC TRIANGULAR FIBROCARILAGE JNT DEB	\$469.88
29847		ARTHROSCOPY WRIST SURG INT FIX FOR FX OR INSTABILITY	\$483.68
29848		ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$329.23

PROC-CD	MOD	Description	Medicaid Fee Schedule
29850		ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	\$488.43
29851		ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	\$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 PROCEDURE	\$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 (CHO	\$588.73
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$570.02
29866		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY)	\$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	\$298.03
29871		ARTHROSCOPY, KNEE, SURGICAL	\$411.39
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$369.85
29874		ARTHROSCOPY, KNEE, SURGICAL	\$440.53
29875		ARTHROSCOPY, KNEE, SURGICAL	\$402.16
29876		ARTHROSCOPY, KNEE, SURGICAL	\$498.56
29877		ARTHROSCOPY, KNEE, SURGICAL	\$460.73
29879		ARTHROSCOPY, KNEE, SURGICAL	\$498.98
29880		ARTHROSCOPY, KNEE, SURGICAL	\$525.43
29881		ARTHROSCOPY, KNEE, SURGICAL	\$483.75
29882		ARTHROSCOPY, KNEE, SURGICAL	\$532.76
29883		ARTHROSCOPY KNEE SURG W/MENISCUS REPAIR (MEDIAL&LATERAL)	\$578.53
29884		ARTHROSCOPY, KNEE, SURGICAL	\$470.87
29885		ARTHROSCOPY KNEE SURG DRILLING FOR OSTEOCHONDRITIS DISSECANS	\$539.35
29886		ARTHROSCOPY, KNEE, SURGICAL	\$452.51
29887		ARTHROSCOPY, KNEE, SURGICAL	\$563.67
29888		ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/	\$842.13
29889		ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR	\$806.54
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR T	\$517.99
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR D	\$542.76
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$306.63
29894		ARTHROSCOPY, ANKLE, SURGICAL	\$450.22
29895		ARTHROSCOPY, ANKLE, SURGICAL	\$443.19
29897		ARTHROSCOPY, ANKLE, SURGICAL	\$457.68
29898		ARTHROSCOPY, ANKLE, SURGICAL	\$510.07
29899		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ART	\$725.35
29900		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$328.10
29901		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$360.87

PROC-CD	MOD	Description	Medicaid Fee Schedule
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED UL	\$386.80
30000	32	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$137.93
30000		DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$69.98
30020	32	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$117.72
30020		DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$72.00
30100	32	BIOPSY, INTRANASAL	\$72.77
30100		BIOPSY, INTRANASAL	\$43.47
30110	32	EXCISION, NASAL POLYP(S), SIMPLE	\$121.90
30110		EXCISION, NASAL POLYP(S), SIMPLE	\$79.46
30115		EXCISION, NASAL POLYP(S), EXTENSIVE	\$252.65
30117	32	EXCISION, INTRANASAL LESION	\$409.90
30117		EXCISION, INTRANASAL LESION	\$194.16
30118		EXCISION, INTRANASAL LESION	\$528.83
30120		EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$326.47
30124		EXCISION DERMOID CYST, NOSE	\$166.84
30125		EXCISION DERMOID CYST, NOSE	\$386.63
30130		EXCISION TURBINATE, PARTIAL OR COMPLETE	\$224.38
30140		SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	\$241.40
30150		RHINECTOMY	\$510.57
30160		RHINECTOMY	\$569.04
30200	32	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$59.84
30200		INJECTION INTO TURBINATE(S), THERAPEUTIC	\$37.61
30210	32	DISPLACEMENT THERAPY (PROETZ TYPE)	\$79.62
30210		DISPLACEMENT THERAPY (PROETZ TYPE)	\$59.41
30220	32	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$144.49
30220		INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$76.03
30300	32	REMOVAL FOREIGN BODY, INTRANASAL	\$142.44
30300		REMOVAL FOREIGN BODY, INTRANASAL	\$73.73
30310		REMOVAL FOREIGN BODY, INTRANASAL	\$126.27
30320		REMOVAL FOREIGN BODY, INTRANASAL	\$288.51
30400		RHINOPLASTY, PRIMARY	\$635.65
30410		RHINOPLASTY, PRIMARY	\$787.33
30420		RHINOPLASTY, PRIMARY	\$924.19
30430		RHINOPLASTY, SECONDARY	\$584.26
30435		RHINOPLASTY, SECONDARY	\$779.68
30450		RHINOPLASTY, SECONDARY	\$1,015.67
30460		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	\$553.36
30462		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	\$1,050.40
30465		REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL R	\$604.20
30520		SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE	\$347.70
30540		REPAIR CHOANAL ATRESIA	\$424.00
30545		REPAIR CHOANAL ATRESIA	\$634.64
30560	32	LYSIS INTRANASAL SYNECHIA	\$151.37
30560		LYSIS INTRANASAL SYNECHIA	\$84.67
30580		REPAIR FISTULA	\$365.78
30600		REPAIR FISTULA	\$298.07
30620		RECONSTRUCTION, FUNCTIONAL, INTERNAL NOSE (SEPTAL OR OTHER	\$370.39
30630		REPAIR NASAL SEPTAL PERFORATIONS	\$404.60
30801	32	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$131.13

PROC-CD	MOD	Description	Medicaid Fee Schedule
30801		CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$75.30
30802	32	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$166.01
30802		CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$110.57
30901		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	\$44.33
30901	32	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	\$73.33
30903	32	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	\$106.27
30903		CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	\$65.99
30905	32	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$147.91
30905		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$98.64
30906	32	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$158.15
30906		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$107.34
30915		LIGATION ARTERIES	\$384.00
30920		LIGATION ARTERIES	\$559.08
30930		FRACTURE NASAL TURBINATE(S), THERAPEUTIC	\$74.71
31000	32	LAVAGE BY CANNULATION	\$99.92
31000		LAVAGE BY CANNULATION	\$63.28
31002		LAVAGE BY CANNULATION	\$128.48
31020	32	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$288.46
31020		SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$203.83
31030		SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$344.95
31032		SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$393.24
31040		PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$497.21
31050		SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY	\$318.37
31051		SINUSOTOMY SPHENOID W/WO BIOP W/MUCOSAL STRIPPING OR REMOVAL	\$425.74
31070		SINUSOTOMY FRONTAL	\$267.60
31075		SINUSOTOMY FRONTAL	\$546.24
31080		SINUSOTOMY FRONTAL	\$625.70
31081		SINUSOTOMY FRONTAL	\$698.44
31084		SINUSOTOMY FRONTAL	\$785.82
31085		SINUSOTOMY FRONTAL	\$830.43
31086		SINUSOTOMY FRONTAL	\$697.73
31087		SINUSOTOMY FRONTAL	\$692.37
31090		SINUSOTOMY COMBINED, THREE OR MORE SINUSES	\$571.27
31200		ETHMOIDECTOMY	\$352.05
31201		ETHMOIDECTOMY	\$463.02
31205		ETHMOIDECTOMY	\$549.83
31225		MAXILLECTOMY	\$1,090.57
31230		MAXILLECTOMY	\$1,235.15
31231	32	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$112.42
31231		NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$63.70
31233	32	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATU	\$162.34
31233		NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATU	\$104.79
31235	32	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPH	\$189.35
31235		NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPH	\$118.58

PROC-CD	MOD	Description	Medicaid Fee Schedule
31237	32	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARA	\$204.81
31237		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARA	\$137.94
31238	32	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS	\$212.04
31238		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS	\$151.74
31239		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$504.10
31240		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$144.92
31254		NASAL ENDOSCOPY SURG W/ETHMOIDECTOMY PARTIAL	\$259.80
31255		NASAL ENDOSCOPY SURG W/ETHMOIDECTOMY ANTER & POSTER TOTAL	\$389.35
31256		NASAL ENDOSCOPY SURGICAL W/MAXILLARY ANTROSTOMY	\$184.03
31267		MAXILLARY SINUS ENDOSCOPY SURG W/REMOVAL MUCOUS MEMBRANE	\$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 FROM	\$256.10
31290		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOI	\$944.19
31291		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENO	\$1,000.15
31292		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESS	\$796.88
31293		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL W	\$868.03
31294		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$1,021.29
31300		LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE)	\$842.27
31320		LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE)	\$389.30
31360		LARYNGECTOMY	\$1,064.35
31365		LARYNGECTOMY	\$1,457.92
31367		LARYNGECTOMY	\$1,239.76
31368		LARYNGECTOMY	\$1,612.33
31370		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,226.14
31375		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,112.30
31380		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,156.09
31382		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,182.54
31390		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION	\$1,634.76
31395		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION	\$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 TR	\$32.14
31502	32	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TR	\$39.31
31505		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$30.26
31505	32	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$51.48
31510	32	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$130.40
31510		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$79.29
31511	32	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$131.89
31511		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$90.36
31512	32	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$131.67
31512		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$107.27
31513		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$117.65
31515	32	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$133.36

PROC-CD	MOD	Description	Medicaid Fee Schedule
31515		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$81.56
31520		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$120.53
31525	32	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$156.13
31525		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$115.20
31526		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$143.56
31527		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$168.53
31528		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$130.81
31529		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$139.85
31530		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL	\$183.54
31531		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL	\$201.10
31535		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY	\$176.24
31536		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY	\$199.06
31540		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING	\$230.97
31541		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING	\$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
31560		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY	\$286.93
31561		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY	\$328.97
31570	32	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	\$241.03
31570		LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	\$179.59
31571		LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	\$234.90
31575		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$53.40
31575	32	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$97.12
31576	32	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$140.28
31576		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$109.05
31577	32	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$155.50
31577		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$136.25
31578	32	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$177.46
31578		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$147.42
31579	32	LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/STROBOSCOPY	\$150.67
31579		LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/STROBOSCOPY	\$103.09
31580		LARYNGOPLASTY	\$793.80
31582		LARYNGOPLASTY	\$1,218.78
31584		LARYNGOPLASTY	\$1,040.08
31587		LARYNGOPLASTY, CRICOID SPLIT	\$654.43
31588		LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS,	\$785.51
31590		LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$567.92
31595		SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE	\$503.58
31600		TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE)	\$259.24
31601		TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE)	\$244.63
31603		TRACHEOSTOMY, EMERGENCY PROCEDURE	\$220.41
31605		TRACHEOSTOMY, EMERGENCY PROCEDURE	\$189.62
31610		TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$515.65
31611		CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBQNT INSERTI	\$405.06
31612	32	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS	\$65.06
31612		TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS	\$48.22
31613		TRACHEOSTOMA REVISION	\$294.72
31614		TRACHEOSTOMA REVISION	\$483.82



PROC-CD	MOD	Description	Medicaid Fee Schedule
31615	32	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$139.90
31615		TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$106.53
31620		ENDBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC	\$57.42
31620	32	ENDBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC	\$212.70
31622	32	BRONCHOSCOPY	\$210.04
31622		BRONCHOSCOPY	\$142.83
31623	32	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	\$230.87
31623		BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	\$146.59
31624	32	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	\$214.45
31624		BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	\$146.59
31625		BRONCHOSCOPY	\$182.26
31628	32	BRONCHOSCOPY	\$267.96
31628		BRONCHOSCOPY	\$192.38
31629		BRONCHOSCOPY	\$170.33
31630		BRONCHOSCOPY	\$197.31
31631		BRONCHOSCOPY	\$215.08
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRA	\$54.39
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRA	\$66.72
31635		BRONCHOSCOPY	\$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	\$256.53
31641		BRONCHOSCOPY	\$260.69
31643		BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLI	\$177.88
31645		BRONCHOSCOPY	\$169.64
31646		BRONCHOSCOPY	\$138.51
31656		BRONCHOSCOPY	\$109.20
31700		CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)	\$66.58
31708		INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY	\$58.26
31710		CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION	\$56.98
31715		TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	\$43.00
31717	32	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$259.91
31717		CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$80.55
31720		CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$47.17
31720	32	CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$56.32
31725		CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$87.57
31730	32	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWE	\$157.97
31730		TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWE	\$136.14
31750		TRACHEOPLASTY	\$760.80
31755		TRACHEOPLASTY	\$1,008.25
31760		TRACHEOPLASTY	\$1,046.30
31766		CARINAL RECONSTRUCTION	\$1,469.78

PROC-CD	MOD	Description	Medicaid Fee Schedule
31770		BRONCHOPLASTY	\$1,164.52
31775		BRONCHOPLASTY	\$1,266.99
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS	\$1,020.72
31781		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS	\$1,240.35
31785		EXCISION OF TRACHEAL TUMOR OR CARCINOMA	\$843.72
31786		EXCISION OF TRACHEAL TUMOR OR CARCINOMA	\$1,193.33
31800		SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY	\$418.12
31805		SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY	\$758.25
31820		SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$300.69
31825		SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$430.82
31830		REVISION OF TRACHEOSTOMY SCAR	\$301.77
32000	32	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION,	\$113.95
32000		THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION,	\$57.25
32002		THORACENTESIS W/INSERTION OF TUBE W/WO WATER SEAL(SEP PROC)	\$93.44
32005		CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT	\$92.71
32019		INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$173.40
32020		TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, PNEUMOTHORAX,	\$180.76
32035		THORACOSTOMY	\$533.31
32036		THORACOSTOMY	\$588.97
32095		THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	\$554.58
32100		THORACOTOMY, MAJOR	\$727.19
32110		THORACOTOMY, MAJOR	\$855.13
32120		THORACOTOMY, MAJOR	\$698.40
32124		THORACOTOMY, MAJOR	\$739.32
32140		THORACOTOMY, MAJOR	\$832.24
32141		THORACOTOMY, MAJOR	\$819.06
32150		THORACOTOMY, MAJOR	\$789.52
32151		THORACOTOMY, MAJOR	\$792.66
32160		THORACOTOMY, MAJOR	\$544.77
32200		PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	\$720.30
32201		PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	\$210.24
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$662.49
32220		DECORTICATION, PULMONARY, (SEPARATE PROCEDURE)	\$1,082.94
32225		DECORTICATION, PULMONARY, (SEPARATE PROCEDURE)	\$819.89
32310		PLEURECTOMY	\$789.60
32320		DECORTICATION AND PARIETAL PLEURECTOMY	\$1,151.20
32400	32	BIOPSY, PLEURA	\$99.84
32400		BIOPSY, PLEURA	\$81.43
32402		BIOPSY, PLEURA	\$522.86
32405		BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$97.07
32405	32	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$104.94
32420		PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	\$95.42
32440		PNEUMONECTOMY, TOTAL	\$1,183.81
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLO	\$1,335.44
32445		PNEUMONECTOMY, EXTRAPLEURAL	\$1,342.20
32480		LOBECTOMY, TOTAL OR SEGMENTAL	\$1,046.59
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	\$1,104.21
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$1,139.00
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION	\$1,264.00

PROC-CD	MOD	Description	Medicaid Fee Schedule
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWING PR	\$1,339.81
32491		EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON - BULLOUS FOR LUNG VO	\$1,143.50
32500		WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$874.18
32501		RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TI	\$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
32540		EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	\$844.83
32601		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITHOUT	\$292.36
32602		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITH BIO	\$316.68
32603		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOUT BIOPSY	\$371.66
32604		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$420.39
32605		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITHOUT BIOPSY	\$351.15
32606		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$404.02
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	\$618.26
32651		THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$754.11
32652		THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEUR	\$1,039.64
32653		THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPO	\$739.03
32654		THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$706.93
32655		THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL	\$786.30
32656		THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$793.67
32657		THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$817.26
32658		THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SA	\$744.12
32659		THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION	\$743.63
32660		THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	\$1,077.56
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, TOTAL OR SEGMENTAL	\$1,055.84
32664		THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$769.11
32665		THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$877.00
32800		REPAIR LUNG HERNIA THROUGH CHEST WALL	\$750.84
32810		CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR	\$695.69
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$1,228.13
32820		MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	\$1,190.57
32851		LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,977.21

PROC-CD	MOD	Description	Medicaid Fee Schedule
32852		LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$2,127.78
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONA	\$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)	\$1,337.48
32940		PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING	\$992.74
32960	32	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$97.21
32960		PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$73.82
32997		TOTAL LUNG LAVAGE (UNILATERAL)	\$243.55
33010		PERICARDIOCENTESIS	\$105.02
33011		PERICARDIOCENTESIS	\$97.60
33015		TUBE PERICARDIOTOMY	\$355.09
33020		PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN	\$763.83
33025		CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$757.17
33030		PARTIAL RESECTION FOR CHRONIC CONSTRICTIVE PERICARDITIS,	\$1,160.05
33031		COMPLT VENTRCLR DECRTCTN W/CARDPLMNRY BYPASS	\$1,163.58
33050		EXCISION OF PERICARDIAL CYST OR TUMOR	\$786.88
33120		EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH	\$1,518.25
33130		RESECTION OF EXTERNAL CARDIAC TUMOR	\$1,109.81
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$1,000.66
33141		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME O	\$185.47
33200		INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL	\$759.62
33201		INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL	\$687.92
33206		INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$417.10
33207		INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$488.48
33208		INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$526.97
33210		INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE,	\$174.10
33211		INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES	\$178.79
33212		INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC	\$331.18
33213		INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	\$361.30
33214		UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DU	\$418.41
33215		REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERT	\$227.42
33216		INSERTION, REPLACEMENT, OR REPOSITIONING OF	\$329.06
33217		INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ON	\$341.91
33218		REPAIR OF PACEMAKER	\$315.41
33220		REPAIR OF PACEMAKER ELECTRODE(S) ONLY; DUAL CHAMBER	\$318.39
33222		REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTO	\$305.76
33223		REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$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

PROC-CD	MOD	Description	Medicaid Fee Schedule
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$350.25
33233		REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	\$208.64
33234		REMOVAL OF PERMANENT PACEMAKER; AND TRANSVENOUS ELECTRODE(S), SINGLE LEAD SYSTEM	\$379.03
33235		REMOVAL OF PERMANENT PACEMAKER; AND TRANSVENOUS 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 LE	\$761.98
33238		REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$792.35
33240		INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERAT	\$416.09
33241		REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$194.54
33243		REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SY	\$1,040.77
33244		REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SY	\$704.61
33245		IMPLANTATION OF AUTOMATIC INTERNAL	\$911.56
33246		IMPLANT OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$1,220.65
33249		INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR LEAD(S), BY O	\$820.76
33250		OPERATIVE ABLATION SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR	\$1,071.50
33251		OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	\$1,326.91
33253		OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIAL FIBRILLA	\$1,640.55
33261		OPERATIVE ABLATION ARRHYTHMOGENIC FOCUS/PATHWAY W/CARDIOPULM	\$1,273.64
33282		IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$309.84
33284		REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$244.35
33300		REPAIR OF CARDIAC WOUND	\$1,015.32
33305		REPAIR OF CARDIAC WOUND	\$1,217.30
33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN	\$1,012.78
33315		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN	\$1,201.63
33320		SUTURE REPAIR OF AORTA OR GREAT VESSELS	\$957.41
33321		SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,226.68
33322		SUTURE REPAIR OF AORTA OR GREAT VESSELS	\$1,254.39
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSELS	\$1,101.77
33332		INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,220.51
33335		INSERTION OF GRAFT, AORTA OR GREAT VESSELS	\$1,485.54
33400		VALVULOPLASTY, AORTIC VALVE, OPEN, WITH	\$1,557.77
33401		VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	\$1,443.40
33403		VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPULMONA	\$1,536.42
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,724.64
33405		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS	\$1,772.14
33406		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FR	\$1,916.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
33410		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VA	\$1,685.57
33411		REPLACEMENT, AORTIC VALVE	\$1,929.09
33412		REPLACEMENT, AORTIC VALVE	\$2,082.30
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH H	\$2,126.28
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE	\$1,867.92
33415		RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR	\$1,640.02
33416		VENTRICULOMYOTOMY FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STEN	\$1,730.19
33417		AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$1,770.89
33420		VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY)	\$1,152.46
33422		VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY)	\$1,576.67
33425		VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$1,602.41
33426		VALVULOPLASTY MITRAL VALVE W/CARDIOPULMONARY BYPASS W/PROSTH	\$1,813.38
33427		VALVULOPLASTY MITRAL VALVE W/CARDIOPULM BYPASS RAD RECONSTR	\$1,953.84
33430		REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$2,030.56
33460		VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH	\$1,437.01
33463		VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$1,553.28
33464		VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$1,650.52
33465		VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH	\$1,726.50
33468		TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$1,841.24
33470		VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,123.38
33471		VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,248.12
33472		VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,294.56
33474		VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,412.10
33475		REPLACEMENT, PULMONARY VALVE	\$1,728.81
33476		RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR	\$1,468.53
33478		OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR	\$1,650.24
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS	\$1,680.98
33500		REPAIR CORONARY ARTERIOVENOUS OR ARTERIOCARDIC CHAMBER FISTU	\$1,536.67
33501		REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARD	\$996.55
33502		ANOMALOUS CORONARY ARTERY	\$1,253.87
33503		ANOMALOUS CORONARY ARTERY	\$1,276.79
33504		ANOMALOUS CORONARY ARTERY	\$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 A	\$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, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,525.90
33511		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,649.30
33512		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,769.08
33513		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,898.24
33514		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$2,005.59
33516		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$2,124.45

PROC-CD	MOD	Description	Medicaid Fee Schedule
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 VENOUS	\$380.67
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
33530		REOPERATION, CORONARY ARTERY BYPASS PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINA	\$313.28
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,	\$2,095.06
33548		SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF	\$1,622.39
33572		CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFL	\$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 OBSTRUC	\$1,863.63
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; WIT	\$2,044.74
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL	\$1,973.80
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PR	\$2,124.67
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOP	\$2,393.57
33641		REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$1,283.21
33645		DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR	\$1,525.81
33647		REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT,	\$1,769.42
33660		PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR	\$1,588.62
33665		PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR	\$1,750.26
33670		REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH	\$1,818.87
33681		CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,726.34
33684		CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,775.76

PROC-CD	MOD	Description	Medicaid Fee Schedule
33688		CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,672.44
33690		BANDING OF PULMONARY ARTERY	\$1,225.68
33692		TOTAL REPAIR TETRALOGY OF FALLOT	\$1,820.78
33694		TOTAL REPAIR TETRALOGY OF FALLOT	\$1,849.26
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTIO	\$1,979.80
33702		REPAIR SINUS OF VALSALVA FISTULA, WITH	\$1,647.23
33710		REPAIR SINUS OF VALSALVA FISTULA, WITH	\$1,765.77
33720		REPAIR SINUS OF VALSALVA ANEURYSM, WITH	\$1,626.27
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$1,702.46
33730		COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN	\$1,794.03
33732		REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRI	\$1,697.63
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY	\$1,246.81
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	\$1,477.64
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY	\$1,289.88
33750		SHUNT	\$1,209.87
33755		SHUNT	\$1,183.11
33762		SHUNT	\$1,222.85
33764		SHUNT	\$1,224.42
33766		SHUNT	\$1,372.33
33767		SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIO	\$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 AND	\$1,886.31
33774		RPR TRANSPSTN GRT VESSLS ARTRL BAFFE PROC;W/BYPASS	\$1,742.27
33775		RPR TRNSPSTN GRT VSSLS MUSTRD TYPE;W/RMVL BND	\$1,707.99
33776		RPR TRNSPSTN GRT VSSLS MSTED TYPE;W/CLSR SPTL DFCT	\$1,832.83
33777		REPAIR TRANSPOSITION OF GRT ARTERIES ATRIAL BAFFLE PROC W/CA	\$1,751.14
33778		RPR TRANS; AORTIC PULM ART RECONST	\$2,074.92
33779		REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$2,006.94
33780		REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$2,080.11
33781		REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$1,970.50
33786		TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$1,917.76
33788		REPLANT PULMONARY ARTERY FOR HEMITRUNCUS	\$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)	\$1,128.00
33813		OBLITERATION AORTOPULMONARY SEPTAL DEFECT W/O CARDIOPULM BYP	\$1,252.92
33814		OBLIT AORTOPULM SEPTAL DEFECT W/CARDIOPULM BYPASS	\$1,587.67
33820		PATENT DUCTUS ARTERIOSUS	\$1,036.76
33820	32	PATENT DUCTUS ARTERIOSUS	\$1,036.76
33822		PATENT DUCTUS ARTERIOSUS	\$1,007.55
33824		PATENT DUCTUS ARTERIOSUS	\$1,225.40
33840		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,282.33
33845		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,382.19
33851		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,350.69
33852		EXC COARCTATION OF AORTA WWO ASSOCIATED PATENT DUCTUS ARTER	\$1,443.82



PROC-CD	MOD	Description	Medicaid Fee Schedule
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,963.33
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS,	\$1,964.91
33861		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	\$1,979.23
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	\$2,049.34
33870		TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$2,349.71
33875		DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$1,851.62
33877		REPAIR THORACOABDOMINAL AORTIC ANEURYSM W/GRAFT W/O CARDIOP	\$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		OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH EN	\$595.15
33891		BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTI	\$760.49
33910		PULMONARY ARTERY EMBOLECTOMY	\$1,269.60
33915		PULMONARY ARTERY EMBOLECTOMY	\$1,009.35
33916		PULM ENDARTERECTOMY W/WO EMBOLECTOMY W/CARDIOPULM BYPASS	\$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 R	\$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 CONJ	\$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
33935		HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$3,491.81
33945		HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$2,463.46
33960		PROLONGED EXTRACORPOREAL CIRCULATION FOR	\$761.08
33961		PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EACH ADD	\$505.50
33967		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$190.78
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$31.43
33970		INTRA-AORTIC BALLOON COUNTERPULSATION	\$361.17
33971		INTRA-AORTIC BALLOON COUNTERPULSATION	\$531.88
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, INCLUDIN	\$725.10

PROC-CD	MOD	Description	Medicaid Fee Schedule
33975		IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$1,082.61
33976		IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$1,231.77
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$996.64
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$1,119.97
34001		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$644.59
34051		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$718.63
34101		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$511.52
34111		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$429.91
34151		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$898.46
34201		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$499.51
34203		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$623.47
34401		THROMBECTOMY, DIRECT OR WITH CATHETER	\$896.66
34421		THROMBECTOMY, DIRECT OR WITH CATHETER	\$498.02
34451		THROMBECTOMY, DIRECT OR WITH CATHETER	\$975.53
34471		THROMBECTOMY, DIRECT OR WITH CATHETER	\$429.88
34490		THROMBECTOMY, DIRECT OR WITH CATHETER	\$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
34800		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$858.38
34802		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$946.69
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,010.43
34804		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$946.69
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$916.95
34808		ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDI	\$161.96
34812		OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASCULAR PROSTHESIS, BY	\$264.86
34813		PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYS	\$188.37
34820		OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCL	\$382.53
34825		PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$515.07
34826		PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$161.96
34830		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,333.93
34831		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,441.74
34832		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,441.74
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL A	\$480.59
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC O	\$225.93

PROC-CD	MOD	Description	Medicaid Fee Schedule
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDOAA	\$710.75
35001		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$997.73
35002		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$979.73
35005		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$801.65
35011		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$658.96
35013		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$878.57
35021		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,048.44
35022		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,068.71
35045		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$642.60
35081		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,385.32
35082		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,683.86
35091		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,668.63
35092		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,821.56
35102		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,490.48
35103		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,646.84
35111		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$899.67
35112		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,061.59
35121		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,272.25
35122		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,502.69
35131		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$955.64
35132		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,112.39
35141		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$791.31
35142		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$860.05
35151		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$890.44
35152		DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$938.04
35180		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$631.32
35182		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$1,087.90
35184		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$666.43
35188		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$662.64
35189		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$1,014.35
35190		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$650.22
35201		REPAIR BLOOD VESSEL, DIRECT	\$613.12
35206		REPAIR BLOOD VESSEL, DIRECT	\$540.09
35207		REPAIR BLOOD VESSEL, DIRECT	\$607.12
35211		REPAIR BLOOD VESSEL, DIRECT	\$1,173.77
35216		REPAIR BLOOD VESSEL, DIRECT	\$954.12
35221		REPAIR BLOOD VESSEL, DIRECT	\$869.18
35226		REPAIR BLOOD VESSEL, DIRECT	\$555.67
35231		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$756.07
35236		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$633.91
35241		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,235.43
35246		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,094.28
35251		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,062.54
35256		REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$677.99
35261		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$656.24
35266		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$595.01
35271		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$1,159.80
35276		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$985.60
35281		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$1,007.31
35286		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$667.84
35301		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$948.13
35311		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,281.64
35321		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$663.86
35331		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,090.09
35341		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,211.54

PROC-CD	MOD	Description	Medicaid Fee Schedule
35351		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$989.98
35355		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$857.11
35361		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,186.34
35363		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,284.85
35371		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$647.88
35372		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$693.01
35381		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$817.68
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
35450		TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$551.33
35452		TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$328.35
35454		TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$334.88
35456		TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$406.43
35458		TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$516.66
35459		TRANSLUMINAL ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$473.36
35460		TRANSLUMINAL ANGIOPLASTY, OPEN; VENOUS	\$271.37
35470		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$460.89
35471		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	\$537.85
35472		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; AORTIC	\$303.22
35473		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; ILIAC	\$322.34
35474		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$391.90
35475		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC	\$488.29
35476		TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$255.57
35480		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$601.35
35481		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	\$357.89
35482		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	\$371.40
35483		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	\$447.95
35484		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC	\$547.08
35485		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$421.74
35490		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTER	\$592.78
35491		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	\$341.52
35492		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	\$363.09
35493		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$448.99
35494		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC	\$517.39
35495		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANC	\$426.15
35500		HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDU	\$247.21
35501		BYPASS GRAFT, WITH VEIN	\$1,004.08
35506		BYPASS GRAFT, WITH VEIN	\$1,052.45

PROC-CD	MOD	Description	Medicaid Fee Schedule
35507		BYPASS GRAFT, WITH VEIN	\$1,027.69
35508		BYPASS GRAFT, WITH VEIN	\$1,003.10
35509		BYPASS GRAFT, WITH VEIN	\$982.25
35511		BYPASS GRAFT, WITH VEIN	\$795.90
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	\$952.34
35515		BYPASS GRAFT, WITH VEIN	\$877.60
35516		BYPASS GRAFT, WITH VEIN	\$846.75
35518		BYPASS GRAFT, WITH VEIN	\$845.20
35521		BYPASS GRAFT, WITH VEIN	\$896.83
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	\$924.60
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	\$882.43
35526		BYPASS GRAFT, WITH VEIN	\$1,066.15
35531		BYPASS GRAFT, WITH VEIN	\$1,286.53
35533		BYPASS GRAFT, WITH VEIN	\$1,102.79
35536		BYPASS GRAFT, WITH VEIN	\$1,207.67
35541		BYPASS GRAFT, WITH VEIN	\$1,276.73
35546		BYPASS GRAFT, WITH VEIN	\$1,291.19
35548		BYPASS GRAFT, WITH VEIN	\$1,121.57
35549		BYPASS GRAFT, WITH VEIN	\$1,218.06
35551		BYPASS GRAFT, WITH VEIN	\$1,295.70
35556		BYPASS GRAFT, WITH VEIN	\$1,114.89
35558		BYPASS GRAFT, WITH VEIN	\$785.97
35560		BYPASS GRAFT, WITH VEIN	\$1,213.63
35563		BYPASS GRAFT, WITH VEIN	\$882.48
35565		BYPASS GRAFT, WITH VEIN	\$846.00
35566		BYPASS GRAFT, WITH VEIN	\$1,380.82
35571		BYPASS GRAFT, WITH VEIN	\$1,038.64
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCED	\$270.51
35583		IN-SITU VEIN BYPASS	\$1,181.10
35585		IN-SITU VEIN BYPASS	\$1,455.32
35587		IN-SITU VEIN BYPASS	\$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	\$961.32
35606		BYPASS GRAFT, WITH OTHER THAN VEIN	\$985.94
35612		BYPASS GRAFT, WITH OTHER THAN VEIN	\$867.84
35616		BYPASS GRAFT, WITH OTHER THAN VEIN	\$865.45
35621		BYPASS GRAFT, WITH OTHER THAN VEIN	\$814.87
35623		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$876.06
35626		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,228.67
35631		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,216.27
35636		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,059.11
35641		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,255.77
35642		BYPASS GRAFT, WITH OTHER THAN VEIN	\$819.26
35645		BYPASS GRAFT, WITH OTHER THAN VEIN	\$827.68
35646		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,347.47
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$1,143.03
35650		BYPASS GRAFT, WITH OTHER THAN VEIN	\$795.97
35651		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,317.30
35654		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,032.07
35656		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,017.18
35661		BYPASS GRAFT, WITH OTHER THAN VEIN	\$738.14
35663		BYPASS GRAFT, WITH OTHER THAN VEIN	\$811.08
35665		BYPASS GRAFT, WITH OTHER THAN VEIN	\$858.41

PROC-CD	MOD	Description	Medicaid Fee Schedule
35666		BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,087.70
35671		BYPASS GRAFT, WITH OTHER THAN VEIN	\$849.41
35681		BYPASS GRAFT, COMPOSITE	\$85.96
35682		BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS (LI	\$387.04
35683		BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO OR M	\$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 (LI	\$120.78
35700		REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POSTERIO	\$165.56
35701		EXPLORATION	\$344.74
35721		EXPLORATION	\$325.09
35741		EXPLORATION	\$323.72
35761		EXPLORATION	\$324.09
35800		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$362.49
35820		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$600.85
35840		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$492.52
35860		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$320.79
35870		REPAIR OF GRAFT-ENTERIC FISTULA	\$998.08
35875		THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	\$530.37
35876		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GR	\$778.71
35879		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN	\$734.33
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGM	\$802.65
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
36000	32	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$18.70
36000		INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$7.48
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEU	\$116.30
36005		INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR	\$38.41
36005	32	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR	\$270.44
36010		INTRODUCTION OF CATHETER	\$115.98
36011		SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN,	\$135.35
36012		SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BR	\$157.51

PROC-CD	MOD	Description	Medicaid Fee Schedule
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, EACH SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$157.82
36100		INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR	\$149.56
36120		INTRODUCTION OF NEEDLE OR INTRACATHETER	\$103.31
36140		INTRODUCTION OF NEEDLE OR INTRACATHETER	\$89.83
36145		INTRODUCTION OF NEEDLE OR INTRACATHETER	\$101.92
36160		INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$125.41
36200		INTRODUCTION OF CATHETER,	\$143.67
36215		INTRODUCTION OF CATHETER,	\$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 SELEC	\$271.17
36218		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$43.98
36245		INTRODUCTION OF CATHETER,	\$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		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$44.55
36260		INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP	\$478.13
36261		REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$244.97
36262		REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$188.11
36400		VENIPUNCTURE, UNDER AGE 3 YEARS	\$11.50
36400	32	VENIPUNCTURE, UNDER AGE 3 YEARS	\$16.30
36405		VENIPUNCTURE, UNDER AGE 3 YEARS	\$9.66
36405	32	VENIPUNCTURE, UNDER AGE 3 YEARS	\$19.96
36406		VENIPUNCTURE, UNDER AGE 3 YEARS	\$7.17
36406	32	VENIPUNCTURE, UNDER AGE 3 YEARS	\$15.90
36410		VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	\$7.48
36410	32	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	\$15.59
36415		ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	\$3.00
36420		VENIPUNCTURE, CUTDOWN	\$42.81
36425		VENIPUNCTURE, CUTDOWN	\$38.50
36430		TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$33.38
36440		PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$49.88
36450		EXCHANGE TRANSFUSION, BLOOD	\$105.23
36455		EXCHANGE TRANSFUSION, BLOOD	\$120.47
36460		TRANSFUSION, INTRAUTERINE, FETAL	\$304.16
36470	32	INJECTION OF SCLEROSING SOLUTION	\$95.05
36470		INJECTION OF SCLEROSING SOLUTION	\$45.53
36471	32	INJECTION OF SCLEROSING SOLUTION	\$117.14
36471		INJECTION OF SCLEROSING SOLUTION	\$63.59
36475		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$268.80
36475	32	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,759.33
36476		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$131.03
36476	32	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$336.64

PROC-CD	MOD	Description	Medicaid Fee Schedule
36478		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$268.80
36478	32	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,618.39
36479		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$131.03
36481		PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$316.84
36500		VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$118.46
36510		CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY,	\$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
36515		THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSIO	\$68.11
36516		THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FIL	\$68.11
36522	32	PHOTOPHERESIS EXTRACORPOREAL	\$860.55
36522		PHOTOPHERESIS EXTRACORPOREAL	\$89.42
36550		DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$23.95
36555		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$83.45
36556		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEAR	\$79.28
36557		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUT	\$227.75
36558		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUT	\$216.36
36560		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBC	\$270.15
36561		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBC	\$260.70
36563		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCU	\$271.38
36565		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING	\$260.70
36566		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING	\$279.29
36568		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$74.05
36569		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$69.67
36570		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEO	\$235.48
36571		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEO	\$234.64
36575	32	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$132.19
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
36576	32	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$331.68



PROC-CD	MOD	Description	Medicaid Fee Schedule
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$173.25
36578	32	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$425.26
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$51.12
36580	32	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$242.99
36581	32	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER,	\$575.72
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER,	\$160.76
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$235.88
36582	32	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$957.15
36583	32	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$782.80
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$237.52
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	\$52.10
36584	32	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	\$254.24
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$220.90
36585	32	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,213.20
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$109.12
36589	32	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$132.99
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP	\$147.28
36590	32	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP	\$281.01
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$146.77
36595	32	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$698.23
36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CEN	\$36.06
36596	32	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CEN	\$146.21
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$44.70
36597	32	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$130.15
36598		CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$93.80
36600	32	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$20.06
36600		ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$15.16
36620		ARTERIAL CATHETERIZATION OR CANNULATION FOR	\$47.24
36625		ARTERIAL CATHETERIZATION OR CANNULATION FOR	\$82.56
36640		ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY	\$111.18
36660		CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR	\$53.88

PROC-CD	MOD	Description	Medicaid Fee Schedule
36680		PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$61.78
36800		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$131.27
36810		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$222.78
36815		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$153.06
36818		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$539.64
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	\$614.70
36820		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$589.23
36821		ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE	\$556.23
36822		INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION	\$413.24
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULAT	\$904.49
36825		CREATION OF ARTERIOVENOUS FISTULA	\$560.04
36830		CREATION OF ARTERIOVENOUS FISTULA	\$718.23
36831		THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR NONAUTOGENOU	\$417.83
36832		REVIS OF ARTERIOVENOUS FISTULA W/WO THROMBECTOMY AUTOGENOUS	\$611.77
36833		REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS	\$642.67
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	\$483.96
36835		INSERTION OF THOMAS SHUNT	\$344.20
36838		DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALY	\$902.28
36860	32	CANNULA DECLOTTING	\$130.06
36860		CANNULA DECLOTTING	\$109.31
36861		CANNULA DECLOTTING	\$142.93
36870		THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS G	\$295.12
37140		ANASTOMOSIS	\$1,059.21
37145		ANASTOMOSIS	\$1,108.27
37160		ANASTOMOSIS	\$1,072.45
37180		ANASTOMOSIS	\$1,119.18
37181		ANASTOMOSIS	\$1,217.26
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VE	\$671.45
37183		REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VEN	\$313.63
37184		PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$326.07
37184	32	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$2,254.44
37185		PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$118.97
37185	32	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$733.43
37186		SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$178.40
37186	32	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$1,525.22
37187		PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$303.32

PROC-CD	MOD	Description	Medicaid Fee Schedule
37187	32	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$2,194.83
37188		PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$219.50
37188	32	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,901.40
37200		TRANSCATHETER BIOPSY	\$173.66
37201		TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	\$263.51
37202		TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASM	\$288.12
37203		TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$236.55
37204		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$930.12
37205		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$373.52
37206		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$182.20
37207		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	\$388.19
37208		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	\$188.96
37209		EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY	\$97.11
37215		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,	\$812.13
37216		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,	\$782.55
37250		INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INTERVENTION	\$94.03
37251		INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INT EACH ADDL	\$71.82
37565		LIGATION OF INTERNAL JUGULAR VEIN	\$414.85
37600		LIGATION	\$450.28
37605		LIGATION	\$509.97
37606		LIGATION	\$361.85
37607		LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$288.88
37609	32	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$200.46
37609		LIGATION OR BIOPSY, TEMPORAL ARTERY	\$137.46
37615		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$319.71
37616		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$756.33
37617		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$789.88
37618		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$280.01
37620		INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY	\$523.85
37650		INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE,	\$314.87
37660		INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY	\$753.71
37700		LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL	\$217.28
37718		LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$289.39
37722		LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$340.04
37735		LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	\$541.97
37760		LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE),	\$518.74

PROC-CD	MOD	Description	Medicaid Fee Schedule
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	\$191.68
37785	32	LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	\$233.76
37785		LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	\$173.26
37788		PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$1,056.31
37790		PENILE VENOUS OCCLUSIVE PROCEDURE	\$445.13
38100		SPLENECTOMY (SEPARATE PROCEDURE)	\$618.85
38101		SPLENECTOMY (SEPARATE PROCEDURE)	\$620.36
38102		SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PRO	\$209.15
38115		REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT	\$645.06
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$701.41
38200		INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	\$114.26
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38220	32	BONE MARROW ASPIRATION	\$119.82
38220		BONE MARROW ASPIRATION	\$58.31
38221	32	BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$132.11
38221		BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$73.80
38230		BONE MARROW HARVESTING FOR TRANSPLANTATION	\$209.12
38240		BONE MARROW TRANSPLANTATION	\$109.73
38241		BONE MARROW TRANSPLANTATION AUTOLOGOUS	\$109.48
38242		BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DO	\$67.10
38300	32	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$158.90
38300		DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$102.07
38305		DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$265.31
38305	32	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$280.97
38308		LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$274.83
38380		SUTURE AND/OR LIGATION OF THORACIC DUCT	\$405.33
38381		SUTURE AND/OR LIGATION OF THORACIC DUCT	\$697.46
38382		SUTURE AND/OR LIGATION OF THORACIC DUCT	\$510.16
38500	32	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$187.85
38500		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$147.18
38505		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$57.20
38505	32	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$95.88
38510		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$247.97
38520		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$277.45
38525		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$236.41
38530		BIOPSY OR EXCISION OF LYMPH NODE(S)	\$332.24
38542		DISSECTION, DEEP JUGULAR NODE(S)	\$327.74
38550		EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP	\$326.23
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP	\$715.79
38562		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE)	\$509.80
38564		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE)	\$530.25
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$442.74

PROC-CD	MOD	Description	Medicaid Fee Schedule
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$573.92
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	\$667.67
38700		SUPRAHYOID LYMPHADENECTOMY	\$567.88
38720		CERVICAL LYMPHADENECTOMY (COMPLETE)	\$868.60
38724		CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK	\$890.72
38740		AXILLARY LYMPHADENECTOMY	\$377.81
38745		AXILLARY LYMPHADENECTOMY	\$497.46
38746		THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	\$196.32
38747		ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA	\$212.01
38760		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL,	\$481.70
38765		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN	\$822.66
38770		PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	\$718.11
38780		RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE,	\$873.58
38790		INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$67.38
38790	32	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$364.29
38792		INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	\$27.71
38794		CANNULATION, THORACIC DUCT	\$194.69
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$436.63
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$746.97
39200		EXCISION OF MEDIASTINAL CYST	\$808.98
39220		EXCISION OF MEDIASTINAL TUMOR	\$994.77
39400		MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	\$403.65
39501		REPAIR, LACERATION OF DIAPHRAGM	\$695.02
39502		REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR	\$809.24
39503		REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, INCLUDING CHEST	\$3,212.48
39520		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$863.86
39530		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$832.82
39531		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$789.81
39540		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC	\$730.00
39541		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC	\$756.32
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION	\$706.41
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$620.52
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE	\$845.04
40490	32	BIOPSY OF LIP	\$70.41
40490		BIOPSY OF LIP	\$49.51
40500	32	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$279.05
40500		VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$273.21
40510	32	EXCISION OF LIP	\$307.60
40510		EXCISION OF LIP	\$304.17
40520	32	EXCISION OF LIP	\$306.94
40520		EXCISION OF LIP	\$294.72
40525		EXCISION OF LIP	\$465.16
40527		EXCISION OF LIP	\$554.16
40530	32	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$330.98
40530		RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$320.85
40650	32	REPAIR LIP, FULL THICKNESS	\$261.91
40650		REPAIR LIP, FULL THICKNESS	\$232.61
40652	32	REPAIR LIP, FULL THICKNESS	\$302.62

PROC-CD	MOD	Description	Medicaid Fee Schedule
40652		REPAIR LIP, FULL THICKNESS	\$283.05
40654	32	REPAIR LIP, FULL THICKNESS	\$349.79
40654		REPAIR LIP, FULL THICKNESS	\$341.07
40700		PLASTIC REPAIR OF CLEFT LIP	\$647.11
40701		PLASTIC REPAIR OF CLEFT LIP	\$943.20
40702		PLASTIC REPAIR OF CLEFT LIP	\$661.05
40720		PLASTIC REPAIR OF CLEFT LIP	\$710.65
40761		PLASTIC REPAIR OF CLEFT LIP	\$772.00
40800	32	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$104.13
40800		DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$74.07
40801	32	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$165.26
40801		DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$132.92
40804	32	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$116.23
40804		REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$77.33
40805	32	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$180.72
40805		REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$154.14
40806	32	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$54.29
40806		INCISION OF LABIAL FRENUM (FRENOTOMY)	\$22.01
40808	32	BIOPSY, VESTIBULE OF MOUTH	\$90.95
40808		BIOPSY, VESTIBULE OF MOUTH	\$61.15
40810	32	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$105.31
40810		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$76.90
40812	32	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$152.11
40812		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$118.76
40814		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$183.91
40814	32	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$211.03
40816	32	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$221.77
40816		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$192.22
40818		EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$163.92
40819	32	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENOMECTIONY,	\$163.67
40819		EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENOMECTIONY,	\$138.66
40820	32	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY	\$130.79
40820		DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY	\$93.14
40830		CLOSURE OF LACERATION, VESTIBULE OF MOUTH	\$96.73
40831		CLOSURE OF LACERATION, VESTIBULE OF MOUTH	\$138.98
40840		VESTIBULOPLASTY	\$440.25
40842		VESTIBULOPLASTY	\$437.77
40843		VESTIBULOPLASTY	\$608.62
40844		VESTIBULOPLASTY	\$786.43
40845		VESTIBULOPLASTY	\$1,029.22
41000	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$90.50
41000		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$67.51
41005	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$115.36
41005		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$74.43

PROC-CD	MOD	Description	Medicaid Fee Schedule
41006	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$201.67
41006		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$160.74
41007	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$206.58
41007		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$178.83
41008	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$202.90
41008		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$165.52
41009	32	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$216.17
41009		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$200.41
41010		INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$77.74
41015	32	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$235.55
41015		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$203.47
41016	32	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$244.65
41016		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$224.28
41017	32	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$245.15
41017		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$211.30
41018	32	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$284.05
41018		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$263.10
41100	32	BIOPSY OF TONGUE	\$101.36
41100		BIOPSY OF TONGUE	\$85.88
41105	32	BIOPSY OF TONGUE	\$93.17
41105		BIOPSY OF TONGUE	\$80.04
41108	32	BIOPSY OF FLOOR OF MOUTH	\$78.36
41108		BIOPSY OF FLOOR OF MOUTH	\$65.19
41110	32	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$112.40
41110		EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$86.77
41112	32	EXCISION OF LESION OF TONGUE WITH CLOSURE	\$180.65
41112		EXCISION OF LESION OF TONGUE WITH CLOSURE	\$149.08
41113	32	EXCISION OF LESION OF TONGUE WITH CLOSURE	\$199.08
41113		EXCISION OF LESION OF TONGUE WITH CLOSURE	\$167.36
41114		EXCISION OF LESION OF TONGUE WITH CLOSURE	\$438.02
41115	32	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$126.40
41115		EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$112.10
41116		EXCISION, LESION OF FLOOR OF MOUTH	\$158.23
41120		GLOSSECTOMY	\$625.19
41130		GLOSSECTOMY	\$681.52
41135		GLOSSECTOMY	\$1,201.85
41140		GLOSSECTOMY	\$1,298.70
41145		GLOSSECTOMY	\$1,545.37
41150		GLOSSECTOMY	\$1,222.11
41153		GLOSSECTOMY	\$1,355.23

PROC-CD	MOD	Description	Medicaid Fee Schedule
41155		GLOSSECTOMY	\$1,587.75
41250	32	REPAIR OF LACERATION 2.5 CM OR LESS	\$116.39
41250		REPAIR OF LACERATION 2.5 CM OR LESS	\$96.06
41251	32	REPAIR OF LACERATION 2.5 CM OR LESS	\$138.74
41251		REPAIR OF LACERATION 2.5 CM OR LESS	\$126.68
41252	32	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM	\$171.67
41252		REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM	\$157.46
41500		FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$278.72
41510		SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE	\$282.40
41520		FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$166.05
41800	32	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$94.60
41800		DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$61.25
41805		REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES	\$86.78
41806		REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES	\$145.00
41806	32	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES	\$158.90
41822	32	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$156.95
41822		EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$130.49
41823	32	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$224.93
41823		EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$195.52
41825	32	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$110.22
41825		EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$89.51
41826		EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$137.40
41827		EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$210.10
41828	32	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR	\$199.16
41828		EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR	\$188.87
41830	32	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$209.89
41830		ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$196.46
41872		GINGIVOPLASTY	\$163.04
41874	32	ALVEOPLASTY	\$201.32
41874		ALVEOPLASTY	\$178.39
42000	32	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$95.21
42000		DRAINAGE OF ABSCESS OF PALATE, UVULA	\$61.87
42100	32	BIOPSY OF PALATE, UVULA	\$85.10
42100		BIOPSY OF PALATE, UVULA	\$74.71
42104		EXCISION, LESION OF PALATE, UVULA	\$105.79
42106		EXCISION, LESION OF PALATE, UVULA	\$133.55
42107		EXCISION, LESION OF PALATE, UVULA	\$266.13
42120		RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$448.33
42140	32	UVULECTOMY, EXCISION OF UVULA	\$133.61
42140		UVULECTOMY, EXCISION OF UVULA	\$109.32
42145		PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY,	\$482.16
42160	32	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$151.84
42160		DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$102.33
42180	32	REPAIR, LACERATION OF PALATE	\$144.21
42180		REPAIR, LACERATION OF PALATE	\$137.66
42182		REPAIR, LACERATION OF PALATE	\$209.41
42200		PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$605.76



PROC-CD	MOD	Description	Medicaid Fee Schedule
42205		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF	\$587.14
42210		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF	\$754.39
42215		PALATOPLASTY FOR CLEFT PALATE	\$495.66
42220		PALATOPLASTY FOR CLEFT PALATE	\$377.89
42225		PALATOPLASTY FOR CLEFT PALATE	\$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	32	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$96.98
42280		MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$83.62
42281	32	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$113.89
42281		INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$94.69
42300	32	DRAINAGE OF ABSCESS	\$118.51
42300		DRAINAGE OF ABSCESS	\$92.99
42305		DRAINAGE OF ABSCESS	\$285.09
42310		DRAINAGE OF ABSCESS	\$76.92
42310	32	DRAINAGE OF ABSCESS	\$95.36
42320	32	DRAINAGE OF ABSCESS	\$140.38
42320		DRAINAGE OF ABSCESS	\$128.16
42330	32	SIALOLITHOTOMY	\$133.54
42330		SIALOLITHOTOMY	\$100.70
42335		SIALOLITHOTOMY	\$185.74
42340		SIALOLITHOTOMY	\$267.22
42400		BIOPSY OF SALIVARY GLAND	\$37.10
42400	32	BIOPSY OF SALIVARY GLAND	\$67.56
42405	32	BIOPSY OF SALIVARY GLAND	\$181.58
42405		BIOPSY OF SALIVARY GLAND	\$151.22
42408		EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$242.76
42409		MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$173.76
42410		EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$478.66
42415		EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$876.55
42420		EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$1,013.54
42425		EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$708.31
42426		EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$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	\$265.88
42505		PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY	\$363.40
42507		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$337.60
42508		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$495.40
42509		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$587.44
42510		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$459.64
42550		INJECTION PROCEDURE FOR SIALOGRAPHY	\$46.93
42550	32	INJECTION PROCEDURE FOR SIALOGRAPHY	\$185.55
42600	32	CLOSURE SALIVARY FISTULA	\$289.86
42600		CLOSURE SALIVARY FISTULA	\$276.77
42650		DILATION SALIVARY DUCT	\$36.80
42650	32	DILATION SALIVARY DUCT	\$46.66
42660		DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT	\$57.06
42665		LIGATION SALIVARY DUCT, INTRAORAL	\$154.98
42700	32	INCISION AND DRAINAGE ABSCESS	\$106.58
42700		INCISION AND DRAINAGE ABSCESS	\$82.33
42720	32	INCISION AND DRAINAGE ABSCESS	\$254.69
42720		INCISION AND DRAINAGE ABSCESS	\$252.51

PROC-CD	MOD	Description	Medicaid Fee Schedule
42725		INCISION AND DRAINAGE ABSCESS	\$504.62
42800	32	BIOPSY	\$89.09
42800		BIOPSY	\$77.75
42802	32	BIOPSY	\$157.88
42802		BIOPSY	\$94.12
42804	32	BIOPSY	\$124.89
42804		BIOPSY	\$84.47
42806	32	BIOPSY	\$141.54
42806		BIOPSY	\$102.65
42808	32	EXCISION OF LESION OF PHARYNX	\$165.27
42808		EXCISION OF LESION OF PHARYNX	\$148.11
42809	32	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$107.59
42809		REMOVAL OF FOREIGN BODY FROM PHARYNX	\$89.50
42810	32	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN	\$224.30
42810		EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN	\$207.30
42815		EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA,	\$433.27
42820		TONSILLECTOMY AND ADENOIDECTOMY	\$217.62
42821		TONSILLECTOMY AND ADENOIDECTOMY	\$245.40
42825		TONSILLECTOMY, PRIMARY OR SECONDARY	\$192.63
42826		TONSILLECTOMY, PRIMARY OR SECONDARY	\$208.79
42830		ADENOIDECTOMY, PRIMARY	\$138.25
42831		ADENOIDECTOMY, PRIMARY	\$152.17
42835		ADENOIDECTOMY, SECONDARY	\$135.32
42836		ADENOIDECTOMY, SECONDARY	\$186.13
42842		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$491.26
42844		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$758.93
42845		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$1,258.65
42860		EXCISION OF TONSIL TAGS	\$134.78
42870		EXCISION LINGUAL TONSIL (SEPARATE PROCEDURE)	\$348.18
42890		LIMITED PHARYNGECTOMY	\$673.14
42892		RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT	\$819.60
42894		RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	\$1,171.50
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
43020		ESOPHAGOTOMY, CERVICAL APPROACH	\$449.01
43030		CRICOPHARYNGEAL MYOTOMY	\$463.34
43045		ESOPHAGOTOMY, THORACIC APPROACH	\$1,003.59
43100		EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR	\$476.97

PROC-CD	MOD	Description	Medicaid Fee Schedule
43101		EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR	\$794.20
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY	\$1,487.29
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION	\$1,698.39
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR	\$1,588.39
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR	\$1,755.32
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASC	\$1,608.11
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	\$1,582.62
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	\$1,665.09
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT	\$1,502.45
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT P	\$1,459.71
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT P	\$1,702.61
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERV	\$1,438.26
43130		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR	\$659.19
43135		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR	\$854.32
43200	32	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$155.62
43200		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$86.70
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUB	\$95.64
43201	32	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUB	\$190.02
43202	32	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$186.38
43202		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$100.09
43204		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$195.97
43205		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	\$171.61
43215		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$137.74
43216		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER L	\$125.73
43217		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$151.24
43219		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$147.00
43220		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$109.66
43226		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$121.78
43227		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$187.19
43228		ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$197.10
43231		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$134.11
43232		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU	\$185.05
43234	32	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION	\$183.92
43234		UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION	\$105.06
43235	32	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$188.93
43235		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$124.03
43236	32	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$232.73

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43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$117.71
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$161.96
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$200.41
43239	32	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$214.34
43239		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$139.60
43240		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$273.09
43241		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$134.79
43242		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$273.59
43243		UPPER GI ENDOSCOPY INCL ESOPHAGUS STOMACH AND DUODE OR JEJUN	\$237.05
43244		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$211.38
43245		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$176.43
43246		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$225.63
43247		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$176.43
43248		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$163.68
43249		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$150.36
43250		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$166.50
43251		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$192.26
43255		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$227.96
43256		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$173.16
43257		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE	\$225.19
43258		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$236.46
43259		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$230.07
43260		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$299.02
43261		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MU	\$309.24
43262		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$383.44
43263		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$304.33
43264		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$446.70
43265		ERCP W/WO BIOP AND/OR COLLECTION OF SPECIMEN FOR DESTRUCTION	\$410.83
43267		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$371.28
43268		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$383.13
43269		ERCP W/WO BIOP AND OR COLL OF SPECIMEN FOR REMOVAL AND/OR CH	\$313.23
43271		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$374.21
43272		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH BIOPSY, SINGLE OR MU	\$339.90
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE	\$837.01
43300		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION)	\$543.59
43305		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION)	\$912.90
43310		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH	\$1,307.79
43312		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH	\$1,427.88

PROC-CD	MOD	Description	Medicaid Fee Schedule
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	\$1,939.44
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	\$2,131.62
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY) WITH OR WITHOUT VAGOTOMY	\$832.04
43324		ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	\$816.32
43325		ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THAL-NISSEN	\$804.91
43326		ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	\$760.18
43330		ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT	\$788.67
43331		ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT	\$886.90
43340		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY)	\$828.26
43341		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY)	\$867.72
43350		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$629.35
43351		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$753.65
43352		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$661.05
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	\$1,455.90
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	\$1,661.05
43400		LIGATION, DIRECT, ESOPHAGEAL VARICES	\$802.37
43401		TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	\$823.13
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PE	\$853.40
43410		SUTURE OF ESOPHAGEAL WOUND OR INJURY	\$610.85
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY	\$931.76
43420		CLOSURE OF ESOPHAGOSTOMY OR FISTULA	\$544.08
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA	\$853.32
43450	32	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE,	\$100.23
43450		DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE,	\$57.59
43453		DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	\$75.92
43456		DILATION OF ESOPHAGUS, BY BALLOON OR STARCK DILATOR	\$127.46
43458		DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA	\$128.26
43460		ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	\$157.85
43500		GASTROTOMY	\$413.88
43501		GASTROTOMY	\$715.48
43502		GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, M	\$823.58
43510		GASTROTOMY	\$519.21
43520		PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE	\$385.94
43600		BIOPSY OF STOMACH	\$71.98
43605		BIOPSY OF STOMACH	\$436.13
43610		EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	\$548.92
43611		EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	\$641.24
43620		GASTRECTOMY, TOTAL	\$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
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

PROC-CD	MOD	Description	Medicaid Fee Schedule
43634		GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	\$1,145.89
43635		HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY,	\$89.79
43640		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	\$711.96
43641		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	\$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
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$451.80
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIV	\$541.09
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, ST	\$395.37
43750		PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	\$238.95
43752		NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIAN $\frac{1}{2}$ S SKILL	\$36.91
43760	32	CHANGE OF GASTROSTOMY TUBE	\$79.57
43760		CHANGE OF GASTROSTOMY TUBE	\$48.41
43761		REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRI	\$82.53
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
43800		PYLOROPLASTY	\$504.68
43810		GASTRODUODENOSTOMY	\$538.68
43820		GASTROJEJUNOSTOMY	\$570.69
43825		GASTROJEJUNOSTOMY	\$718.95
43830		GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE)	\$380.04
43831		GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE)	\$364.27
43832		GASTROSTOMY, PERMANENT, WITH CONSTRUCTION OF GASTRIC TUBE	\$575.55
43840		GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER,	\$567.96
43842		GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	\$812.12
43843		GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	\$803.76
43846		GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY	\$977.92
43847		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMAL	\$1,072.44
43848		REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE	\$1,143.78
43850		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$902.25

PROC-CD	MOD	Description	Medicaid Fee Schedule
43855		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$921.31
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	\$908.24
43865		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	\$982.26
43870		CLOSURE OF GASTROSTOMY, SURGICAL	\$377.77
43880		CLOSURE OF GASTROCOLIC FISTULA	\$872.30
43886		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$195.21
43887		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$189.08
43888		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$267.86
44005		ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) FOR ACUTE BOWEL	\$642.14
44010		DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$515.03
44015		NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL HYPERALIMENTATION	\$139.15
44020		ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM	\$566.70
44021		ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM	\$563.70
44025		COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR	\$574.86
44050		REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL	\$548.52
44055		CORRECTION OF MALROTATION BY LYSIS OF DUODENAL	\$775.86
44100		BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL	\$91.02
44110		EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE	\$500.46
44111		EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE	\$615.84
44120		ENTERECTOMY, RESECTION OF SMALL INTESTINE	\$901.47
44121		ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOM	\$193.63
44125		ENTERECTOMY, RESECTION OF SMALL INTESTINE	\$722.71
44126		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$1,458.50
44127		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$1,676.62
44128		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$177.56
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE	\$596.93
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIA	\$97.26
44140		COLECTOMY, PARTIAL	\$1,036.36
44141		COLECTOMY, PARTIAL	\$947.85
44143		COLECTOMY, PARTIAL	\$978.26
44144		COLECTOMY, PARTIAL	\$918.50
44145		COLECTOMY, PARTIAL	\$1,062.19
44146		COLECTOMY, PARTIAL	\$1,171.58
44147		COLECTOMY, PARTIAL	\$929.29
44150		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,062.07
44151		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,015.93
44152		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,205.97
44153		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,348.11
44155		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY	\$1,206.77
44156		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY	\$1,154.86
44160		COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	\$789.34
44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$580.32

PROC-CD	MOD	Description	Medicaid Fee Schedule
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; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACOR	\$1,015.83
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	\$172.29
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$997.92
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH I	\$884.08
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DIS	\$1,091.61
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOM	\$1,193.10
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOM	\$1,293.11
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH IL	\$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 ILEOS	\$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
44300		ENTEROSTOMY, OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING)	\$445.37
44310		ILEOSTOMY	\$609.24
44312		REVISION OF ILEOSTOMY	\$300.83
44314		REVISION OF ILEOSTOMY	\$571.96
44316		CONTINENT ILEOSTOMY (KOCK PROCEDURE)	\$787.02
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$658.30
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$653.91
44340		REVISION OF COLOSTOMY	\$302.07
44345		REVISION OF COLOSTOMY	\$562.12
44346		REVISION OF COLOSTOMY	\$613.08
44360		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$148.89
44361		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$163.43
44363		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$180.86
44364		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$210.68
44365		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$188.21
44366		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$246.38
44369		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$250.80
44370		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$180.27
44372		SMALL INTEST ENDOSCOPY ENTEROSCOPY BEYOND 2ND PORTION OF DUO	\$247.79
44373		SMALL INTEST ENDOSCOPY ENTEROSCOPY BEYOND 2ND PORTION DUODEN	\$198.18
44376		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$258.18
44377		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$270.79



PROC-CD	MOD	Description	Medicaid Fee Schedule
44378		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$346.40
44379		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$280.59
44380		FIBEROPTIC ILEOSCOPY THROUGH STOMA	\$65.56
44382		FIBEROPTIC ILEOSCOPY THROUGH STOMA	\$78.05
44383		ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILA	\$121.52
44385	32	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$145.65
44385		FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$94.81
44386	32	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$220.33
44386		FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$97.78
44388	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$215.70
44388		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$148.02
44389	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$244.18
44389		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$163.35
44390	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$273.24
44390		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$174.05
44391	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$325.72
44391		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$224.80
44392	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$282.18
44392		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$199.85
44393	32	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$322.07
44393		FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$252.21
44394	32	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$309.22
44394		COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$231.57
44397		COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDIL	\$189.99
44500		INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$21.51
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	\$566.18
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	\$661.26
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUN	\$649.54
44605		SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR	\$718.40
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATI	\$627.21
44620		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE	\$499.01
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE	\$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	\$737.38
44661		CLOSURE OF ENTEROVESICAL FISTULA	\$859.00
44680		INTESTINAL PPLICATION (SEPARATE PROCEDURE)	\$668.61
44700		EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISS	\$712.41
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	\$118.35
44720		BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$196.81

PROC-CD	MOD	Description	Medicaid Fee Schedule
44721		BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$285.28
44800		EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR	\$499.38
44820		EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	\$478.77
44850		SUTURE OF MESENTERY (SEPARATE PROCEDURE)	\$449.06
44900		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	\$408.35
44901		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	\$179.24
44950		APPENDECTOMY	\$408.32
44955		APPENDECTOMY	\$81.19
44960		APPENDECTOMY	\$500.95
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$399.90
45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$208.94
45005	32	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$152.59
45005		INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$102.04
45020		INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR	\$232.49
45100		BIOPSY OF ANORECTAL WALL, ANAL APPROACH	\$208.84
45108		ANORECTAL MYOMECTOMY	\$270.78
45110		PROCTECTOMY	\$1,146.31
45111		PROCTECTOMY	\$809.82
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH	\$1,207.43
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF	\$1,194.29
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS	\$1,100.42
45116		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS	\$938.33
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANA	\$1,211.32
45120		PROCTECTOMY, COMPLETE	\$1,161.24
45121		PROCTECTOMY CMLPT W/SUBTOTAL/TOTAL COLECTOMY W/MULT BIOPS	\$1,163.20
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$720.29
45126		PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WITHOUT	\$1,595.54
45130		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS	\$661.22
45135		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS	\$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, TRANSACRAL OR	\$601.34
45170		EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	\$440.73
45190		DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPRO	\$396.20
45300	32	PROCTOSIGMOIDOSCOPY	\$50.18
45300		PROCTOSIGMOIDOSCOPY	\$24.58
45303	32	PROCTOSIGMOIDOSCOPY	\$484.13
45303		PROCTOSIGMOIDOSCOPY	\$28.68
45305	32	PROCTOSIGMOIDOSCOPY	\$91.78
45305		PROCTOSIGMOIDOSCOPY	\$42.18
45307	32	PROCTOSIGMOIDOSCOPY	\$112.32
45307		PROCTOSIGMOIDOSCOPY	\$56.36
45308	32	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$88.78
45308		PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$49.75
45309	32	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$121.18
45309		PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$78.87

PROC-CD	MOD	Description	Medicaid Fee Schedule
45315	32	PROCTOSIGMOIDOSCOPY	\$135.91
45315		PROCTOSIGMOIDOSCOPY	\$80.98
45317		PROCTOSIGMOIDOSCOPY	\$85.81
45317	32	PROCTOSIGMOIDOSCOPY	\$133.31
45320	32	PROCTO FOR ABLATION OF TUMOR	\$138.51
45320		PROCTO FOR ABLATION OF TUMOR	\$90.73
45321		PROCTOSIGMOIDOSCOPY	\$68.52
45327		PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDI	\$71.12
45330	32	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$80.99
45330		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$41.36
45331	32	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$105.73
45331		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$65.59
45332	32	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$170.38
45332		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$95.63
45333	32	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$166.91
45333		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$99.55
45334		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$145.76
45335	32	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$116.71
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$56.81
45337		SIGMOIDOSCOPY FLEX FIBEROPTIC FOR DECOMPRESSION OF VOLVULUS	\$123.44
45338	32	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$189.05
45338		SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$124.22
45339	32	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$183.57
45339		SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$160.19
45340		SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$68.00
45340	32	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$259.42
45341		SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$112.92
45342		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TR	\$164.69
45345		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILAT	\$121.32
45355		COLONOSCOPY, WITH STANDARD SIGMOIDOSCOPE, TRANSABDOMINAL VIA	\$138.95
45378	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$245.40
45378		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$193.08
45379	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$324.53
45379		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$246.25
45380	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$290.11
45380		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$208.40
45381	32	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJ	\$298.63
45381		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJ	\$166.15
45382	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$389.12
45382		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$290.16
45383	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$375.62

PROC-CD	MOD	Description	Medicaid Fee Schedule
45383		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$296.73
45384	32	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), PO	\$324.74
45384		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), PO	\$244.59
45385	32	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$369.61
45385		COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$276.36
45386		COLNSPY FIBRPTC BEYND SPLNC; W/RETRGRDE LAVAGE	\$180.35
45386	32	COLNSPY FIBRPTC BEYND SPLNC; W/RETRGRDE LAVAGE	\$580.76
45387		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT P	\$236.04
45391		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND	\$208.29
45392		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC	\$263.46
45395		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH CO	\$1,235.31
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCE	\$1,341.80
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$721.42
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	\$975.84
45500		PROCTOPLASTY	\$373.88
45505		PROCTOPLASTY	\$328.78
45520	32	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$54.91
45520		PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$24.08
45540		PROCTOPEXY FOR PROLAPSE	\$644.79
45541		PROCTOPEXY FOR PROLAPSE	\$570.98
45550		PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	\$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	\$813.06
45820		CLOSURE OF RECTOURETHRAL FISTULA	\$676.37
45825		CLOSURE OF RECTOURETHRAL FISTULA	\$788.49
45900		REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER	\$103.00
45905		DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER	\$93.59
45905	32	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER	\$104.45
45910		DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE)	\$111.38
45910	32	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE)	\$132.93
45915	32	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE	\$186.60
45915		REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE	\$130.27
45990		ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$71.48
46020		PLACEMENT OF SETON	\$170.66
46030		REMOVAL OF ANAL SETON, OTHER MARKER	\$59.39
46030	32	REMOVAL OF ANAL SETON, OTHER MARKER	\$84.97
46040	32	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	\$263.59
46040		INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	\$218.22
46045		INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR	\$197.76

PROC-CD	MOD	Description	Medicaid Fee Schedule
46050	32	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$95.51
46050		INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$58.09
46060		INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL	\$310.30
46070		INCISION, ANAL SEPTUM (INFANT)	\$141.96
46080	32	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER	\$160.99
46080		SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER	\$132.61
46083		INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$66.73
46083	32	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$118.81
46200	32	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	\$210.18
46200		FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	\$189.59
46210	32	CRYPTECTOMY	\$196.00
46210		CRYPTECTOMY	\$133.09
46211	32	CRYPTECTOMY	\$242.55
46211		CRYPTECTOMY	\$196.66
46220	32	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS	\$96.85
46220		PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS	\$64.46
46221		HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	\$95.01
46221	32	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	\$117.75
46230	32	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	\$150.31
46230		EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	\$106.34
46250	32	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	\$259.04
46250		HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	\$222.24
46255	32	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$325.56
46255		HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$282.52
46257		HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$322.65
46258		HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$345.83
46260		HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$382.85
46261		HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$419.16
46262		HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$438.67
46270	32	FISTULECTOMY	\$219.46
46270		FISTULECTOMY	\$177.65
46275	32	FISTULECTOMY	\$288.09
46275		FISTULECTOMY	\$258.47
46280		FISTULECTOMY	\$331.72
46285	32	FISTULECTOMY	\$214.91
46285		FISTULECTOMY	\$195.26
46288		CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$330.49
46320		ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	\$74.51
46320	32	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	\$114.43
46500		INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$68.75
46500	32	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$93.26
46505		CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$131.05
46505	32	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$161.43
46600	32	ANOSCOPY	\$51.74
46600		ANOSCOPY	\$20.92
46604	32	ANOSCOPY	\$263.27
46604		ANOSCOPY	\$48.15
46606	32	ANOSCOPY	\$115.89
46606		ANOSCOPY	\$31.12
46608	32	ANOSCOPY	\$148.82
46608		ANOSCOPY	\$68.88
46610	32	ANOSCOPY	\$134.95
46610		ANOSCOPY	\$59.64
46611	32	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQU	\$129.20

PROC-CD	MOD	Description	Medicaid Fee Schedule
46611		ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQU	\$69.42
46612	32	ANOSCOPY	\$189.93
46612		ANOSCOPY	\$103.70
46614	32	ANOSCOPY	\$109.24
46614		ANOSCOPY	\$81.48
46615	32	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE T	\$130.15
46615		ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE T	\$104.98
46700		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE	\$374.95
46705		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE	\$333.61
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$103.78
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 CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE	\$344.51
46716		PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	\$574.51
46730		CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE	\$980.40
46735		CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE	\$1,157.70
46740		CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF	\$1,063.47
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMB	\$1,422.06
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINE	\$1,851.74
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED AB	\$2,104.97
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED AB	\$2,124.89
46750		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE	\$406.48
46751		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE	\$402.14
46753		GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR	\$325.94
46754		REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$95.92
46754	32	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$144.68
46760		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT	\$537.59
46761		SPHINCTEROPLASTY ANAL FOR INCONTINENCE ADULT LEVATOR MUSCLE	\$516.01
46762		SPHINCTEROPLASTY ANAL FON INCONT ADULT IMPLANT ARTIFICIAL SP	\$463.49
46900		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$78.82
46900	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$112.17
46910	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$119.48
46910		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$79.84
46916	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$124.34
46916		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$80.83
46917	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$277.48
46917		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$91.32
46922	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$129.87
46922		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$96.50
46924	32	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$287.84
46924		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA,	\$147.38
46934	32	DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$224.79
46934		DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$179.26
46935		DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$96.90
46935	32	DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$157.72
46936	32	DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$243.44
46936		DESTRUCTION OF HEMORRHOIDS, ANY METHOD	\$194.79

PROC-CD	MOD	Description	Medicaid Fee Schedule
46937	32	CRYOSURGERY OF RECTAL TUMOR	\$175.77
46937		CRYOSURGERY OF RECTAL TUMOR	\$140.84
46938		CRYOSURGERY OF RECTAL TUMOR	\$222.99
46938	32	CRYOSURGERY OF RECTAL TUMOR	\$261.66
46940		CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$84.74
46940	32	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$119.53
46942		CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$75.84
46942	32	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$106.98
46945		LIGATION OF INTERNAL HEMORRHOIDS	\$108.16
46945	32	LIGATION OF INTERNAL HEMORRHOIDS	\$129.32
46946		LIGATION OF INTERNAL HEMORRHOIDS	\$130.00
46946	32	LIGATION OF INTERNAL HEMORRHOIDS	\$174.91
46947		HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$247.07
47000		BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	\$84.69
47000	32	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	\$194.77
47001		BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF	\$89.45
47010		HEPATOTOMY FOR DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	\$610.61
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	\$194.96
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC O	\$567.60
47100		BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	\$446.90
47120		HEPATECTOMY, RESECTION OF LIVER	\$1,278.18
47122		HEPATECTOMY RESECTION OF LIVER TRISEGEMENTECTOMY	\$1,931.95
47125		HEPATECTOMY, RESECTION OF LIVER	\$1,733.96
47130		HEPATECTOMY, RESECTION OF LIVER	\$1,874.60
47135		LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY	\$3,922.56
47136		LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING	\$3,158.55
47140		DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,268.96
47141		DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,744.96
47142		DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,873.06
47146		BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$244.53
47147		BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$285.28
47300		MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$563.07
47350		HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY	\$717.82
47360		HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY	\$968.62
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEM	\$1,650.49
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF P	\$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
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$819.09
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$825.52

PROC-CD	MOD	Description	Medicaid Fee Schedule
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$517.98
47400		HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR	\$1,137.46
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE,	\$774.41
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE,	\$812.28
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	\$816.57
47480		CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE,	\$485.40
47490		PERCUTANEOUS CHOLECYSTOSTOMY	\$356.49
47500		INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC	\$87.57
47505		INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUT	\$38.21
47505	32	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUT	\$40.94
47510		INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER	\$407.09
47511		INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIAR	\$495.50
47525		CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	\$220.15
47530		REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	\$250.14
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	\$131.28
47552		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$225.50
47553		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$266.10
47554		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$372.36
47555		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$283.72
47556		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIA	\$314.28
47560		LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY	\$217.56
47561		LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY	\$246.65
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
47600		CHOLECYSTECTOMY	\$552.72
47605		CHOLECYSTECTOMY	\$744.14
47610		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$738.19
47612		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$817.80
47620		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$823.01
47630		BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT,	\$356.28
47700		EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT	\$684.85
47701		PORTOENTEROSTOMY (EG. KASAI PROCEDURE)	\$1,148.75
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAH	\$916.27
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAH	\$1,130.34
47715		EXCISION OF CHOLEDOCHAL CYST	\$733.42
47716		ANASTOMOSIS CHOLEDOCHAL CYST W/O EXCISION	\$625.46
47720		CHOLECYSTOENTEROSTOMY	\$663.65
47721		CHOLECYSTOENTEROSTOMY	\$796.79
47740		CHOLECYSTOENTEROSTOMY	\$757.07



PROC-CD	MOD	Description	Medicaid Fee Schedule
47741		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	\$911.83
47760		ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND	\$992.35
47765		ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	\$1,036.82
47780		ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND	\$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	\$945.73
47801		PLACEMENT OF CHOLEDOCHAL STENT	\$575.11
47802		U-TUBE HEPATICOENTEROSTOMY	\$858.76
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	\$851.28
48000		DRAINAGE OF ABDOMEN FOR PANCREATITIS	\$994.69
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOM	\$1,245.25
48005		RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI	\$1,482.19
48020		REMOVAL OF PANCREATIC CALCULUS	\$621.50
48100		BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	\$491.44
48102	32	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$313.16
48102		BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$199.01
48120		EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	\$688.88
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	\$981.85
48145		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	\$1,057.80
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PRO	\$1,165.69
48148		EXCISION OF AMPULLA OF VATER, SIMPLE	\$728.35
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICODUODENECTOMY	\$1,960.11
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	\$1,828.96
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	\$1,958.85
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	\$1,831.87
48155		PANCREATECTOMY, TOTAL	\$1,192.36
48180		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS, PUESTOW TYPE	\$1,022.56
48400		INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	\$80.64
48500		MARSUPIALIZATION OF CYST OF PANCREAS	\$642.05
48510		EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS	\$596.13
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	\$210.36
48520		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT	\$704.33
48540		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT	\$858.82
48545		PANCREATORRHAPHY FOR TRAUMA	\$737.98
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	\$1,026.40
48552		BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$168.75
48554		TRANSPLANTATION OF PANCREATIC ALLOGRAFT	\$1,489.62
48556		REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	\$705.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
49000		EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT	\$547.40
49002		REOPENING OF RECENT LAPAROTOMY INCISION FOR EXPLORATION,	\$498.36
49010		EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S)	\$581.10
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS,	\$830.85
49021		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEA	\$178.63
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS	\$501.68
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	\$210.66
49060		DRAINAGE OF RETROPERITONEAL ABSCESS	\$581.59
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	\$194.96
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	\$570.28
49080	32	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$133.10
49080		PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$58.74
49081	32	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$95.86
49081		PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$54.19
49085		REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$445.63
49180		BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	\$85.89
49180	32	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	\$170.09
49200		EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR	\$527.64
49201		EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR	\$756.00
49215		EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$1,199.60
49220		STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR	\$756.34
49250		UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE	\$395.48
49255		OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE	\$504.80
49320		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WIT	\$266.69
49321		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH BIOPSY (SINGLE OR	\$284.44
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVI	\$295.14
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHO	\$452.92
49400		PNEUMOPERITONEUM (SEPARATE PROCEDURE)	\$80.29
49419		INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR, P	\$301.18
49420		INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR	\$103.28
49421		INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR	\$290.20
49422		REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	\$297.22
49423		EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGIC	\$67.13
49424		CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHE	\$34.35
49425		PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	\$584.98
49426		REVISION OF PERITONEAL-VENOUS SHUNT	\$461.01
49427		INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PER	\$36.89
49428		LIGATION OF PERITONEAL-VENOUS SHUNT	\$252.09
49429		REMOVAL OF PERITONEAL-VENOUS SHUNT	\$329.32

PROC-CD	MOD	Description	Medicaid Fee Schedule
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 AT	\$582.93
49495		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTO	\$310.63
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTO	\$444.12
49500		REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT	\$266.17
49501		RPR INQNL HERNIA UNDER AGE 5 W/WO HYDRCLMY;BI	\$366.73
49505		REPAIR INGUINAL HERNIA, AGE 5 OR OVER	\$320.63
49505	32	REPAIR INGUINAL HERNIA, AGE 5 OR OVER	\$325.62
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATE	\$405.91
49520		REPAIR INGUINAL HERNIA, ANY AGE	\$401.86
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$461.07
49525		REPAIR INGUINAL HERNIA, ANY AGE	\$373.73
49540		REPAIR LUMBAR HERNIA	\$425.09
49550		REPAIR FEMORAL HERNIA, GROIN INCISION	\$354.10
49553		REPAIR FEMORAL HERNIA;BILATERAL	\$379.37
49555		REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	\$397.79
49557		REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$454.61
49560		REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE)	\$466.02
49561		REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$539.91
49565		REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE)	\$480.43
49566		REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$556.99
49568		IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL HERNIA REPAIR (LIST SEPA	\$213.33
49570		REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT	\$264.30
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$316.24
49580		REPAIR UMBILICAL HERNIA	\$209.11
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 OMPHALOCELE	\$473.64
49605		REPAIR OF OMPHALOCELE	\$2,626.52
49606		REPAIR OF OMPHALOCELE	\$816.81
49610		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION)	\$497.88
49611		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION)	\$498.46
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$309.04
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$395.21
49900		SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION	\$520.10
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL	\$1,046.04
49905		OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SE	\$286.03
50010		RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$570.01
50020		DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)	\$692.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	\$177.90
50040		NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$689.23
50045		NEPHROTOMY, WITH EXPLORATION	\$723.63
50060		NEPHROLITHOTOMY	\$886.97
50065		NEPHROLITHOTOMY	\$964.97
50070		NEPHROLITHOTOMY	\$938.50
50075		NEPHROLITHOTOMY	\$1,170.63
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	\$764.15
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	\$1,044.82
50100		TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS	\$796.71
50120		PYELOTOMY	\$752.77
50125		PYELOTOMY	\$782.35
50130		PYELOTOMY	\$831.51
50135		PYELOTOMY	\$966.53
50200		RENAL BIOPSY	\$129.47
50205		RENAL BIOPSY	\$511.48
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$841.70
50225		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$994.91
50230		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$1,243.21
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF	\$1,066.87
50236		NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF	\$1,196.92
50240		NEPHRECTOMY, PARTIAL	\$1,074.81
50250		ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAO	\$794.68
50280		EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$746.78
50290		EXCISION OF PERINEPHRIC CYST	\$686.47
50320		DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF	\$1,071.86
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
50360		RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	\$1,582.57
50365		RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	\$1,884.60
50370		REMOVAL OF TRANSPLANTED HOMOGRAFT (EG, INFARCTED OR REJECTED	\$724.90
50380		RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	\$956.07
50382		REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$199.48
50382	32	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$1,165.91
50384		REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$181.64
50384	32	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$1,127.26
50387		REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$72.18
50387	32	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$567.08
50389		REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$39.82
50389	32	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$388.98
50390		ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE,	\$90.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
50391		INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH	\$75.81
50391	32	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH	\$104.79
50392		INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS	\$146.77
50393		INTRODUCTION OF URETERAL CATHETER OR STENT INTO	\$182.39
50394		INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM,	\$34.95
50394	32	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM,	\$129.99
50395		INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER	\$163.30
50396		MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR	\$77.41
50398	32	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	\$448.30
50398		CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	\$55.20
50400		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL	\$918.87
50405		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL	\$1,151.74
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	\$1,044.74
50526		CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING	\$1,029.74
50540		SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY	\$934.90
50541		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$650.50
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	\$806.44
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$1,015.39
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$894.84
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA	\$939.60
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY	\$830.93
50547		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR (EXCLUDING PREPARATIO	\$1,070.27
50548		LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	\$973.94
50551	32	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$261.72
50551		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$221.80
50553		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$225.77
50553	32	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$423.41
50555		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$293.87
50555	32	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$456.66
50557		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$297.92
50557	32	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$459.05
50561		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$336.24
50561	32	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$519.16
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$426.59

PROC-CD	MOD	Description	Medicaid Fee Schedule
50570		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$339.11
50572		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$461.96
50574		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$482.34
50575		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	\$629.36
50576		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$510.44
50580		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$452.31
50590		LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$538.30
50592		ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$264.93
50592	32	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$4,385.26
50600		URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$731.97
50605		URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$664.87
50610		URETEROLITHOTOMY	\$773.06
50620		URETEROLITHOTOMY	\$737.40
50630		URETEROLITHOTOMY	\$750.51
50650		URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$828.06
50660		URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	\$908.47
50684		INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY	\$33.16
50684	32	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY	\$238.05
50686	32	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL	\$123.67
50686		MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL	\$57.27
50688		CHANGE OF URETEROSTOMY TUBE	\$60.73
50690		INJECTION PROCEDURE FOR VISUALIZATION OF ILIAL CONDUIT AND/OR	\$45.97
50690	32	INJECTION PROCEDURE FOR VISUALIZATION OF ILIAL CONDUIT AND/OR	\$123.24
50700		URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	\$765.29
50715		URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	\$889.96
50722		URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$771.44
50725		URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF	\$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 FA	\$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	\$949.89
50780		URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER,	\$889.13
50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$935.10
50783		URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$965.55
50785		URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	\$989.20
50800		URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$792.79
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER	\$974.91

PROC-CD	MOD	Description	Medicaid Fee Schedule
50815		URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	\$1,059.57
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL	\$1,110.05
50825		CONTINENT DIVERSION INCL BOWEL ANASTOMOSIS	\$1,518.52
50830		URINARY UNDIVERSION	\$1,458.64
50840		REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING	\$953.06
50845		CUTANEOUS APPENDICO-VESICOSTOMY	\$962.69
50860		URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$743.24
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 P	\$1,023.82
50948		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STEN	\$935.27
50951	32	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$262.93
50951		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$221.14
50953		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$234.04
50953	32	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$436.10
50955		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$263.92
50955	32	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$424.53
50957		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$266.16
50957	32	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$425.52
50961		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$242.63
50961	32	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$426.29
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
51000	32	ASPIRATION OF BLADDER BY NEEDLE	\$68.00
51000		ASPIRATION OF BLADDER BY NEEDLE	\$33.63
51005	32	ASPIRATION OF BLADDER	\$144.11
51005		ASPIRATION OF BLADDER	\$42.26
51010	32	ASPIRATION OF BLADDER	\$227.51
51010		ASPIRATION OF BLADDER	\$141.75
51020		CYSTOTOMY OR CYSTOSTOMY	\$380.45
51030		CYSTOTOMY OR CYSTOSTOMY	\$345.97
51040		CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$293.18

PROC-CD	MOD	Description	Medicaid Fee Schedule
51045		CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE	\$352.97
51050		CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT	\$430.94
51060		TRANSVESICAL URETEROLITHOTOMY	\$498.15
51065		CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR	\$452.68
51080		DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$329.90
51500		EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL	\$494.78
51520		CYSTOTOMY	\$492.96
51525		CYSTOTOMY	\$684.56
51530		CYSTOTOMY	\$612.79
51535		CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$594.46
51550		CYSTECTOMY, PARTIAL	\$746.85
51555		CYSTECTOMY, PARTIAL	\$960.93
51565		CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO	\$1,037.68
51570		CYSTECTOMY, COMPLETE	\$1,121.73
51575		CYSTECTOMY, COMPLETE	\$1,459.21
51580		CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR	\$1,433.19
51585		CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR	\$1,658.56
51590		CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID	\$1,558.35
51595		CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID	\$1,861.32
51596		CYSTECTOMY COMPL W/CONTINENT DIVERSION INCL BOWEL ANASTOMOSI	\$1,963.82
51597		PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR	\$1,863.15
51600		INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$32.89
51600	32	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$230.31
51605		INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR	\$26.01
51605	32	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR	\$241.20
51610		INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$40.43
51610	32	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$113.22
51700		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$30.96
51700	32	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$81.77
51701	32	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR R	\$52.07
51701		INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR R	\$19.82
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$21.90
51702	32	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$72.51
51703	32	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANA	\$104.63
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANA	\$58.37
51705	32	CHANGE OF CYSTOSTOMY TUBE	\$82.18
51705		CHANGE OF CYSTOSTOMY TUBE	\$49.55
51710	32	CHANGE OF CYSTOSTOMY TUBE	\$120.43
51710		CHANGE OF CYSTOSTOMY TUBE	\$66.41
51715	32	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URET	\$208.40



PROC-CD	MOD	Description	Medicaid Fee Schedule
51715		ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URET	\$168.80
51720		BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING	\$68.68
51720	32	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING	\$120.13
51725	TC	SIMPLE CYSTOMETROGRAM (CMG) (E	129.82
51725		SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$178.89
51725	26	SIMPLE CYSTOMETROGRAM (CMG) (E	\$60.70
51726	TC	COMPLEX CYSTOMETROGRAM (EG, CA	176.74
51726		COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$232.33
51726	26	COMPLEX CYSTOMETROGRAM (EG, CA	\$70.27
51736	TC	SIMPLE UROFLOWMETRY (UFR) (EG,	9.78
51736		SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL	\$30.09
51736	26	SIMPLE UROFLOWMETRY (UFR) (EG,	\$22.87
51741	TC	COMPLEX UROFLOWMETRY (EG, CALI	10.97
51741		COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$51.59
51741	26	COMPLEX UROFLOWMETRY (EG, CALI	\$43.91
51772	TC	URETHRAL PRESSURE PROFILE STUD	128.23
51772		URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	\$181.65
51772	26	URETHRAL PRESSURE PROFILE STUD	\$62.65
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG)	88.9
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE,	\$138.67
51784	26	ELECTROMYOGRAPHY STUDIES (EMG)	\$62.10
51785	TC	NEEDLE ELECTROMYOGRAPHY STUDIE	100.51
51785		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL	\$150.11
51785	26	NEEDLE ELECTROMYOGRAPHY STUDIE	\$61.86
51792	TC	STIMULUS EVOKED RESPONSE (EG,	143.83
51792		STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS	\$180.61
51792	26	STIMULUS EVOKED RESPONSE (EG,	\$47.29
51795	TC	VOIDING PRESSURE STUDIES (VP);	173.86
51795		VOIDING PRESSURE STUDIES (VP)	\$223.63
51795	26	VOIDING PRESSURE STUDIES (VP);	\$60.60
51797	TC	VOIDING PRESSURE STUDIES (VP);	134.04
51797		VOIDING PRESSURE STUDIES (VP)	\$186.18
51797	26	VOIDING PRESSURE STUDIES (VP);	\$61.76
51798		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	\$15.83
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON	\$825.34
51820		CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL	\$780.81
51840		ANTERIOR VESICourethroPEXY, OR URETHROPEXY	\$551.43
51841		ANTERIOR VESICourethroPEXY, OR URETHROPEXY	\$668.26
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT	\$546.20
51860		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE	\$581.94
51865		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE	\$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	\$744.32
51940		CLOSURE OF BLADDER EXSTROPHY	\$1,282.67
51960		ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	\$1,188.89
51980		CUTANEOUS VESICOSTOMY	\$548.63
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$535.99

PROC-CD	MOD	Description	Medicaid Fee Schedule
51992		LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SY	\$582.01
52000	32	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$132.10
52000		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$77.48
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	\$178.65
52005	32	CYSTOURETHROSCOPY,	\$198.22
52005		CYSTOURETHROSCOPY,	\$115.52
52007		CYSTOURETHROSCOPY,	\$147.35
52010	32	CYSTOURETHROSCOPY,	\$345.16
52010		CYSTOURETHROSCOPY,	\$115.85
52204	32	CYSTOURETHROSCOPY, WITH BIOPSY	\$424.82
52204		CYSTOURETHROSCOPY, WITH BIOPSY	\$118.32
52214	32	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$1,054.56
52214		CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$169.94
52224	32	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$999.35
52224		CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$152.94
52234		CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$243.61
52235		CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$286.51
52240		CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$507.87
52250		CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE,	\$196.97
52260		CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	\$165.11
52265	32	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	\$409.20
52265		CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	\$108.76
52270	32	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$360.55
52270		CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$170.16
52275	32	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$507.28
52275		CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$213.08
52276		CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$242.69
52276	32	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$272.42
52277		CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER	\$285.52
52281	32	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL	\$247.24
52281		CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL	\$112.00
52282		CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	\$288.76
52282	32	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	\$346.62
52283		CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$148.90
52283	32	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$223.12
52285		CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL	\$144.23
52285	32	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL	\$246.83
52290		CYSTOURETHROSCOPY	\$191.23
52300		CYSTOURETHROSCOPY	\$234.19
52301		CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL/BILATERAL WITH RESECTION	\$241.41
52305		CYSTOURETHROSCOPY	\$234.82
52310		CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$143.45
52310	32	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$259.47
52315	32	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$345.09
52315		CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$240.98

PROC-CD	MOD	Description	Medicaid Fee Schedule
52317	32	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY	\$895.19
52317		LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY	\$326.69
52318		LITHOLAPAXY;CRUSHING OR FRAGMENTATION OF CALCULUS;OVER 2.5CM	\$436.67
52320		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$237.10
52325		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$318.07
52327		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTI	\$234.22
52330	32	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$1,104.97
52330		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$225.34
52332	32	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING	\$214.00
52332		CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING	\$146.15
52334		CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE	\$215.51
52341		CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, L	\$234.26
52342		CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLO	\$253.48
52343		CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION	\$280.74
52344		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, B	\$415.48
52345		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION ST	\$319.74
52346		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG	\$360.04
52351		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$303.33
52352		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULA	\$256.17
52353		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETER	\$411.89
52354		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGU	\$273.46
52355		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	\$328.74
52400		CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$433.03
52402		CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$204.53
52450		TRANSURETHRAL INCISION OF PROSTATE	\$387.08
52500		TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$455.39
52510		TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD	\$392.69
52601		TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$659.28
52606		TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING	\$369.48
52612		TRANSURETHRAL RESECTION OF PROSTATE	\$462.59
52614		TRANSURETHRAL RESECTION OF PROSTATE	\$395.59
52620		TRANSURETHRAL RESECTION	\$358.47
52630		TRANSURETHRAL RESECTION	\$411.76
52640		TRANSURETHRAL RESECTION	\$371.84
52647		NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BL	\$554.10
52648		CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE,	\$620.08
52700		TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$330.54

PROC-CD	MOD	Description	Medicaid Fee Schedule
53000		URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE)	\$127.75
53000	32	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE)	\$155.90
53010		URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE)	\$218.38
53020	32	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$123.56
53020		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$72.72
53025	32	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$121.76
53025		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$51.13
53040		DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$350.40
53040	32	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$350.40
53060		DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	\$118.00
53060	32	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	\$167.59
53080		DRAINAGE OF PERINEAL URINARY EXTRAVASATION	\$368.83
53085		DRAINAGE OF PERINEAL URINARY EXTRAVASATION	\$538.45
53200		BIOPSY OF URETHRA	\$104.35
53200	32	BIOPSY OF URETHRA	\$160.55
53210		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY	\$574.43
53215		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY	\$727.62
53220		EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$350.72
53230		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE)	\$488.48
53235		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE)	\$458.13
53240		MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$324.96
53250		EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	\$297.68
53260		EXCISION OR FULGURATION	\$134.32
53260	32	EXCISION OR FULGURATION	\$185.78
53265		EXCISION OR FULGURATION	\$150.80
53265	32	EXCISION OR FULGURATION	\$201.03
53270		EXCISION OR FULGURATION	\$127.74
53270	32	EXCISION OR FULGURATION	\$185.44
53275		EXCISION OR FULGURATION	\$211.80
53400		URETHROPLASTY	\$591.90
53405		URETHROPLASTY	\$695.66
53410		URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR	\$729.91
53415		URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR	\$877.08
53420		URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC	\$697.18
53425		URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC	\$731.84
53430		URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$705.64
53431		URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR	\$776.62
53440		OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR	\$684.87
53442		REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	\$416.54
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$560.48
53445		OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT	\$774.74
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR	\$526.92
53447		REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING	\$633.87
53448		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$938.99
53449		SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE	\$504.80

PROC-CD	MOD	Description	Medicaid Fee Schedule
53450		URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$284.54
53460		URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL	\$312.65
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG, PO	\$534.29
53502		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$377.78
53505		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$375.47
53510		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$497.65
53515		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$630.19
53520		CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE	\$423.26
53600		DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$42.95
53600	32	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$82.50
53601		DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$35.09
53601	32	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$77.06
53605		DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF	\$50.34
53620		DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$57.92
53620	32	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$116.23
53621		DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$48.13
53621	32	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$106.96
53660		DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$25.92
53660	32	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$69.03
53661		DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$25.88
53661	32	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$67.74
53665		DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION	\$31.54
53850		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$475.57
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$464.57
53853		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY WATER-INDUCED THERMOTHERAPY	\$330.37
54000	32	SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$116.98
54000		SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$73.34
54001		SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$103.30
54001	32	SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$160.99
54015		INCISION AND DRAINAGE OF PENIS, DEEP	\$207.58
54015	32	INCISION AND DRAINAGE OF PENIS, DEEP	\$275.57
54050		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$55.81
54050	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$75.24
54055		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$58.49
54055	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$115.14
54056		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$57.97
54056	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$85.65
54057	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$86.06
54057		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$75.55
54060		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$95.34
54060	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$150.22
54065		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$117.14
54065	32	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$167.42
54100	32	BIOPSY OF PENIS	\$116.43
54100		BIOPSY OF PENIS	\$73.71
54105		BIOPSY OF PENIS	\$144.20
54105	32	BIOPSY OF PENIS	\$204.08
54110		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$496.48
54111		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$662.61
54112		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$774.16
54115		REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	\$333.96
54115	32	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	\$396.96

PROC-CD	MOD	Description	Medicaid Fee Schedule
54120		AMPUTATION OF PENIS	\$499.00
54125		AMPUTATION OF PENIS	\$702.97
54130		AMPUTATION OF PENIS, RADICAL	\$980.12
54135		AMPUTATION OF PENIS, RADICAL	\$1,240.88
54150	32	CIRCUMCISION, CLAMP PROCEDURE	\$154.42
54150		CIRCUMCISION, CLAMP PROCEDURE	\$84.95
54152		CIRCUMCISION, CLAMP PROCEDURE	\$119.74
54160	32	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP OR DORSAL	\$164.97
54160		CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP OR DORSAL	\$122.85
54161		CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP OR DORSAL	\$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
54200	32	INJECTION PROCEDURE FOR PEYRONIE DISEASE	\$71.15
54205		INJECTION PROCEDURE FOR PEYRONIE DISEASE	\$407.32
54220	32	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$155.66
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
54231	32	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$111.15
54235		INJ OF CORPORA CAVERNOSA W/PHARMACOLOGIC AGENT	\$43.30
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,	\$533.72
54304		PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR	\$634.82
54308		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$562.00
54312		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$685.61
54316		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$844.70
54318		URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE	\$579.02
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$622.54
54324		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$806.50
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$775.50
54328		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$769.44
54332		ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR	\$850.74
54336		ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	\$1,078.15
54340		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$468.25
54344		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$879.70
54348		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$843.44
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION	\$1,162.81
54360		PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$574.41
54380		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$677.75
54385		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$781.26
54390		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$1,045.09
54400		INSERTION OF PENILE PROSTHESIS	\$508.38
54401		INSERTION OF PENILE PROSTHESIS INFLATABLE SELF CONTAINED	\$578.64
54405		INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS,	\$741.57
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WIT	\$510.22
54408		REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$537.95

PROC-CD	MOD	Description	Medicaid Fee Schedule
54410		REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PEN	\$635.77
54411		REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE	\$696.23
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PRO	\$381.77
54416		REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTA	\$497.72
54417		REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTA	\$611.83
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION),	\$577.71
54430		CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT	\$513.53
54435		CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY	\$324.87
54450	32	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL	\$56.80
54450		FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL	\$48.69
54500		BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$50.82
54500	32	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$77.56
54505		BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$165.54
54512		EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$387.17
54520		ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	\$287.86
54522		ORCHIECTOMY, PARTIAL	\$440.50
54530		ORCHIECTOMY, RADICAL, FOR TUMOR	\$439.28
54535		ORCHIECTOMY, RADICAL, FOR TUMOR	\$589.28
54550		EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$375.87
54560		EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$537.78
54600		REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT	\$335.07
54620		FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$238.81
54640		ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	\$384.52
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$550.67
54660		INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$257.75
54670		SUTURE OR REPAIR OF TESTICULAR INJURY	\$310.18
54680		TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL	\$604.86
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$527.44
54692		LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$534.14
54700		INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL	\$160.02
54700	32	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL	\$218.07
54800		BIOPSY OF EPIDIDYMIS, NEEDLE	\$111.29
54800	32	BIOPSY OF EPIDIDYMIS, NEEDLE	\$132.05
54820		EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$241.27
54830		EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$262.74
54840		EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$278.70
54860		EPIDIDYMECTOMY	\$323.78
54861		EPIDIDYMECTOMY	\$446.88
54900		EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS	\$617.88
54901		EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS	\$855.31
55000	32	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS,	\$86.97
55000		PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS,	\$51.36
55040		EXCISION OF HYDROCELE	\$282.98
55041		EXCISION OF HYDROCELE	\$408.63
55060		REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$275.85

PROC-CD	MOD	Description	Medicaid Fee Schedule
55100		DRAINAGE OF SCROTAL WALL ABSCESS	\$121.99
55100	32	DRAINAGE OF SCROTAL WALL ABSCESS	\$208.38
55110		SCROTAL EXPLORATION	\$270.10
55120		REMOVAL OF FOREIGN BODY IN SCROTUM	\$221.61
55150		RESECTION OF SCROTUM	\$360.26
55175		SCROTOPLASTY	\$274.46
55180		SCROTOPLASTY	\$507.84
55200		VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS,	\$197.24
55250	32	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE),	\$370.25
55250		VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE),	\$157.08
55300		VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR	\$162.93
55400		VASOVASOSTOMY, VASOVASORRHAPHY	\$422.94
55450	32	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR	\$276.29
55450		LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR	\$195.72
55500		EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL	\$285.75
55520		EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$283.07
55530		EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$301.10
55535		EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$317.31
55540		EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$363.61
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$309.78
55600		VESICULOTOMY	\$311.00
55605		VESICULOTOMY	\$389.66
55650		VESICULECTOMY, ANY APPROACH	\$542.61
55680		EXCISION OF MULLERIAN DUCT CYST	\$274.76
55700	32	BIOPSY, PROSTATE	\$143.98
55700		BIOPSY, PROSTATE	\$64.46
55705		BIOPSY, PROSTATE	\$236.92
55720		PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY	\$353.65
55725		PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY	\$429.18
55801		PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF	\$849.68
55810		PROSTATECTOMY, PERINEAL RADICAL	\$1,094.74
55812		PROSTATECTOMY, PERINEAL RADICAL	\$1,265.80
55815		PROSTATECTOMY, PERINEAL RADICAL	\$1,490.46
55821		PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$742.76
55831		PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$805.70
55840		PROSTATECTOMY, RETROPUBIC RADICAL	\$1,089.53
55842		PROSTATECTOMY, RETROPUBIC RADICAL	\$1,189.66
55845		PROSTATECTOMY, RETROPUBIC RADICAL	\$1,425.77
55859		TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$555.07
55860		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$642.41
55862		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$860.85
55865		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$1,219.77
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	\$1,192.98
55870		ELECTROEJACULATION	\$115.99
55873		CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTI	\$840.10
56405		INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$66.23
56405	32	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$87.43
56420	32	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS, UNILATERAL	\$92.27
56420		INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS, UNILATERAL	\$63.97
56440		MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	\$157.90



PROC-CD	MOD	Description	Medicaid Fee Schedule
56440	32	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	\$176.93
56441	32	LYSIS OF LABIAL ADHESIONS	\$119.66
56441		LYSIS OF LABIAL ADHESIONS	\$112.80
56501		DESTRUCTION OF LESION(S), VULVA	\$69.56
56501	32	DESTRUCTION OF LESION(S), VULVA	\$85.74
56515	32	DESTRUCTION OF LESION(S), VULVA	\$133.49
56515		DESTRUCTION OF LESION(S), VULVA	\$116.35
56605		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$43.68
56605	32	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$68.62
56606		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESIO	\$21.72
56606	32	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESIO	\$43.10
56620		VULVECTOMY	\$390.56
56625		VULVECTOMY	\$476.04
56630		VULVECTOMY, RADICAL	\$686.25
56631		VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$905.72
56632		VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$1,051.68
56633		VULVECTOMY, RADICAL, COMPLETE;	\$868.98
56634		VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$994.04
56637		VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$1,162.83
56640		VULVECTOMY, RADICAL, WITH INGUINFEMORAL, ILIAC,	\$1,141.58
56700		HYMENECTOMY, PARTIAL EXCISION OF HYMEN	\$147.23
56720		HYMENOTOMY, SIMPLE INCISION	\$44.04
56740		EXCISION OF BARTHOLIN'S GLAND OR CYST	\$207.14
56800		PLASTIC REPAIR OF INTROITUS	\$199.14
56805		CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	\$857.66
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	\$201.84
56820		COLPOSCOPY OF THE VULVA;	\$61.17
56820	32	COLPOSCOPY OF THE VULVA;	\$90.64
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$84.39
56821	32	COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$117.14
57000		COLPOTOMY	\$152.28
57010		COLPOTOMY	\$272.07
57020		COLPOCENTESIS (SEPARATE PROCEDURE)	\$61.88
57020	32	COLPOCENTESIS (SEPARATE PROCEDURE)	\$75.91
57022		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	\$134.43
57023		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPO	\$216.83
57061		DESTRUCTION OF VAGINAL LESION(S)	\$60.98
57061	32	DESTRUCTION OF VAGINAL LESION(S)	\$81.87
57065	32	DESTRUCTION OF VAGINAL LESION(S)	\$164.14
57065		DESTRUCTION OF VAGINAL LESION(S)	\$155.10
57100		BIOPSY OF VAGINAL MUCOSA	\$42.10
57100	32	BIOPSY OF VAGINAL MUCOSA	\$58.41
57105		BIOPSY OF VAGINAL MUCOSA	\$84.28
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$264.24
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	\$916.70
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	\$1,123.86

PROC-CD	MOD	Description	Medicaid Fee Schedule
57110		COLPECTOMY, OBLITERATION OF VAGINA	\$643.00
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSU	\$1,126.59
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSU	\$1,198.76
57120		COLPOCLEISIS (LE FORT TYPE)	\$394.59
57130		EXCISION OF VAGINAL SEPTUM	\$143.24
57135	32	EXCISION OF VAGINAL CYST OR TUMOR	\$149.81
57135		EXCISION OF VAGINAL CYST OR TUMOR	\$140.46
57150	32	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT	\$41.63
57150		IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT	\$20.46
57155		INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$284.13
57160	32	INSERTION OF PESSARY	\$48.87
57160		INSERTION OF PESSARY	\$32.66
57170	32	DIAPHRAGM FITTING WITH INSTRUCTIONS	\$60.19
57170		DIAPHRAGM FITTING WITH INSTRUCTIONS	\$33.81
57180	32	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS	\$94.38
57180		INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS	\$71.39
57200		COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$200.96
57210		COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR	\$252.42
57220		PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH	\$245.25
57230		PLASTIC REPAIR OF URETHROCELE (SEPARATE PROCEDURE)	\$283.50
57240		ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT	\$347.59
57250		POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE	\$314.47
57260		COMBINED ANTEROPOSTERIOR COLPORRHAPHY	\$452.04
57265		COMBINED ANTEROPOSTERIOR COLPORRHAPHY	\$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	\$550.07
57280		COLPOPEXY, ABDOMINAL APPROACH	\$678.90
57282		SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	\$473.24
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$498.64
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTI	\$606.07
57287		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$513.22
57288		SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$647.08
57289		PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$561.60
57291		CONSTRUCTION OF ARTIFICIAL VAGINA	\$398.46
57292		CONSTRUCTION OF ARTIFICIAL VAGINA	\$585.17
57295		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$332.96
57300		CLOSURE OF RECTOVAGINAL FISTULA	\$421.21
57305		CLOSURE OF RECTOVAGINAL FISTULA	\$629.87
57307		CLOSURE OF RECTOVAGINAL FISTULA	\$680.95
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECO	\$491.46
57310		CLOSURE OF URETHROVAGINAL FISTULA	\$331.08
57311		CLOSURE OF URETHROVAGINAL FISTULA	\$392.72
57320		CLOSURE OF VESICOVAGINAL FISTULA	\$449.04
57330		CLOSURE OF VESICOVAGINAL FISTULA	\$584.35

PROC-CD	MOD	Description	Medicaid Fee Schedule
57335		VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	\$780.14
57400		DILATION OF VAGINA UNDER ANESTHESIA	\$88.07
57410	32	PELVIC EXAMINATION UNDER ANESTHESIA	\$94.30
57410		PELVIC EXAMINATION UNDER ANESTHESIA	\$70.32
57415		REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$97.29
57415	32	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$117.25
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$65.00
57420	32	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$94.47
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	\$90.14
57421	32	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	\$122.89
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$663.24
57452		COLPOSCOPY (VAGINOSCOPY)	\$56.75
57452	32	COLPOSCOPY (VAGINOSCOPY)	\$69.89
57454		COLPOSCOPY (VAGINOSCOPY)	\$87.39
57454	32	COLPOSCOPY (VAGINOSCOPY)	\$99.77
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$81.91
57455	32	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$113.18
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURE	\$76.73
57456	32	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURE	\$107.09
57460	32	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (L	\$218.89
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (L	\$114.04
57461	32	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CO	\$255.40
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CO	\$141.67
57500	32	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION,	\$88.77
57500		BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION,	\$40.27
57505		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION	\$56.39
57505	32	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION	\$70.30
57510		CAUTERIZATION OF CERVIX	\$80.95
57510	32	CAUTERIZATION OF CERVIX	\$107.46
57511		CAUTERIZATION OF CERVIX	\$82.21
57511	32	CAUTERIZATION OF CERVIX	\$102.47
57513		CAUTERIZATION OF CERVIX	\$111.82
57513	32	CAUTERIZATION OF CERVIX	\$125.24
57520	32	BIOPSY OF CERVIX, CIRCUMFERENTIAL (CONE), WITH OR WITHOUT	\$232.59
57520		BIOPSY OF CERVIX, CIRCUMFERENTIAL (CONE), WITH OR WITHOUT	\$213.26
57522		CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$190.06
57522	32	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$208.14
57530		TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX	\$248.22
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORT	\$1,293.39
57540		EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH	\$554.03

PROC-CD	MOD	Description	Medicaid Fee Schedule
57545		EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH	\$543.41
57550		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$314.73
57555		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$500.69
57556		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$464.27
57700		CERCLAGE OF UTERINE CERVIX (TRACHELOPLASTY)	\$178.52
57720		TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL	\$210.64
57800		DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE	\$31.10
57800	32	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE	\$46.09
57820		DILATION AND CURETTAGE OF CERVICAL STUMP	\$112.36
58100		ENDOMETRIAL BIOPSY, SUCTION TYPE (SEPARATE PROCEDURE)	\$56.43
58100	32	ENDOMETRIAL BIOPSY, SUCTION TYPE (SEPARATE PROCEDURE)	\$71.59
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$30.14
58110	32	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$36.90
58120		DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	\$173.40
58120	32	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	\$193.36
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS,	\$663.23
58145		MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS,	\$436.81
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS	\$806.36
58150		TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	\$837.47
58152		TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	\$764.59
58180		SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	\$710.45
58200		TOTAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH LIMITED	\$991.85
58210		RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC AND LIMITED	\$1,320.62
58240		PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH	\$1,849.01
58260		VAGINAL HYSTERECTOMY	\$591.29
58262		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	\$652.63
58263		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF E	\$712.17
58267		VAGINAL HYSTERECTOMY	\$722.94
58270		VAGINAL HYSTERECTOMY	\$650.62
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY	\$714.50
58280		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY	\$720.14
58285		VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	\$864.51
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$807.83
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S)	\$888.17
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S)	\$940.29
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTO	\$977.19
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENTEROCE	\$866.46
58301	32	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$65.56
58301		REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$47.15
58321		ARTIFICIAL INSEMINATION; INTRA-CERVICAL	\$43.74
58322		ARTIFICIAL INSEMINATION; INTRA-UTERINE	\$49.67
58323		SPERM WASHING FOR ARTIFICIAL INSEMINATION	\$10.61
58340		INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	\$38.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
58340	32	INJECTION PROCEDURE FOR HYSTEOSALPINGOGRAPHY	\$170.00
58345		TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ES	\$213.03
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$302.67
58350	32	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$67.88
58350		HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$56.65
58353		ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEOSCOPIC GUIDANCE	\$167.34
58356	32	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$1,716.68
58356		ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$272.46
58400		UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND	\$334.02
58410		UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND	\$551.60
58520		HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	\$503.86
58540		HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	\$610.80
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
58550		LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE	\$659.77
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; W	\$631.57
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GR	\$813.79
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GR	\$806.59
58555		HYSTEOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$147.79
58555	32	HYSTEOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$167.13
58558		HYSTEOSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	\$215.73
58559		HYSTEOSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$275.75
58560		HYSTEOSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY M	\$304.09
58561		HYSTEOSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$426.54
58562		HYSTEOSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$212.31
58563		HYSTEOSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	\$285.73
58565		HYSTEOSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$336.69
58600		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	\$224.12
58605		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	\$203.59
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF	\$50.81
58615		OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING)	\$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 OOPH	\$510.94

PROC-CD	MOD	Description	Medicaid Fee Schedule
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PEL	\$508.46
58670		LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION	\$288.81
58671		LAPAROSCOPY, SURGICAL; WITH OCCLUSION 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
58700		SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	\$453.95
58720		SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR	\$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	\$221.06
58805		DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE	\$329.00
58820		DRAINAGE OF OVARIAN ABSCESS	\$209.31
58822		DRAINAGE OF OVARIAN ABSCESS	\$426.98
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANEOUS (	\$179.53
58825		TRANSPOSITION OVARY(S)	\$421.25
58900		BIOPSY OF OVARY, UNILATERAL OR	\$314.19
58920		WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR	\$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 UNILAT OR BILAT OVARIAN MALIGN	\$870.14
58950		RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL	\$747.59
58951		RESECTION OF OVARIAN MALIGNANCY W/BILAT SALPINGO-OOPHORECTOM	\$1,090.58
58952		RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL	\$1,196.09
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	\$1,357.80
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	\$1,475.09
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL	\$968.79
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY	\$753.90
58970		FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL ANY METHOD	\$163.09
58970	32	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL ANY METHOD	\$241.91
58976	32	GAMETE INTRAFALLOPIAN TRANSFER ANY METHOD	\$188.52
58976		GAMETE INTRAFALLOPIAN TRANSFER ANY METHOD	\$177.29
59000	32	AMNIOCENTESIS FOR DIAGNOSIS, ABDOMINAL APPROACH	\$87.89
59000		AMNIOCENTESIS FOR DIAGNOSIS, ABDOMINAL APPROACH	\$60.73
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANC	\$123.09
59012		CORDOCENTESIS INTRAUTERINE ANY METHOD	\$163.11
59015	32	CHORIONIC VILLUS SAMPLING	\$102.13
59015		CHORIONIC VILLUS SAMPLING	\$95.59
59020	26	FETAL CONTRACTION STRESS TEST	\$27.96
59020		FETAL OXYTOCIN STRESS TEST	\$53.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
59025	TC	FETAL NON-STRESS TEST	8.21
59025	26	FETAL NON-STRESS TEST	\$22.39
59025		FETAL NON-STRESS TEST	\$32.85
59030		FETAL SCALP BLOOD SAMPLING	\$94.55
59050		INITIATION AND/OR SUPERVISION OF INTERNAL FETAL	\$44.20
59051		FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICI	\$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), INCLUD	\$286.32
59076		FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$287.42
59100		HYSTEROATOMY, ABDOMINAL, FOR REMOVAL OF HYDATIDIFORM MOLE	\$511.91
59120		SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$546.28
59121		SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$511.29
59130		SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$619.91
59135		SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$673.89
59136		SURG TX ECTPC PREG INTERSTITIAL IUP PARTIAL RESECT	\$587.66
59140		SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$289.90
59150		LAPAROSCOPY TRMT ECTP PREG W/O SALPINGEST OOPHOREC	\$468.62
59151		LAPAROSCOPY TRMT ECTP PREG W SALPINGEST OOPHORECT	\$465.12
59160	32	DILATION AND CURETTAGE FOR POSTPARTUM HEMORRHAGE (SEPARATE	\$177.37
59160		DILATION AND CURETTAGE FOR POSTPARTUM HEMORRHAGE (SEPARATE	\$158.35
59200	32	INSERTION OF CERVICAL DILATOR	\$51.57
59300	32	EPISTOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	\$120.52
59300		EPISTOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	\$90.70
59320		CERCLAGE OF CERVIX DURING PREGNANCY VAGINAL	\$120.55
59325		CERCLAGE OF CERVIX DURING PREGNANCY ABDOMINAL	\$193.77
59350		HYSTEROPLASTY OF RUPTURED UTERUS	\$228.36
59400		TOTAL OBSTETRIC CARE (ALL-INCLUSIVE, "GLOBAL" CARE)	\$1,113.88
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISTOTOMY AND/OR FORCEPS);	\$620.40
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISTOTOMY, FORCEPS OR BREECH	\$684.96
59412		EXT CEPHALIC VERSION W OR W/O TOCOLYSIS IN ADD TO DELIVERY	\$86.93
59414		DELIVERY OF PLACENTA FOLLOWING DELIVERY OUTSIDE HOSP	\$82.49
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$256.60
59426	32	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$439.57
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$397.16
59430		POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$84.38
59510		C. SECTION; ALL CARE & DELIVERY	\$1,500.00
59514		CAESAREAN DELIVERY ONLY;	\$930.03
59515		CESAREAN DELIVERY ONLY INCL POSTPARTUM CARE	\$1,000.00
59525		SUBTOTAL OR TOTAL HYSTERECTOMY POST CESAREAN DEL	\$355.67
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 EPISTOT	\$673.80
59614		VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISTOT	\$732.38
59618		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPAR	\$1,233.70
59620		CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESA	\$784.68

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59622		CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESA	\$847.42
59812		SPONTANEOUS ABORTION ANY TRI COMPLETED SURGICALLY	\$187.22
59812	32	SPONTANEOUS ABORTION ANY TRI COMPLETED SURGICALLY	\$218.72
59820		TREATMENT OF MISSED ABORTION, ANY TRIMESTER, COMPLETED MEDICALLY	\$216.21
59820	32	TREATMENT OF MISSED ABORTION, ANY TRIMESTER, COMPLETED MEDICALLY	\$245.53
59821		MISSED ABORTION SECOND TRIMESTER COMP SURG	\$214.16
59821	32	MISSED ABORTION SECOND TRIMESTER COMP SURG	\$247.84
59830		TREATMENT OF SEPTIC ABORTION	\$305.79
59840		LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$172.92
59840	32	LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$221.60
59841		LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$263.62
59841	32	LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$305.10
59850		LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$273.77
59851		LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$284.59
59852		LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$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 & CURETTAGE FOR HYDATIDIFORM MOLE	\$276.37
59871		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$102.03
59871	32	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$118.87
60000		INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	\$86.15
60000	32	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	\$92.11
60001	32	ASPIRATION AND/OR INJECTION, THYROID CYST	\$69.07
60001		ASPIRATION AND/OR INJECTION, THYROID CYST	\$50.36
60100		BIOPSY THYROID, PERCUTANEOUS NEEDLE	\$50.86
60100	32	BIOPSY THYROID, PERCUTANEOUS NEEDLE	\$76.92
60200		EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION	\$475.53
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$558.64
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, IN	\$742.08
60220		TOTAL THYROID LOBECTOMY, UNILATERAL	\$545.93
60225		TOTAL THYROID LOBECTOMY, UNILATERAL	\$707.59
60240		THYROIDECTOMY,	\$782.77
60252		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY	\$912.70
60254		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY	\$1,225.94
60260		THYROIDECTOMY, SECONDARY	\$652.67
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL	\$941.96
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	\$776.92
60280		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS	\$361.02
60281		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS	\$428.90
60500		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$784.83
60502		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$934.53
60505		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$1,037.98
60512		PARATHYROID AUTOTRANSPLANTATION	\$195.50



PROC-CD	MOD	Description	Medicaid Fee Schedule
60520		THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	\$902.32
60521		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT R	\$1,020.68
60522		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADI	\$1,160.17
60540		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$810.40
60545		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$959.47
60600		EXCISION OF CAROTID BODY TUMOR	\$947.39
60605		EXCISION OF CAROTID BODY TUMOR	\$1,041.27
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	\$807.07
61000		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT,	\$87.25
61001		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT,	\$81.76
61020		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	\$97.60
61026		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	\$111.31
61050		CISTERNAL OR LATERAL CERVICAL PUNCTURE	\$81.80
61055		CISTERNAL OR LATERAL CERVICAL PUNCTURE	\$108.48
61070		PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION	\$78.40
61105		TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$312.39
61107		TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$296.10
61108		TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$617.54
61120		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING	\$466.09
61140		BURR HOLE(S) OR TREPHINE	\$888.21
61150		BURR HOLE(S) OR TREPHINE	\$958.79
61151		BURR HOLE(S) OR TREPHINE	\$554.54
61154		BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA,	\$896.50
61156		BURR HOLE(S)	\$944.90
61210		BURR HOLE(S)	\$338.18
61215		INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR	\$308.16
61250		BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY,	\$566.02
61253		BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL	\$663.72
61304		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY	\$1,288.38
61305		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY	\$1,554.65
61312		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA,	\$1,401.33
61313		CRANIECTOMY OR CRANIOTOMY EVACUATION OF HEMATOMA SUPRATENTOR	\$1,413.68
61314		CRANIECTOMY OR OTOMY FOR EVACUATION HEMATOMA INFRATENTORIAL	\$1,412.58
61315		CRANIECTOMY OR OTOMY EVACUATION HEMATOMA INFRATENTORIAL	\$1,528.49
61316		INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN AD	\$63.17
61320		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	\$1,346.46
61321		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	\$1,466.71
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATM	\$1,302.42
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATM	\$1,347.98
61330		DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL	\$1,166.58
61332		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$1,476.34
61333		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$1,426.23
61334		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$977.09
61340		OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL),	\$1,010.43
61343		CRANIECTOMY SUBOCCIPITAL W/CERVICAL LAMINECTOMY DECOMPRESSIO	\$1,714.04

PROC-CD	MOD	Description	Medicaid Fee Schedule
61345		OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$1,436.19
61440		CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	\$1,348.01
61450		CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR	\$1,382.39
61458		CRANIECTOMY, SUBOCCIPITAL	\$1,559.62
61460		CRANIECTOMY, SUBOCCIPITAL	\$1,552.59
61470		CRANIECTOMY, SUBOCCIPITAL	\$1,251.57
61480		CRANIECTOMY, SUBOCCIPITAL	\$1,312.16
61490		CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	\$1,224.24
61500		CRANIECTOMY	\$1,053.77
61501		CRANIECTOMY	\$871.64
61510		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,603.92
61512		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,900.49
61514		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,450.68
61516		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,447.85
61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDIT	\$54.88
61518		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,016.50
61519		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,195.03
61520		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,756.59
61521		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,333.05
61522		CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA	\$1,532.92
61524		CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA	\$1,592.78
61526		CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID)	\$2,593.02
61530		CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID)	\$2,308.04
61531		SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE H	\$863.69
61533		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,093.90
61534		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$962.32
61535		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$609.65
61536		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,812.38
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT EL	\$1,250.16
61538		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,585.42
61539		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,690.60
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE,	\$1,508.86
61541		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,501.39
61542		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,606.25
61543		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,462.13
61544		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,461.91
61545		CRANIECTOMY TREPHINATION BONE FLAP CRANIECTOMY EXCISION OF	\$2,198.30
61546		CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY	\$1,722.43
61548		HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR	\$1,265.82
61550		CRANIECTOMY FOR CRANIOSTENOSIS	\$733.77
61552		CRANIECTOMY FOR CRANIOSTENOSIS	\$932.30
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, CLOVERLE	\$1,321.95

PROC-CD	MOD	Description	Medicaid Fee Schedule
61559		EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLE	\$1,713.64
61563		EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	\$1,383.83
61564		EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	\$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	\$1,252.79
61571		CRANIECTOMY OR CRANIOTOMY	\$1,359.27
61575		TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL	\$1,921.86
61576		TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL	\$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 R	\$1,711.58
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERA	\$1,624.98
61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERA	\$1,888.31
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	\$1,797.65
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	\$1,996.07
61586		BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL	\$1,344.89
61590		INFRA TEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPA	\$2,105.65
61591		INFRA TEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY	\$2,227.64
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CA	\$2,062.58
61595		TRANS TEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$1,503.46
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$1,805.30
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN	\$1,939.46
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INC	\$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 AN	\$1,448.08
61605		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA TEMPO	\$1,470.31
61606		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA TEMPO	\$2,020.58
61607		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	\$1,881.84
61608		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	\$2,196.32
61609		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	\$505.41

PROC-CD	MOD	Description	Medicaid Fee Schedule
61610		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANAST	\$1,495.50
61611		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	\$368.91
61612		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY ANASTOM	\$1,411.33
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNO	\$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 PO	\$2,250.28
61618		SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOS	\$884.60
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOS	\$1,070.72
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/IN	\$399.97
61624		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$909.31
61626		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$743.41
61680		SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORI	\$1,769.67
61682		SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORI	\$3,049.05
61684		SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORI	\$2,125.53
61686		SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORI	\$3,193.88
61690		SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL SIMPLE	\$1,635.70
61692		SURG INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL CMLPX	\$2,532.51
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULA	\$2,369.46
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR	\$2,275.15
61700		SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL	\$2,555.11
61702		SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL	\$2,554.42
61703		SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH	\$918.22
61705		SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,940.02
61708		SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,617.98
61710		SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,342.23
61711		ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL	\$2,012.93
61720		CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S)	\$1,002.65
61735		CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S)	\$1,055.48
61750		STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING	\$967.78
61751		STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING	\$1,046.69
61760		STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SE	\$1,049.67
61770		STEREOTACTIC LOCALIZATION ANY METHOD INCL BURR HOLES W/INSER	\$1,195.73
61790		CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	\$611.03
61791		CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	\$765.42
61793		STEREOTACTIC FOCUSED PROTON BEAM OR GAMMA RADIOSURGERY	\$1,025.81

PROC-CD	MOD	Description	Medicaid Fee Schedule
61795		STEREOTACTIC COMPUTER ASSIST VOLUMETRIC INTRACRANIAL PROCEDU	\$234.94
61850		TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF	\$699.38
61860		CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF	\$997.32
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$893.47
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$258.87
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$1,363.66
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$380.73
61870		CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$676.02
61875		CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$722.72
61880		REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$358.15
61885		INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$336.51
61886		INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR O	\$432.93
61888		REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR RECEIVER	\$257.28
62000		ELEVATION OF DEPRESSED SKULL FRACTURE	\$534.41
62005		ELEVATION OF DEPRESSED SKULL FRACTURE	\$814.15
62010		ELEVATION OF DEPRESSED SKULL FRACTURE	\$1,124.32
62100		CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR	\$1,260.09
62115		REDUCTION OF CRANIOMEALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE	\$1,071.55
62116		REDUCTION OF CRANIOMEALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH CRANIOPLASTY	\$1,224.54
62117		REDUCTION OF CRANIOMEALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTO	\$1,404.89
62120		REPAIR OF ENCEPHALOCELE, INCLUDING CRANIOPLASTY	\$1,210.60
62121		CRANIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE	\$1,164.92
62140		CRANIOPLASTY FOR SKULL DEFECT	\$783.76
62141		CRANIOPLASTY FOR SKULL DEFECT	\$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 DIAMETE	\$843.96
62147		CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM D	\$996.16
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST	\$86.72
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$125.24
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPT	\$898.92
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST, INC	\$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 TR	\$979.06

PROC-CD	MOD	Description	Medicaid Fee Schedule
62180		VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	\$1,101.56
62190		CREATION OF SHUNT	\$665.86
62192		CREATION OF SHUNT	\$738.58
62194		REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$206.84
62200		VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE	\$1,040.52
62201		VENTRICULOCISTERNOSTOMY 3RD VENTRICLE STEREOTACTIC METHOD	\$761.93
62220		CREATION OF SHUNT	\$782.43
62223		CREATION OF SHUNT	\$772.07
62225		REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$313.32
62230		REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR	\$599.10
62252	26	REPROGRAMMING OF PROGRAMMABLE	\$31.49
62252	TC	REPROGRAMMING OF PROGRAMMABLE	31.2
62252		REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	\$62.69
62256		REMOVAL OF COMPLETE CSF SHUNT SYSTEM	\$396.88
62258		REMOVAL OF COMPLETE CSF SHUNT SYSTEM	\$839.04
62263	32	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$469.13
62263		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$248.50
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$162.90
62264	32	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$462.38
62268		PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$217.91
62269		BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$202.42
62270	32	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$103.07
62270		SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$51.03
62272	32	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID	\$125.57
62272		SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID	\$65.87
62273	32	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	\$120.21
62273		INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	\$94.08
62280	32	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$241.13
62280		INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$95.93
62281	32	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS);	\$207.48
62281		INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS);	\$97.27
62282	32	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$268.04
62282		INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$102.18
62284	32	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED	\$163.11
62284		INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED	\$78.52
62287		ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK,	\$420.88
62290	32	INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$253.37
62290		INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$131.61
62291	32	INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$221.54
62291		INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$126.12
62292		INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,	\$431.10
62294		INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF	\$519.82
62310	32	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$167.60
62310		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$68.64
62311	32	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$161.38

PROC-CD	MOD	Description	Medicaid Fee Schedule
62311		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$57.10
62318	32	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$193.81
62318		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$74.20
62319	32	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$170.80
62319		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$67.15
62350		IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR	\$308.61
62351		IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR	\$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 INFUSION;	\$246.93
62362		IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$326.60
62365		REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$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
63001		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$955.82
63003		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$966.24
63005		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$898.89
63011		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$734.51
63012		LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH D	\$906.15
63015		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$1,166.02
63016		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$1,153.59
63017		LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$961.89
63020		LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$900.45
63030		LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$738.67
63035		LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$180.22
63040		LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$1,126.14
63042		LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$1,046.52
63045		LAMINECTOMY INCL UNILAT OR BILAT CMLPT FACETECTOMY OR FORAMI	\$999.40
63046		LAMINECTOMY INCL UNIL/BILAT CMLPT FACETECTOMY OR FORAMINOTOM	\$956.79
63047		LAMINECTOMY INCL UNIL/BILAT CMLPT FACETECTOMY OR FORAMINOTOM	\$882.74
63048		LAMINECTOMY INCL UNIL/BILAT CMLPT FACETECTOMY OR FORAMINOTOM	\$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 FOR DECOMPRESSION OF SPINAL CORD	\$1,307.28
63056		TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD	\$1,192.98
63057		TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD	\$267.29
63064		COSTOVERTEBRAL APPROACH FOR DECOMPRESSION OF SPINAL CORD OR	\$1,413.88

PROC-CD	MOD	Description	Medicaid Fee Schedule
63066		COSTOVERTEBRAL APPROACH DECOMPRESSION OF SPINAL CORD OR NERV	\$167.08
63075		DISKECTOMY, ANTERIOR, FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$1,103.69
63076		DISKECTOMY, ANTERIOR, FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$233.00
63077		DISKECTOMY ANTERIOR FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$1,174.80
63078		DISKECTOMY ANTERIOR FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$166.83
63081		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,421.13
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$251.15
63085		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,556.08
63086		VERTEBRAL CORPECTOMY PARTIAL OR COMPLT TRANSTHORACIC APPROAC	\$181.70
63087		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,875.07
63088		VERTEBRAL CORPECTOMY PARTIAL OR CMPLT COMBINED THORACOLUMBAR	\$245.28
63090		VERTEBRAL CORPECTOMY PART OR CMPLT TRANSPERITONEAL OR RETROP	\$1,605.39
63091		VERTEBRAL CORPECTOMY PART OR CMPLT TRANSPERITONEAL OR RETROP	\$159.50
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$1,568.27
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$1,568.27
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$186.11
63170		LAMINECTOMY FOR MYELOTOMY (EG, BISCHOF OR DREZ TYPE),	\$1,147.51
63172		LAMINECTOMY FOR DRAINAGE OF INTRAMEDULLARY CYST/STRINX TO	\$1,078.66
63173		LAMINECTOMY DRAINAGE OF INTRAMEDULLARY CYST/SYRINK TO PERITO	\$1,179.10
63180		LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS,	\$947.70
63182		LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS,	\$1,093.41
63185		LAMINECTOMY FOR RHIZOTOMY	\$866.90
63190		LAMINECTOMY FOR RHIZOTOMY	\$1,039.16
63191		LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	\$920.89
63194		LAMINECTOMY FOR CORDOTOMY, UNILATERAL, ONE STAGE	\$1,011.87
63195		LAMINECTOMY FOR CORDOTOMY, UNILATERAL, ONE STAGE	\$1,021.83
63196		LAMINECTOMY FOR CORDOTOMY, BILATERAL, ONE STAGE	\$1,146.95
63197		LAMINECTOMY FOR CORDOTOMY, BILATERAL, ONE STAGE	\$1,093.77
63198		LAMINECTOMY FOR CORDOTOMY, BILATERAL, TWO STAGES WITHIN	\$1,231.73
63199		LAMINECTOMY FOR CORDOTOMY, BILATERAL, TWO STAGES WITHIN	\$1,441.73
63200		LAMINECTOMY FOR RELEASE OF TETHERED SPINAL CORD LUMBAR	\$999.37
63250		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,024.60
63251		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,024.89
63252		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFO	\$2,106.70
63265		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN	\$1,245.95
63266		LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	\$1,321.52
63267		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,063.61
63268		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$931.00
63270		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,394.55
63271		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,539.21
63272		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,411.69
63273		LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,280.33
63275		LAMINECTOMY FOR BIOPSY/EXCISION INTRASPINAL NEOPLASM EXTRADU	\$1,393.78



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63276		LAMINECTOMY FOR BIOPSY/EXCISION INTRASPINAL NEOPLASM EXTRADU	\$1,373.20
63277		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM EXTRADURAL LUM	\$1,226.48
63278		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM EXTRADURAL SAC	\$1,209.19
63280		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,621.05
63281		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,599.67
63282		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,474.94
63283		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL SAC	\$1,297.20
63285		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,861.60
63286		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,913.64
63287		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,912.98
63290		LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM COMB EXTRADURA	\$1,953.54
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	\$231.16
63300		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION OF INTRASPIN	\$1,276.06
63301		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION INTRASPINAL	\$1,402.98
63302		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION INTRASPINAL	\$1,460.08
63303		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,494.60
63304		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,596.05
63305		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,636.86
63306		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,650.31
63307		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,607.85
63308		VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$270.46
63600		CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD,	\$675.34
63610		STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS,	\$402.31
63615		STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION,	\$857.19
63650		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$358.00
63655		LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$616.30
63660		REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES	\$351.13
63685		INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$395.96
63688		REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	\$311.41
63700		REPAIR OF MENINGOCELE	\$854.03
63702		REPAIR OF MENINGOCELE	\$963.39
63704		REPAIR OF MYELOMENINGOCELE	\$1,083.99
63706		REPAIR OF MYELOMENINGOCELE	\$1,193.94
63707		REPAIR OF DURAL/CSF LEAK NOT REQUIRING LAMINECTOMY	\$671.89
63709		REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE W/LAMINECTOMY	\$845.73
63710		DURAL GRAFT, SPINAL	\$742.15
63740		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL,	\$684.14
63741		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTAN	\$476.90
63744		REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$475.29
63746		REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$339.09
64400	32	INJECTION, ANESTHETIC AGENT	\$74.64
64400		INJECTION, ANESTHETIC AGENT	\$39.26
64402		INJECTION, ANESTHETIC AGENT	\$52.68
64402	32	INJECTION, ANESTHETIC AGENT	\$106.32
64405		INJECTION, ANESTHETIC AGENT	\$47.73
64405	32	INJECTION, ANESTHETIC AGENT	\$83.28
64408		INJECTION, ANESTHETIC AGENT	\$58.77
64408	32	INJECTION, ANESTHETIC AGENT	\$94.63
64410	32	INJECTION, ANESTHETIC AGENT	\$97.72

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64410		INJECTION, ANESTHETIC AGENT	\$56.10
64412	32	INJECTION, ANESTHETIC AGENT	\$95.62
64412		INJECTION, ANESTHETIC AGENT	\$42.29
64413		INJECTION, ANESTHETIC AGENT	\$51.14
64413	32	INJECTION, ANESTHETIC AGENT	\$90.74
64415	32	INJECTION, ANESTHETIC AGENT	\$106.45
64415		INJECTION, ANESTHETIC AGENT	\$50.44
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$116.52
64417	32	INJECTION, ANESTHETIC AGENT	\$111.71
64417		INJECTION, ANESTHETIC AGENT	\$55.93
64418	32	INJECTION, ANESTHETIC AGENT	\$97.88
64418		INJECTION, ANESTHETIC AGENT	\$48.47
64420	32	INJECTION, ANESTHETIC AGENT	\$126.69
64420		INJECTION, ANESTHETIC AGENT	\$47.71
64421	32	INJECTION, ANESTHETIC AGENT	\$194.50
64421		INJECTION, ANESTHETIC AGENT	\$66.30
64425		INJECTION, ANESTHETIC AGENT	\$64.65
64425	32	INJECTION, ANESTHETIC AGENT	\$92.72
64430	32	INJECTION, ANESTHETIC AGENT	\$98.84
64430		INJECTION, ANESTHETIC AGENT	\$59.01
64435	32	INJECTION, ANESTHETIC AGENT	\$99.96
64435		INJECTION, ANESTHETIC AGENT	\$53.48
64445	32	INJECTION, ANESTHETIC AGENT	\$103.34
64445		INJECTION, ANESTHETIC AGENT	\$50.49
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER, (IN	\$121.82
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$56.86
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$111.95
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$112.15
64450		INJECTION, ANESTHETIC AGENT	\$45.03
64450	32	INJECTION, ANESTHETIC AGENT	\$68.73
64470	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$227.43
64470		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$66.04
64472		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$47.12
64472	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$132.35
64475	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$208.35
64475		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$50.52
64476		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$35.03
64476	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$114.69
64479	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$242.18
64479		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$78.80
64480		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$54.51

PROC-CD	MOD	Description	Medicaid Fee Schedule
64480	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$156.82
64483	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$245.24
64483		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$67.16
64484		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$47.17
64484	32	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$153.52
64505		INJECTION, ANESTHETIC AGENT	\$49.57
64505	32	INJECTION, ANESTHETIC AGENT	\$81.08
64508	32	INJECTION, ANESTHETIC AGENT	\$110.99
64508		INJECTION, ANESTHETIC AGENT	\$47.71
64510	32	INJECTION, ANESTHETIC AGENT	\$116.56
64510		INJECTION, ANESTHETIC AGENT	\$49.70
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$88.29
64517	32	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$143.58
64520	32	INJECTION, ANESTHETIC AGENT	\$162.41
64520		INJECTION, ANESTHETIC AGENT	\$54.25
64530	32	INJECTION, ANESTHETIC AGENT	\$150.59
64530		INJECTION, ANESTHETIC AGENT	\$69.29
64550		APPLICATION OF SURFACE (TRANSCUTANEOUS)	\$8.98
64550	32	APPLICATION OF SURFACE (TRANSCUTANEOUS)	\$18.99
64553	32	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$127.81
64553		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$103.05
64555	32	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$133.90
64555		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$85.39
64560		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$91.94
64560	32	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$126.86
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	\$387.86
64565	32	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$125.70
64565		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$74.42
64573		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$355.35
64575		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$234.46
64577		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$243.07
64580		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$220.87
64581		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	\$555.71
64585	32	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	\$336.43
64585		REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	\$105.96
64590		INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$139.81
64595		REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR RECEIVER	\$98.94
64600	32	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$321.76
64600		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$157.01
64605	32	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$384.36
64605		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$222.34
64610		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$407.37
64612		DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES E	\$92.20
64612	32	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES E	\$123.07

PROC-CD	MOD	Description	Medicaid Fee Schedule
64613	32	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL	\$121.06
64613		DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL	\$91.18
64614		CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYST	\$124.74
64620	32	DESTRUCTION BY NEUROLYTIC AGENT	\$196.62
64620		DESTRUCTION BY NEUROLYTIC AGENT	\$105.63
64622	32	DESTRUCTION BY NEUROLYTIC AGENT	\$268.37
64622		DESTRUCTION BY NEUROLYTIC AGENT	\$125.68
64623	32	DESTRUCTION BY NEUROLYTIC AGENT	\$98.74
64623		DESTRUCTION BY NEUROLYTIC AGENT	\$45.58
64626	32	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$275.64
64626		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$128.36
64627	32	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$142.48
64627		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$42.51
64630	32	DESTRUCTION BY NEUROLYTIC AGENT	\$155.07
64630		DESTRUCTION BY NEUROLYTIC AGENT	\$125.14
64640	32	DESTRUCTION BY NEUROLYTIC AGENT	\$174.20
64640		DESTRUCTION BY NEUROLYTIC AGENT	\$115.08
64650		CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$27.47
64650	32	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$43.50
64653		CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$34.71
64653	32	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$49.90
64680	32	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH	\$233.17
64680		DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH	\$109.13
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR	\$162.58
64681	32	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR	\$362.30
64702		NEUROPLASTY	\$248.34
64704		NEUROPLASTY	\$260.27
64708		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$364.73
64712		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$438.31
64713		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$554.15
64714		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$452.00
64716		NEUROPLASTY AND/OR TRANSPOSITION	\$336.15
64718		NEUROPLASTY AND/OR TRANSPOSITION	\$361.76
64719		NEUROPLASTY AND/OR TRANSPOSITION	\$289.07
64721		NEUROPLASTY AND/OR TRANSPOSITION	\$287.36
64722		DECOMPRESSION	\$266.26
64726		DECOMPRESSION	\$175.85
64727		INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE	\$167.82
64732		TRANSECTION OR AVULSION OF	\$260.88
64734		TRANSECTION OR AVULSION OF	\$277.91
64736		TRANSECTION OR AVULSION OF	\$249.96
64738		TRANSECTION OR AVULSION OF	\$305.05
64740		TRANSECTION OR AVULSION OF	\$297.27
64742		TRANSECTION OR AVULSION OF	\$332.90
64744		TRANSECTION OR AVULSION OF	\$314.43

PROC-CD	MOD	Description	Medicaid Fee Schedule
64746		TRANSECTION OR AVULSION OF	\$316.88
64752		TRANSECTION OR AVULSION OF	\$358.52
64755		TRANSECTION OR AVULSION OF	\$665.50
64760		TRANSECTION OR AVULSION OF	\$371.66
64761		TRANSECTION OR AVULSION OF	\$316.93
64763		TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH	\$359.23
64766		TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC,	\$454.85
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	\$249.83
64776		EXCISION OF NEUROMA	\$249.00
64778		EXCISION OF NEUROMA	\$158.98
64782		EXCISION OF NEUROMA	\$308.39
64783		EXCISION OF NEUROMA	\$191.07
64784		EXCISION OF NEUROMA	\$478.06
64786		EXCISION OF NEUROMA	\$820.78
64787		IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY	\$216.88
64788		EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$244.32
64790		EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$562.18
64792		EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$728.68
64795		BIOPSY OF NERVE	\$157.68
64802		SYMPATHECTOMY, CERVICAL	\$453.43
64804		SYMPATHECTOMY, CERVICOTHORACIC	\$769.25
64809		SYMPATHECTOMY, THORACOLUMBAR	\$688.81
64818		SYMPATHECTOMY, LUMBAR	\$541.85
64820		SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	\$536.69
64821		SYMPATHECTOMY; RADIAL ARTERY	\$456.60
64822		SYMPATHECTOMY; ULNAR ARTERY	\$456.60
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$526.04
64831		SUTURE OF DIGITAL NERVE, HAND OR FOOT	\$432.62
64832		SUTURE OF DIGITAL NERVE, HAND OR FOOT	\$234.23
64834		SUTURE OF ONE NERVE, HAND OR FOOT	\$457.54
64835		SUTURE OF ONE NERVE, HAND OR FOOT	\$531.05
64836		SUTURE OF ONE NERVE, HAND OR FOOT	\$546.47
64837		SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	\$305.47
64840		SUTURE OF POSTERIOR TIBIAL NERVE	\$680.00
64856		SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG,	\$676.98
64857		SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG,	\$725.57
64858		SUTURE OF SCIATIC NERVE	\$835.80
64859		SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	\$217.89
64861		SUTURE OF	\$976.31
64862		SUTURE OF	\$1,156.04
64864		SUTURE OF FACIAL NERVE	\$619.37
64865		SUTURE OF FACIAL NERVE	\$803.71
64866		ANASTOMOSIS	\$791.93
64868		ANASTOMOSIS	\$745.68
64870		ANASTOMOSIS	\$842.60
64872		SUTURE OF NERVE	\$99.05
64874		SUTURE OF NERVE	\$146.64
64876		SUTURE OF NERVE	\$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 IN LENGTH	\$1,048.11

PROC-CD	MOD	Description	Medicaid Fee Schedule
64890		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$797.64
64891		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$793.31
64892		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$751.97
64893		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$845.89
64895		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$958.01
64896		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$1,084.15
64897		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$905.58
64898		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$990.76
64901		NERVE GRAFT, EACH ADDITIONAL NERVE	\$556.80
64902		NERVE GRAFT, EACH ADDITIONAL NERVE	\$631.92
64905		NERVE PEDICLE TRANSFER	\$675.81
64907		NERVE PEDICLE TRANSFER	\$939.45
65091		EVISCEATION OF OCULAR CONTENTS	\$447.75
65093		EVISCEATION OF OCULAR CONTENTS	\$469.40
65101		ENUCLEATION OF EYE	\$478.48
65103		ENUCLEATION OF EYE	\$506.40
65105		ENUCLEATION OF EYE	\$556.00
65110		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$852.84
65112		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$895.29
65114		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$941.19
65125		MODIFICATION OF OCULAR IMPLANT (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE	\$165.95
65130		INSERTION OF OCULAR IMPLANT SECONDARY	\$480.38
65135		INSERTION OF OCULAR IMPLANT SECONDARY	\$442.96
65140		INSERTION OF OCULAR IMPLANT SECONDARY	\$481.95
65150		REINSERTION OF OCULAR IMPLANT	\$430.14
65155		REINSERTION OF OCULAR IMPLANT	\$566.60
65175		REMOVAL OF OCULAR IMPLANT	\$431.60
65205		REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$25.92
65205	32	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$52.16
65210		REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$31.84
65210	32	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$62.96
65220		REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$27.67
65220	32	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$53.52
65222		REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$34.83
65222	32	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$67.32
65235		REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$405.55
65260		REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$621.68
65265		REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$717.72
65270	32	REPAIR OF LACERATION	\$177.43
65270		REPAIR OF LACERATION	\$104.08
65272	32	REPAIR OF LACERATION	\$285.80
65272		REPAIR OF LACERATION	\$197.52
65273		REPAIR OF LACERATION	\$244.04
65275	32	REPAIR OF LACERATION	\$286.45
65275		REPAIR OF LACERATION	\$227.74
65280		REPAIR OF LACERATION	\$464.80
65285		REPAIR OF LACERATION	\$768.23
65286	32	REPAIR OF LACERATION APP OF TISSUE GLUE CORNEA WOUNDS/SCLERA	\$412.78
65286		REPAIR OF LACERATION APP OF TISSUE GLUE CORNEA WOUNDS/SCLERA	\$296.76
65290		REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR	\$339.97
65400	32	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL),	\$396.24
65400		EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL),	\$375.66
65410	32	BIOPSY OF CORNEA	\$92.89
65410		BIOPSY OF CORNEA	\$78.54
65420	32	EXCISION OR TRANSPOSITION OF PTERYGIUM	\$323.21

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65420		EXCISION OR TRANSPOSITION OF PTERYGIUM	\$280.89
65426	32	EXCISION OR TRANSPOSITION OF PTERYGIUM	\$381.97
65426		EXCISION OR TRANSPOSITION OF PTERYGIUM	\$335.82
65430		SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$59.62
65430	32	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$112.54
65435		REMOVAL OF CORNEAL EPITHELIUM	\$39.69
65435	32	REMOVAL OF CORNEAL EPITHELIUM	\$58.27
65436		REMOVAL OF CORNEAL EPITHELIUM	\$195.34
65436	32	REMOVAL OF CORNEAL EPITHELIUM	\$221.54
65450		DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION	\$232.50
65450	32	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION	\$249.66
65600		TATTOO CORNEA, MECHANICAL OR CHEMICAL	\$165.44
65600	32	TATTOO CORNEA, MECHANICAL OR CHEMICAL	\$212.72
65710		KERATOPLASTY (CORNEAL TRANSPLANT), LAMELLAR, INCLUDES AUTOGRAFTS, AND	\$733.62
65730		KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (EXCEPT IN	\$858.72
65750		KERATOPLASTY (CORNEAL TRANSPLANT),	\$901.97
65755		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$897.20
65770		KERATOPROSTHESIS	\$945.89
65772		CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUC	\$296.15
65775		CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED	\$392.01
65780		OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	\$583.05
65781		OCULAR SURFACE RECONSTRUCTION; IIBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVI	\$884.08
65782		OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING	\$762.72
65800	32	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$115.26
65800		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$103.10
65805		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$89.37
65805	32	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$116.50
65810		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$340.60
65815	32	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$373.10
65815		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$322.51
65820		GONIOTOMY	\$534.43
65850		TRABECULOTOMY AB EXTERNO	\$632.31
65855		TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS	\$219.07
65855	32	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS	\$290.48
65860		SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$176.13
65860	32	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$221.98
65865		SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$354.33
65870		SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$373.02
65875		SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$389.73

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65880		SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$417.80
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	\$613.68
65920		REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	\$489.70
65930		REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	\$458.14
66020	32	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$116.86
66020		INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$95.98
66030	32	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$104.69
66030		INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$61.99
66130	32	EXCISION OF LESION, SCLERA	\$426.20
66130		EXCISION OF LESION, SCLERA	\$395.05
66150		FISTULIZATION OF SCLERA FOR GLAUCOMA	\$522.99
66155		FISTULIZATION OF SCLERA FOR GLAUCOMA	\$521.17
66160		FISTULIZATION OF SCLERA FOR GLAUCOMA	\$615.31
66165		FISTULIZATION OF SCLERA FOR GLAUCOMA	\$503.83
66170		FISTULIZATION OF SCLERA FOR GLAUCOMA	\$709.96
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FR	\$819.06
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	\$856.20
66185		REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	\$503.50
66220		REPAIR OF SCLERAL STAPHYLOMA	\$463.83
66225		REPAIR OF SCLERAL STAPHYLOMA	\$656.43
66250	32	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	\$437.96
66250		REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	\$374.80
66500		IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE)	\$235.23
66505		IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE)	\$233.30
66600		IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$540.35
66605		IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$739.65
66625		IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$344.58
66625	32	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$358.30
66630		IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$409.80
66635		IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$389.96
66680		REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$345.19
66682		SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF	\$412.36
66700	32	CYCLODIATHERMY	\$334.43
66700		CYCLODIATHERMY	\$319.77
66710	32	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	\$338.86
66710		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	\$319.52
66711		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$384.19
66720	32	CYCLOCRYOTHERAPY	\$334.12
66720		CYCLOCRYOTHERAPY	\$319.15
66740		CYCLODIALYSIS	\$310.48
66761		IRIDOTOMY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$205.55
66761	32	IRIDOTOMY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$257.05
66762		COREOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$224.50
66762	32	COREOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$283.76
66770		DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY	\$251.09
66770	32	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY	\$315.64
66820		DISCISSION OF SECONDARY MEMBRANEOUS CATARACT ('AFTER CATARACT')	\$287.31
66821	32	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT ('AFTER CATARACT')	\$159.28
66821		DISCISSION OF SECONDARY MEMBRANEOUS CATARACT ('AFTER CATARACT')	\$147.41



PROC-CD	MOD	Description	Medicaid Fee Schedule
66825		REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PR	\$491.52
66830		REMOVAL OF SECONDARY MEMBRANOUS CATARACT ("AFTER CATARACT"), WITH	\$419.63
66840		REMOVAL OF LENS MATERIAL	\$460.34
66850		REMOVAL OF LENS MATERIAL	\$524.10
66852		REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$571.50
66920		EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$511.03
66930		EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$590.37
66940		EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$534.71
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ON	\$778.50
66983		INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF	\$494.28
66984		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	\$584.09
66985		INSERTION OF INTRAOCULAR LENS SUBSEQUENT TO CATARACT	\$484.39
66986		EXCHANGE OF INTRAOCULAR LENS	\$673.14
67005		REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE	\$306.43
67010		REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE	\$369.97
67015		ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR	\$416.20
67025		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA APPROACH	\$411.60
67025	32	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA APPROACH	\$538.21
67027		IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVI	\$590.72
67027	32	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVI	\$716.72
67028		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$135.55
67028	32	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$213.63
67030		DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA	\$318.92
67031		SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS,	\$181.47
67031	32	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS,	\$228.56
67036		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	\$821.70
67038		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	\$1,209.64
67039		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATI	\$847.98
67040		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	\$1,214.68
67101		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$406.49
67101	32	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$505.35
67105		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$365.66
67105	32	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$472.94
67107		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$881.22
67108		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$1,430.57
67110		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER	\$555.94
67110	32	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER	\$692.22
67112		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$976.62
67115		RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$326.30
67120		REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	\$378.24
67120	32	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	\$501.42
67121		REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	\$627.47
67141		PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$290.59

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67141	32	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$353.59
67145		PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$266.00
67145	32	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$336.79
67208		DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$350.59
67208	32	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$429.80
67210		DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$408.38
67210	32	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$547.97
67218		DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$793.79
67220	32	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION), O	\$575.41
67220		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION), O	\$564.34
67221		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	\$216.25
67225		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	\$26.23
67227	32	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$428.46
67227		DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$407.87
67228		DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$544.54
67228	32	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$661.49
67250		SCLERAL REINFORCEMENT (SEPARATE PROCEDURE)	\$517.69
67255		SCLERAL REINFORCEMENT (SEPARATE PROCEDURE)	\$572.28
67311		STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY	\$402.54
67312		STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY	\$503.99
67314		STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	\$448.96
67316		STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	\$558.10
67318		STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR	\$429.51
67320		TRANSPOSITION OF EXTRAOCULAR MUSCLE (EG, FOR PARETIC MUSCLE),	\$246.44
67331		STRABISMUS SURGERY ON PATIENT PREVIOUSLY OPERATED ON	\$233.85
67332		STRABISMUS SURGERY ON PATIENT PREVIOUSLY OPERATED ON	\$255.37
67334		STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCL	\$225.78
67335		ADJUSTABLE SUTURE TECHNIQUE DURING STRABISMUS SURGERY	\$133.83
67340		STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR M	\$280.91
67343		RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$407.43
67345		CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$126.45
67345	32	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$178.54
67350		BIOPSY OF EXTRAOCULAR MUSCLE	\$155.56
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$630.29
67405		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$525.31
67412		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$642.90
67413		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$592.26
67414		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOV	\$667.35
67415		TRANSCONJUNCTIVAL OR ASPIRATIONAL BIOPSY	\$94.41
67420		ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$1,121.32
67430		ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$784.07
67440		ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$823.57

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67445		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMO	\$825.08
67450		ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$851.67
67500		RETROBULBAR INJECTION	\$37.86
67500	32	RETROBULBAR INJECTION	\$60.18
67505		RETROBULBAR INJECTION	\$33.49
67505	32	RETROBULBAR INJECTION	\$61.86
67515		INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	\$26.47
67515	32	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	\$49.05
67550		ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE)	\$618.16
67560		ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE)	\$608.73
67570		OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$742.21
67700	32	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$184.71
67700		BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$64.21
67710	32	SEVERING OF TARSORRHAPHY	\$160.39
67710		SEVERING OF TARSORRHAPHY	\$54.79
67715		CANTHOTOMY (SEPARATE PROCEDURE)	\$65.79
67800		EXCISION OF CHALAZION	\$59.08
67800	32	EXCISION OF CHALAZION	\$123.11
67801		EXCISION OF CHALAZION	\$78.29
67801	32	EXCISION OF CHALAZION	\$157.09
67805		EXCISION OF CHALAZION	\$94.42
67805	32	EXCISION OF CHALAZION	\$183.85
67808		EXCISION OF CHALAZION	\$199.12
67810		BIOPSY OF EYELID	\$58.85
67810	32	BIOPSY OF EYELID	\$126.84
67820		CORRECTION OF TRICHIASIS	\$35.21
67820	32	CORRECTION OF TRICHIASIS	\$54.99
67825		CORRECTION OF TRICHIASIS	\$71.81
67825	32	CORRECTION OF TRICHIASIS	\$119.97
67830		CORRECTION OF TRICHIASIS	\$107.30
67830	32	CORRECTION OF TRICHIASIS	\$215.52
67835		CORRECTION OF TRICHIASIS	\$325.77
67840	32	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE	\$187.13
67840		EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE	\$90.12
67850		DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$81.46
67850	32	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$170.04
67875		TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$78.56
67875	32	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$193.46
67880		CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$216.64
67880	32	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$323.29
67882		CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$301.15
67882	32	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$430.57
67900	32	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$376.63
67900		REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$326.89
67901		REPAIR OF BLEPHAROPTOSIS	\$421.77
67902		REPAIR OF BLEPHAROPTOSIS	\$424.71

PROC-CD	MOD	Description	Medicaid Fee Schedule
67903	32	REPAIR OF BLEPHAROPTOSIS	\$432.44
67903		REPAIR OF BLEPHAROPTOSIS	\$395.64
67904	32	REPAIR OF BLEPHAROPTOSIS	\$478.35
67904		REPAIR OF BLEPHAROPTOSIS	\$403.82
67906		REPAIR OF BLEPHAROPTOSIS	\$374.41
67906	32	REPAIR OF BLEPHAROPTOSIS	\$414.02
67908		REPAIR OF BLEPHAROPTOSIS	\$327.43
67908	32	REPAIR OF BLEPHAROPTOSIS	\$363.60
67909	32	REDUCTION OF OVERCORRECTION OF PTOSIS	\$381.07
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, GOL	\$317.82
67912	32	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOL	\$774.39
67914		REPAIR OF ECTROPION	\$220.03
67914	32	REPAIR OF ECTROPION	\$326.38
67915		REPAIR OF ECTROPION	\$146.57
67915	32	REPAIR OF ECTROPION	\$247.29
67916		REPAIR OF ECTROPION	\$320.44
67916	32	REPAIR OF ECTROPION	\$450.80
67917	32	REPAIR OF ECTROPION	\$416.59
67917		REPAIR OF ECTROPION	\$376.05
67921		REPAIR OF ENTROPION	\$204.68
67921	32	REPAIR OF ENTROPION	\$311.03
67922		REPAIR OF ENTROPION	\$142.38
67922	32	REPAIR OF ENTROPION	\$241.64
67923		REPAIR OF ENTROPION	\$350.65
67923	32	REPAIR OF ENTROPION	\$478.52
67924	32	REPAIR OF ENTROPION	\$398.81
67924		REPAIR OF ENTROPION	\$356.71
67930		SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$153.89
67930	32	SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$280.19
67935		SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$313.08
67935	32	SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$447.49
67938	32	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$167.90
67938		REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$63.32
67950	32	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$383.77
67950		CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$371.29
67961	32	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$375.16
67961		EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$353.02
67966	32	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$422.96
67966		EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$391.77
67971		RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$569.76
67973		RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$732.10
67974		RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$741.54
67975		RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$435.69
68020		INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$62.96
68020	32	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$113.83
68040		EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	\$33.35
68040	32	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	\$63.54
68100		BIOPSY OF CONJUNCTIVA	\$56.12
68100	32	BIOPSY OF CONJUNCTIVA	\$147.11
68110		EXCISION OF LESION, CONJUNCTIVA	\$83.77
68110	32	EXCISION OF LESION, CONJUNCTIVA	\$174.32
68115	32	EXCISION OF LESION, CONJUNCTIVA	\$207.19

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68115		EXCISION OF LESION, CONJUNCTIVA	\$115.75
68130		EXCISION OF LESION, CONJUNCTIVA	\$242.70
68135		DESTRUCTION OF LESION, CONJUNCTIVA	\$85.37
68135	32	DESTRUCTION OF LESION, CONJUNCTIVA	\$149.22
68200		SUBCONJUNCTIVAL INJECTION	\$21.82
68200	32	SUBCONJUNCTIVAL INJECTION	\$42.07
68320		CONJUNCTIVOPLASTY	\$328.63
68325		CONJUNCTIVOPLASTY	\$438.26
68326		CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC	\$427.00
68328		CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC	\$483.18
68330	32	REPAIR OF SYMBLEPHARON	\$352.99
68330		REPAIR OF SYMBLEPHARON	\$300.57
68335		REPAIR OF SYMBLEPHARON	\$413.76
68340		REPAIR OF SYMBLEPHARON	\$226.88
68340	32	REPAIR OF SYMBLEPHARON	\$358.17
68360	32	CONJUNCTIVAL FLAP	\$307.25
68360		CONJUNCTIVAL FLAP	\$276.11
68362		CONJUNCTIVAL FLAP	\$452.38
68371		HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$275.67
68400		INCISION, DRAINAGE OF LACRIMAL GLAND	\$86.30
68400	32	INCISION, DRAINAGE OF LACRIMAL GLAND	\$197.47
68420		INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR	\$107.86
68420	32	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR	\$221.14
68440		SNIP INCISION OF LACRIMAL PUNCTUM	\$54.47
68440	32	SNIP INCISION OF LACRIMAL PUNCTUM	\$125.30
68500		EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	\$568.09
68505		EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	\$595.45
68510	32	BIOPSY OF LACRIMAL GLAND	\$352.84
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
68530	32	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$326.16
68540		EXCISION OF LACRIMAL GLAND TUMOR	\$565.08
68550		EXCISION OF LACRIMAL GLAND TUMOR	\$713.92
68700		PLASTIC REPAIR OF CANALICULI	\$321.70
68705		CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$94.37
68705	32	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$174.03
68720		DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL	\$525.96
68745		CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA	\$454.77
68750		CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA	\$516.63
68760		CLOSURE OF LACRIMAL PUNCTUM	\$82.35
68760	32	CLOSURE OF LACRIMAL PUNCTUM	\$157.36
68761		CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$65.51
68761	32	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$142.64
68770		CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$314.42
68770	32	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$411.27
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$59.78
68801	32	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$71.65
68810		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION	\$112.94
68810	32	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION	\$171.36
68811		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION REQUIRING GEN ANESTHES	\$123.60

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68815	32	PROBING OF NASOLACRIMAL DUCT, WITH/WITHOUT IRRIGATION WITH INSERTION OF TUBE/STE	\$284.89
68815		PROBING OF NASOLACRIMAL DUCT, WITH/WITHOUT IRRIGATION WITH INSERTION OF TUBE/STE	\$147.46
68840		PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$57.95
68840	32	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$111.88
68850		INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$36.19
68850	32	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$68.85
69000	32	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$108.33
69000		DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$69.68
69005	32	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$125.58
69005		DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$97.79
69020	32	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$137.05
69020		DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$88.30
69100	32	BIOPSY EXTERNAL EAR	\$62.26
69100		BIOPSY EXTERNAL EAR	\$34.48
69105	32	BIOPSY EXTERNAL AUDITORY CANAL	\$80.06
69105		BIOPSY EXTERNAL AUDITORY CANAL	\$43.83
69110	32	EXCISION EXTERNAL EAR	\$254.62
69110		EXCISION EXTERNAL EAR	\$197.02
69120		EXCISION EXTERNAL EAR	\$255.86
69140		EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$530.23
69145	32	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$210.22
69145		EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$150.43
69150		RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION	\$715.85
69155		RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION	\$1,079.28
69200	32	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	\$79.06
69200		REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	\$35.80
69205		REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	\$71.57
69210		REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH	\$22.98
69210	32	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH	\$38.57
69220	32	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	\$80.11
69220		DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	\$38.68
69222	32	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	\$131.69
69222		DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	\$86.47
69300		OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$335.77
69310		RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY)	\$674.12
69320		RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA,	\$965.06
69400	32	EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$75.06
69400		EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$37.16
69401	32	EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$46.63
69401		EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$31.73
69405	32	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	\$152.59
69405		EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	\$122.53
69420	32	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$112.22
69420		MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$72.56
69421		MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$97.08
69421	32	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$100.92
69424	32	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	\$76.02
69424		VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	\$40.09
69433	32	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	\$115.42

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69433		TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	\$78.53
69436		TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL	\$158.37
69440		MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL	\$455.43
69450		TYMPANOLYSIS, TRANSCANAL	\$342.78
69501		TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$539.64
69502		MASTOIDECTOMY	\$727.00
69505		MASTOIDECTOMY	\$764.58
69511		MASTOIDECTOMY	\$793.37
69530		PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,043.24
69535		RESECTION TEMPORAL BONE, EXTERNAL APPROACH	\$1,809.83
69540	32	EXCISION AURAL POLYP	\$123.98
69540		EXCISION AURAL POLYP	\$79.26
69550		EXCISION AURAL GLOMUS TUMOR	\$649.05
69552		EXCISION AURAL GLOMUS TUMOR	\$1,045.66
69554		EXCISION AURAL GLOMUS TUMOR	\$1,663.32
69601		REVISION MASTOIDECTOMY	\$776.40
69602		REVISION MASTOIDECTOMY	\$796.51
69603		REVISION MASTOIDECTOMY	\$821.56
69604		REVISION MASTOIDECTOMY	\$820.63
69605		REVISION MASTOIDECTOMY	\$983.87
69610	32	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION	\$248.27
69610		TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION	\$190.42
69620	32	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$424.78
69620		MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$329.88
69631		TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$590.44
69632		TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$758.45
69633		TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$722.62
69635		TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$784.69
69636		TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$897.81
69637		TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$890.92
69641		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$750.22
69642		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$987.54
69643		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$903.19
69644		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$994.02
69645		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$961.59
69646		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$1,052.75
69650		STAPES MOBILIZATION	\$571.51
69660		STAPEDECTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY,	\$696.53
69661		STAPEDECTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY,	\$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
69700		CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$453.54
69711		REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION DEVICE	\$567.15
69714		IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHME	\$723.52

PROC-CD	MOD	Description	Medicaid Fee Schedule
69715		IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHME	\$914.52
69717		REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEM	\$748.46
69718		REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEM	\$925.85
69720		DECOMPRESSION FACIAL NERVE, INTRATEMPORAL	\$849.88
69725		DECOMPRESSION FACIAL NERVE, INTRATEMPORAL	\$1,228.96
69740		SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	\$818.30
69745		SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	\$933.13
69801		LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER	\$511.24
69802		LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER	\$719.78
69805		ENDOLYMPHATIC SAC OPERATION	\$768.15
69806		ENDOLYMPHATIC SAC OPERATION	\$730.32
69820		FENESTRATION SEMICIRCULAR CANAL	\$566.86
69840		REVISION FENESTRATION OPERATION	\$582.10
69905		LABYRINTHECTOMY	\$659.12
69910		LABYRINTHECTOMY	\$798.08
69915		VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,130.49
69930		COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$972.60
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
69970		REMOVAL OF TUMOR, TEMPORAL BONE	\$1,475.41
69990		USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	\$155.12
70010	26	MYELOGRAPHY, POSTERIOR FOSSA,	\$46.29
70010	TC	MYELOGRAPHY, POSTERIOR FOSSA,	142.62
70010		MYELOGRAPHY, POSTERIOR FOSSA	\$188.91
70015	26	CISTERNOGRAPHY, POSITIVE CONTR	\$46.60
70015	TC	CISTERNOGRAPHY, POSITIVE CONTR	44.8
70015		CISTERNOGRAPHY, POSITIVE CONTRAST	\$91.40
70030	26	RADIOLOGIC EXAMINATION, EYE, F	\$6.79
70030	TC	RADIOLOGIC EXAMINATION, EYE, F	13.91
70030		RADIOLOGIC EXAMINATION, EYE,	\$21.02
70100	26	RADIOLOGIC EXAMINATION, MANDIB	\$9.24
70100	TC	RADIOLOGIC EXAMINATION, MANDIB	17.04
70100		RADIOLOGIC EXAMINATION, MANDIBLE	\$27.78
70110	TC	RADIOLOGIC EXAMINATION, MANDIB	20.4
70110	26	RADIOLOGIC EXAMINATION, MANDIB	\$12.78
70110		RADIOLOGIC EXAMINATION, MANDIBLE	\$34.71
70120	26	RADIOLOGIC EXAMINATION, MASTOI	\$9.24
70120	TC	RADIOLOGIC EXAMINATION, MASTOI	20.4
70120		RADIOLOGIC EXAMINATION, MASTOIDS	\$34.15
70130	TC	RADIOLOGIC EXAMINATION, MASTOI	25.96
70130	26	RADIOLOGIC EXAMINATION, MASTOI	\$17.46
70130		RADIOLOGIC EXAMINATION, MASTOIDS	\$39.20
70134	26	RADIOLOGIC EXAMINATION, INTERN	\$13.25
70134	TC	RADIOLOGIC EXAMINATION, INTERN	24.39
70134		RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$37.65
70140	26	RADIOLOGIC EXAMINATION, FACIAL	\$9.76
70140	TC	RADIOLOGIC EXAMINATION, FACIAL	20.4
70140		RADIOLOGIC EXAMINATION, FACIAL BONES	\$31.49
70150	26	RADIOLOGIC EXAMINATION, FACIAL	\$13.35
70150	TC	RADIOLOGIC EXAMINATION, FACIAL	25.96



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70150		RADIOLOGIC EXAMINATION, FACIAL BONES	\$40.82
70160	26	RADIOLOGIC EXAMINATION, NASAL	\$8.88
70160	TC	RADIOLOGIC EXAMINATION, NASAL	17.04
70160		RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF	\$27.12
70170	26	DACRYOCYSTOGRAPHY, NASOLACRIMA	\$11.89
70170	TC	DACRYOCYSTOGRAPHY, NASOLACRIMA	31.51
70170		DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT	\$43.39
70190	26	RADIOLOGIC EXAMINATION; OPTIC	\$8.58
70190	TC	RADIOLOGIC EXAMINATION; OPTIC	20.4
70190		RADIOLOGIC EXAMINATION	\$28.99
70200	TC	RADIOLOGIC EXAMINATION; ORBITS	25.96
70200	26	RADIOLOGIC EXAMINATION; ORBITS	\$14.48
70200		RADIOLOGIC EXAMINATION	\$41.79
70210	26	RADIOLOGIC EXAMINATION, SINUSE	\$8.88
70210	TC	RADIOLOGIC EXAMINATION, SINUSE	20.4
70210		RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE	\$30.52
70220	26	RADIOLOGIC EXAMINATION, SINUSE	\$12.99
70220	TC	RADIOLOGIC EXAMINATION, SINUSE	25.96
70220		RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM	\$40.07
70240	26	RADIOLOGIC EXAMINATION, SELLA	\$7.75
70240	TC	RADIOLOGIC EXAMINATION, SELLA	13.91
70240		RADIOLOGIC EXAMINATION, SELLA TURCICA	\$21.66
70250	TC	RADIOLOGIC EXAMINATION, SKULL;	20.4
70250	26	RADIOLOGIC EXAMINATION, SKULL;	\$12.22
70250		RADIOLOGIC EXAMINATION, SKULL	\$30.09
70260	TC	RADIOLOGIC EXAMINATION, SKULL;	29.64
70260	26	RADIOLOGIC EXAMINATION, SKULL;	\$17.46
70260		RADIOLOGIC EXAMINATION, SKULL	\$48.43
70300	26	RADIOLOGIC EXAMINATION, TEETH;	\$4.44
70300	TC	RADIOLOGIC EXAMINATION, TEETH;	8.92
70300		RADIOLOGIC EXAMINATION, TEETH	\$13.36
70310	26	RADIOLOGIC EXAMINATION, TEETH;	\$6.65
70310	TC	RADIOLOGIC EXAMINATION, TEETH;	13.91
70310		RADIOLOGIC EXAMINATION, TEETH	\$20.56
70320	26	RADIOLOGIC EXAMINATION, TEETH;	\$8.85
70320	TC	RADIOLOGIC EXAMINATION, TEETH;	25.96
70320		RADIOLOGIC EXAMINATION, TEETH	\$34.80
70328	26	RADIOLOGIC EXAMINATION, TEMPOR	\$7.88
70328	TC	RADIOLOGIC EXAMINATION, TEMPOR	16.41
70328		RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND	\$23.89
70330	26	RADIOLOGIC EXAMINATION, TEMPOR	\$12.22
70330	TC	RADIOLOGIC EXAMINATION, TEMPOR	27.83
70330		RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND	\$40.04
70332	26	TEMPOROMANDIBULAR JOINT ARTHRO	\$21.57
70332	TC	TEMPOROMANDIBULAR JOINT ARTHRO	69.25
70332		TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$90.82
70336	26	MAGNETIC RESONANCE (EG, PROTON	\$54.17
70336	TC	MAGNETIC RESONANCE (EG, PROTON	369.03
70336		MAGNETIC RENONANCE(EG,PROTON)IMAGING,TEMPOROMANDIBULAR JOINT	\$423.20
70350	26	CEPHALOGRAM, ORTHODONTIC	\$6.90
70350	TC	CEPHALOGRAM, ORTHODONTIC	12.66
70350		CEPHALOGRAM, ORTHODONTIC	\$19.57
70355	26	ORTHOPANTOGRAM	\$8.01
70355	TC	ORTHOPANTOGRAM	18.84
70355		ORTHOPANTOGRAM	\$26.85

PROC-CD	MOD	Description	Medicaid Fee Schedule
70360	26	RADIOLOGIC EXAMINATION; NECK,	\$6.90
70360		RADIOLOGIC EXAMINATION	\$20.82
70390	26	SIALOGRAPHY, RADIOLOGICAL SUPE	\$14.87
70390	TC	SIALOGRAPHY, RADIOLOGICAL SUPE	59.03
70390		SIALOGRAPHY	\$73.89
70450	TC	COMPUTED TOMOGRAPHY, HEAD OR B	139.1
70450	26	COMPUTED TOMOGRAPHY, HEAD OR B	\$43.92
70450		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$203.07
70460	26	COMPUTED TOMOGRAPHY, HEAD OR B	\$58.18
70460	TC	COMPUTED TOMOGRAPHY, HEAD OR B	186.48
70460		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$256.62
70470	26	COMPUTED TOMOGRAPHY, HEAD OR B	\$65.31
70470	TC	COMPUTED TOMOGRAPHY, HEAD OR B	232.9
70470		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$310.02
70480	26	COMPUTED TOMOGRAPHY, ORBIT, SE	\$66.03
70480	TC	COMPUTED TOMOGRAPHY, ORBIT, SE	155.53
70480		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$231.00
70481	26	COMPUTED TOMOGRAPHY, ORBIT, SE	\$70.78
70481	TC	COMPUTED TOMOGRAPHY, ORBIT, SE	186.48
70481		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$240.26
70482	26	COMPUTED TOMOGRAPHY, ORBIT, SE	\$74.50
70482	TC	COMPUTED TOMOGRAPHY, ORBIT, SE	232.9
70482		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$289.71
70486	26	COMPUTED TOMOGRAPHY, MAXILLOFA	\$58.25
70486	TC	COMPUTED TOMOGRAPHY, MAXILLOFA	155.53
70486		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$209.20
70487	26	COMPUTED TOMOGRAPHY, MAXILLOFA	\$66.65
70487	TC	COMPUTED TOMOGRAPHY, MAXILLOFA	186.48
70487		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$237.23
70488	26	COMPUTED TOMOGRAPHY, MAXILLOFA	\$55.71
70488	TC	COMPUTED TOMOGRAPHY, MAXILLOFA	232.9
70488		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$288.60
70490	26	COMPUTED TOMOGRAPHY, SOFT TISS	\$50.21
70490	TC	COMPUTED TOMOGRAPHY, SOFT TISS	155.53
70490		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$205.75
70491	26	COMPUTED TOMOGRAPHY, SOFT TISS	\$70.84
70491	TC	COMPUTED TOMOGRAPHY, SOFT TISS	186.48
70491		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$268.85
70492	TC	COMPUTED TOMOGRAPHY, SOFT TISS	186.48
70492	26	COMPUTED TOMOGRAPHY, SOFT TISS	\$53.78
70492		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$289.49
70496	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	279.09
70496		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$334.94
70496	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$67.72
70498	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	279.09
70498		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$334.94
70498	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$67.72
70540	26	MAGNETIC RESONANCE (EG, PROTON	\$66.13
70540	TC	MAGNETIC RESONANCE (EG, PROTON	369.03
70540		MAGNETIC RESONANCE (EG, PROTON) IMAGING	\$427.26
70542	26	MAGNETIC RESONANCE (EG, PROTON	\$59.88
70542	TC	MAGNETIC RESONANCE (EG, PROTON	382.28
70542		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST MA	\$442.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
70543	26	MAGNETIC RESONANCE (EG, PROTON	\$82.61
70543		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT CONTRAST	\$787.12
70543	TC	MAGNETIC RESONANCE (EG, PROTON	983
70544	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$61.91
70544	TC	MAGNETIC RESONANCE ANGIOGRAPHY	322.35
70544		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70545	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$61.91
70545	TC	MAGNETIC RESONANCE ANGIOGRAPHY	322.35
70545		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$366.93
70546	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$93.01
70546	TC	MAGNETIC RESONANCE ANGIOGRAPHY	634.35
70546		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70547	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$61.91
70547	TC	MAGNETIC RESONANCE ANGIOGRAPHY	322.35
70547		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70548	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$61.91
70548	TC	MAGNETIC RESONANCE ANGIOGRAPHY	322.35
70548		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$366.93
70549	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$93.01
70549	TC	MAGNETIC RESONANCE ANGIOGRAPHY	634.35
70549		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70551	26	MAGNETIC RESONANCE (EG, PROTON	\$74.30
70551		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$427.26
70551	TC	MAGNETIC RESONANCE (EG, PROTON	410.54
70552	26	MAGNETIC RESONANCE (EG, PROTON	\$89.86
70552	TC	MAGNETIC RESONANCE (EG, PROTON	442.34
70552		MRI BRAIN, INCL BRAIN STEM; WITH CONTRAST	\$512.45
70553	26	MAGNETIC RESONANCE (EG, PROTON	\$98.82
70553		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT C	\$912.41
70553	TC	MAGNETIC RESONANCE (EG, PROTON	879.74
70557	26	MAGNETIC RESONANCE (EG, PROTON	\$109.33
70558	26	MAGNETIC RESONANCE (EG, PROTON	\$120.85
70559	26	MAGNETIC RESONANCE (EG, PROTON	\$121.29
71010	26	RADIOLOGIC EXAMINATION, CHEST;	\$7.30
71010	TC	RADIOLOGIC EXAMINATION, CHEST;	15.78
71010		RADIOLOGIC EXAMINATION, CHEST	\$22.95
71015	TC	RADIOLOGIC EXAMINATION, CHEST;	17.04
71015	26	RADIOLOGIC EXAMINATION, CHEST;	\$10.73
71015		RADIOLOGIC EXAMINATION, CHEST	\$25.62
71020	26	RADIOLOGIC EXAMINATION, CHEST,	\$9.58
71020	TC	RADIOLOGIC EXAMINATION, CHEST,	20.4
71020		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$29.95
71021	TC	RADIOLOGIC EXAMINATION, CHEST,	24.39
71021	26	RADIOLOGIC EXAMINATION, CHEST,	\$13.71
71021		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$39.42
71022	TC	RADIOLOGIC EXAMINATION, CHEST,	24.39

PROC-CD	MOD	Description	Medicaid Fee Schedule
71022	26	RADIOLOGIC EXAMINATION, CHEST,	\$16.02
71022		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$41.36
71023	TC	RADIOLOGIC EXAMINATION, CHEST,	25.96
71023	26	RADIOLOGIC EXAMINATION, CHEST,	\$20.01
71023		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$40.88
71030	TC	RADIOLOGIC EXAMINATION, CHEST,	25.96
71030	26	RADIOLOGIC EXAMINATION, CHEST,	\$15.81
71030		RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR	\$38.10
71034	26	RADIOLOGIC EXAMINATION, CHEST,	\$23.18
71034	TC	RADIOLOGIC EXAMINATION, CHEST,	47.61
71034		RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR	\$66.13
71035	26	RADIOLOGIC EXAMINATION, CHEST,	\$8.32
71035	TC	RADIOLOGIC EXAMINATION, CHEST,	17.04
71035		RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS, EG, LATERAL	\$24.20
71040	26	BRONCHOGRAPHY, UNILATERAL, RAD	\$23.46
71040	TC	BRONCHOGRAPHY, UNILATERAL, RAD	48.23
71040		BRONCHOGRAPHY, UNILATERAL	\$71.16
71060	26	BRONCHOGRAPHY, BILATERAL, RADI	\$29.27
71060	TC	BRONCHOGRAPHY, BILATERAL, RADI	72.94
71060		BRONCHOGRAPHY, BILATERAL	\$102.20
71090	26	INSERTION PACEMAKER, FLUOROSCO	\$28.31
71090	TC	INSERTION PACEMAKER, FLUOROSCO	55.9
71090		INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, SUPERVISION	\$78.41
71100	TC	RADIOLOGIC EXAMINATION, RIBS,	18.84
71100	26	RADIOLOGIC EXAMINATION, RIBS,	\$11.27
71100		RADIOLOGIC EXAMINATION, RIBS, UNILATERAL	\$27.69
71101	TC	RADIOLOGIC EXAMINATION, RIBS,	21.96
71101	26	RADIOLOGIC EXAMINATION, RIBS,	\$13.71
71101		RADIOLOGIC EXAMINATION, RIBS, UNILATERAL	\$37.39
71110	26	RADIOLOGIC EXAMINATION, RIBS,	\$13.71
71110	TC	RADIOLOGIC EXAMINATION, RIBS,	25.96
71110		RADIOLOGIC EXAMINATION, RIBS, BILATERAL	\$38.95
71111	TC	RADIOLOGIC EXAMINATION, RIBS,	29.64
71111	26	RADIOLOGIC EXAMINATION, RIBS,	\$16.33
71111		RADIOLOGIC EXAMINATION, RIBS, BILATERAL	\$42.36
71120	26	RADIOLOGIC EXAMINATION; STERNU	\$10.37
71120	TC	RADIOLOGIC EXAMINATION; STERNU	21.34
71120		RADIOLOGIC EXAMINATION	\$31.55
71130	26	RADIOLOGIC EXAMINATION; STERNO	\$11.26
71130	TC	RADIOLOGIC EXAMINATION; STERNO	23.21
71130		RADIOLOGIC EXAMINATION	\$32.05
71250	26	COMPUTED TOMOGRAPHY, THORAX; W	\$59.52
71250	TC	COMPUTED TOMOGRAPHY, THORAX; W	194.84
71250		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$266.42
71260	26	COMPUTED TOMOGRAPHY, THORAX; W	\$63.67
71260	TC	COMPUTED TOMOGRAPHY, THORAX; W	232.9
71260		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$304.37
71270	26	COMPUTED TOMOGRAPHY, THORAX; W	\$70.78
71270	TC	COMPUTED TOMOGRAPHY, THORAX; W	291.1
71270		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$381.88
71275	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	320.86
71275		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$382.28

PROC-CD	MOD	Description	Medicaid Fee Schedule
71275	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$73.76
71550	26	MAGNETIC RESONANCE (EG, PROTON	\$74.65
71550	TC	MAGNETIC RESONANCE (EG, PROTON	369.93
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR	\$431.66
71551	26	MAGNETIC RESONANCE (EG, PROTON	\$63.84
71551	TC	MAGNETIC RESONANCE (EG, PROTON	383.16
71551		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$446.99
71552	26	MAGNETIC RESONANCE (EG, PROTON	\$93.73
71552	TC	MAGNETIC RESONANCE (EG, PROTON	704.71
71552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$788.32
71555	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$86.91
71555	TC	MAGNETIC RESONANCE ANGIOGRAPHY	369.03
71555		MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CO	\$438.68
72010	26	RADIOLOGIC EXAMINATION, SPINE,	\$21.69
72010	TC	RADIOLOGIC EXAMINATION, SPINE,	36.11
72010		RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	\$58.32
72020	26	RADIOLOGIC EXAMINATION, SPINE,	\$7.75
72020	TC	RADIOLOGIC EXAMINATION, SPINE,	14.98
72020		RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$22.39
72040	TC	RADIOLOGIC EXAMINATION, SPINE,	19.78
72040	26	RADIOLOGIC EXAMINATION, SPINE,	\$11.26
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$32.09
72050	TC	RADIOLOGIC EXAMINATION, SPINE,	29.64
72050	26	RADIOLOGIC EXAMINATION, SPINE,	\$16.02
72050		RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$46.81
72052	26	RADIOLOGIC EXAMINATION, SPINE,	\$18.59
72052	TC	RADIOLOGIC EXAMINATION, SPINE,	39.85
72052		RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$55.95
72069	26	RADIOLOGIC EXAMINATION, SPINE,	\$11.87
72069	TC	RADIOLOGIC EXAMINATION, SPINE,	17.71
72069		RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$25.26
72070	TC	RADIOLOGIC EXAMINATION, SPINE;	21.34
72070	26	RADIOLOGIC EXAMINATION, SPINE;	\$11.26
72070		RADIOLOGIC EXAMINATION, SPINE	\$33.59
72072	26	RADIOLOGIC EXAMINATION, SPINE;	\$10.27
72072	TC	RADIOLOGIC EXAMINATION, SPINE;	24.39
72072		RADIOLOGIC EXAMINATION, SPINE	\$33.24
72074	26	RADIOLOGIC EXAMINATION, SPINE;	\$8.85
72074	TC	RADIOLOGIC EXAMINATION, SPINE;	30.26
72074		RADIOLOGIC EXAMINATION, SPINE	\$39.10
72080	26	RADIOLOGIC EXAMINATION, SPINE;	\$11.26
72080	TC	RADIOLOGIC EXAMINATION, SPINE;	21.96
72080		RADIOLOGIC EXAMINATION, SPINE	\$32.38
72090	TC	RADIOLOGIC EXAMINATION, SPINE;	21.96
72090	26	RADIOLOGIC EXAMINATION, SPINE;	\$14.67
72090		RADIOLOGIC EXAMINATION, SPINE	\$37.71
72100	26	RADIOLOGIC EXAMINATION, SPINE,	\$11.26
72100	TC	RADIOLOGIC EXAMINATION, SPINE,	21.96
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$34.48
72110	26	RADIOLOGIC EXAMINATION, SPINE,	\$16.02
72110	TC	RADIOLOGIC EXAMINATION, SPINE,	32.35
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$47.49

PROC-CD	MOD	Description	Medicaid Fee Schedule
72114	26	RADIOLOGIC EXAMINATION, SPINE,	\$18.80
72114	TC	RADIOLOGIC EXAMINATION, SPINE,	39.3
72114		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$57.07
72120	26	RADIOLOGIC EXAMINATION, SPINE,	\$8.85
72120	TC	RADIOLOGIC EXAMINATION, SPINE,	29.64
72120		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS	\$38.48
72125	26	COMPUTED TOMOGRAPHY, CERVICAL	\$59.52
72125	TC	COMPUTED TOMOGRAPHY, CERVICAL	194.84
72125		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$266.42
72126	26	COMPUTED TOMOGRAPHY, CERVICAL	\$62.20
72126	TC	COMPUTED TOMOGRAPHY, CERVICAL	232.9
72126		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$280.60
72127	26	COMPUTED TOMOGRAPHY, CERVICAL	\$49.64
72127	TC	COMPUTED TOMOGRAPHY, CERVICAL	291.1
72127		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$340.76
72128	26	COMPUTED TOMOGRAPHY, THORACIC	\$45.50
72128	TC	COMPUTED TOMOGRAPHY, THORACIC	194.84
72128		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$240.34
72129	26	COMPUTED TOMOGRAPHY, THORACIC	\$62.20
72129	TC	COMPUTED TOMOGRAPHY, THORACIC	232.9
72129		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$280.60
72130	26	COMPUTED TOMOGRAPHY, THORACIC	\$63.46
72130	TC	COMPUTED TOMOGRAPHY, THORACIC	291.1
72130		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$340.75
72131	26	COMPUTED TOMOGRAPHY, LUMBAR SP	\$59.52
72131	TC	COMPUTED TOMOGRAPHY, LUMBAR SP	177.96
72131		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$247.17
72132	26	COMPUTED TOMOGRAPHY, LUMBAR SP	\$62.20
72132	TC	COMPUTED TOMOGRAPHY, LUMBAR SP	232.9
72132		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$280.60
72133	26	COMPUTED TOMOGRAPHY, LUMBAR SP	\$49.95
72133	TC	COMPUTED TOMOGRAPHY, LUMBAR SP	291.1
72133		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$341.06
72141	26	MAGNETIC RESONANCE (EG, PROTON	\$80.22
72141	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$431.66
72141		MAGNETIC RESONANCE (EG, PROTON	396.1
72142	26	MAGNETIC RESONANCE (EG, PROTON	\$95.99
72142	TC	MAGNETIC RESONANCE (EG, PROTON	442.34
72142		MAGNETIC RESONANCE IMAGING, SPINAL CANAL & W/CONT MATERIAL	\$517.94
72146	26	MAGNETIC RESONANCE (EG, PROTON	\$80.49
72146	TC	MAGNETIC RESONANCE (EG, PROTON	409.59
72146		MRI, SPINAL CANAL & CONTENTS, THORACIC W/O CONTRAST MATERIALS	\$472.21
72147	26	MAGNETIC RESONANCE (EG, PROTON	\$99.68
72147	TC	MAGNETIC RESONANCE (EG, PROTON	442.34
72147		MRI, SPINAL CONAL & CONTENTS, THORACIC W/CONTRAST MATERIAL(S)	\$517.94
72148	26	MAGNETIC RESONANCE (EG, PROTON	\$74.23
72148	TC	MRI SPINAL CANAL & CONTENTS; W/O CONTRAST LUMBAR	\$467.81
72148		MAGNETIC RESONANCE (EG, PROTON	439.71
72149	26	MAGNETIC RESONANCE (EG, PROTON	\$93.00
72149	TC	MAGNETIC RESONANCE (EG, PROTON	442.34
72149		MAGNETIC RESONANCE IMAGING, SPINAL CANAL W/CONTRAST MATERIAL	\$512.45
72156	26	MAGNETIC RESONANCE (EG, PROTON	\$106.93
72156	TC	MAGNETIC RESONANCE (EG, PROTON	819.67
72156		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$920.36
72157	26	MAGNETIC RESONANCE (EG, PROTON	\$106.93

PROC-CD	MOD	Description	Medicaid Fee Schedule
72157	TC	MAGNETIC RESONANCE (EG, PROTON	819.66
72157		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$920.36
72158	26	MAGNETIC RESONANCE (EG, PROTON	\$98.61
72158	TC	MAGNETIC RESONANCE (EG, PROTON	819.67
72158		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$912.41
72170	26	RADIOLOGIC EXAMINATION, PELVIS	\$8.43
72170	TC	RADIOLOGIC EXAMINATION, PELVIS	18.74
72170		RADIOLOGIC EXAMINATION, PELVIS	\$26.78
72190	26	RADIOLOGIC EXAMINATION, PELVIS	\$10.73
72190	TC	RADIOLOGIC EXAMINATION, PELVIS	21.96
72190		RADIOLOGIC EXAMINATION, PELVIS	\$34.17
72191	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	311.76
72191		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$369.74
72191	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$69.43
72192	26	COMPUTED TOMOGRAPHY, PELVIS; W	\$55.83
72192	TC	COMPUTED TOMOGRAPHY, PELVIS; W	194.84
72192		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$262.48
72193	26	COMPUTED TOMOGRAPHY, PELVIS; W	\$59.53
72193	TC	COMPUTED TOMOGRAPHY, PELVIS; W	225.48
72193		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$278.84
72194	26	COMPUTED TOMOGRAPHY, PELVIS; W	\$62.20
72194	TC	COMPUTED TOMOGRAPHY, PELVIS; W	279.37
72194		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$327.07
72195	26	MAGNETIC RESONANCE (EG, PROTON	\$60.54
72195	TC	MAGNETIC RESONANCE (EG, PROTON	319.74
72195		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$373.71
72196	TC	MAGNETIC RESONANCE (EG, PROTON	369.03
72196	26	MAGNETIC RESONANCE (EG, PROTON	\$79.83
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$431.66
72197	26	MAGNETIC RESONANCE (EG, PROTON	\$83.61
72197	TC	MAGNETIC RESONANCE (EG, PROTON	709.06
72197		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), F	\$792.67
72198	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$66.83
72198	TC	MAGNETIC RESONANCE ANGIOGRAPHY	326.65
72198		MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$394.91
72200	26	RADIOLOGIC EXAMINATION, SACROI	\$6.90
72200	TC	RADIOLOGIC EXAMINATION, SACROI	17.04
72200		RADIOLOGIC EXAMINATION, SACROILIAC JOINTS	\$27.12
72202	26	RADIOLOGIC EXAMINATION, SACROI	\$9.76
72202	TC	RADIOLOGIC EXAMINATION, SACROI	20.4
72202		RADIOLOGIC EXAMINATION, SACROILIAC JOINTS	\$28.90
72220	26	RADIOLOGIC EXAMINATION, SACRUM	\$8.88
72220	TC	RADIOLOGIC EXAMINATION, SACRUM	18.84
72220		RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO	\$28.81
72240		MYELOGRAPHY, CERVICAL	\$156.47
72240	26	MYELOGRAPHY, CERVICAL, RADIOLO	\$46.66
72240	TC	MYELOGRAPHY, CERVICAL, RADIOLO	156.47
72255	26	MYELOGRAPHY, THORACIC, RADIOLO	\$46.18
72255	TC	MYELOGRAPHY, THORACIC, RADIOLO	142.62
72255		MYELOGRAPHY, THORACIC	\$178.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
72265	26	MYELOGRAPHY, LUMBOSACRAL, RADI	\$42.42
72265	TC	MYELOGRAPHY, LUMBOSACRAL, RADI	134.2
72265		MYELOGRAPHY, LUMBOSACRAL	\$166.71
72270	26	MYELOGRAPHY, TWO OR MORE REGIO	\$52.09
72270	TC	MYELOGRAPHY, TWO OR MORE REGIO	201.02
72270		MYELOGRAPHY, ENTIRE SPINAL CANAL	\$253.11
72275	26	EPIDUROGRAPHY, RADIOLOGICAL SU	\$26.48
72275	TC	EPIDUROGRAPHY, RADIOLOGICAL SU	70.58
72275		EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$108.61
72285	26	DISKOGRAPHY, CERVICAL OR THORA	\$43.37
72285	TC	DISKOGRAPHY, CERVICAL OR THORA	275.95
72285		DISKOGRAPHY, CERVICAL	\$319.32
72295	26	DISKOGRAPHY, LUMBAR, RADIOLOGI	\$41.55
72295	TC	DISKOGRAPHY, LUMBAR, RADIOLOGI	258.66
72295		DISKOGRAPHY, LUMBAR	\$291.79
73000	26	RADIOLOGIC EXAMINATION; CLAVIC	\$8.16
73000	TC	RADIOLOGIC EXAMINATION; CLAVIC	17.04
73000		RADIOLOGIC EXAMINATION	\$23.36
73010	26	RADIOLOGIC EXAMINATION; SCAPUL	\$8.88
73010	TC	RADIOLOGIC EXAMINATION; SCAPUL	17.04
73010		RADIOLOGIC EXAMINATION	\$27.12
73020	26	RADIOLOGIC EXAMINATION, SHOULD	\$7.75
73020	TC	RADIOLOGIC EXAMINATION, SHOULD	15.78
73020		RADIOLOGIC EXAMINATION, SHOULDER	\$23.44
73030	26	RADIOLOGIC EXAMINATION, SHOULD	\$9.20
73030	TC	RADIOLOGIC EXAMINATION, SHOULD	18.84
73030		RADIOLOGIC EXAMINATION, SHOULDER	\$28.13
73040	26	RADIOLOGIC EXAMINATION, SHOULD	\$21.26
73040	TC	RADIOLOGIC EXAMINATION, SHOULD	69.25
73040		RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY	\$90.51
73050	26	RADIOLOGIC EXAMINATION; ACROMI	\$10.43
73050	TC	RADIOLOGIC EXAMINATION; ACROMI	21.96
73050		RADIOLOGIC EXAMINATION	\$33.51
73060	26	RADIOLOGIC EXAMINATION; HUMERU	\$8.88
73060	TC	RADIOLOGIC EXAMINATION; HUMERU	18.84
73060		RADIOLOGIC EXAMINATION	\$28.39
73070	26	RADIOLOGIC EXAMINATION, ELBOW;	\$7.75
73070	TC	RADIOLOGIC EXAMINATION, ELBOW;	17.04
73070		RADIOLOGIC EXAMINATION, ELBOW	\$23.75
73080	26	RADIOLOGIC EXAMINATION, ELBOW;	\$8.80
73080	TC	RADIOLOGIC EXAMINATION, ELBOW;	18.84
73080		RADIOLOGIC EXAMINATION, ELBOW	\$25.75
73085	26	RADIOLOGIC EXAMINATION, ELBOW,	\$21.57
73085	TC	RADIOLOGIC EXAMINATION, ELBOW,	69.25
73085		RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY	\$90.82
73090	26	RADIOLOGIC EXAMINATION; FOREAR	\$8.16
73090	TC	RADIOLOGIC EXAMINATION; FOREAR	17.04
73090		RADIOLOGIC EXAMINATION	\$26.47
73092	26	RADIOLOGIC EXAMINATION; UPPER	\$7.67
73092	TC	RADIOLOGIC EXAMINATION; UPPER	16.41
73092		RADIOLOGIC EXAMINATION	\$22.74
73100	26	RADIOLOGIC EXAMINATION, WRIST;	\$8.16
73100	TC	RADIOLOGIC EXAMINATION, WRIST;	16.41
73100		RADIOLOGIC EXAMINATION, WRIST	\$25.44
73110	26	RADIOLOGIC EXAMINATION, WRIST;	\$8.29
73110	TC	RADIOLOGIC EXAMINATION, WRIST;	17.34



PROC-CD	MOD	Description	Medicaid Fee Schedule
73110		RADIOLOGIC EXAMINATION, WRIST	\$24.25
73115	26	RADIOLOGIC EXAMINATION, WRIST,	\$21.57
73115	TC	RADIOLOGIC EXAMINATION, WRIST,	52.22
73115		RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY	\$73.79
73120	26	RADIOLOGIC EXAMINATION, HAND;	\$8.16
73120	TC	RADIOLOGIC EXAMINATION, HAND;	17.55
73120		RADIOLOGIC EXAMINATION, HAND	\$28.24
73130	26	RADIOLOGIC EXAMINATION, HAND;	\$8.88
73130	TC	RADIOLOGIC EXAMINATION, HAND;	19.08
73130		RADIOLOGIC EXAMINATION, HAND	\$27.34
73140	26	RADIOLOGIC EXAMINATION, FINGER	\$6.73
73140	TC	RADIOLOGIC EXAMINATION, FINGER	14.98
73140		RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO	\$21.42
73200	26	COMPUTED TOMOGRAPHY, UPPER EXT	\$55.80
73200	TC	COMPUTED TOMOGRAPHY, UPPER EXT	163.33
73200		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$205.80
73201	26	COMPUTED TOMOGRAPHY, UPPER EXT	\$59.62
73201	TC	COMPUTED TOMOGRAPHY, UPPER EXT	194.84
73201		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$240.34
73202	26	COMPUTED TOMOGRAPHY, UPPER EXT	\$47.70
73202	TC	COMPUTED TOMOGRAPHY, UPPER EXT	244.38
73202		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$356.88
73206	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	284.73
73206		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$342.45
73206	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$69.43
73218	26	MAGNETIC RESONANCE (EG, PROTON	\$49.72
73218	TC	MAGNETIC RESONANCE (EG, PROTON	318.66
73218		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$368.37
73219	26	MAGNETIC RESONANCE (EG, PROTON	\$59.88
73219	TC	MAGNETIC RESONANCE (EG, PROTON	382.28
73219		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$442.17
73220		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY,	\$714.47
73220	TC	MAGNETIC RESONANCE (EG, PROTON	645.58
73220	26	MAGNETIC RESONANCE (EG, PROTON	\$68.89
73221	26	MAGNETIC RESONANCE (EG, PROTON	\$54.17
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$423.20
73221	TC	MAGNETIC RESONANCE (EG, PROTON	415.68
73222	26	MAGNETIC RESONANCE (EG, PROTON	\$59.88
73222	TC	MAGNETIC RESONANCE (EG, PROTON	382.28
73222		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONT	\$442.17
73223	26	MAGNETIC RESONANCE (EG, PROTON	\$79.36
73223		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT C	\$787.12
73223	TC	MAGNETIC RESONANCE (EG, PROTON	983
73500	26	RADIOLOGIC EXAMINATION, HIP; U	\$8.82
73500	TC	RADIOLOGIC EXAMINATION, HIP; U	15.78
73500		RADIOLOGIC EXAMINATION, HIP	\$25.41
73510	26	RADIOLOGIC EXAMINATION, HIP, U	\$10.95
73510	TC	RADIOLOGIC EXAMINATION, HIP, U	20.43
73510		RADIOLOGIC EXAMINATION, HIP	\$30.75
73520	26	RADIOLOGIC EXAMINATION, HIPs,	\$13.64

PROC-CD	MOD	Description	Medicaid Fee Schedule
73520	TC	RADIOLOGIC EXAMINATION, HIPS,	23.84
73520		RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS	\$36.74
73525	26	RADIOLOGIC EXAMINATION, HIP, A	\$28.17
73525	TC	RADIOLOGIC EXAMINATION, HIP, A	69.25
73525		RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY	\$92.67
73530	TC	RADIOLOGIC EXAMINATION, HIP, D	17.04
73530	26	RADIOLOGIC EXAMINATION, HIP, D	\$14.84
73530		RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$28.35
73540	TC	RADIOLOGIC EXAMINATION, PELVIS	18.84
73540	26	RADIOLOGIC EXAMINATION, PELVIS	\$10.64
73540		RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD,	\$27.17
73542	26	RADIOLOGICAL EXAMINATION, SACR	\$26.57
73542	TC	RADIOLOGICAL EXAMINATION, SACR	68.32
73542		RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISIO	\$88.21
73550	26	RADIOLOGIC EXAMINATION, FEMUR,	\$8.78
73550	TC	RADIOLOGIC EXAMINATION, FEMUR,	18.84
73550		RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR	\$25.75
73560	26	RADIOLOGIC EXAMINATION, KNEE;	\$8.12
73560	TC	RADIOLOGIC EXAMINATION, KNEE;	17.04
73560		RADIOLOGIC EXAMINATION, KNEE	\$23.94
73562	TC	RADIOLOGIC EXAMINATION, KNEE;	18.84
73562	26	RADIOLOGIC EXAMINATION, KNEE;	\$9.54
73562		RADIOLOGIC EXAMINATION, KNEE	\$29.46
73564	26	RADIOLOGIC EXAMINATION, KNEE;	\$11.55
73564	TC	RADIOLOGIC EXAMINATION, KNEE;	22.13
73564		RADIOLOGIC EXAMINATION, KNEE	\$33.09
73565	26	RADIOLOGIC EXAMINATION, KNEE;	\$8.28
73565	TC	RADIOLOGIC EXAMINATION, KNEE;	16.41
73565		RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$25.75
73580	26	RADIOLOGIC EXAMINATION, KNEE,	\$22.95
73580	TC	RADIOLOGIC EXAMINATION, KNEE,	86.14
73580		RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY	\$107.55
73590	26	RADIOLOGIC EXAMINATION; TIBIA	\$8.47
73590	TC	RADIOLOGIC EXAMINATION; TIBIA	18.46
73590		RADIOLOGIC EXAMINATION	\$26.78
73592	26	RADIOLOGIC EXAMINATION; LOWER	\$6.65
73592	TC	RADIOLOGIC EXAMINATION; LOWER	16.41
73592		RADIOLOGIC EXAMINATION	\$23.05
73600	26	RADIOLOGIC EXAMINATION, ANKLE;	\$8.16
73600	TC	RADIOLOGIC EXAMINATION, ANKLE;	16.41
73600		RADIOLOGIC EXAMINATION, ANKLE	\$25.44
73610	26	RADIOLOGIC EXAMINATION, ANKLE;	\$8.32
73610	TC	RADIOLOGIC EXAMINATION, ANKLE;	17.34
73610		RADIOLOGIC EXAMINATION, ANKLE	\$24.25
73615	26	RADIOLOGIC EXAMINATION, ANKLE,	\$21.57
73615	TC	RADIOLOGIC EXAMINATION, ANKLE,	69.25
73615		RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY	\$90.82
73620	26	RADIOLOGIC EXAMINATION, FOOT;	\$7.97
73620	TC	RADIOLOGIC EXAMINATION, FOOT;	16.41
73620		RADIOLOGIC EXAMINATION, FOOT	\$23.05
73630	26	RADIOLOGIC EXAMINATION, FOOT;	\$8.88
73630	TC	RADIOLOGIC EXAMINATION, FOOT;	19.08
73630		RADIOLOGIC EXAMINATION, FOOT	\$27.46
73650	26	RADIOLOGIC EXAMINATION; CALCAN	\$8.16

PROC-CD	MOD	Description	Medicaid Fee Schedule
73650	TC	RADIOLOGIC EXAMINATION; CALCAN	17.03
73650		RADIOLOGIC EXAMINATION	\$24.76
73660	26	RADIOLOGIC EXAMINATION; TOE(S)	\$6.49
73660	TC	RADIOLOGIC EXAMINATION; TOE(S)	13.91
73660		RADIOLOGIC EXAMINATION	\$19.45
73700	26	COMPUTED TOMOGRAPHY, LOWER EXT	\$55.93
73700	TC	COMPUTED TOMOGRAPHY, LOWER EXT	163.33
73700		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$229.20
73701	26	COMPUTED TOMOGRAPHY, LOWER EXT	\$60.06
73701	TC	COMPUTED TOMOGRAPHY, LOWER EXT	194.84
73701		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$240.34
73702	26	COMPUTED TOMOGRAPHY, LOWER EXT	\$47.70
73702	TC	COMPUTED TOMOGRAPHY, LOWER EXT	244.38
73702		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$292.08
73706	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	284.73
73706		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$345.26
73706	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$72.94
73718	26	MAGNETIC RESONANCE (EG, PROTON	\$43.06
73718	TC	MAGNETIC RESONANCE (EG, PROTON	318.66
73718		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHO	\$368.37
73719	26	MAGNETIC RESONANCE (EG, PROTON	\$59.59
73719	TC	MAGNETIC RESONANCE (EG, PROTON	382.28
73719		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$441.87
73720		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY,	\$714.22
73720	TC	MAGNETIC RESONANCE (EG, PROTON	645.58
73720	26	MAGNETIC RESONANCE (EG, PROTON	\$74.09
73721	26	MAGNETIC RESONANCE (EG, PROTON	\$54.17
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$423.20
73721	TC	MAGNETIC RESONANCE (EG, PROTON	396.1
73722	26	MAGNETIC RESONANCE (EG, PROTON	\$62.93
73722	TC	MAGNETIC RESONANCE (EG, PROTON	382.28
73722		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONT	\$442.38
73723	26	MAGNETIC RESONANCE (EG, PROTON	\$82.61
73723	TC	MAGNETIC RESONANCE (EG, PROTON	707.76
73723		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT C	\$787.12
73725	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$84.83
73725	TC	MAGNETIC RESONANCE ANGIOGRAPHY	369.03
73725		MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERI	\$437.70
74000	26	RADIOLOGIC EXAMINATION, ABDOME	\$9.20
74000	TC	RADIOLOGIC EXAMINATION, ABDOME	18.74
74000		RADIOLOGIC EXAMINATION, ABDOMEN	\$27.43
74010	TC	RADIOLOGIC EXAMINATION, ABDOME	18.84
74010	26	RADIOLOGIC EXAMINATION, ABDOME	\$11.86
74010		RADIOLOGIC EXAMINATION, ABDOMEN	\$31.13
74020	TC	RADIOLOGIC EXAMINATION, ABDOME	20.4
74020	26	RADIOLOGIC EXAMINATION, ABDOME	\$13.71
74020		RADIOLOGIC EXAMINATION, ABDOMEN	\$35.17
74022	TC	RADIOLOGIC EXAMINATION, ABDOME	24.39
74022		RADIOLOGIC EXAMINATION, ABDOMEN	\$35.27

PROC-CD	MOD	Description	Medicaid Fee Schedule
74022	26	RADIOLOGIC EXAMINATION, ABDOME	\$16.33
74150	26	COMPUTED TOMOGRAPHY, ABDOMEN;	\$60.89
74150	TC	COMPUTED TOMOGRAPHY, ABDOMEN;	186.48
74150		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$259.18
74160	26	COMPUTED TOMOGRAPHY, ABDOMEN;	\$65.31
74160	TC	COMPUTED TOMOGRAPHY, ABDOMEN;	225.48
74160		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$276.22
74170	26	COMPUTED TOMOGRAPHY, ABDOMEN;	\$72.17
74170	TC	COMPUTED TOMOGRAPHY, ABDOMEN;	279.37
74170		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$362.28
74175	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	311.76
74175		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWE	\$372.30
74175	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$72.94
74181	26	MAGNETIC RESONANCE (EG, PROTON	\$74.65
74181	TC	MAGNETIC RESONANCE (EG, PROTON	369.03
74181		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$431.45
74182	26	MAGNETIC RESONANCE (EG, PROTON	\$68.03
74182	TC	MAGNETIC RESONANCE (EG, PROTON	383.16
74182		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$446.99
74183	26	MAGNETIC RESONANCE (EG, PROTON	\$83.61
74183	TC	MAGNETIC RESONANCE (EG, PROTON	709.06
74183		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$792.67
74185	26	MAGNETIC RESONANCE ANGIOGRAPHY	\$81.19
74185	TC	MAGNETIC RESONANCE ANGIOGRAPHY	369.03
74185		MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$438.11
74190		PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION	\$49.74
74190	26	PERITONEOGRAM (EG, AFTER INJEC	\$17.50
74190	TC	PERITONEOGRAM (EG, AFTER INJEC	42.98
74210	26	RADIOLOGIC EXAMINATION; PHARYN	\$18.78
74210	TC	RADIOLOGIC EXAMINATION; PHARYN	39.3
74210		RADIOLOGIC EXAMINATION	\$53.40
74220	26	RADIOLOGIC EXAMINATION; ESOPHA	\$20.28
74220	TC	RADIOLOGIC EXAMINATION; ESOPHA	39.3
74220		RADIOLOGIC EXAMINATION	\$57.52
74230	TC	SWALLOWING FUNCTION, WITH CINE	42.98
74230	26	SWALLOWING FUNCTION, WITH CINE	\$27.46
74230		SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH	\$73.05
74235	26	REMOVAL OF FOREIGN BODY(S), ES	\$46.60
74240	TC	RADIOLOGIC EXAMINATION, GASTRO	48.23
74240	26	RADIOLOGIC EXAMINATION, GASTRO	\$34.26
74240		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$88.76
74241	TC	RADIOLOGIC EXAMINATION, GASTRO	49.16
74241	26	RADIOLOGIC EXAMINATION, GASTRO	\$33.79
74241		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$89.65
74245	26	RADIOLOGIC EXAMINATION, GASTRO	\$38.80
74245	TC	RADIOLOGIC EXAMINATION, GASTRO	78.55
74245		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$114.41
74246	TC	RADIOLOGICAL EXAMINATION, GAST	54.4
74246	26	RADIOLOGICAL EXAMINATION, GAST	\$35.57
74246		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$93.04

PROC-CD	MOD	Description	Medicaid Fee Schedule
74247	TC	RADIOLOGICAL EXAMINATION, GAST	55.9
74247	26	RADIOLOGICAL EXAMINATION, GAST	\$35.57
74247		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$94.38
74249	26	RADIOLOGICAL EXAMINATION, GAST	\$39.74
74249	TC	RADIOLOGICAL EXAMINATION, GAST	84.72
74249		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$120.59
74250	TC	RADIOLOGIC EXAMINATION, SMALL	42.98
74250	26	RADIOLOGIC EXAMINATION, SMALL	\$24.08
74250		RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL	\$69.48
74251	26	RADIOLOGIC EXAMINATION, SMALL	\$27.51
74251	TC	RADIOLOGIC EXAMINATION, SMALL	42.98
74251		RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROC	\$68.44
74260	26	DUODENOGRAPHY, HYPOTONIC	\$19.89
74260	TC	DUODENOGRAPHY, HYPOTONIC	49.16
74260		DUODENOGRAPHY, HYPOTONIC	\$69.06
74270	26	RADIOLOGIC EXAMINATION, COLON;	\$31.16
74270	TC	RADIOLOGIC EXAMINATION, COLON;	56.53
74270		RADIOLOGIC EXAMINATION, COLON	\$90.00
74280	26	RADIOLOGIC EXAMINATION, COLON;	\$43.64
74280	TC	RADIOLOGIC EXAMINATION, COLON;	89.58
74280		RADIOLOGIC EXAMINATION, COLON	\$124.50
74283	26	THERAPEUTIC ENEMA, CONTRAST OR	\$79.17
74283	TC	THERAPEUTIC ENEMA, CONTRAST OR	84.41
74283		BARIUM ENEMA, THERAPEUTIC, FOR REDUCTION OF INTUSSUSCEPTION	\$163.58
74290	TC	CHOLECYSTOGRAPHY, ORAL CONTRAS	24.39
74290	26	CHOLECYSTOGRAPHY, ORAL CONTRAS	\$16.33
74290		CHOLECYSTOGRAPHY, ORAL CONTRAST	\$42.01
74300	26	CHOLANGIOGRAPHY AND/OR PANCREA	\$18.78
74301	26	CHOLANGIOGRAPHY AND/OR PANCREA	\$10.73
74305	TC	CHOLANGIOGRAPHY AND/OR PANCREA	25.96
74305	26	CHOLANGIOGRAPHY AND/OR PANCREA	\$21.81
74305		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$42.49
74320	26	CHOLANGIOGRAPHY, PERCUTANEOUS,	\$27.82
74320	TC	CHOLANGIOGRAPHY, PERCUTANEOUS,	103.94
74320		CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	\$125.20
74327	TC	POSTOPERATIVE BILIARY DUCT CAL	58.4
74327	26	POSTOPERATIVE BILIARY DUCT CAL	\$35.93
74327		POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA	\$85.99
74328	26	ENDOSCOPIC CATHETERIZATION OF	\$29.91
74328	TC	ENDOSCOPIC CATHETERIZATION OF	103.94
74328		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM,	\$131.53
74329	26	ENDOSCOPIC CATHETERIZATION OF	\$27.59
74330	26	COMBINED ENDOSCOPIC CATHETERIZ	\$34.04
74330	TC	COMBINED ENDOSCOPIC CATHETERIZ	103.94
74330		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	\$137.98
74340	26	INTRODUCTION OF LONG GASTROINT	\$27.82
74340	TC	INTRODUCTION OF LONG GASTROINT	86.28
74340		INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT),	\$107.55
74350	26	PERCUTANEOUS PLACEMENT OF GAST	\$39.32
74350	TC	PERCUTANEOUS PLACEMENT OF GAST	103.94
74350		PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	\$134.04
74355	26	PERCUTANEOUS PLACEMENT OF ENTE	\$35.78

PROC-CD	MOD	Description	Medicaid Fee Schedule
74355	TC	PERCUTANEOUS PLACEMENT OF ENTE	86.28
74355		PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE	\$116.39
74360	26	INTRALUMINAL DILATION OF STRIC	\$21.88
74360	TC	INTRALUMINAL DILATION OF STRIC	103.94
74360		INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS	\$125.82
74363	26	PERCUTANEOUS TRANSHEPATIC DILA	\$45.58
74400	26	UROGRAPHY (PYELOGRAPHY), INTRA	\$25.21
74400	TC	UROGRAPHY (PYELOGRAPHY), INTRA	55.9
74400		UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB	\$84.06
74410	26	UROGRAPHY, INFUSION, DRIP TECH	\$25.21
74410	TC	UROGRAPHY, INFUSION, DRIP TECH	64.32
74410		UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE	\$93.26
74415	26	UROGRAPHY, INFUSION, DRIP TECH	\$25.21
74415	TC	UROGRAPHY, INFUSION, DRIP TECH	69.88
74415		UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE	\$98.06
74420	26	UROGRAPHY, RETROGRADE, WITH OR	\$18.05
74420	TC	UROGRAPHY, RETROGRADE, WITH OR	86.28
74420		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$100.63
74425	26	UROGRAPHY, ANTEGRADE, (PYELOST	\$17.58
74425	TC	UROGRAPHY, ANTEGRADE, (PYELOST	42.98
74425		UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM)	\$57.07
74430	26	CYSTOGRAPHY, MINIMUM OF THREE	\$12.72
74430	TC	CYSTOGRAPHY, MINIMUM OF THREE	34.94
74430		CYSTOGRAPHY, MINIMUM OF THREE VIEWS	\$47.66
74440	26	VASOGRAPHY, VESICULOGRAPHY, OR	\$15.18
74440	TC	VASOGRAPHY, VESICULOGRAPHY, OR	37.43
74440		VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY	\$52.61
74450	26	URETHROCYSTOGRAPHY, RETROGRADE	\$12.99
74450	TC	URETHROCYSTOGRAPHY, RETROGRADE	48.23
74450		URETHROCYSTOGRAPHY, RETROGRADE	\$61.21
74455	26	URETHROCYSTOGRAPHY, VOIDING, R	\$14.33
74455	TC	URETHROCYSTOGRAPHY, VOIDING, R	52.22
74455		URETHROCYSTOGRAPHY, VOIDING	\$65.21
74470	26	RADIOLOGIC EXAMINATION, RENAL	\$21.26
74470	TC	RADIOLOGIC EXAMINATION, RENAL	41.11
74470		RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR,	\$62.37
74475	26	INTRODUCTION OF INTRACATHETER	\$24.44
74475	TC	INTRODUCTION OF INTRACATHETER	134.2
74475		INTRODUCTION OF INTRACATHETER OR CATHETER INTO	\$155.46
74480	26	INTRODUCTION OF URETERAL CATHE	\$24.08
74480	TC	INTRODUCTION OF URETERAL CATHE	134.2
74480		INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER	\$155.46
74485	26	DILATION OF NEPHROSTOMY, URETE	\$28.13
74485	TC	DILATION OF NEPHROSTOMY, URETE	103.94
74485		DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC	\$125.20
74710	26	PELVIMETRY, WITH OR WITHOUT PL	\$13.25
74710	TC	PELVIMETRY, WITH OR WITHOUT PL	34.94
74710		PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$48.19
74740	26	HYSTEROSALPINGOGRAPHY, RADIOLO	\$15.18
74740	TC	HYSTEROSALPINGOGRAPHY, RADIOLO	42.98
74740		HYSTEROSALPINGOGRAPHY	\$58.16
74742	26	TRANSCERVICAL CATHETERIZATION	\$23.41
74775	26	PERINEOGRAM (EG, VAGINOGRAM, F	\$24.86
74775	TC	PERINEOGRAM (EG, VAGINOGRAM, F	48.23
74775		PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT	\$73.09

PROC-CD	MOD	Description	Medicaid Fee Schedule
75552	26	CARDIAC MAGNETIC RESONANCE IMA	\$62.94
75552	TC	CARDIAC MAGNETIC RESONANCE IMA	369.03
75552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	\$431.97
75553	26	CARDIAC MAGNETIC RESONANCE IMA	\$75.21
75553	TC	CARDIAC MAGNETIC RESONANCE IMA	369.03
75553		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL	\$444.25
75554	26	CARDIAC MAGNETIC RESONANCE IMA	\$71.11
75554	TC	CARDIAC MAGNETIC RESONANCE IMA	369.03
75554		CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COM	\$440.14
75555	26	CARDIAC MAGNETIC RESONANCE IMA	\$69.43
75555	TC	CARDIAC MAGNETIC RESONANCE IMA	369.03
75555		CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIM	\$438.46
75600	26	AORTOGRAPHY, THORACIC, WITHOUT	\$20.25
75600	TC	AORTOGRAPHY, THORACIC, WITHOUT	414.83
75600		AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY	\$435.08
75605	26	AORTOGRAPHY, THORACIC, BY SERI	\$45.35
75605	TC	AORTOGRAPHY, THORACIC, BY SERI	414.83
75605		AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY	\$460.17
75625	26	AORTOGRAPHY, ABDOMINAL, BY SER	\$58.49
75625	TC	AORTOGRAPHY, ABDOMINAL, BY SER	414.83
75625		AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, BY SERIALOGRAPHY	\$459.80
75630	26	AORTOGRAPHY, ABDOMINAL PLUS BI	\$72.69
75630	TC	AORTOGRAPHY, ABDOMINAL PLUS BI	432.42
75630		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY,	\$571.32
75635	TC	COMPUTED TOMOGRAPHIC ANGIOGRAP	410.29
75635		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$487.09
75635	26	COMPUTED TOMOGRAPHIC ANGIOGRAP	\$92.44
75650	26	ANGIOGRAPHY, CERVICOCEREBRAL,	\$58.49
75650	TC	ANGIOGRAPHY, CERVICOCEREBRAL,	414.83
75650		ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING	\$473.31
75658	26	ANGIOGRAPHY, BRACHIAL, RETROGR	\$52.88
75658	TC	ANGIOGRAPHY, BRACHIAL, RETROGR	414.83
75658		ANGIOGRAPHY, BRACHIAL, RETROGRADE	\$467.70
75660	26	ANGIOGRAPHY, EXTERNAL CAROTID,	\$51.62
75660	TC	ANGIOGRAPHY, EXTERNAL CAROTID,	414.83
75660		ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, UNILATERAL, SELECTIVE	\$466.45
75662	26	ANGIOGRAPHY, EXTERNAL CAROTID,	\$66.39
75662	TC	ANGIOGRAPHY, EXTERNAL CAROTID,	414.83
75662		ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, BILATERAL, SELECTIVE	\$479.77
75665	26	ANGIOGRAPHY, CAROTID, CEREBRAL	\$54.84
75665	TC	ANGIOGRAPHY, CAROTID, CEREBRAL	414.83
75665		ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	\$466.70
75671	26	ANGIOGRAPHY, CAROTID, CEREBRAL	\$82.79
75671	TC	ANGIOGRAPHY, CAROTID, CEREBRAL	414.83
75671		ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	\$480.22
75676	26	ANGIOGRAPHY, CAROTID, CERVICAL	\$61.59
75676		ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	\$466.70
75676	TC	ANGIOGRAPHY, CAROTID, CERVICAL	502.93
75680	26	ANGIOGRAPHY, CAROTID, CERVICAL	\$85.45
75680	TC	ANGIOGRAPHY, CAROTID, CERVICAL	414.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
75680		ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	\$480.22
75685	26	ANGIOGRAPHY, VERTEBRAL, CERVIC	\$65.39
75685	TC	ANGIOGRAPHY, VERTEBRAL, CERVIC	414.83
75685		ANGIOGRAPHY, VERTEBRAL	\$466.14
75705	26	ANGIOGRAPHY, SPINAL, SELECTIVE	\$85.82
75705	TC	ANGIOGRAPHY, SPINAL, SELECTIVE	414.83
75705		ANGIOGRAPHY, SPINAL, SELECTIVE	\$500.64
75710	26	ANGIOGRAPHY, EXTREMITY, UNILAT	\$58.49
75710	TC	ANGIOGRAPHY, EXTREMITY, UNILAT	414.83
75710		ANGIOGRAPHY, EXTREMITY, UNILATERAL	\$550.27
75716	26	ANGIOGRAPHY, EXTREMITY, BILATE	\$66.87
75716	TC	ANGIOGRAPHY, EXTREMITY, BILATE	414.83
75716		ANGIOGRAPHY, EXTREMITY, BILATERAL	\$466.14
75722	26	ANGIOGRAPHY, RENAL, UNILATERAL	\$60.15
75722	TC	ANGIOGRAPHY, RENAL, UNILATERAL	414.83
75722		ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH	\$460.17
75724	26	ANGIOGRAPHY, RENAL, BILATERAL,	\$60.42
75724	TC	ANGIOGRAPHY, RENAL, BILATERAL,	414.83
75724		ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH	\$475.24
75726	26	ANGIOGRAPHY, VISCERAL, SELECTI	\$58.49
75726	TC	ANGIOGRAPHY, VISCERAL, SELECTI	414.83
75726		ANGIOGRAPHY, VISCERAL	\$459.48
75731	26	ANGIOGRAPHY, ADRENAL, UNILATER	\$44.66
75731	TC	ANGIOGRAPHY, ADRENAL, UNILATER	414.83
75731		ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	\$459.48
75733	26	ANGIOGRAPHY, ADRENAL, BILATERA	\$51.62
75733	TC	ANGIOGRAPHY, ADRENAL, BILATERA	414.83
75733		ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	\$466.45
75736	26	ANGIOGRAPHY, PELVIC, SELECTIVE	\$57.01
75736	TC	ANGIOGRAPHY, PELVIC, SELECTIVE	414.83
75736		ANGIOGRAPHY, PELVIC	\$459.48
75741	26	ANGIOGRAPHY, PULMONARY, UNILAT	\$51.31
75741	TC	ANGIOGRAPHY, PULMONARY, UNILAT	414.83
75741		ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE	\$466.14
75743	26	ANGIOGRAPHY, PULMONARY, BILATE	\$69.62
75743	TC	ANGIOGRAPHY, PULMONARY, BILATE	414.83
75743		ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE	\$479.91
75746	26	ANGIOGRAPHY, PULMONARY, BY NON	\$44.41
75746	TC	ANGIOGRAPHY, PULMONARY, BY NON	414.83
75746		ANGIOGRAPHY, PULMONARY	\$459.23
75756	26	ANGIOGRAPHY, INTERNAL MAMMARY,	\$46.90
75756	TC	ANGIOGRAPHY, INTERNAL MAMMARY,	414.83
75756		ANGIOGRAPHY, INTERNAL MAMMARY	\$461.73
75774	26	ANGIOGRAPHY, SELECTIVE, EACH A	\$18.33
75774	TC	ANGIOGRAPHY, SELECTIVE, EACH A	414.83
75774		ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER	\$428.91
75790	TC	ANGIOGRAPHY, ARTERIOVENOUS SHU	44.8
75790		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT)	\$120.00
75790	26	ANGIOGRAPHY, ARTERIOVENOUS SHU	\$86.02
75801	26	LYMPHANGIOGRAPHY, EXTREMITY ON	\$32.20
75801	TC	LYMPHANGIOGRAPHY, EXTREMITY ON	178.44
75801		LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL	\$210.73
75803	26	LYMPHANGIOGRAPHY, EXTREMITY ON	\$45.68
75803	TC	LYMPHANGIOGRAPHY, EXTREMITY ON	178.44
75803		LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL	\$224.19
75805	26	LYMPHANGIOGRAPHY, PELVIC/ABDOM	\$32.05



PROC-CD	MOD	Description	Medicaid Fee Schedule
75805	TC	LYMPHANGIOGRAPHY, PELVIC/ABDOM	201.02
75805		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	\$233.06
75807	26	LYMPHANGIOGRAPHY, PELVIC/ABDOM	\$45.76
75809	TC	SHUNTOGRAM FOR INVESTIGATION O	25.96
75809		SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (	\$44.12
75809	26	SHUNTOGRAM FOR INVESTIGATION O	\$24.47
75820	TC	VENOGRAPHY, EXTREMITY, UNILATE	31.51
75820		VENOGRAPHY, EXTREMITY, UNILATERAL	\$59.10
75820	26	VENOGRAPHY, EXTREMITY, UNILATE	\$34.15
75822	26	VENOGRAPHY, EXTREMITY, BILATER	\$41.37
75822	TC	VENOGRAPHY, EXTREMITY, BILATER	48.85
75822		VENOGRAPHY, EXTREMITY, BILATERAL	\$90.22
75825	26	VENOGRAPHY, CAVAL, INFERIOR, W	\$44.66
75825	TC	VENOGRAPHY, CAVAL, INFERIOR, W	414.83
75825		VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY	\$459.48
75827	26	VENOGRAPHY, CAVAL, SUPERIOR, W	\$44.66
75827	TC	VENOGRAPHY, CAVAL, SUPERIOR, W	414.83
75827		VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY	\$459.48
75831	26	VENOGRAPHY, RENAL, UNILATERAL,	\$44.66
75831	TC	VENOGRAPHY, RENAL, UNILATERAL,	414.83
75831		VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	\$459.48
75833	26	VENOGRAPHY, RENAL, BILATERAL,	\$58.49
75833	TC	VENOGRAPHY, RENAL, BILATERAL,	414.83
75833		VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	\$473.31
75840	26	VENOGRAPHY, ADRENAL, UNILATERA	\$44.66
75840	TC	VENOGRAPHY, ADRENAL, UNILATERA	414.83
75840		VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	\$459.48
75842	26	VENOGRAPHY, ADRENAL, BILATERAL	\$58.49
75842	TC	VENOGRAPHY, ADRENAL, BILATERAL	414.83
75842		VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	\$473.31
75860	26	VENOGRAPHY, VENOUS SINUS (EG,	\$57.01
75860	TC	VENOGRAPHY, VENOUS SINUS (EG,	414.83
75860		VENOGRAPHY, SINUS OR JUGULAR, CATHETER	\$459.80
75870	26	VENOGRAPHY, SUPERIOR SAGITTAL	\$44.66
75870	TC	VENOGRAPHY, SUPERIOR SAGITTAL	414.83
75870		VENOGRAPHY, SUPERIOR SAGITTAL SINUS	\$459.48
75872	26	VENOGRAPHY, EPIDURAL, RADIOLOG	\$44.66
75872	TC	VENOGRAPHY, EPIDURAL, RADIOLOG	414.83
75872		VENOGRAPHY, EPIDURAL	\$459.48
75880	26	VENOGRAPHY, ORBITAL, RADIOLOGI	\$27.59
75880	TC	VENOGRAPHY, ORBITAL, RADIOLOGI	31.51
75880		VENOGRAPHY, ORBITAL	\$59.10
75885	26	PERCUTANEOUS TRANSHEPATIC PORT	\$56.23
75885	TC	PERCUTANEOUS TRANSHEPATIC PORT	414.83
75885		PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH	\$471.06
75889	26	HEPATIC VENOGRAPHY, WEDGED OR	\$44.66
75889	TC	HEPATIC VENOGRAPHY, WEDGED OR	414.83
75889		HEPATIC VENOGRAPHY WEDGED OR FREE, WITH	\$459.48
75891	26	HEPATIC VENOGRAPHY, WEDGED OR	\$44.66
75891	TC	HEPATIC VENOGRAPHY, WEDGED OR	414.83
75891		HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT	\$459.48
75893	26	VENOUS SAMPLING THROUGH CATHET	\$21.26
75893	TC	VENOUS SAMPLING THROUGH CATHET	414.83
75893		VENOUS SAMPLING THRU CATHETER WITHOUT ANGIOGRAPHY	\$436.08
75894	26	TRANSCATHETER THERAPY, EMBOLIZ	\$42.25

PROC-CD	MOD	Description	Medicaid Fee Schedule
75894	TC	TRANSCATHETER THERAPY, EMBOLIZ	794.65
75894		TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID),	\$845.96
75896	26	TRANSCATHETER THERAPY, INFUSIO	\$51.94
75896	TC	TRANSCATHETER THERAPY, INFUSIO	691.02
75896		TRANSCATHETER THERAPY, INFUSION (EG, THROMBOLYSIS OTHER THAN	\$742.96
75898	TC	ANGIOGRAPHY THROUGH EXISTING C	34.94
75898		ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP	\$100.07
75898	26	ANGIOGRAPHY THROUGH EXISTING C	\$73.61
75900	26	EXCHANGE OF A PREVIOUSLY PLACE	\$25.21
75901	26	MECHANICAL REMOVAL OF PERICATH	\$18.44
75901	TC	MECHANICAL REMOVAL OF PERICATH	53.94
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$72.38
75902	26	MECHANICAL REMOVAL OF INTRALUM	\$14.61
75902	TC	MECHANICAL REMOVAL OF INTRALUM	53.94
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CEN	\$68.55
75940	26	PERCUTANEOUS PLACEMENT OF IVC	\$27.38
75940	TC	PERCUTANEOUS PLACEMENT OF IVC	414.83
75940		PERCUTANEOUS PLACEMENT OF IVC FILTER	\$436.08
75945	26	INTRAVASCULAR ULTRASOUND (NON-	\$17.52
75945	TC	INTRAVASCULAR ULTRASOUND (NON-	150.61
75945		INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) RADIOLOGICAL SUPERVISION INIT VES	\$168.13
75946	26	INTRAVASCULAR ULTRASOUND (NON-	\$17.27
75952	26	ENDOASCULAR REPAIR OF INFRARE	\$184.45
75953	26	PLACEMENT OF PROXIMAL OR DISTA	\$65.94
75954	26	ENDOASCULAR REPAIR OF ILIAC A	\$73.85
75956	26	ENDOASCULAR REPAIR OF DESCEND	\$268.38
75957	26	ENDOASCULAR REPAIR OF DESCEND	\$229.93
75958	26	PLACEMENT OF PROXIMAL EXTENSIO	\$153.31
75959	26	PLACEMENT OF DISTAL EXTENSION	\$134.23
75960	26	TRANSCATHETER INTRODUCTION OF	\$41.45
75960	TC	TRANSCATHETER INTRODUCTION OF	490.31
75960		TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$523.19
75961	26	TRANSCATHETER RETRIEVAL, PERCU	\$198.93
75961	TC	TRANSCATHETER RETRIEVAL, PERCU	345.82
75961		TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF FRACTURED VENOUS	\$512.50
75962	26	TRANSLUMINAL BALLOON ANGIOPLAS	\$24.06
75962	TC	TRANSLUMINAL BALLOON ANGIOPLAS	518.39
75962		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, PERIPHERAL ARTERY	\$539.96
75964	26	TRANSLUMINAL BALLOON ANGIOPLAS	\$18.89
75964	TC	TRANSLUMINAL BALLOON ANGIOPLAS	276.26
75964		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL	\$290.60
75966	26	TRANSLUMINAL BALLOON ANGIOPLAS	\$52.56
75966	TC	TRANSLUMINAL BALLOON ANGIOPLAS	518.39
75966		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, VISCERAL ARTERY	\$570.95
75968	26	TRANSLUMINAL BALLOON ANGIOPLAS	\$14.40
75968	TC	TRANSLUMINAL BALLOON ANGIOPLAS	276.26
75968		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL	\$290.66

PROC-CD	MOD	Description	Medicaid Fee Schedule
75970	26	TRANSCATHETER BIOPSY, RADIOLOG	\$33.19
75970	TC	TRANSCATHETER BIOPSY, RADIOLOG	380.14
75970		TRANSCATHETER BIOPSY	\$413.98
75978	26	TRANSLUMINAL BALLOON ANGIOPLAS	\$25.32
75978	TC	TRANSLUMINAL BALLOON ANGIOPLAS	518.39
75978		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, VENOUS & INTERPRETAT.	\$543.71
75980	26	PERCUTANEOUS TRANSHEPATIC BILI	\$72.15
75980	TC	PERCUTANEOUS TRANSHEPATIC BILI	178.44
75980		PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING	\$234.67
75982	26	PERCUTANEOUS PLACEMENT OF DRAI	\$56.23
75984	TC	CHANGE OF PERCUTANEOUS TUBE OR	64.32
75984	26	CHANGE OF PERCUTANEOUS TUBE OR	\$37.06
75984		CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST	\$92.75
75989	TC	RADIOLOGICAL GUIDANCE (IE, FLU	103.94
75989	26	RADIOLOGICAL GUIDANCE (IE, FLU	\$60.86
75989		RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	\$150.54
75992	26	TRANSLUMINAL ATHERECTOMY, PERI	\$27.38
75992	TC	TRANSLUMINAL ATHERECTOMY, PERI	518.39
75992		TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERP	\$540.27
75993	26	TRANSLUMINAL ATHERECTOMY, EACH	\$14.71
75994	26	TRANSLUMINAL ATHERECTOMY, RENA	\$52.81
75995	26	TRANSLUMINAL ATHERECTOMY, VISC	\$51.69
75996	26	TRANSLUMINAL ATHERECTOMY, EACH	\$14.40
75998	26	FLUOROSCOPIC GUIDANCE FOR CENT	\$15.24
75998	TC	FLUOROSCOPIC GUIDANCE FOR CENT	41.78
75998		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$57.02
76000	26	FLUOROSCOPY (SEPARATE PROCEDUR	\$8.47
76000	TC	FLUOROSCOPY (SEPARATE PROCEDUR	42.98
76000		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME,	\$49.90
76001	TC	FLUOROSCOPY, PHYSICIAN TIME MO	68.99
76001	26	FLUOROSCOPY, PHYSICIAN TIME MO	\$34.85
76001		FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A	\$113.08
76003	26	FLUOROSCOPIC GUIDANCE FOR NEED	\$21.26
76003	TC	FLUOROSCOPIC GUIDANCE FOR NEED	42.98
76003		FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE	\$64.25
76005	26	FLUOROSCOPIC GUIDANCE AND LOCA	\$29.17
76005	TC	FLUOROSCOPIC GUIDANCE AND LOCA	52.26
76005		FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$80.72
76006		RADIOLOGIC EXAMINATION, STRESS VIEW(S), ANY JOINT, STRESS APPLIED BY A PHYSICIAN	\$19.73
76010	26	RADIOLOGIC EXAMINATION FROM NO	\$8.70
76010	TC	RADIOLOGIC EXAMINATION FROM NO	17.04
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN	\$24.20
76012	26	RADIOLOGICAL SUPERVISION AND I	\$72.64
76013	26	RADIOLOGICAL SUPERVISION AND I	\$62.40
76020	TC	BONE AGE STUDIES	17.04
76020	26	BONE AGE STUDIES	\$9.76
76020		BONE AGE STUDIES	\$24.78
76040	TC	BONE LENGTH STUDIES (ORTHOROEN	25.96

PROC-CD	MOD	Description	Medicaid Fee Schedule
76040	26	BONE LENGTH STUDIES (ORTHOROEN	\$14.36
76040		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$36.74
76061	TC	RADIOLOGIC EXAMINATION, OSSEOU	33.07
76061	26	RADIOLOGIC EXAMINATION, OSSEOU	\$23.15
76061		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY	\$50.71
76062	TC	RADIOLOGIC EXAMINATION, OSSEOU	47.61
76062	26	RADIOLOGIC EXAMINATION, OSSEOU	\$27.82
76062		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY	\$68.86
76065	26	RADIOLOGIC EXAMINATION, OSSEOU	\$22.35
76065		RADIOLOGIC EXAMINATION OSSEOUS SURVEY	\$41.71
76065	TC	RADIOLOGIC EXAMINATION, OSSEOU	24.89
76066	26	JOINT SURVEY, SINGLE VIEW, TWO	\$12.46
76066	TC	JOINT SURVEY, SINGLE VIEW, TWO	36.81
76066		JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	\$49.27
76070	26	COMPUTED TOMOGRAPHY, BONE MINE	\$9.50
76070	TC	COMPUTED TOMOGRAPHY, BONE MINE	93.23
76070		COMPUTERIZED TOMOGRAPHY, BONE DENSITY STUDY	\$102.72
76071	26	COMPUTED TOMOGRAPHY, BONE MINE	\$8.11
76071	TC	COMPUTED TOMOGRAPHY, BONE MINE	88.41
76071		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR	\$96.52
76075	26	DUAL ENERGY X-RAY ABSORPTIOMET	\$14.24
76075	TC	DUAL ENERGY X-RAY ABSORPTIOMET	102.07
76075		DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY	\$113.64
76076	26	DUAL ENERGY X-RAY ABSORPTIOMET	\$8.85
76076	TC	DUAL ENERGY X-RAY ABSORPTIOMET	24.02
76076		DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$33.87
76077		DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$30.66
76078	26	RADIOGRAPHIC ABSORPTIOMETRY (E	\$7.76
76078	TC	RADIOGRAPHIC ABSORPTIOMETRY (E	21.96
76078		RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES	\$29.72
76080	26	RADIOLOGIC EXAMINATION, ABSCES	\$21.26
76080	TC	RADIOLOGIC EXAMINATION, ABSCES	34.94
76080		RADIOLOGIC EXAMINATION, FISTULA OR SINUS TRACT STUDY	\$56.20
76082	26	COMPUTER AIDED DETECTION (COMP	\$2.43
76082	TC	COMPUTER AIDED DETECTION (COMP	12.61
76082		COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$15.05
76083	26	COMPUTER AIDED DETECTION (COMP	\$2.43
76083	TC	COMPUTER AIDED DETECTION (COMP	12.61
76083		COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$15.05
76090	26	MAMMOGRAPHY; UNILATERAL	\$22.35
76090		MAMMOGRAPHY	\$55.38
76090	TC	MAMMOGRAPHY; UNILATERAL	42.2
76091	26	MAMMOGRAPHY; BILATERAL	\$27.68
76091		MAMMOGRAPHY	\$68.13
76091	TC	MAMMOGRAPHY; BILATERAL	42.98
76092		SCREENING MAMMOGRAPHY,BILAT.(TWO VIEW FILM STUDY EACH BREAST	\$54.70
76092	26	SCREENING MAMMOGRAPHY, BILATER	\$22.35
76092	TC	SCREENING MAMMOGRAPHY, BILATER	34.65
76093	26	MAGNETIC RESONANCE IMAGING, BR	\$63.73

PROC-CD	MOD	Description	Medicaid Fee Schedule
76093	TC	MAGNETIC RESONANCE IMAGING, BR	580.03
76093		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$643.76
76094	26	MAGNETIC RESONANCE IMAGING, BR	\$63.73
76094	TC	MAGNETIC RESONANCE IMAGING, BR	786.97
76094		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$850.70
76095	26	STEREOTACTIC LOCALIZATION GUID	\$79.58
76095	TC	STEREOTACTIC LOCALIZATION GUID	236.02
76095		STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISI	\$299.20
76096	26	MAMMOGRAPHIC GUIDANCE FOR NEED	\$22.10
76096		LOCALIZATION OF BREAST NODULE	\$65.08
76096	TC	MAMMOGRAPHIC GUIDANCE FOR NEED	52.26
76098	26	RADIOLOGICAL EXAMINATION, SURG	\$6.65
76098		RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$20.56
76098	TC	RADIOLOGICAL EXAMINATION, SURG	16.47
76100	26	RADIOLOGIC EXAMINATION, SINGLE	\$28.66
76100		RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY),	\$64.05
76100	TC	RADIOLOGIC EXAMINATION, SINGLE	49.82
76101	26	RADIOLOGIC EXAMINATION, COMPLE	\$22.93
76101	TC	RADIOLOGIC EXAMINATION, COMPLE	46.98
76101		RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	\$69.91
76102	26	RADIOLOGIC EXAMINATION, COMPLE	\$22.93
76102	TC	RADIOLOGIC EXAMINATION, COMPLE	57.46
76102		RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	\$80.40
76120	26	CINERADIOGRAPHY/VIDEORADIOGRAP	\$15.49
76120	TC	CINERADIOGRAPHY/VIDEORADIOGRAP	34.94
76120		CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$50.43
76125	26	CINERADIOGRAPHY/VIDEORADIOGRAP	\$10.79
76125	TC	CINERADIOGRAPHY/VIDEORADIOGRAP	25.96
76125		CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$36.74
76150		XERORADIOGRAPHY	\$13.91
76355	26	COMPUTED TOMOGRAPHY GUIDANCE F	\$54.69
76355	TC	COMPUTED TOMOGRAPHY GUIDANCE F	271.64
76355		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$319.08
76360	26	COMPUTED TOMOGRAPHY GUIDANCE F	\$58.94
76360	TC	COMPUTED TOMOGRAPHY GUIDANCE F	257.89
76360		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY	\$316.83
76362	TC	COMPUTED TOMOGRAPHY GUIDANCE F	255.97
76362	26	COMPUTED TOMOGRAPHY GUIDANCE F	\$148.65
76362		COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$404.63
76370	26	COMPUTED TOMOGRAPHY GUIDANCE F	\$36.29
76370		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF	\$130.55
76370	TC	COMPUTED TOMOGRAPHY GUIDANCE F	104.22
76376	26	3D RENDERING WITH INTERPRETATI	\$7.46
76376	TC	3D RENDERING WITH INTERPRETATI	98.13
76376		3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$105.59
76377	26	3D RENDERING WITH INTERPRETATI	\$29.32
76377	TC	3D RENDERING WITH INTERPRETATI	102.78
76377		3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$132.10

PROC-CD	MOD	Description	Medicaid Fee Schedule
76380	26	COMPUTED TOMOGRAPHY, LIMITED O	\$48.97
76380	TC	COMPUTED TOMOGRAPHY, LIMITED O	115.11
76380		COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$153.75
76393	26	MAGNETIC RESONANCE GUIDANCE FO	\$55.74
76393	TC	MAGNETIC RESONANCE GUIDANCE FO	321.7
76393		MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$377.43
76394	26	MAGNETIC RESONANCE GUIDANCE FO	\$157.13
76394	TC	MAGNETIC RESONANCE GUIDANCE FO	339.74
76394		MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$496.84
76400	26	MAGNETIC RESONANCE (EG, PROTON	\$62.63
76400	TC	MAGNETIC RESONANCE (EG, PROTON	369.03
76400		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW	\$431.66
76506	TC	ECHOENCEPHALOGRAPHY, REAL TIME	46.98
76506	26	ECHOENCEPHALOGRAPHY, REAL TIME	\$32.64
76506		ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$72.42
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$131.77
76511	TC	OPHTHALMIC ULTRASOUND, DIAGNOS	52.81
76511		OPHTHALMIC ULTRASOUND, ECHOGRAPHY	\$84.94
76511	26	OPHTHALMIC ULTRASOUND, DIAGNOS	\$36.40
76512	TC	OPHTHALMIC ULTRASOUND, DIAGNOS	47.8
76512		OPHTHALMIC ULTRASOUND, ECHOGRAPHY	\$80.25
76512	26	OPHTHALMIC ULTRASOUND, DIAGNOS	\$33.17
76513	TC	OPHTHALMIC ULTRASOUND, DIAGNOS	40.22
76513	26	OPHTHALMIC ULTRASOUND, DIAGNOS	\$27.85
76513		OPHTHALMIC ULTRASOUND,ECHOGRAPHY IMMERSION B-SCAN	\$74.16
76514	TC	OPHTHALMIC ULTRASOUND, DIAGNOS	2.03
76514	26	OPHTHALMIC ULTRASOUND, DIAGNOS	\$7.21
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR	\$9.23
76516	TC	OPHTHALMIC BIOMETRY BY ULTRASO	32.09
76516		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY,	\$53.24
76516	26	OPHTHALMIC BIOMETRY BY ULTRASO	\$23.13
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASO	34.37
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY,	\$56.60
76519	26	OPHTHALMIC BIOMETRY BY ULTRASO	\$25.41
76529	TC	OPHTHALMIC ULTRASONIC FOREIGN	30
76529	26	OPHTHALMIC ULTRASONIC FOREIGN	\$24.54
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$56.34
76536	TC	ULTRASOUND, SOFT TISSUES OF HE	46.98
76536	26	ULTRASOUND, SOFT TISSUES OF HE	\$28.95
76536		ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID,	\$78.41
76604	TC	ULTRASOUND, CHEST (INCLUDES ME	42.98
76604	26	ULTRASOUND, CHEST (INCLUDES ME	\$28.18
76604		ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL	\$64.82
76645	TC	ULTRASOUND, BREAST(S) (UNILATE	34.94
76645	26	ULTRASOUND, BREAST(S) (UNILATE	\$25.76
76645		ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL),	\$66.65
76700	26	ULTRASOUND, ABDOMINAL, REAL TI	\$31.62
76700	TC	ULTRASOUND, ABDOMINAL, REAL TI	64.94
76700		ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE	\$96.88
76705	TC	ULTRASOUND, ABDOMINAL, B-SCAN	46.98
76705	26	ULTRASOUND, ABDOMINAL, B-SCAN	\$29.90

PROC-CD	MOD	Description	Medicaid Fee Schedule
76705		ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE	\$70.18
76770	TC	ULTRASOUND, RETROPERITONEAL (E	64.94
76770	26	ULTRASOUND, RETROPERITONEAL (E	\$38.19
76770		ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$106.53
76775	26	ULTRASOUND, RETROPERITONEAL (E	\$26.42
76775	TC	ULTRASOUND, RETROPERITONEAL (E	46.98
76775		ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$69.91
76778	TC	ULTRASOUND, TRANSPLANTED KIDNE	64.94
76778	26	ULTRASOUND, TRANSPLANTED KIDNE	\$37.05
76778		ECHOGRAPHY TRANSPLANT KIDNEY,W OR W/O DUPLEX DOPPLER STUDIES	\$94.21
76800	26	ULTRASOUND, SPINAL CANAL AND C	\$44.71
76800	TC	ULTRASOUND, SPINAL CANAL AND C	46.98
76800		ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$91.69
76801	TC	ULTRASOUND, PREGNANT UTERUS, R	55.49
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$87.43
76801	26	ULTRASOUND, PREGNANT UTERUS, R	\$37.74
76802	TC	ULTRASOUND, PREGNANT UTERUS, R	28.71
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$55.73
76802	26	ULTRASOUND, PREGNANT UTERUS, R	\$31.73
76805	TC	ULTRASOUND, PREGNANT UTERUS, R	61.23
76805	26	ULTRASOUND, PREGNANT UTERUS, R	\$51.58
76805		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$108.78
76810	32	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; C	\$62.24
76810	TC	ULTRASOUND, PREGNANT UTERUS, R	48.52
76810	26	ULTRASOUND, PREGNANT UTERUS, R	\$52.80
76810		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; C	\$101.50
76811	26	ULTRASOUND, PREGNANT UTERUS, R	\$73.73
76811	TC	ULTRASOUND, PREGNANT UTERUS, R	112.44
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$186.17
76812	TC	ULTRASOUND, PREGNANT UTERUS, R	38.47
76812	26	ULTRASOUND, PREGNANT UTERUS, R	\$69.00
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$107.47
76815	TC	ULTRASOUND, PREGNANT UTERUS, R	46.98
76815	26	ULTRASOUND, PREGNANT UTERUS, R	\$33.55
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$84.72
76816	26	ULTRASOUND, PREGNANT UTERUS, R	\$28.24
76816	TC	ULTRASOUND, PREGNANT UTERUS, R	36.81
76816		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$70.34
76817	26	ULTRASOUND, PREGNANT UTERUS, R	\$28.58
76817	TC	ULTRASOUND, PREGNANT UTERUS, R	46.06
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$74.64
76818	26	FETAL BIOPHYSICAL PROFILE; WIT	\$38.00
76818		FETAL BIOPHYSICAL PROFILE	\$84.46
76818	TC	FETAL BIOPHYSICAL PROFILE; WIT	53.4
76819	26	FETAL BIOPHYSICAL PROFILE; WIT	\$29.23

PROC-CD	MOD	Description	Medicaid Fee Schedule
76819	TC	FETAL BIOPHYSICAL PROFILE; WIT	46.56
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	\$75.79
76820		DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$71.84
76821		DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$79.75
76825	TC	ECHOCARDIOGRAPHY, FETAL, CARDI	64.94
76825		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$125.99
76825	26	ECHOCARDIOGRAPHY, FETAL, CARDI	\$84.78
76826	TC	ECHOCARDIOGRAPHY, FETAL, CARDI	23.46
76826	26	ECHOCARDIOGRAPHY, FETAL, CARDI	\$38.81
76826		ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATI	\$62.27
76827	26	DOPPLER ECHOCARDIOGRAPHY, FETA	\$29.79
76827	TC	DOPPLER ECHOCARDIOGRAPHY, FETA	57.41
76827		DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$87.20
76828	26	DOPPLER ECHOCARDIOGRAPHY, FETA	\$23.34
76828	TC	DOPPLER ECHOCARDIOGRAPHY, FETA	37.31
76828		DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$60.66
76830	26	ULTRASOUND, TRANSVAGINAL	\$27.33
76830	TC	ULTRASOUND, TRANSVAGINAL	50.35
76830		ECHOGRAPHY, TRANSVAGINAL	\$77.68
76831	26	SALINE INFUSION SONOHYSTEROGRA	\$28.74
76831	TC	SALINE INFUSION SONOHYSTEROGRA	50.35
76831		HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	\$98.58
76856	TC	ULTRASOUND, PELVIC (NONOBSTETR	50.35
76856	26	ULTRASOUND, PELVIC (NONOBSTETR	\$35.57
76856		ECHOGRAPHY, PELVIC (NON-OBSTETRIC), B-SCAN AND/OR REAL TIME	\$90.72
76857	TC	ULTRASOUND, PELVIC (NONOBSTETR	44.29
76857		ECHOGRAPHY, PELVIC (NON-OBSTETRIC), B-SCAN AND/OR REAL TIME	\$56.37
76857	26	ULTRASOUND, PELVIC (NONOBSTETR	\$19.61
76870	TC	ULTRASOUND, SCROTUM AND CONTEN	50.35
76870	26	ULTRASOUND, SCROTUM AND CONTEN	\$32.96
76870		ECHOGRAPHY, SCROTUM AND CONTENTS	\$86.02
76872	TC	ULTRASOUND, TRANSRECTAL;	53.1
76872	26	ULTRASOUND, TRANSRECTAL;	\$35.88
76872		ECHOGRAPHY, PROSTATE, TRANSRECTAL	\$90.72
76873	TC	ULTRASOUND, TRANSRECTAL; PROST	69.07
76873	26	ULTRASOUND, TRANSRECTAL; PROST	\$68.75
76873		ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANN	\$164.68
76880	26	ULTRASOUND, EXTREMITY, NONVASC	\$27.50
76880	TC	ULTRASOUND, EXTREMITY, NONVASC	46.98
76880		ECHOGRAPHY, EXTREMITY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$81.43
76885	26	ULTRASOUND, INFANT HIPS, REAL	\$28.96
76885	TC	ULTRASOUND, INFANT HIPS, REAL	50.35
76885		ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, RE	\$85.79
76886	26	ULTRASOUND, INFANT HIPS, REAL	\$23.99
76886	TC	ULTRASOUND, INFANT HIPS, REAL	46.98
76886		ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC	\$70.97
76930	26	ULTRASONIC GUIDANCE FOR PERICA	\$27.48
76930	TC	ULTRASONIC GUIDANCE FOR PERICA	50.35
76930		ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS	\$77.84



PROC-CD	MOD	Description	Medicaid Fee Schedule
76932	26	ULTRASONIC GUIDANCE FOR ENDOMY	\$27.80
76932	TC	ULTRASONIC GUIDANCE FOR ENDOMY	50.35
76932		ULTRASOUND GUIDANCE FOR ENDOMYOCARDIAL BIOPSY SUPERVISION	\$78.15
76936	26	ULTRASOUND GUIDED COMPRESSION	\$85.69
76936	TC	ULTRASOUND GUIDED COMPRESSION	207.51
76936		ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOU	\$293.19
76937	TC	ULTRASOUND GUIDANCE FOR VASCUL	13.38
76937	26	ULTRASOUND GUIDANCE FOR VASCUL	\$12.18
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTEN	\$25.56
76940	26	ULTRASOUND GUIDANCE FOR, AND M	\$76.26
76940	TC	ULTRASOUND GUIDANCE FOR, AND M	52.3
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$128.56
76941	TC	ULTRASONIC GUIDANCE FOR INTRAU	50.41
76941	26	ULTRASONIC GUIDANCE FOR INTRAU	\$54.91
76941		ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLO	\$105.32
76942	TC	ULTRASONIC GUIDANCE FOR NEEDLE	73.06
76942		ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY	\$94.48
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE	\$34.75
76945	TC	ULTRASONIC GUIDANCE FOR CHORIO	50.41
76945	26	ULTRASONIC GUIDANCE FOR CHORIO	\$31.80
76945		ULTRASONIC GUIDANCE FOR ABSCESS OR COLLECTION DRAINAGE,CMPLT	\$82.20
76946	26	ULTRASONIC GUIDANCE FOR AMNIOC	\$19.74
76946	TC	ULTRASONIC GUIDANCE FOR AMNIOC	50.35
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS	\$65.59
76948	26	ULTRASONIC GUIDANCE FOR ASPIRA	\$15.18
76948	TC	ULTRASONIC GUIDANCE FOR ASPIRA	50.35
76948		ULTRASONIC GUIDANCE FOR ASPIRATION OF OVASUPERVIS. & INTERP	\$65.53
76950	26	ULTRASONIC GUIDANCE FOR PLACEM	\$23.50
76950	TC	ULTRASONIC GUIDANCE FOR PLACEM	42.98
76950		ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$75.30
76965	26	ULTRASONIC GUIDANCE FOR INTERS	\$69.19
76965	TC	ULTRASONIC GUIDANCE FOR INTERS	183.43
76965		ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$291.68
76970	26	ULTRASOUND STUDY FOLLOW-UP (SP	\$16.02
76970	TC	ULTRASOUND STUDY FOLLOW-UP (SP	34.94
76970		ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$50.95
76975	TC	GASTROINTESTINAL ENDOSCOPIC UL	50.35
76975	26	GASTROINTESTINAL ENDOSCOPIC UL	\$39.41
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$82.40
76977	26	ULTRASOUND BONE DENSITY MEASUR	\$2.19
76977	TC	ULTRASOUND BONE DENSITY MEASUR	26.89
76977		ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$35.86
76986	TC	ULTRASONIC GUIDANCE, INTRAOPER	86.28
76986	26	ULTRASONIC GUIDANCE, INTRAOPER	\$61.58
76986		ECHOGRAPHY, INTRAOPERATIVE	\$134.33
77261		THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$69.73
77262		THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$108.60
77263		THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$161.40
77280	26	THERAPEUTIC RADIOLOGY SIMULATI	\$33.60

PROC-CD	MOD	Description	Medicaid Fee Schedule
77280		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$142.39
77280	TC	THERAPEUTIC RADIOLOGY SIMULATI	122.62
77285	26	THERAPEUTIC RADIOLOGY SIMULATI	\$54.56
77285	TC	THERAPEUTIC RADIOLOGY SIMULATI	183.68
77285		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$225.40
77290	26	THERAPEUTIC RADIOLOGY SIMULATI	\$80.70
77290	TC	THERAPEUTIC RADIOLOGY SIMULATI	214.62
77290		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$308.18
77295	26	THERAPEUTIC RADIOLOGY SIMULATI	\$182.83
77295		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE-DIMENSIONAL RECON	\$1,163.72
77295	TC	THERAPEUTIC RADIOLOGY SIMULATI	1027.08
77300	TC	BASIC RADIATION DOSIMETRY CALC	47.25
77300	26	BASIC RADIATION DOSIMETRY CALC	\$32.03
77300		BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE,	\$68.85
77301	26	INTENSITY MODULATED RADIOTHERA	\$296.77
77301	TC	INTENSITY MODULATED RADIOTHERA	781.61
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARG	\$1,078.48
77305	TC	TELETHERAPY, ISODOSE PLAN (WHE	61.52
77305	26	TELETHERAPY, ISODOSE PLAN (WHE	\$35.84
77305		TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$89.73
77310	26	TELETHERAPY, ISODOSE PLAN (WHE	\$41.73
77310	TC	TELETHERAPY, ISODOSE PLAN (WHE	76.99
77310		TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$118.72
77315	26	TELETHERAPY, ISODOSE PLAN (WHE	\$62.63
77315	TC	TELETHERAPY, ISODOSE PLAN (WHE	93.99
77315		TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$150.04
77321	26	SPECIAL TELETHERAPY PORT PLAN,	\$49.08
77321		SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL	\$171.17
77321	TC	SPECIAL TELETHERAPY PORT PLAN,	153.52
77326	26	BRACHYTHERAPY ISODOSE PLAN; SI	\$37.32
77326	TC	BRACHYTHERAPY ISODOSE PLAN; SI	77.93
77326		BRACHYTHERAPY ISODOSE CALCULATION	\$115.25
77327	26	BRACHYTHERAPY ISODOSE PLAN; IN	\$55.54
77327	TC	BRACHYTHERAPY ISODOSE PLAN; IN	114.17
77327		BRACHYTHERAPY ISODOSE CALCULATION	\$169.71
77328	TC	BRACHYTHERAPY ISODOSE PLAN; CO	163.33
77328	26	BRACHYTHERAPY ISODOSE PLAN; CO	\$104.03
77328		BRACHYTHERAPY ISODOSE CALCULATION	\$246.53
77331	TC	SPECIAL DOSIMETRY (EG, TLD, MI	18.05
77331		SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	\$51.68
77331	26	SPECIAL DOSIMETRY (EG, TLD, MI	\$44.95
77332	26	TREATMENT DEVICES, DESIGN AND	\$27.38
77332	TC	TREATMENT DEVICES, DESIGN AND	47.35
77332		TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$65.81
77333	26	TREATMENT DEVICES, DESIGN AND	\$39.66
77333		TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$95.91
77333	TC	TREATMENT DEVICES, DESIGN AND	75.96
77334	26	TREATMENT DEVICES, DESIGN AND	\$50.66
77334	TC	TREATMENT DEVICES, DESIGN AND	114.46
77334		TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$156.22

PROC-CD	MOD	Description	Medicaid Fee Schedule
77336		CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT	\$105.25
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$123.30
77401		RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$58.71
77402		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$58.71
77403		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$66.33
77404		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$71.07
77406		A	\$58.71
77407		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77408		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77409		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$83.58
77411		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77412		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$76.99
77413		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.81
77414		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.41
77416		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.41
77417		THERAPEUTIC RADIOLOGY PORT FILM(S)	\$21.11
77418		INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARR	\$460.46
77421	26	STEREOSCOPIC X-RAY GUIDANCE FO	\$13.99
77421	TC	STEREOSCOPIC X-RAY GUIDANCE FO	96.56
77421		STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$110.54
77422		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$50.74
77423		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$66.22
77427		RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$164.97
77431		RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE O	\$97.14
77432		STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COUR	\$391.40
77470	26	SPECIAL TREATMENT PROCEDURE (E	\$107.57
77470	TC	SPECIAL TREATMENT PROCEDURE (E	393.73
77470		SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION,	\$493.81
77600	26	HYPERTHERMIA, EXTERNALLY GENER	\$61.88
77600	TC	HYPERTHERMIA, EXTERNALLY GENER	100.26
77600		HYPERTHERMIA, EXTERNALLY GENERATED	\$162.14
77605	26	HYPERTHERMIA, EXTERNALLY GENER	\$84.38
77605	TC	HYPERTHERMIA, EXTERNALLY GENER	133.89
77605		HYPERTHERMIA, EXTERNALLY GENERATED	\$218.27
77610	26	HYPERTHERMIA GENERATED BY INTE	\$61.88
77610	TC	HYPERTHERMIA GENERATED BY INTE	100.26
77610		HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S)	\$162.14
77615	26	HYPERTHERMIA GENERATED BY INTE	\$83.20

PROC-CD	MOD	Description	Medicaid Fee Schedule
77615	TC	HYPERTHERMIA GENERATED BY INTE	133.89
77615		HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S)	\$217.08
77620	26	HYPERTHERMIA GENERATED BY INTR	\$63.76
77620	TC	HYPERTHERMIA GENERATED BY INTR	100.26
77620		HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$164.02
77750	TC	INFUSION OR INSTILLATION OF RA	43.92
77750	26	INFUSION OR INSTILLATION OF RA	\$192.96
77750		INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$236.88
77761	TC	INTRACAVITARY RADIATION SOURCE	82.86
77761	26	INTRACAVITARY RADIATION SOURCE	\$148.23
77761		INTRACAVITARY RADIOELEMENT APPLICATION	\$231.09
77762	TC	INTRACAVITARY RADIATION SOURCE	118.79
77762	26	INTRACAVITARY RADIATION SOURCE	\$226.69
77762		INTRACAVITARY RADIOELEMENT APPLICATION	\$345.48
77763	TC	INTRACAVITARY RADIATION SOURCE	147.86
77763	26	INTRACAVITARY RADIATION SOURCE	\$338.75
77763		INTRACAVITARY RADIOELEMENT APPLICATION	\$486.60
77776	TC	INTERSTITIAL RADIATION SOURCE	72
77776	26	INTERSTITIAL RADIATION SOURCE	\$180.65
77776		INTERSTITIAL RADIOELEMENT APPLICATION	\$252.65
77778	TC	INTERSTITIAL RADIATION SOURCE	169.2
77778	26	INTERSTITIAL RADIATION SOURCE	\$538.86
77778		INTERSTITIAL RADIOELEMENT APPLICATION	\$786.81
77781	26	REMOTE AFTERLOADING HIGH INTEN	\$86.44
77781	TC	REMOTE AFTERLOADING HIGH INTEN	668.44
77781		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHET	\$734.14
77782	26	REMOTE AFTERLOADING HIGH INTEN	\$98.59
77782	TC	REMOTE AFTERLOADING HIGH INTEN	668.44
77782		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHET	\$767.02
77783	26	REMOTE AFTERLOADING HIGH INTEN	\$193.50
77783	TC	REMOTE AFTERLOADING HIGH INTEN	668.44
77783		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHE	\$815.31
77784	26	REMOTE AFTERLOADING HIGH INTEN	\$261.57
77784	TC	REMOTE AFTERLOADING HIGH INTEN	668.44
77784		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CA	\$889.48
77789	TC	SURFACE APPLICATION OF RADIATI	15.16
77789	26	SURFACE APPLICATION OF RADIATI	\$44.19
77789		SURFACE APPLICATION OF RADIOELEMENT	\$59.36
77790	TC	SUPERVISION, HANDLING, LOADING	16.72
77790		SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	\$58.45
77790	26	SUPERVISION, HANDLING, LOADING	\$52.19
78000	26	THYROID UPTAKE; SINGLE DETERMI	\$9.92
78000	TC	THYROID UPTAKE; SINGLE DETERMI	32.13
78000		THYROID UPTAKE	\$39.87
78001	26	THYROID UPTAKE; MULTIPLE DETER	\$13.35
78001	TC	THYROID UPTAKE; MULTIPLE DETER	42.98
78001		THYROID UPTAKE	\$53.19
78003	26	THYROID UPTAKE; STIMULATION, S	\$12.99
78003	TC	THYROID UPTAKE; STIMULATION, S	32.13
78003		THYROID UPTAKE	\$45.12
78006	26	THYROID IMAGING, WITH UPTAKE;	\$25.21
78006	TC	THYROID IMAGING, WITH UPTAKE;	78.55

PROC-CD	MOD	Description	Medicaid Fee Schedule
78006		THYROID IMAGING, WITH UPTAKE	\$97.87
78007	26	THYROID IMAGING, WITH UPTAKE;	\$25.97
78007	TC	THYROID IMAGING, WITH UPTAKE;	84.72
78007		THYROID IMAGING, WITH UPTAKE	\$104.62
78010	TC	THYROID IMAGING; ONLY	48.23
78010	26	THYROID IMAGING; ONLY	\$18.88
78010		THYROID IMAGING	\$75.71
78011	26	THYROID IMAGING; WITH VASCULAR	\$17.96
78011	TC	THYROID IMAGING; WITH VASCULAR	79.48
78011		THYROID IMAGING	\$97.44
78015	26	THYROID CARCINOMA METASTASES I	\$26.80
78015	TC	THYROID CARCINOMA METASTASES I	84.72
78015		THYROID CARCINOMA METASTASES IMAGING	\$111.53
78016	26	THYROID CARCINOMA METASTASES I	\$32.62
78016	TC	THYROID CARCINOMA METASTASES I	114.48
78016		THYROID CARCINOMA METASTASES IMAGING	\$147.10
78018	26	THYROID CARCINOMA METASTASES I	\$44.96
78018	TC	THYROID CARCINOMA METASTASES I	178.75
78018		THYROID CARCINOMA METASTASES IMAGING	\$213.35
78020	TC	THYROID CARCINOMA METASTASES U	35.64
78020		THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	\$55.02
78020	26	THYROID CARCINOMA METASTASES U	\$22.96
78070	TC	PARATHYROID IMAGING	110.12
78070		PARATHYROID IMAGING	\$136.66
78070	26	PARATHYROID IMAGING	\$29.82
78075	26	ADRENAL IMAGING, CORTEX AND/OR	\$29.58
78075		ADRENAL IMAGING, CORTICAL	\$193.92
78075	TC	ADRENAL IMAGING, CORTEX AND/OR	178.75
78102	26	BONE MARROW IMAGING; LIMITED A	\$27.69
78102	TC	BONE MARROW IMAGING; LIMITED A	67.38
78102		BONE MARROW IMAGING	\$89.22
78103	26	BONE MARROW IMAGING; MULTIPLE	\$29.84
78103	TC	BONE MARROW IMAGING; MULTIPLE	104.57
78103		BONE MARROW IMAGING	\$149.08
78104	26	BONE MARROW IMAGING; WHOLE BOD	\$31.78
78104	TC	BONE MARROW IMAGING; WHOLE BOD	134.2
78104		BONE MARROW IMAGING	\$165.98
78110	26	PLASMA VOLUME, RADIOPHARMACEUT	\$7.75
78110	TC	PLASMA VOLUME, RADIOPHARMACEUT	31.51
78110		PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE	\$39.25
78111	26	PLASMA VOLUME, RADIOPHARMACEUT	\$8.85
78111	TC	PLASMA VOLUME, RADIOPHARMACEUT	84.72
78111		PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE	\$93.57
78120	26	RED CELL VOLUME DETERMINATION	\$9.42
78120	TC	RED CELL VOLUME DETERMINATION	57.46
78120		RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE)	\$66.88
78121	26	RED CELL VOLUME DETERMINATION	\$12.72
78121	TC	RED CELL VOLUME DETERMINATION	95.64
78121		RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE)	\$108.37
78122	26	WHOLE BLOOD VOLUME DETERMINATI	\$17.96
78122	TC	WHOLE BLOOD VOLUME DETERMINATI	151.55
78122		WHOLE BLOOD VOLUME DETERMINATION,INC. SEPARATE MEASUR PLASMA	\$169.50
78130	26	RED CELL SURVIVAL STUDY;	\$24.03
78130	TC	RED CELL SURVIVAL STUDY;	93.77

PROC-CD	MOD	Description	Medicaid Fee Schedule
78130		RED CELL SURVIVAL STUDY	\$117.81
78135	26	RED CELL SURVIVAL STUDY; DIFFE	\$25.14
78135	TC	RED CELL SURVIVAL STUDY; DIFFE	160.53
78135		RED CELL SURVIVAL STUDY	\$185.67
78140	26	LABELED RED CELL SEQUESTRATION	\$24.39
78140	TC	LABELED RED CELL SEQUESTRATION	129.59
78140		RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	\$153.62
78185	26	SPLEEN IMAGING ONLY, WITH OR W	\$21.07
78185		SPLEEN IMAGING ONLY	\$93.94
78185	TC	SPLEEN IMAGING ONLY, WITH OR W	94.46
78190	26	KINETICS, STUDY OF PLATELET SU	\$44.03
78190	TC	KINETICS, STUDY OF PLATELET SU	188.35
78190		KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$232.38
78191	26	PLATELET SURVIVAL STUDY	\$24.03
78191	TC	PLATELET SURVIVAL STUDY	241.32
78191		PLATELET SURVIVAL	\$265.36
78195	26	LYMPHATICS AND LYMPH NODES IMA	\$43.74
78195		LYMPHATICS AND LYMPH GLANDS IMAGING	\$177.94
78195	TC	LYMPHATICS AND LYMPH NODES IMA	162.9
78201	26	LIVER IMAGING; STATIC ONLY	\$17.38
78201	TC	LIVER IMAGING; STATIC ONLY	77.93
78201		LIVER IMAGING	\$95.31
78202	26	LIVER IMAGING; WITH VASCULAR F	\$26.56
78202	TC	LIVER IMAGING; WITH VASCULAR F	94.7
78202		LIVER IMAGING	\$114.86
78205	26	LIVER IMAGING (SPECT);	\$37.11
78205	TC	LIVER IMAGING (SPECT);	194.84
78205		LIVER IMAGING (SPECT)	\$223.01
78206	26	LIVER IMAGING (SPECT); WITH VA	\$34.99
78206	TC	LIVER IMAGING (SPECT); WITH VA	187.2
78206		LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$222.19
78215	26	LIVER AND SPLEEN IMAGING; STAT	\$25.21
78215	TC	LIVER AND SPLEEN IMAGING; STAT	96.57
78215		LIVER AND SPLEEN IMAGING	\$115.90
78216	26	LIVER AND SPLEEN IMAGING; WITH	\$29.66
78216	TC	LIVER AND SPLEEN IMAGING; WITH	114.48
78216		LIVER AND SPLEEN IMAGING	\$135.84
78220	26	LIVER FUNCTION STUDY WITH HEPA	\$24.12
78220	TC	LIVER FUNCTION STUDY WITH HEPA	122.53
78220		LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS,	\$141.85
78223	26	HEPATOBILIARY DUCTAL SYSTEM IM	\$43.61
78223	TC	HEPATOBILIARY DUCTAL SYSTEM IM	120.66
78223		HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER	\$153.50
78230	26	SALIVARY GLAND IMAGING;	\$18.27
78230	TC	SALIVARY GLAND IMAGING;	72
78230		SALIVARY GLAND IMAGING	\$90.27
78231	26	SALIVARY GLAND IMAGING; WITH S	\$20.74
78231	TC	SALIVARY GLAND IMAGING; WITH S	104.57
78231		SALIVARY GLAND IMAGING	\$125.29
78232	26	SALIVARY GLAND FUNCTION STUDY	\$18.79
78232	TC	SALIVARY GLAND FUNCTION STUDY	116.35
78232		SALIVARY GLAND FUNCTION STUDY	\$135.15
78258	26	ESOPHAGEAL MOTILITY	\$29.27
78258	TC	ESOPHAGEAL MOTILITY	94.7
78258		ESOPHAGEAL MOTILITY	\$123.97

PROC-CD	MOD	Description	Medicaid Fee Schedule
78261	26	GASTRIC MUCOSA IMAGING	\$27.64
78261	TC	GASTRIC MUCOSA IMAGING	135.14
78261		GASTRIC MUCOSA IMAGING	\$162.78
78262	26	GASTROESOPHAGEAL REFLUX STUDY	\$26.81
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	140.13
78262		GASTROESOPHAGEAL REFLUX STUDY	\$166.94
78264	26	GASTRIC EMPTYING STUDY	\$40.45
78264		GASTRIC EMPTYING STUDY	\$167.02
78264	TC	GASTRIC EMPTYING STUDY	164.93
78267		UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$10.86
78268		UREA BREATH TEST, C-14; ANALYSIS	\$93.09
78270	26	VITAMIN B-12 ABSORPTION STUDY	\$8.32
78270	TC	VITAMIN B-12 ABSORPTION STUDY	51.29
78270		VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST)	\$59.61
78271	26	VITAMIN B-12 ABSORPTION STUDY	\$8.32
78271	TC	VITAMIN B-12 ABSORPTION STUDY	54.4
78271		VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST)	\$62.73
78272	26	VITAMIN B-12 ABSORPTION STUDIE	\$10.79
78272	TC	VITAMIN B-12 ABSORPTION STUDIE	76.68
78272		VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH	\$87.47
78278	26	ACUTE GASTROINTESTINAL BLOOD L	\$51.18
78278	TC	ACUTE GASTROINTESTINAL BLOOD L	160.53
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$199.74
78290	26	INTESTINE IMAGING (EG, ECTOPIC	\$35.21
78290	TC	INTESTINE IMAGING (EG, ECTOPIC	100.26
78290		BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S	\$127.32
78291	26	PERITONEAL-VENOUS SHUNT PATENC	\$34.51
78291	TC	PERITONEAL-VENOUS SHUNT PATENC	100.88
78291		PERITONEAL-VENOUS SHUNT PATENCY TEST	\$135.39
78300	26	BONE AND/OR JOINT IMAGING; LIM	\$32.23
78300	TC	BONE AND/OR JOINT IMAGING; LIM	82.23
78300		BONE IMAGING	\$106.53
78305	26	BONE AND/OR JOINT IMAGING; MUL	\$43.07
78305	TC	BONE AND/OR JOINT IMAGING; MUL	120.66
78305		BONE IMAGING	\$153.23
78306	26	BONE AND/OR JOINT IMAGING; WHO	\$44.48
78306	TC	BONE AND/OR JOINT IMAGING; WHO	140.75
78306		BONE IMAGING	\$188.43
78315	26	BONE AND/OR JOINT IMAGING; THR	\$53.07
78315	TC	BONE AND/OR JOINT IMAGING; THR	157.41
78315		BONE IMAGING BY THREE PHASE TECHNIQUE	\$197.41
78320	26	BONE AND/OR JOINT IMAGING; TOM	\$53.66
78320	TC	BONE AND/OR JOINT IMAGING; TOM	194.84
78320		BONE IMAGING TOMOGRAPHIC (SPECT)	\$235.68
78350	26	BONE DENSITY (BONE MINERAL CON	\$8.85
78350	TC	BONE DENSITY (BONE MINERAL CON	25.02
78350		BONE DENSITY (BONE MINERAL CONTENT) STUDY	\$39.00
78428	26	CARDIAC SHUNT DETECTION	\$32.19
78428	TC	CARDIAC SHUNT DETECTION	74.49
78428		CARDIAC SHUNT DETECTION	\$106.68
78445	26	NON-CARDIAC VASCULAR FLOW IMAG	\$25.61
78445	TC	NON-CARDIAC VASCULAR FLOW IMAG	61.52
78445		VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$81.15
78456	TC	ACUTE VENOUS THROMBOSIS IMAGIN	115.96
78456		ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$153.65
78457	26	VENOUS THROMBOSIS IMAGING, VEN	\$39.88

PROC-CD	MOD	Description	Medicaid Fee Schedule
78457	TC	VENOUS THROMBOSIS IMAGING, VEN	87.53
78457		VENOUS THROMBOSIS IMAGING (EG, VENOGRAM)	\$132.32
78458	26	VENOUS THROMBOSIS IMAGING, VEN	\$46.29
78458	TC	VENOUS THROMBOSIS IMAGING, VEN	132.39
78458		VENOUS THROMBOSIS IMAGING (EG, VENOGRAM)	\$167.74
78459	26	MYOCARDIAL IMAGING, POSITRON E	\$81.45
78460	26	MYOCARDIAL PERFUSION IMAGING;	\$42.72
78460	TC	MYOCARDIAL PERFUSION IMAGING;	77.93
78460		MYOCARDIAL IMAGING,RESTING ONLY,QUANTITATIVE OR QUALITATIVE	\$111.91
78461	26	MYOCARDIAL PERFUSION IMAGING;	\$62.93
78461	TC	MYOCARDIAL PERFUSION IMAGING;	155.53
78461		MYOCARDIAL IMAGING	\$204.49
78464	26	MYOCARDIAL PERFUSION IMAGING;	\$55.80
78464	TC	MYOCARDIAL PERFUSION IMAGING;	232.9
78464		MYOCARDIAL IMAGING,TOMOGRAPHIC(SPECT)AT REST ONLY QUALITATIV	\$275.99
78465	26	MYOCARDIAL PERFUSION IMAGING;	\$58.38
78465	TC	MYOCARDIAL PERFUSION IMAGING;	388.5
78465		MYOCARDIAL IMAGING TOMOGRAPHIC W/EXERCISE & REDISTRIBUTION	\$489.67
78466	26	MYOCARDIAL IMAGING, INFARCT AV	\$36.39
78466	TC	MYOCARDIAL IMAGING, INFARCT AV	86.28
78466		MYOCARDIAL IMAGING, INFARCT AVID, AT REST QUALITATIVE	\$113.93
78468	26	MYOCARDIAL IMAGING, INFARCT AV	\$31.47
78468	TC	MYOCARDIAL IMAGING, INFARCT AV	120.66
78468		MYOCARDIAL IMAGING, INFARCT AVID, AT REST WITH FIRST PASS_TE	\$152.13
78469	26	MYOCARDIAL IMAGING, INFARCT AV	\$36.50
78469	TC	MYOCARDIAL IMAGING, INFARCT AV	172.26
78469		MYOCARDIAL IMAGING,INFARCT AVID, AT REST W/EMISSION COM. TOM	\$208.76
78472	26	CARDIAC BLOOD POOL IMAGING, GA	\$51.63
78472	TC	CARDIAC BLOOD POOL IMAGING, GA	181.81
78472		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST	\$221.07
78473	26	CARDIAC BLOOD POOL IMAGING, GA	\$58.33
78473	TC	CARDIAC BLOOD POOL IMAGING, GA	271.64
78473		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STU	\$329.97
78478	TC	MYOCARDIAL PERFUSION STUDY WIT	51.6
78478	26	MYOCARDIAL PERFUSION STUDY WIT	\$30.91
78478		MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (	\$77.27
78480	TC	MYOCARDIAL PERFUSION STUDY WIT	51.6
78480	26	MYOCARDIAL PERFUSION STUDY WIT	\$30.91
78480		MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION T	\$76.52
78481	26	CARDIAC BLOOD POOL IMAGING, (P	\$39.33
78481	TC	CARDIAC BLOOD POOL IMAGING, (P	172.26
78481		CARDIAC BLOOD POOL IMAGING,FIRST PASS TECHNIQUE	\$211.58
78483	26	CARDIAC BLOOD POOL IMAGING, (P	\$59.58
78483	TC	CARDIAC BLOOD POOL IMAGING, (P	259.23
78483		CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE; MULTIPLE STUDIES, RESTING AND	\$318.81
78494	26	CARDIAC BLOOD POOL IMAGING, GA	\$43.86
78494	TC	CARDIAC BLOOD POOL IMAGING, GA	227.96
78494		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY	\$271.81
78496	TC	CARDIAC BLOOD POOL IMAGING, GA	184.57



PROC-CD	MOD	Description	Medicaid Fee Schedule
78496		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT	\$200.90
78496	26	CARDIAC BLOOD POOL IMAGING, GA	\$19.58
78580	26	PULMONARY PERFUSION IMAGING; P	\$38.54
78580	TC	PULMONARY PERFUSION IMAGING; P	112.92
78580		PULMONARY PERFUSION IMAGING	\$142.19
78585	26	PULMONARY PERFUSION IMAGING, P	\$56.07
78585	TC	PULMONARY PERFUSION IMAGING, P	185.86
78585		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION	\$228.33
78586	26	PULMONARY VENTILATION IMAGING,	\$16.02
78586	TC	PULMONARY VENTILATION IMAGING,	85.35
78586		PULMONARY VENTILATION IMAGING, AEROSOL	\$101.37
78587	26	PULMONARY VENTILATION IMAGING,	\$19.32
78587	TC	PULMONARY VENTILATION IMAGING,	92.21
78587		PULMONARY VENTILATION IMAGING, AEROSOL	\$111.53
78588	26	PULMONARY PERFUSION IMAGING, P	\$49.45
78588	TC	PULMONARY PERFUSION IMAGING, P	128.22
78588		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, ONE	\$184.94
78591	26	PULMONARY VENTILATION IMAGING,	\$16.02
78591	TC	PULMONARY VENTILATION IMAGING,	93.77
78591		PULMONARY VENTILATION IMAGING, GASEOUS,	\$109.70
78593	26	PULMONARY VENTILATION IMAGING,	\$25.21
78593	TC	PULMONARY VENTILATION IMAGING,	113.54
78593		PULMONARY VENTILATION IMAGING, GASEOUS, WITH	\$132.87
78594	26	PULMONARY VENTILATION IMAGING,	\$21.00
78594	TC	PULMONARY VENTILATION IMAGING,	163.96
78594		PULMONARY VENTILATION IMAGING, GASEOUS, WITH	\$184.95
78596	26	PULMONARY QUANTITATIVE DIFFERE	\$66.06
78596	TC	PULMONARY QUANTITATIVE DIFFERE	232.9
78596		PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$282.85
78600	26	BRAIN IMAGING, LIMITED PROCEDU	\$17.69
78600	TC	BRAIN IMAGING, LIMITED PROCEDU	94.7
78600		BRAIN IMAGING, LIMITED PROCEDURE	\$112.40
78601	26	BRAIN IMAGING, LIMITED PROCEDU	\$20.16
78601	TC	BRAIN IMAGING, LIMITED PROCEDU	111.99
78601		BRAIN IMAGING, LIMITED PROCEDURE	\$132.15
78605	26	BRAIN IMAGING, COMPLETE STUDY;	\$21.30
78605	TC	BRAIN IMAGING, COMPLETE STUDY;	111.99
78605		BRAIN IMAGING, COMPLETE STUDY	\$133.29
78606	26	BRAIN IMAGING, COMPLETE STUDY;	\$33.06
78606	TC	BRAIN IMAGING, COMPLETE STUDY;	127.46
78606		BRAIN IMAGING, COMPLETE STUDY	\$152.60
78607	26	BRAIN IMAGING, COMPLETE STUDY;	\$62.93
78607	TC	BRAIN IMAGING, COMPLETE STUDY;	216.18
78607		BRAIN IMAGING, COMPLETE STUDY TOMOGRAPHIC(ECT)	\$264.77
78608	26	BRAIN IMAGING, POSITRON EMISSI	\$80.33
78610	26	BRAIN IMAGING, VASCULAR FLOW O	\$11.89
78610	TC	BRAIN IMAGING, VASCULAR FLOW O	52.22
78610		BRAIN IMAGING, VASCULAR FLOW ONLY	\$64.11
78615	26	CEREBRAL VASCULAR FLOW	\$17.16
78615	TC	CEREBRAL VASCULAR FLOW	126.84
78615		CEREBRAL BLOOD FLOW	\$144.00
78630	26	CEREBROSPINAL FLUID FLOW, IMAG	\$35.21
78630	TC	CEREBROSPINAL FLUID FLOW, IMAG	166.08

PROC-CD	MOD	Description	Medicaid Fee Schedule
78630		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$193.15
78635	26	CEREBROSPINAL FLUID FLOW, IMAG	\$25.29
78635	TC	CEREBROSPINAL FLUID FLOW, IMAG	84.1
78635		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$109.38
78645	26	CEREBROSPINAL FLUID FLOW, IMAG	\$29.66
78645	TC	CEREBROSPINAL FLUID FLOW, IMAG	112.93
78645		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$135.28
78647	26	CEREBROSPINAL FLUID FLOW, IMAG	\$35.34
78647	TC	CEREBROSPINAL FLUID FLOW, IMAG	194.84
78647		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMO	\$230.19
78650	26	CEREBROSPINAL FLUID LEAKAGE DE	\$31.57
78650	TC	CEREBROSPINAL FLUID LEAKAGE DE	152.79
78650		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$176.82
78660	26	RADIOPHARMACEUTICAL DACRYOCYST	\$21.00
78660	TC	RADIOPHARMACEUTICAL DACRYOCYST	69.88
78660		DACRYOCYSTOGRAPHY (LACRIMAL FLOW STUDY)	\$90.87
78700	26	KIDNEY IMAGING MORPHOLOGY;	\$23.15
78700	TC	KIDNEY IMAGING MORPHOLOGY;	100.26
78700		KIDNEY IMAGING	\$117.90
78701	26	KIDNEY IMAGING; WITH VASCULAR	\$19.32
78701	TC	KIDNEY IMAGING; WITH VASCULAR	116.98
78701		KIDNEY IMAGING	\$136.30
78704	26	KIDNEY IMAGING; WITH FUNCTION	\$38.60
78704	TC	KIDNEY IMAGING; WITH FUNCTION	130.2
78704		KIDNEY IMAGING	\$159.47
78707	26	KIDNEY IMAGING MORPHOLOGY; WIT	\$50.10
78707	TC	KIDNEY IMAGING MORPHOLOGY; WIT	147.24
78707		KIDNEY IMAGING	\$185.04
78708	26	KIDNEY IMAGING MORPHOLOGY; WIT	\$58.89
78708	TC	KIDNEY IMAGING MORPHOLOGY; WIT	147.24
78708		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGIC	\$192.80
78709	26	KIDNEY IMAGING MORPHOLOGY; WIT	\$65.36
78709	TC	KIDNEY IMAGING MORPHOLOGY; WIT	147.24
78709		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHO	\$199.00
78710	26	KIDNEY IMAGING MORPHOLOGY; TOM	\$26.23
78710	TC	KIDNEY IMAGING MORPHOLOGY; TOM	194.84
78710		KIDNEY IMAGING(SPECT)	\$221.07
78715	26	KIDNEY VASCULAR FLOW ONLY	\$12.20
78715	TC	KIDNEY VASCULAR FLOW ONLY	52.22
78715		KIDNEY VASCULAR FLOW ONLY	\$64.42
78725	26	KIDNEY FUNCTION STUDY, NON-IMA	\$14.93
78725	TC	KIDNEY FUNCTION STUDY, NON-IMA	59.03
78725		KIDNEY FUNCTION STUDY ONLY	\$73.95
78730	26	URINARY BLADDER RESIDUAL STUDY	\$14.65
78730	TC	URINARY BLADDER RESIDUAL STUDY	48.23
78730		URINARY BLADDER RESIDUAL STUDY	\$62.88
78740	26	URETERAL REFLUX STUDY (RADIOPH	\$22.36
78740	TC	URETERAL REFLUX STUDY (RADIOPH	69.88
78740		URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$92.24
78760	26	TESTICULAR IMAGING;	\$26.33
78760	TC	TESTICULAR IMAGING;	88.16
78760		TESTICULAR IMAGING	\$114.39
78761	26	TESTICULAR IMAGING WITH VASCUL	\$28.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
78761	TC	TESTICULAR IMAGING WITH VASCUL	105.5
78761		TESTICULAR IMAGING	\$133.67
78800	26	RADIOPHARMACEUTICAL LOCALIZATI	\$34.08
78800	TC	RADIOPHARMACEUTICAL LOCALIZATI	111.99
78800		RADIONUCLIDE LOCALIZATION OF TUMOR	\$152.44
78801	26	RADIOPHARMACEUTICAL LOCALIZATI	\$40.92
78801	TC	RADIOPHARMACEUTICAL LOCALIZATI	139.19
78801		RADIONUCLIDE LOCALIZATION OF TUMOR	\$170.40
78802	26	RADIOPHARMACEUTICAL LOCALIZATI	\$44.64
78802	TC	RADIOPHARMACEUTICAL LOCALIZATI	182.43
78802		RADIONUCLIDE LOCALIZATION OF TUMOR	\$216.41
78803	26	RADIOPHARMACEUTICAL LOCALIZATI	\$50.58
78803	TC	RADIOPHARMACEUTICAL LOCALIZATI	216.28
78803		TUMOR LOCALIZATION (SPECT)	\$259.27
78804	TC	RADIOPHARMACEUTICAL LOCALIZATI	285.62
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$320.14
78804	26	RADIOPHARMACEUTICAL LOCALIZATI	\$40.82
78805	26	RADIOPHARMACEUTICAL LOCALIZATI	\$38.24
78805	TC	RADIOPHARMACEUTICAL LOCALIZATI	111.99
78805		RADIONUCLIDE LOCALIZATION OF ABSCESS	\$140.99
78806	26	RADIOPHARMACEUTICAL LOCALIZATI	\$44.05
78806	TC	RADIOPHARMACEUTICAL LOCALIZATI	212.13
78806		RADIONUCLIDE LOCALIZATION OF ABSCESS	\$252.31
78807	26	RADIOPHARMACEUTICAL LOCALIZATI	\$55.80
78807	TC	RADIOPHARMACEUTICAL LOCALIZATI	216.18
78807		RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	\$258.96
78811	26	TUMOR IMAGING, POSITRON EMISSI	\$84.21
78812	26	TUMOR IMAGING, POSITRON EMISSI	\$95.00
78813	26	TUMOR IMAGING, POSITRON EMISSI	\$105.00
78814	26	TUMOR IMAGING, POSITRON EMISSI	\$105.00
78815	26	TUMOR IMAGING, POSITRON EMISSI	\$115.00
78816	26	TUMOR IMAGING, POSITRON EMISSI	\$115.00
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$152.19
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$158.70
79200	26	RADIOPHARMACEUTICAL THERAPY, B	\$78.75
79200	TC	RADIOPHARMACEUTICAL THERAPY, B	86.28
79200		INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$165.04
79300	26	RADIOPHARMACEUTICAL THERAPY, B	\$63.25
79403	26	RADIOPHARMACEUTICAL THERAPY, R	\$89.88
79403	TC	RADIOPHARMACEUTICAL THERAPY, R	132.7
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INF	\$222.58
79440	26	RADIOPHARMACEUTICAL THERAPY, B	\$79.01
79440	TC	RADIOPHARMACEUTICAL THERAPY, B	86.28
79440		INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$165.29
80048		BASIC METABOLIC PANEL	\$11.70
80051		ELECTROLYTE PANEL	\$9.69
80053		EXECUTIVE PROFILE	\$14.61
80061		LIPID PROFILE	\$18.51
80069		RENAL FUNCTION PANEL	\$12.00
80074		ACUTE HEPATITIS PANEL	\$65.82
80076		HEPATIC FUNCTION PANEL	\$11.29
80100		DRUG, SCREEN; MULTIPLE DRUG CLASSES, EACH PROCEDURE	\$20.10
80101		DRUG, SCREEN; SINGLE DRUG CLASS, EACH DRUG CLASS	\$19.03
80102		DRUG, CONFIRMATION, EACH PROCEDURE	\$18.31

PROC-CD	MOD	Description	Medicaid Fee Schedule
80150		AMIKACIN	\$20.83
80152		AMITRIPTYLINE	\$24.74
80154		BENZODIAZEPINES	\$25.56
80156		CARBAMAZEPINE	\$20.12
80157		CARBAMAZEPINE; FREE	13.74
80158		CYCLOSPORINE	\$24.95
80160		DESIPRAMINE	\$23.79
80162		DIGOXIN	\$18.35
80164		DIPROPYLACETIC ACID (VALPROIC ACID)	\$18.72
80166		DOXEPIN	21.42
80168		ETHOSUXIMIDE	\$22.58
80170		GENTAMICIN	\$22.65
80172		GOLD	22.52
80173		HALOPERIDOL	\$20.34
80174		IMIPRAMINE	23.79
80176		LIDOCAINE	\$20.30
80178		LITHIUM	\$9.13
80182		NORTRIPTYLINE	\$18.72
80184		PHENOBARBITAL	\$15.83
80185		PHENYTOIN; TOTAL	\$18.32
80186		PHENYTOIN; FREE	\$19.03
80188		PRIMIDONE	\$22.93
80190		PROCAINAMIDE;	23.15
80192		PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$23.15
80194		QUINIDINE	\$20.17
80195		SIROLIMUS	\$11.50
80196		SALICYLATE	\$9.81
80197		TACROLIMUS	\$18.97
80198		THEOPHYLLINE	\$19.56
80200		TOBRAMYCIN	\$22.27
80201		TOPIRAMATE	\$16.48
80202		VANCOMYCIN	\$18.72
80299		QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	\$18.92
80400		ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$45.06
80402		ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	120.14
80406		ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	108.14
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	173.44
80410		CALCIUM-PENTAGASTRIN STIMULATION PANEL	111.03

PROC-CD	MOD	Description	Medicaid Fee Schedule
80412		CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	455.46
80414		CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE RESPONSE	71.36
80415		CHORIONIC GONADOTROPHIN STIMULATION PANEL; ESTRADIOL RESPONSE	77.24
80416		RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	182.4
80417		PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	60.8
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	800.92
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	99.54
80422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	63.69
80424		GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	69.8
80426		GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	205.16
80428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOPA ADMINISTRATION)	92.16
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	108.42
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	186.66
80434		INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	139.75
80435		INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	142.3
80436		METYRAPONE PANEL	125.98
80438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	\$69.63
80439		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	\$92.84
80440		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; FOR HYPERPROLACTEMIA	80.34
80500		CLINICAL PATHOLOGY CONSULTATION	\$20.57

PROC-CD	MOD	Description	Medicaid Fee Schedule
80500	32	CLINICAL PATHOLOGY CONSULTATION	\$22.20
80502		CLINICAL PATHOLOGY CONSULTATION	\$70.69
80502	32	CLINICAL PATHOLOGY CONSULTATION	\$71.65
81000		URINALYSIS	\$4.37
81001		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$4.37
81002		URINALYSIS	\$3.54
81003		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$3.10
81005		URINALYSIS	\$3.00
81007		URINALYSIS BACTERIURIA SCREEN, NON CULTURE TECH, COMMERCIAL I K	\$3.55
81015		URINALYSIS	\$4.20
81020		URINALYSIS	\$4.29
81025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$8.74
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$2.70
82000		ACETALDEHYDE, BLOOD	17.12
82003		ACETAMINOPHEN, URINE	\$27.96
82009		ACETONE	\$6.25
82010		ACETONE	\$11.29
82013		ACETYLCHOLINESTERASE	\$15.44
82016		ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	19.16
82017		ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN (FOR CARNITINE, SEE 82379)	\$23.31
82024		ADRENOCORTICOTROPIC HORMONE (ACTH), RIA	\$53.38
82030		ADENOSINE	35.65
82040		ALBUMIN	\$6.85
82042		ALBUMIN	\$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
82055		ALCOHOL (ETHANOL), BLOOD	\$14.93
82075		ALCOHOL (ETHANOL), BREATH	\$16.66
82085		ALDOLASE, BLOOD	\$13.42
82088		ALDOSTERONE	\$56.32
82101		ALKALOIDS, URINE	41.48
82103		ALPHA-1-ANTITRYPSIN; TOTAL	\$18.56
82104		ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$19.98
82105		ALPHA-FETOPROTEIN; SERUM	\$23.18
82106		ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$23.18
82108		ALUMINUM, BLOOD (SERUM)	\$21.73
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$5.19
82127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	19.16
82128		AMINO ACIDS, QUALITATIVE	\$19.16
82131		AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	\$23.31
82135		AMINOLEVULINIC ACID, DELTA (ALA)	\$22.75

PROC-CD	MOD	Description	Medicaid Fee Schedule
82136		AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	23.31
82139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$23.31
82140		AMMONIA	\$20.14
82143		AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	9.5
82145		AMPHETAMINE OR METHAMPHETAMINE, CHEMICAL, QUANTITATIVE	\$21.48
82150		AMYLASE, SERUM	\$8.96
82154		ANDROSTANEDIOL GLUCURONIDE	39.85
82157		ANDROSTENEDIONE, RIA	\$40.46
82160		ANDROSTERONE	34.57
82163		ANGIOTENSIN II, RIA	28.37
82164		ANGIOTENSIN-CONVERTING ENZYME	\$20.17
82172		APOLIPOPROTEIN, IMMUNOASSAY	\$21.41
82175		ARSENIC, BLOOD, URINE, GASTRIC CONTENTS, HAIR OR NAILS,	\$26.22
82180		ASCORBIC ACID (VITAMIN C), BLOOD	\$13.66
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	20.6
82205		BARBITURATES	\$15.80
82232		BETA-2 MICROGLOBULIN, RIA	\$22.36
82239		BILE ACIDS; TOTAL	\$23.67
82240		BILE ACIDS, BLOOD, FRACTIONATED	36.73
82247		BILIRUBIN; TOTAL	\$6.94
82248		BILIRUBIN; DIRECT	\$6.94
82252		BILIRUBIN	6.28
82261		BIOTINIDASE, EACH SPECIMEN	\$23.31
82270		BLOOD	\$4.49
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; OTHER SOURCES	\$4.54
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, SINGLE S	\$4.54
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FE	13.33
82286		BRADYKININ	9.52
82300		CADMIUM, URINE	31.98
82306		CALCIFEDIOL (25-OH VITAMIN D-3), CHROMATOGRAPHIC TECHNIQUE	\$40.91

PROC-CD	MOD	Description	Medicaid Fee Schedule
82307		CALCIFEROL (VITAMIN D), RIA	44.53
82308		CALCITONIN, RIA	\$37.01
82310		CALCIUM, BLOOD	\$7.12
82330		CALCIUM, BLOOD	\$18.88
82331		CALCIUM, BLOOD	7.15
82340		CALCIUM, URINE	\$8.34
82355		CALCULUS (STONE), QUALITATIVE, CHEMICAL	\$15.99
82360		CALCULUS (STONE), QUANTITATIVE	\$17.80
82365		CALCULUS (STONE), QUANTITATIVE	\$11.44
82370		CALCULUS (STONE), QUANTITATIVE	\$17.32
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN	\$25.23
82374		CARBON DIOXIDE, COMBINING POWER OR CONTENT	\$6.76
82375		CARBON MONOXIDE, (CARBOXYHEMOGLOBIN)	\$17.03
82376		CARBON MONOXIDE, (CARBOXYHEMOGLOBIN)	8.28
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	\$26.22
82379		CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$23.31
82380		CAROTENE, BLOOD	\$12.75
82382		CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	23.76
82383		CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	34.63
82384		CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	\$34.90
82387		CATHEPSIN-D	28.75
82390		CERULOPLASMIN, CHEMICAL (COPPER OXIDASE), BLOOD	\$14.84
82397		CHEMILUMINESCENT ASSAY	19.53
82415		CHLORAMPHENICOL, BLOOD	17.51
82435		CHLORIDES	\$6.35
82436		CHLORIDES	\$6.95
82438		CHLORIDES	\$6.76
82441		CHLORINATED HYDROCARBONS, SCREEN	8.3
82465		CHOLESTEROL, SERUM	\$6.02
82480		CHOLINESTERASE	\$10.89
82482		CHOLINESTERASE	10.62
82485		CHONDROITIN B SULFATE, QUANTITATIVE	28.54



PROC-CD	MOD	Description	Medicaid Fee Schedule
82486		CHROMATOGRAPHY	24.96
82487		CHROMATOGRAPHY	22.06
82488		CHROMATOGRAPHY	29.53
82489		CHROMATOGRAPHY	25.56
82491		CHROMOTOGRAPHY, QUANTITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCE LIQUID	\$24.96
82492		CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC); MULTIPLE ANALYTES	\$24.96
82495		CHROMIUM, URINE	\$28.03
82507		CITRATE	\$38.43
82520		COCAINE, QUANTITATIVE	\$20.94
82523		COLLAGEN CROSS LINKS, ANY METHOD	\$25.83
82525		COPPER	\$17.15
82528		CORTICOSTERONE, RIA	31.11
82530		CORTISOL; FREE	\$23.10
82533		CORTISOL	\$22.53
82540		CREATINE	\$6.40
82541		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$24.96
82542		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$24.96
82543		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	24.96
82544		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	24.96
82550		CREATINE PHOSPHOKINASE (CPK), BLOOD	\$9.01
82552		CREATINE PHOSPHOKINASE (CPK), BLOOD	\$18.51
82553		CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15.95
82554		CREATINE KINASE (CK), (CPK); ISOFORMS	16.4
82565		CREATININE	\$7.07
82570		CREATININE	\$7.15
82575		CREATININE	\$13.06
82585		CRYOFIBRINOGEN, BLOOD	\$11.85
82595		CRYOGLOBULIN, BLOOD	\$8.95
82600		CYANIDE	26.81
82607		CYANOCOBALAMIN (VITAMIN B-12)	\$20.83
82608		CYANOCOBALAMIN (VITAMIN B-12)	\$19.80
82615		CYSTINE AND HOMOCYSTINE, URINE	\$11.29
82626		DEHYDROEPIANDROSTERONE (DHEA), RIA	\$34.93
82627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$30.72

PROC-CD	MOD	Description	Medicaid Fee Schedule
82633		DESOXYCORTICOSTERONE, 11-, RIA	42.81
82634		DEOXYCORTISOL, 11-(COMPOUND S), RIA	40.46
82638		DIBUCAINE NUMBER	16.92
82646		DIHYDROCODEINONE	28.54
82649		DIHYDROMORPHINONE, QUANTITATIVE	35.52
82651		DIHYDROTESTOSTERONE (DHT)	\$35.68
82652		DIHYDROXYVITAMIN D, 1,25-	\$53.19
82654		DIMETHADIONE	19.14
82656		DOXEPIN	\$15.95
82657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFI	\$24.96
82658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFI	24.96
82664		ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$47.48
82666		EPIANDROSTERONE	29.69
82668		ERYTHROPOIETIN, BIOASSAY	\$25.97
82670		ESTRADIOL, RIA (PLACENTAL)	\$38.62
82671		ESTROGENS	44.64
82672		ESTROGENS	\$29.97
82677		ESTRIOL	\$33.43
82679		ESTRONE	34.5
82690		ETHCHLORVYNOL	23.89
82693		ETHYLENE GLYCOL	\$20.59
82696		ETIOCHOLANOLONE, RIA	32.6
82705		FAT OR LIPIDS, FECES	\$7.04
82710		FAT OR LIPIDS, FECES	\$23.21
82715		FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$23.79
82725		FATTY ACIDS, BLOOD	\$18.40
82726		VERY LONG CHAIN FATTY ACIDS	\$25.23
82728		FERRITIN, SPECIFY METHOD (EG, RIA, IMMUNORADIOMETRIC ASSAY)	\$15.81
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$89.01
82735		FLUORIDE	\$25.63

PROC-CD	MOD	Description	Medicaid Fee Schedule
82742		FLURAZEPAM	27.36
82746		FOLIC ACID (FOLATE), BLOOD	\$20.32
82747		FOLIC ACID; RBC	\$23.93
82757		FRUCTOSE, SEMEN	23.97
82759		GALACTOKINASE, RBC	29.69
82760		GALACTOSE	\$15.47
82775		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE	29.11
82776		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE	\$11.59
82784		GAMMAGLOBULIN, A, D, G, M NEPHELOMETRIC, EACH	\$10.55
82785		GAMMAGLOBULIN, E (EG, RIA, EIA)	\$22.76
82787		GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	\$11.20
82800		GASES, BLOOD	\$11.71
82803		GASES, BLOOD	\$26.74
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED	\$39.21
82810		GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	\$12.06
82820		HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	12.86
82926		GASTRIC ACID, FREE AND TOTAL	7.53
82928		GASTRIC ACID, FREE OR TOTAL	9.05
82938		GASTRIN (SERUM) AFTER SECRETIN STIMULATION (EG, FOR	24.46
82941		GASTRIN, RIA	\$24.38
82943		GLUCAGON, RIA	\$19.75
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$5.42
82946		GLUCAGON TOLERANCE TEST	\$20.83
82947		GLUCOSE	\$5.42
82948		GLUCOSE	\$4.37
82950		GLUCOSE	\$6.56
82951		GLUCOSE	\$17.80
82952		GLUCOSE	\$5.42
82953		GLUCOSE	20.93
82955		GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	\$13.40
82960		GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	\$8.38
82962		GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	\$2.50
82963		GLUCOSIDASE, BETA	29.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
82965		GLUTAMATE DEHYDROGENASE, BLOOD	10.68
82975		GLUTAMINE (GLUTAMIC ACID AMIDE), SPINAL FLUID	21.88
82977		GLUTAMYL TRANSPEPTIDASE, GAMMA (GGT)	\$9.95
82978		GLUTATHIONE	19.7
82979		GLUTATHIONE REDUCTASE, RBC	9.52
82980		GLUTETHIMIDE	25.32
82985		GLYCOPROTEIN, ELECTROPHORESIS	\$20.83
83001		GONADOTROPIN, PITUITARY, FOLLICLE STIMULATING HORMONE (FSH)	\$25.69
83002		GONADOTROPIN, PITUITARY, LUTEINIZING HORMONE (LH)(ICSH), RIA	\$25.60
83003		GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$23.04
83008		GUANOSINE MONOPHOSPHATE (GMP), CYCLIC, RIA	23.2
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$56.47
83010		HAPTOGLOBIN	\$17.38
83012		HAPTOGLOBIN	23.76
83013		HELICOBACTER PYLORI, BREATH TEST ANALYSIS;	\$93.09
83014		HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLEC	\$10.86
83015		HEAVY METAL SCREEN (ARSENIC, BISMUTH, MERCURY,	\$19.80
83018		HEAVY METAL SCREEN (ARSENIC, BISMUTH, MERCURY,	\$30.35
83020		HEMOGLOBIN	\$17.80
83021		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY (EG, A2, S, C, AND/OR	\$24.96
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.26
83030		HEMOGLOBIN	\$11.43
83033		HEMOGLOBIN	\$8.24
83036		HEMOGLOBIN	\$13.42
83045		HEMOGLOBIN	6.85
83050		HEMOGLOBIN	\$10.12
83051		HEMOGLOBIN	10.1
83055		HEMOGLOBIN	6.8
83060		HEMOGLOBIN	11.43

PROC-CD	MOD	Description	Medicaid Fee Schedule
83065		HEMOGLOBIN	9.52
83068		HEMOGLOBIN	11.71
83069		HEMOGLOBIN	5.45
83070		HEMOSIDERIN, URINE	\$6.56
83071		HEMOSIDERIN, RIA	9.5
83080		B-HEXOSAMINIDASE, EACH ASSAY	\$23.31
83088		HISTAMINE	\$40.81
83090		HOMOCYSTINE	\$23.31
83150		HOMOVANILLIC ACID (HVA), URINE	\$19.80
83491		HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	24.21
83497		HYDROXYINDOLACETIC ACID, 5-(HIAA), URINE	\$17.82
83498		HYDROXYPROGESTERONE, 17-D, RIA	\$37.54
83499		HYDROXYPROGESTERONE, 20-	34.83
83500		HYDROXYPROLINE, URINE	31.3
83505		HYDROXYPROLINE, URINE	33.59
83516		IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITA	\$15.95
83518		IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	\$11.72
83519		IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	\$18.67
83520		IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	\$17.89
83525		INSULIN, RIA	\$15.81
83527		INSULIN; FREE	17.9
83528		INTRINSIC FACTOR LEVEL	21.98
83540		IRON, SERUM	\$8.95
83550		IRON BINDING CAPACITY, SERUM	\$12.08
83570		ISOCITRIC DEHYDROGENASE (IDH), BLOOD	12.22
83582		KETOGENIC STEROIDS, URINE	19.59
83586		KETOSTEROIDS, 17- (17-KS), BLOOD	17.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
83593		KETOSTEROIDS, 17- (17-KS), URINE	36.35
83605		LACTATE (LACTIC ACID)	\$14.76
83615		LACTIC DEHYDROGENASE (LDH), BLOOD	\$8.35
83625		LACTIC DEHYDROGENASE (LDH), BLOOD	17.69
83630		LACTOFERRIN, FECAL, QUALITATIVE	\$16.45
83631		LACTIC DEHYDROGENASE (LDH), CSF	\$16.45
83632		LACTOGEN, HUMAN PLACENTAL (HPL) CHORIONIC SOMATOMAMMOTROPIN,	27.93
83633		LACTOSE, URINE	7.61
83634		LACTOSE, URINE	15.92
83655		LEAD, QUANTITATIVE	\$16.72
83661		LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO), AMNIOTIC FLUID	30.38
83662		LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	26.14
83663		FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$26.43
83664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$26.43
83670		LEUCINE AMINOPEPTIDASE (LAP), BLOOD	12.66
83690		LIPASE, BLOOD	\$9.52
83695		LIPOPROTEIN (A)	\$12.66
83700		LIPIDS, BLOOD	\$9.44
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	\$24.28
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN	\$30.86
83718		LIPOPROTEIN HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$11.31
83719		LIPOPROTEIN VERY LOW DENSITY CHOLESTEROL (VLDL CHOLESTEROL)	16.08
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL	\$13.18
83727		LUTEINIZING RELEASING FACTOR (LRH), RIA	23.76
83735		MAGNESIUM, BLOOD	\$9.26
83775		MALATE DEHYDROGENASE, KINETIC ULTRAVIOLET METHOD	10.19
83785		MANGANESE, BLOOD OR URINE	33.98
83788		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS), ANALYTE NOT ELSEWHE	\$24.96

PROC-CD	MOD	Description	Medicaid Fee Schedule
83789		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS), ANALYTE NOT ELSEWHE	\$24.96
83805		MEPROBAMATE, BLOOD OR URINE	\$24.36
83825		MERCURY, QUANTITATIVE	\$22.47
83835		METANEPHRINES, URINE	\$23.41
83840		METHADONE	\$22.56
83857		METHEMALBUMIN	\$14.84
83858		METHSUXIMIDE, SERUM	20.48
83864		MUCOPOLYSACCHARIDES, ACID, BLOOD	27.51
83866		MUCOPOLYSACCHARIDES, ACID, URINE	13.62
83872		MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$8.10
83873		MYELIN BASIC PROTEIN, CSF, RIA	23.78
83874		MYOGLOBIN, ELECTROPHORESIS	\$17.84
83880		NALORPHINE	\$28.46
83883		NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$18.79
83885		NICKEL, URINE	33.86
83887		NICOTINE	32.73
83890		NUCLEAR MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	\$5.54
83891		MOLECULAR DIAGNOSTICS; ISOLATION OR EXTRACTION OF HIGHLY PURIFIED NUCLEIC ACID	\$5.54
83892		NUCLEAR MOLECULAR DIAGNOSTICS; ENZYMATIC DIGESTION	\$5.54
83893		MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	\$5.54
83894		NUCLEAR MOLECULAR DIAGNOSTICS; SEPARATION (EG, DOT BLOT, ELECTROPHORESIS)	\$5.54
83896		NUCLEAR MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE, EACH	\$5.54
83897		MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER (EG, SOUTHERN, NORTHERN)	\$5.54
83898		NUCLEAR MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE WITH AMPLIFICATION, EG, POLYME	\$23.17
83900		NITROGEN, TOTAL	\$28.10
83901		MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, MULTIPLEX, EACH MU	\$23.17
83902		MOLECULAR DIAGNOSTICS AMPLIFICATION EG POLYMERASE CHAIN REACTION (PCR) REVERSE T	\$19.61
83903		MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPERTIES (EG, SINGLE STR	\$23.17
83904		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING, SINGLE SEGMENT, EA	\$23.17
83905		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC TRANSCRIPTION,	23.17

PROC-CD	MOD	Description	Medicaid Fee Schedule
83906		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC TRANSLATION, S	23.17
83907		MOLECULAR DIAGNOSTICS; LYSIS OF CELLS PRIOR TO NUCLEIC ACID EXTRACTION (EG, STOO	\$13.06
83908		MOLECULAR DIAGNOSTICS; SIGNAL AMPLIFICATION OF PATIENT NUCLEIC ACID, EACH NUCLEI	\$16.39
83909		MOLECULAR DIAGNOSTICS; SEPARATION AND IDENTIFICATION BY HIGH RESOLUTION TECHNIQU	\$16.39
83912		NUCLEIC ACID PROBE, WITH ELECTROPHORESIS W/EXAM & REPORT	\$5.60
83914		MUTATION IDENTIFICATION BY ENZYMATIC LIGATION OR PRIMER EXTENSION, SINGLE SEGMENT	\$16.39
83915		NUCLEOTIDASE 5'-	15.41
83916		OLIGOCLONAL IMMUNE GLOBULIN (IG), CSF, BY ELECTROPHORESIS	\$27.79
83918		ORGANIC ACIDS	\$22.75
83919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$22.75
83921		ORGANIC ACID, SINGLE, QUANTITATIVE	\$22.75
83925		OPIATES, (EG, MORPHINE, MEPERIDINE)	\$26.89
83930		OSMOLALITY	\$9.13
83935		OSMOLALITY	\$9.42
83937		OSTEOCALCIN (BONE G1A PROTEIN)	\$41.26
83945		OXALATE, URINE	\$17.80
83950		ONCOPROTEIN, HER-2/NEU	89.01
83970		PARATHORMONE (PARATHYROID HORMONE), RIA	\$57.04
83986		PH, BODY FLUID, EXCEPT BLOOD	\$4.95
83992		PHENCYCLIDINE (PCP)	20.31
84022		PHENOTHIAZINE, URINE	21.53
84030		PHENYLALANINE (PKU), BLOOD	\$7.61
84035		PHENYLKETONES	5.05
84060		PHOSPHATASE, ACID	10.2
84061		PHOSPHATASE, ACID; FORENSIC EXAMINATION	10.94
84066		PHOSPHATASE, ACID	\$13.35
84075		PHOSPHATASE, ALKALINE, BLOOD	\$7.15
84078		PHOSPHATASE, ALKALINE, BLOOD	10.09
84080		PHOSPHATASE, ALKALINE, BLOOD	\$20.44
84081		PHOSPHATYDYLGLYCEROL	\$22.84
84085		PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	9.32



PROC-CD	MOD	Description	Medicaid Fee Schedule
84087		PHOSPHOHEXOSE ISOMERASE	14.27
84100		PHOSPHORUS (PHOSPHATE)	\$6.56
84105		PHOSPHORUS (PHOSPHATE)	\$7.15
84106		PORPHOBILINOGEN, URINE	5.92
84110		PORPHOBILINOGEN, URINE	\$11.68
84119		PORPHYRINS, COPRO-, URINE	\$11.90
84120		PORPHYRINS	\$20.33
84126		PORPHYRINS, FECES, QUANTITATIVE	35.2
84127		PORPHYRINS, FECES; QUALITATIVE	16.1
84132		POTASSIUM	\$6.35
84133		POTASSIUM	\$5.94
84134		PREALBUMIN	\$20.16
84135		PREGNANEDIOL	26.44
84138		PREGNANETRIOL	26.16
84140		PREGNENOLONE	\$28.58
84143		17-HYDROXPREGNENOLONE	31.54
84144		PROGESTERONE, ANY METHOD	\$28.83
84146		PROLACTIN (MAMMOTROPIN), RIA	\$26.78
84150		PROSTAGLANDIN, ANY ONE, RIA	\$34.50
84152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$25.42
84153		PROSTATE SPECIFIC ANTIGEN (PSA)	\$25.42
84154		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$25.42
84155		PROTEIN, TOTAL, SERUM	\$5.06
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	\$3.69
84157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID, CEREB	\$3.69
84160		PROTEIN, TOTAL, SERUM	4.62
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$20.80
84165		PROTEIN, TOTAL, SERUM	\$14.84
84166	26	PROTEIN; ELECTROPHORETIC FRACT	\$14.59
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH	\$24.92
84181		PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	23.54
84182		PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	24.87
84202		PROTOPORPHYRIN, RBC	\$19.83

PROC-CD	MOD	Description	Medicaid Fee Schedule
84203		PROTOPORPHYRIN, RBC	11.89
84206		PROINSULIN, RIA	\$23.03
84207		PYRIDOXINE (VITAMIN B-6)	\$26.36
84210		PYRUVATE, BLOOD	\$15.01
84220		PYRUVIC KINASE, RBC	13.04
84228		QUININE	16.08
84233		RECEPTOR ASSAY	89.01
84234		RECEPTOR ASSAY	89.64
84235		RECEPTOR ASSAY	\$73.12
84238		RECEPTOR ASSAY	\$50.53
84244		RENIN (ANGIOTENSIN I)	\$30.40
84252		RIBOFLAVIN (VITAMIN B-2)	26.36
84255		SELENIUM, BLOOD, URINE OR TISSUE	\$35.28
84260		SEROTONIN, BLOOD	\$42.81
84270		SEX HORMONE BINDING GLOBULIN (SHBG)	\$13.11
84275		SIALIC ACID, BLOOD	18.56
84285		SILICA, BLOOD, URINE OR TISSUE	32.55
84295		SODIUM	\$6.65
84300		SODIUM	\$6.72
84302		SODIUM; OTHER SOURCE	\$6.79
84305		SOMATOMEDIN	\$29.38
84307		SOMATOSTATIN	25.27
84311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$9.66
84315		SPECIFIC GRAVITY (EXCEPT URINE)	3.46
84375		SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	27.09
84376		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH SPECIMEN	\$7.61
84377		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH SPECIMEN	7.61
84378		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN	15.92

PROC-CD	MOD	Description	Medicaid Fee Schedule
84379		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH SPECIMEN	15.92
84392		SULFATE, URINE	6.56
84402		TESTOSTERONE; FREE	\$35.19
84403		TESTOSTERONE, BLOOD, RIA	\$35.68
84425		THIAMINE (VITAMIN B-1)	\$26.36
84430		THIOCYANATE, BLOOD	16.08
84432		THYROGLOBULIN	\$22.20
84436		THYROXINE, TRUE (TT-4), RIA	\$9.50
84437		THYROXINE (T-4) NEONATAL	\$8.95
84439		THYROXINE, FREE (FT-4), RIA (UNBOUND T-4 ONLY)	\$12.46
84442		THYROXINE BINDING GLOBULIN (TBG)	\$20.44
84443		THYROID STIMULATING HORMONE (TSH), RIA OR EIA	\$23.21
84445		THYTROPIN RELEASING FACTOR (TRF), RIA	\$32.92
84446		TOCOPHEROL ALPHA (VITAMIN E)	\$19.60
84449		TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$24.87
84450		TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD	\$7.14
84460		TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD	\$7.32
84466		TRANSFERRIN	\$17.65
84478		TRIGLYCERIDES, BLOOD	\$7.95
84479		TRIIODOTHYRONINE (T-3), RESIN UPTAKE	\$8.95
84480		TRIIODOTHYRONINE TRUE (TT-3), RIA	\$19.60
84481		TRIIODOTHYRONINE, FREE (FT-3), RIA (UNBOUND T-3 ONLY)	\$23.41
84482		TRIDOTHYRONINE (T-3); REVERSE	\$21.78
84484		TROPONIN	\$13.60
84485		TRYPSIN, DUODENAL FLUID	10.37
84488		TRYPSIN, FECES	10.09
84490		TRYPSIN, FECES	10.52
84510		TYROSINE, BLOOD	14.38
84512		TROPONIN, QUALITATIVE	\$10.64
84520		UREA NITROGEN, BLOOD (BUN)	\$5.45
84525		UREA NITROGEN, BLOOD (BUN)	\$4.02
84540		UREA NITROGEN, URINE	\$6.56
84545		UREA NITROGEN, CLEARANCE	\$9.12
84550		URIC ACID	\$6.25
84560		URIC ACID, URINE	\$6.56
84577		UROBILINOGEN, FECES, QUANTITATIVE	17.24
84578		UROBILINOGEN, URINE	4.48

PROC-CD	MOD	Description	Medicaid Fee Schedule
84580		UROBILINOGEN, URINE	9.81
84583		UROBILINOGEN, URINE	6.95
84585		VANILLYMANDELIC ACID (VMA), URINE	\$21.42
84586		VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$46.25
84588		VASOPRESSIN (ANTIDIURETIC HORMONE), RIA	\$46.91
84590		VITAMIN A, BLOOD	\$16.02
84591		VITAMIN, NOT OTHERWISE SPECIFIED	16.02
84597		VITAMIN K	\$18.94
84600		VOLATILES (ACETIC ANHYDRIDE, CARBON TETRACHLORIDE,	22.21
84620		XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	16.37
84630		ZINC, QUANTITATIVE	\$15.74
84681		C-PEPTIDE, ANY METHOD	\$28.75
84702		GONADOTROPIN, CHORIONIC	\$20.80
84703		GONADOTROPIN, CHORIONIC	\$10.38
84830		OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMON	13.87
85002		BLEEDING TIME	\$6.22
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$9.04
85007		BLOOD COUNT	\$4.76
85008		BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	\$4.76
85009		BLOOD COUNT	\$5.14
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$3.27
85014		BLOOD COUNT	\$3.27
85018		BLOOD COUNT	\$3.27
85025		BLOOD COUNT	\$10.74
85027		BLOOD COUNT	\$8.95
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$6.01
85041		BLOOD COUNT	\$4.20
85044		BLOOD COUNT	\$5.94
85045		BLOOD COUNT RETICULOCYTE COUNT, FLOW CYTOMETRY	\$5.59
85046		BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	\$7.72
85048		BLOOD COUNT	\$3.52
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$6.25
85055		RETICULATED PLATELET ASSAY	\$18.20
85060		BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN	\$15.19
85097		BONE MARROW SMEAR AND/OR CELL BLOCK	\$34.18
85130		CHROMOGENIC SUBSTRATE ASSAY	\$16.44
85170		CLOT RETRACTION	5
85175		CLOT LYSIS TIME, WHOLE BLOOD DILUTION	6.28

PROC-CD	MOD	Description	Medicaid Fee Schedule
85210		CLOTTING	\$17.95
85220		CLOTTING	\$24.39
85230		CLOTTING	\$24.75
85240		CLOTTING	\$24.75
85244		CLOTTING	28.22
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'S FACTOR, MULTIMETRIC ANALYSIS	\$31.72
85250		CLOTTING	\$26.31
85260		CLOTTING	\$24.75
85270		CLOTTING	\$24.75
85280		CLOTTING	\$22.58
85290		CLOTTING	22.58
85291		CLOTTING	12.28
85292		CLOTTING	26.17
85293		CLOTTING	26.17
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS	\$16.38
85301		CLOTTING INHIBITORS OR ANTICOAGULANTS	14.95
85302		CLOTTING INHIBITORS OR ANTICOAGULANTS	\$16.61
85303		CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$19.11
85305		CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S ASSAY	\$16.02
85306		CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$21.18
85307		ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$21.41
85335		FACTOR INHIBITOR TEST	\$17.99
85337		THROMBOMODULIN	14.41
85345		COAGULATION TIME	5.94
85347		COAGULATION TIME	\$5.88
85348		COAGULATION TIME	5.14
85360		EUGLOBULIN LYSIS	11.61
85362		FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP)	\$9.52
85366		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	11.9

PROC-CD	MOD	Description	Medicaid Fee Schedule
85370		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	15.7
85378		FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	\$9.86
85379		FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$14.06
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR VEN	\$14.22
85384		FIBRINOGEN; ACTIVITY	\$11.74
85385		FIBRINOGEN; ANTIGEN	11.74
85390	26	FIBRINOLYSINS OR COAGULOPATHY	\$13.35
85390		FIBRINOLYSINS	7.13
85400		FIBRINOLYTIC MECHANISMS	\$12.22
85410		FIBRINOLYTIC MECHANISMS	\$10.66
85415		FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$23.76
85420		FIBRINOLYTIC MECHANISMS	9.04
85421		FIBRINOLYTIC MECHANISMS	14.07
85441		HEINZ BODIES	5.81
85445		HEINZ BODIES	9.42
85460		HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	\$10.69
85461		HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	9.17
85475		HEMOLYSIN, ACID	\$12.26
85520		HEPARIN ASSAY	\$15.81
85525		HEPARIN NEUTRALIZATION	\$16.12
85530		HEPARIN-PROTAMINE TOLERANCE TEST	19.6
85536		IRON STAIN, PERIPHERAL BLOOD	8.95
85540		LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$11.88
85547		MECHANICAL FRAGILITY, RBC	11.88
85549		MURAMIDASE, SERUM	25.92
85555		OSMOTIC FRAGILITY, RBC	9.24
85557		OSMOTIC FRAGILITY, RBC	18.46

PROC-CD	MOD	Description	Medicaid Fee Schedule
85576		PLATELET	\$22.53
85597		PLATELET NEUTRALIZATION	\$24.84
85610		PROTHROMBIN TIME	\$5.43
85611		PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.43
85612		PROTHROMBIN TIME	\$13.22
85613		RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$13.22
85635		REPTILASE TEST	13.61
85651		SEDIMENTATION RATE (ESR)	\$4.91
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$3.73
85660		SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$7.63
85670		THROMBIN TIME	\$7.98
85675		THROMBIN TIME	9.47
85705		THROMBOPLASTIN INHIBITION; TISSUE	\$13.31
85730		THROMBOPLASTIN TIME, PARTIAL (PTT)	\$8.30
85732		THROMBOPLASTIN TIME, PARTIAL (PTT)	\$8.95
85810		VISCOSITY	\$16.14
86000		AGGLUTININS	\$9.26
86001		ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.30
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE, EACH PANEL OF UP TO 12 ALLERGENS	\$7.22
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK OR DISK)	\$1.73
86021		ANTIBODY IDENTIFICATION	\$20.80
86022		ANTIBODY IDENTIFICATION	\$25.38
86023		ANTIBODY IDENTIFICATION	\$15.20
86038		ANTINUCLEAR ANTIBODIES (ANA), RIA	\$16.70
86039		ANTINUCLEAR ANTIBODIES (ANA); TITER	\$15.43
86060		ANTISTREPTOLYSIN 0	\$10.09
86063		ANTISTREPTOLYSIN 0	\$7.98
86077		BLOOD BANK PHYSICIAN SERVICES	\$51.86
86077	32	BLOOD BANK PHYSICIAN SERVICES	\$53.40
86078		BLOOD BANK PHYSICIAN SERVICES	\$52.33
86078	32	BLOOD BANK PHYSICIAN SERVICES	\$54.97
86079		BLOOD BANK PHYSICIAN SERVICES	\$52.37
86079	32	BLOOD BANK PHYSICIAN SERVICES	\$54.54
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	\$35.16
86148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	\$22.20
86155		CHEMOTAXIS ASSAY, SPECIFY METHOD	22.08
86156		COLD AGGLUTININ; SCREEN	\$9.26
86157		COLD AGGLUTININ; TITER	\$11.14
86160		COMPLEMENT; ANTIGEN, EACH COMPONENT	\$16.59
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$16.59
86162		COMPLEMENT	\$28.08
86171		COMPLEMENT FIXATION TESTS, EACH ANTIGEN	13.85

PROC-CD	MOD	Description	Medicaid Fee Schedule
86185		COUNTERELECTROPHORESIS, EACH ANTIGEN	12.37
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$12.66
86215		DEOXYRIBONUCLEASE, ANTIBODY	\$18.32
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	\$18.99
86226		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$16.73
86235		ANTIBODY TO SPECIFIC NUCLEAR ANTIGEN, ANY METHOD, EACH	\$24.78
86243		FC RECEPTOR ASSAY, SPECIFY METHOD	28.36
86255		FLUORESCENT ANTIBODY	\$16.66
86256		FLUORESCENT ANTIBODY	\$16.66
86277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY, RIA	21.75
86280		HEMAGGLUTINATION INHIBITION TEST (HAI), EACH	11.31
86294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMO	27.11
86300		HETEROPHILE ANTIBODIES	\$28.76
86301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$28.76
86304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$28.76
86308		HETEROPHILE ANTIBODIES; SCREENING	\$7.15
86309		HETEROPHILE ANTIBODIES; TITER	8.95
86310		HETEROPHILE ANTIBODIES	10.19
86316		IMMUNOASSAY FOR TUMOR ANTIGEN (EG, PROSTATE SPECIFIC ANTIGEN,	\$28.76
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIGEN OR ANTIBODY, EACH	\$20.72
86318		IMMUNOASSAY FOR CHEMICAL CONSTITUENT	\$17.89
86320		IMMUNOELECTROPHORESIS	\$22.10
86325		IMMUNOELECTROPHORESIS	\$22.53
86327		IMMUNOELECTROPHORESIS	31.35
86329		IMMUNODIFFUSION	19.4
86331		IMMUNODIFFUSION	16.56
86332		IMMUNE COMPLEX ASSAY CIQ BINDING CELL	\$32.38
86334		IMMUNOFIXATION ELECTROPHORESIS	\$30.87
86335	26	IMMUNOFIXATION ELECTROPHORESIS	\$14.59
86335		IMMUNOGLOBULIN TYPING (GC, GM, INV), EACH	\$30.87
86336		INHIBIN A	\$18.09
86337		INSULIN ANTIBODIES, RIA	\$29.59
86340		INTRINSIC FACTOR ANTIBODIES, RIA	\$20.83
86341		ISLET CELL ANTIBODY	\$25.15



PROC-CD	MOD	Description	Medicaid Fee Schedule
86343		LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	17.22
86344		LEUKOCYTE PHAGOCYTOSIS	11.04
86353		LYMPHOCYTE TRANSFORMATION, SPONTANEOUS BLASTOGENESIS OR PHYTOMITOGEN	67.75
86355		B CELLS, TOTAL COUNT	\$36.89
86357		LYMPHOCYTES	\$31.62
86359		T CELLS; TOTAL COUNT	\$52.13
86360		T CELLS; T4 AND T8, INCLUDING RATIO	\$64.93
86361		T CELLS; ABSOLUTE CD4 COUNT	\$25.00
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$36.89
86376		MICROSOMAL ANTIBODY (THYROID)	\$20.11
86378		MIGRATION INHIBITORY FACTOR TEST (MIF)	27.22
86382		NEUTRALIZATION TEST, VIRAL	23.36
86384		NITROBLUE TETRAZOLIUM DYE TEST (NTD)	15.74
86403		PARTICLE AGGLUTINATION, RAPID TEST FOR	\$14.08
86406		PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$14.58
86430		RHEUMATOID FACTOR, LATEX FIXATION	\$7.85
86431		RHEUMATOID FACTOR; QUANTITATIVE	\$7.85
86480		SKIN TEST;CAT SCRATCH FEVER	\$51.95
86580		SKIN TEST	\$6.68
86586		SKIN TEST; UNLISTED ANTIGEN, EACH	\$31.62
86590		STREPTOKINASE, ANTIBODY	\$15.24
86592		SYPHILIS TEST	\$5.90
86593		SYPHILIS TEST	\$6.09
86602		ANTIBODY; ACTINOMYCES	14.06
86603		ANTIBODY; ADENOVIRUS	17.79
86606		ANTIBODY; ASPIRGILLUS	\$20.80
86609		ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$17.81
86611		ANTIBODY; BARTONELLA	\$14.22
86612		ANTIBODY; BLASTOMYCES	17.83
86615		ANTIBODY; BORDETELLA	18.23
86617		ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN BLO	\$21.40
86618		ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$23.54
86619		ANTIBODY; BORRELIA (RELAPSING FEVER)	18.49

PROC-CD	MOD	Description	Medicaid Fee Schedule
86622		ANTIBODY; BRUCELLA	\$12.35
86625		ANTIBODY; CAMPYLOBACTER	18.13
86628		ANTIBODY; CANDIDA	\$16.60
86631		ANTIBODY; CHLAMYDIA	\$16.35
86632		ANTIBODY; CHLAMYDIA, IGM	\$17.55
86635		ANTIBODY; COCCIDIOIDES	15.85
86638		ANTIBODY; COXIELLA BRUNETII (Q FEVER)	16.75
86641		ANTIBODY; CRYPTOCOCCUS	19.92
86644		ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$19.89
86645		ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$23.28
86648		ANTIBODY; DIPHTHERIA	\$21.02
86651		ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	18.23
86652		ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	18.23
86653		ANTIBODY; ENCEPHALITIS, ST. LOUIS	18.23
86654		ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	18.23
86658		ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	18.01
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	14.06
86668		ANTIBODY; FRANCISELLA TULARENSIS	14.38
86671		ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$16.95
86674		ANTIBODY; GIARDIA LAMBLIA	\$20.34
86677		ANTIBODY; HELICOBACTER PYLORI	\$20.05
86682		ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.60
86684		ANTIBODY; HEMOPHILUS INFLUENZA	21.9
86687		HTLV I, ANTIBODY DETECTION IMMUNOASSAY	\$11.60
86688		ANTIBODY; HTLV-II	19.37
86689		HTLV I, ANTIBODY DETECTION CONFIRMATORY TEST	\$26.75
86692		ANTIBODY; HEPATITIS, DELTA AGENT	\$23.72

PROC-CD	MOD	Description	Medicaid Fee Schedule
86694		ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$19.89
86695		ANTIBODY; HERPES SIMPLEX, TYPE 1	\$18.23
86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	\$27.05
86698		ANTIBODY; HISTOPLASMA	17.28
86701		ANTIBODY; HIV-1	\$12.28
86702		ANTIBODY; HIV-2	\$18.69
86703		ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	\$18.96
86704		HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	\$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); IGG AND IGM	\$17.12
86709		HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15.55
86710		ANTIBODY; INFLUENZA VIRUS	18.74
86713		ANTIBODY; LEGIONELLA	\$21.15
86717		ANTIBODY; LEISHMANIA	16.93
86720		ANTIBODY; LEPTOSPIRA	\$18.23
86723		ANTIBODY; LISTERIA MONOCYTOGENES	18.23
86727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	17.79
86729		ANTIBODY; LYMPHOGRANULOMA VENEREUM	16.51
86732		ANTIBODY; MUCORMYCOSIS	18.23
86735		ANTIBODY; MUMPS	\$18.03
86738		ANTIBODY; MYCOPLASMA	\$18.31
86741		ANTIBODY; NEISSERIA MENINGITIDIS	18.23
86744		ANTIBODY; NOCARDIA	18.23
86747		ANTIBODY; PARVOVIRUS	\$20.77
86750		ANTIBODY; PLASMODIUM (MALARIA)	18.23
86753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	17.12
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	17.81
86757		ANTIBODY; RICKETTSIA	\$26.75

PROC-CD	MOD	Description	Medicaid Fee Schedule
86759		ANTIBODY; ROTAVIRUS	18.23
86762		ANTIBODY; RUBELLA	\$19.89
86765		ANTIBODY; RUBEOLA	\$17.81
86768		ANTIBODY; SALMONELLA	18.23
86771		ANTIBODY; SHIGELLA	18.23
86774		ANTIBODY; TETANUS	20.45
86777		ANTIBODY; TOXOPLASMA	\$19.89
86778		ANTIBODY; TOXOPLASMA, IGM	\$19.90
86781		ANTIBODY; TREPONEMA PALLIDUM, CONFIRMATORY TEST (EG, FTA-ABS)	\$18.30
86784		ANTIBODY; TRICHINELLA	\$17.36
86787		ANTIBODY; VARICELLA-ZOSTER	\$17.81
86790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$17.81
86793		ANTIBODY; YERSINIA	18.23
86800		THYROGLOBULIN ANTIBODY, RIA	\$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 TITRATIO	\$39.68
86807		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY STAN	46.53
86808		LYMPHOCYTOTOXICITY ASSAY,VISUAL CROSSMATCH W/O TITRATION	41.02
86812		TISSUE TYPING	\$35.66
86813		TISSUE TYPING	\$80.13
86816		TISSUE TYPING	\$38.49
86817		TISSUE TYPING	\$88.98
86821		TISSUE TYPING	78.03
86822		TISSUE TYPING	50.52
86880		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$7.42
86885		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	\$7.90
86886		ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	\$7.15
86900		BLOOD TYPING; ABO	\$4.12
86903		BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, P	\$6.63
86904		BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNI	6.63

PROC-CD	MOD	Description	Medicaid Fee Schedule
86905		BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$5.28
86906		BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$10.71
86940		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	\$11.32
86941		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$16.73
87001		ANIMAL INOCULATION, SMALL ANIMAL	18.27
87003		ANIMAL INOCULATION, SMALL ANIMAL	23.26
87015		CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR	\$9.23
87040		CULTURE, BACTERIAL, DEFINITIVE	\$14.27
87045		CULTURE, BACTERIAL, DEFINITIVE	\$13.04
87046		CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMI	\$7.91
87070		CULTURE, BACTERIAL, DEFINITIVE	\$11.90
87071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIF	\$7.91
87073		CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENT	\$7.91
87075		CULTURE, BACTERIAL, ANY SOURCE	\$13.08
87076		CULTURE, BACTERIAL, ANY SOURCE	\$11.16
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	\$11.16
87081		CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE	\$9.16
87084		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY	\$11.90
87086		CULTURE, BACTERIAL, URINE	\$11.16
87088		CULTURE, BACTERIAL, URINE	\$10.55
87101		CULTURE, FUNGI, ISOLATION	\$10.66
87102		CULTURE, FUNGI, ISOLATION	\$11.61
87103		CULTURE, FUNGI, ISOLATION BLOOD	\$12.46
87106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS	\$14.27
87107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$14.42
87109		CULTURE, MYCOPLASMA, ANY SOURCE	\$21.26
87110		CULTURE, CHLAMYDIA	\$27.08
87116		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB,	\$13.63
87118		CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$15.13
87140		CULTURE, TYPING	\$7.71
87143		CULTURE, TYPING	17.32
87147		CULTURE, TYPING	\$7.15
87149		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	\$27.71
87152		CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	7.23
87158		CULTURE, TYPING	7.23
87164	26	DARK FIELD EXAMINATION, ANY SO	\$13.35
87164		DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL,	14.84

PROC-CD	MOD	Description	Medicaid Fee Schedule
87166		DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL,	15.61
87168		MACROSCOPIC EXAMINATION; ARTHROPOD	\$5.40
87169		MACROSCOPIC EXAMINATION; PARASITE	\$5.90
87172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$5.90
87176		ENDOTOXIN, BACTERIAL (PYROGENS)	8.13
87177		OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$12.30
87181		SENSITIVITY STUDIES, ANTIBIOTIC	\$2.57
87184		SENSITIVITY STUDIES, ANTIBIOTIC	\$9.53
87185		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMAS	\$2.57
87186		SENSITIVITY STUDIES, ANTIBIOTIC	\$11.94
87187		SENSITIVITY STUDIES,ANTIBIOTIC MBC(USE IN ADDIT.87186-87188)	14.33
87188		SENSITIVITY STUDIES, ANTIBIOTIC	9.17
87190		SENSITIVITY STUDIES, ANTIBIOTIC	\$7.81
87197		SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	16.14
87205		SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$5.90
87206		SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$7.42
87207		SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$8.37
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	\$17.57
87210		SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$5.90
87220		TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	\$5.90
87230		TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM	\$27.28
87250		VIRUS IDENTIFICATION	\$27.02
87252		VIRUS IDENTIFICATION	\$36.02
87253		VIRUS IDENTIFICATION TISSUE CULTURE,ADDITIONAL STUDIES_ISOLA	\$12.39
87254		VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STA	\$16.39
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	\$42.92
87260		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADE	16.58
87265		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; BOR	\$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 DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CHL	\$16.58
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CYTOMEGALOVIR	\$16.76
87272		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRY	\$16.58

PROC-CD	MOD	Description	Medicaid Fee Schedule
87273		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLE	16.58
87274		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; HER	\$16.58
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B V	\$16.58
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; INF	\$16.58
87277		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA MI	16.58
87278		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; LEG	\$16.58
87279		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA	16.58
87280		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; RES	\$16.58
87281		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS	16.58
87283		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	16.58
87285		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; TRE	16.58
87290		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; VAR	16.58
87299		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE, NOT	\$16.58
87300		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FO	10.06
87301		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		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$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

PROC-CD	MOD	Description	Medicaid Fee Schedule
87338		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$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	22.69
87385		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	16.58
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		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$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	16.58
87430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87449		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	\$16.58
87450		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	\$13.25
87451		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	13.25
87470		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	27.71
87471		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	48.5
87472		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	59.2
87475		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, D	27.71
87476		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, A	48.5
87477		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, Q	59.2



PROC-CD	MOD	Description	Medicaid Fee Schedule
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT	\$27.71
87481		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIF	48.5
87482		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, QUANTI	57.69
87485		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, D	27.71
87486		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, A	48.5
87487		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, Q	59.2
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,	48.31
87495		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, DIRECT	27.71
87496		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, AMPLIF	\$48.50
87497		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, QUANTI	\$59.20
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,	48.5
87512		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	57.69
87515		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, DIRE	27.71
87516		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, AMPL	\$48.50
87517		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, QUAN	\$59.20
87520		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT PRO	\$27.71
87521		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, AMPLIFIED	\$48.50
87522		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICA	\$59.20
87525		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT PRO	27.71

PROC-CD	MOD	Description	Medicaid Fee Schedule
87526		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED	48.5
87527		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, QUANTIFICA	57.69
87528		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, D	27.71
87529		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, A	\$46.44
87530		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, Q	\$59.20
87531		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT	27.71
87532		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, AMPLIFI	48.5
87533		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, QUANTIF	57.69
87534		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE TEC	27.71
87535		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE	\$48.50
87536		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QUANTIFICATION	\$117.59
87537		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE TEC	27.71
87538		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIFIED PROBE	48.5
87539		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, QUANTIFICATION	59.2
87540		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	27.71
87541		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	48.5
87542		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	57.69
87550		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, D	27.71
87551		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, A	48.5
87552		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, Q	59.2

PROC-CD	MOD	Description	Medicaid Fee Schedule
87555		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	\$27.71
87556		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	\$48.50
87557		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	59.2
87560		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	\$27.71
87561		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	48.5
87562		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	59.2
87580		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	27.71
87581		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	48.5
87582		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	57.69
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,	59.2
87620		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	27.71
87621		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	\$48.29
87622		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	57.69
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	\$27.71
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	48.5
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	57.69
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$20.17
87797		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	\$28.02
87798		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	\$48.50
87799		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	59.2

PROC-CD	MOD	Description	Medicaid Fee Schedule
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; DIR	33.62
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMP	\$58.84
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	16.58
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.58
87810		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAM	\$16.58
87850		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NEISS	\$16.58
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREP	\$16.58
87899		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT O	\$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 VIR	\$256.16
87903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$486.21
87904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$35.94
88104		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$35.00
88104	26	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$35.00
88107	TC	CYTOPATHOLOGY, FLUIDS, WASHING	30.93
88107		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$64.69
88107	26	CYTOPATHOLOGY, FLUIDS, WASHING	\$41.46
88108		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$44.09
88108	26	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$44.09
88112	TC	CYTOPATHOLOGY, SELECTIVE CELLU	44.86
88112	26	CYTOPATHOLOGY, SELECTIVE CELLU	\$48.45
88112		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG,	\$93.30
88130		SEX CHROMATIN IDENTIFICATION	20.79
88140		SEX CHROMATIN IDENTIFICATION	\$11.05
88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETAT	\$22.89
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$28.00
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	28
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER P	\$15.73

PROC-CD	MOD	Description	Medicaid Fee Schedule
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MA	\$21.00
88150		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL	\$14.60
88152		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH MANUAL CYTO	14.6
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENIN	14.6
88154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-A	\$14.60
88155		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL	\$7.59
88160		CYTOPATHOLOGY, ANY OTHER SOURCE	\$33.12
88161		CYTOPATHOLOGY, ANY OTHER SOURCE	\$35.90
88162		CYTOPATHOLOGY, ANY OTHER SOURCE	\$44.05
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENI	\$14.60
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	\$14.60
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	14.6
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	14.6
88172	26	CYTOPATHOLOGY, EVALUATION OF F	\$24.23
88172		EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT	\$39.40
88173		EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT	\$87.10
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$29.85
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$37.01
88182		FLOW CYTOMETRY	\$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
88230		TISSUE CULTURE FOR CHROMOSOME ANALYSIS LYMPHOCYTE	\$161.00
88233		TISSUE CULT. FOR CHROMOSOME ANALYSIS SKIN OR OTHER SOL. TISS	194.49
88235		TISSUE CULTURE FOR CHROMOSOME ANALYSIS	\$146.52
88237		TISSUE CULTURE FOR CHROMOSOME ANALYSIS BONE MARROW CELLS	\$125.68
88239		TISSUE CULTURE FOR CHROMOSOME ANALYSIS OTHER TISSUE	203.88
88240		CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	6.2
88241		THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	6.2

PROC-CD	MOD	Description	Medicaid Fee Schedule
88245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 25 CELLS	158.01
88248		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 100 CELLS	239.32
88249		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (E	239.32
88261		CHROMOSOME ANALYSIS	244.24
88262		CHROMOSOME ANALYSIS	\$124.02
88263		CHROMOSOME ANALYSIS COUNT 45 CELLS FOR MOSAICISM,2 KARYOTYYP	207.67
88264		CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	172.25
88267		CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS,	\$178.88
88269		CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT	229.85
88271		MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$29.60
88272		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG	37
88273		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (	\$44.40
88274		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	48.1
88275		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$55.50
88280		CHROMOSOME ANALYSIS	\$34.68
88283		CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE	46.87
88285		CHROMOSOME ANALYSIS	\$15.92
88289		CHROMOSOME ANALYSIS ADDITIONAL HIGH RESOLUTION STUDY	\$13.11
88291		CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	\$16.54
88300		SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	\$13.56
88300	26	LEVEL I - SURGICAL PATHOLOGY,	\$3.47
88302		SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$29.54
88302	26	LEVEL II - SURGICAL PATHOLOGY,	\$5.35
88304		SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$38.92
88304	26	LEVEL III - SURGICAL PATHOLOGY	\$8.86
88305		SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$66.67
88305	TC	LEVEL IV - SURGICAL PATHOLOGY,	40.64
88305	26	LEVEL IV - SURGICAL PATHOLOGY,	\$30.18
88307		SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$118.35
88307	26	LEVEL V - SURGICAL PATHOLOGY,	\$83.00
88309		SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$165.80
88309	26	LEVEL VI - SURGICAL PATHOLOGY,	\$103.60
88311		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	\$12.61

PROC-CD	MOD	Description	Medicaid Fee Schedule
88312		SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$51.28
88313		SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$37.43
88314	TC	SPECIAL STAINS (LIST SEPARATEL	47.86
88314	32	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$63.31
88314		SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$63.31
88314	26	SPECIAL STAINS (LIST SEPARATEL	\$25.73
88319		DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY	\$99.23
88321	32	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$72.29
88321		CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$70.99
88323	TC	CONSULTATION AND REPORT ON REF	31.88
88323	26	CONSULTATION AND REPORT ON REF	\$52.74
88323		CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING	\$85.05
88325		CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND	\$106.09
88329	32	CONSULTATION DURING SURGERY	\$40.65
88329		CONSULTATION DURING SURGERY	\$37.40
88331	TC	PATHOLOGY CONSULTATION DURING	15.63
88331		CONSULTATION DURING SURGERY	\$61.43
88332	TC	PATHOLOGY CONSULTATION DURING	6.29
88332		CONSULTATION DURING SURGERY	\$26.58
88333	TC	PATHOLOGY CONSULTATION DURING	16.28
88333	26	PATHOLOGY CONSULTATION DURING	\$46.26
88333		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$62.55
88334	TC	PATHOLOGY CONSULTATION DURING	9.97
88334	26	PATHOLOGY CONSULTATION DURING	\$22.74
88334		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$32.70
88342	TC	IMMUNOHISTOCHEMISTRY (INCLUDIN	28.15
88342		IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE),	\$57.22
88342	26	IMMUNOHISTOCHEMISTRY (INCLUDIN	\$44.81
88346		IMMUNOFLUORESCENT STUDY, EACH ANTIBODY	\$60.22
88347	TC	IMMUNOFLUORESCENT STUDY, EACH	27.24
88347	26	IMMUNOFLUORESCENT STUDY, EACH	\$33.88
88347		IMMUNOFLUORESCENT STUDY, EACH ANTIBODY INDIRECT METHOD	\$61.12
88348		ELECTRON MICROSCOPY	\$273.83
88348	26	ELECTRON MICROSCOPY; DIAGNOSTI	\$60.54
88349	26	ELECTRON MICROSCOPY; SCANNING	\$30.66
88358	TC	MORPHOMETRIC ANALYSIS; TUMOR (	12.39
88358		MORPHOMETRIC ANALYSIS TUMOR	\$46.95
88358	26	MORPHOMETRIC ANALYSIS; TUMOR (	\$40.00
88360	TC	MORPHOMETRIC ANALYSIS, TUMOR I	38.87
88360	26	MORPHOMETRIC ANALYSIS, TUMOR I	\$45.69
88360		WHOLE ORGAN SECTIONS FOR SPECIAL STUDIES	\$84.56
88361	26	MORPHOMETRIC ANALYSIS, TUMOR I	\$41.17
88361		MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEP	\$107.70
88361	TC	MORPHOMETRIC ANALYSIS, TUMOR I	67.41
88365		TISSUE IN SITU HYBRIDIZATION,INTERPRETATION AND REPORT	\$82.14
88367	26	MORPHOMETRIC ANALYSIS, IN SITU	\$53.29
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU	113.82
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$163.50
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$94.81
88368	26	MORPHOMETRIC ANALYSIS, IN SITU	\$57.85
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU	89.78

PROC-CD	MOD	Description	Medicaid Fee Schedule
88371		PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	30.71
88372		PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMU	31.44
88385	26	ARRAY-BASED EVALUATION OF MULT	\$57.68
88386	26	ARRAY-BASED EVALUATION OF MULT	\$72.54
88400		BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.21
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	\$44.44
89049	32	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	\$140.92
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF,	\$6.53
89051		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF,	\$7.61
89055		LEUKOCYTE COUNT, FECAL	\$5.96
89060		CRYSTAL IDENTIFICATION BY COMPENSATED POLARIZING LENS	\$9.88
89100	32	DUODENAL INTUBATION AND ASPIRATION	\$66.37
89100		DUODENAL INTUBATION AND ASPIRATION	\$31.62
89105		DUODENAL INTUBATION AND ASPIRATION	\$25.97
89105	32	DUODENAL INTUBATION AND ASPIRATION	\$96.93
89125		FAT STAIN, FECES, URINE, OR SPUTUM	\$5.96
89130		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$22.13
89130	32	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$63.92
89132		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$9.19
89132	32	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$49.31
89135		GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$39.59
89135	32	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$84.92
89136	32	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$52.20
89136		GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$11.14
89140		GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$42.56
89140	32	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$95.52
89141		GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$46.57
89141	32	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$129.56
89160		MEAT FIBERS, FECES	\$5.09
89190		NASAL SMEAR FOR EOSINOPHILS	\$6.56
89225		STARCH GRANULES, FECES	\$3.36
89235		WATER LOAD TEST	\$7.69
89300		SEMEN ANALYSIS	\$12.32
89310		SEMEN ANALYSIS	11.89
89320		SEMEN ANALYSIS	\$16.66
89321		SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	\$16.66
89325		SPERM ANTIBODIES	14.75
89329		SPERM EVALUATION	28.98
89330		SPERM EVALUATION	13.68



PROC-CD	MOD	Description	Medicaid Fee Schedule
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, I	\$11.90
90472		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, I	\$6.89
90760		INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY	\$41.29
90761		INTERVAL HISTORY AND EXAMINATION RELATED TO THE HEALTHY	\$18.53
90765		INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$50.53
90766		INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$18.53
90767		INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$30.69
90768		INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$17.51
90772		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); S	\$11.90
90773		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); I	\$13.60
90774		ADMINISTRATION AND MEDICAL INTERPRETATION OF DEVELOPMENTAL	\$37.68
90775		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	\$17.41
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY,	\$104.43
90802		INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, P	\$105.53
90804		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$46.62
90805		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$52.02
90806		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$75.00
90807		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$78.00
90808		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$110.09
90809		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$114.24
90810		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$54.19
90811		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$59.28
90812		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$76.16
90813		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$80.06
90814		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$106.44
90815		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$110.89
90816		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$48.61
90817		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$53.38
90818		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$90.00
90819		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$78.00

PROC-CD	MOD	Description	Medicaid Fee Schedule
90821		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$112.08
90822		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$115.60
90823		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$57.12
90824		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$61.26
90826		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$78.47
90827		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$82.04
90828		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$109.30
90829		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$111.95
90845		MEDICAL PSYCHOANALYSIS	\$65.82
90846		FAMILY MEDICAL PSYCHOTHERAPY(WITHOUT THE PATIENT PRESENT)	\$71.55
90847		FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) BY	\$82.73
90849		MULTIPLE-FAMILY GROUP MEDICAL PSYCHOTHERAPY BY A PHYSICIAN,	\$25.38
90853		GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY	\$27.20
90857		INTERACTIVE GROUP MEDICAL PSYCHOTHERAPY	\$24.88
90862		CHEMOTHERAPY MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW	\$38.28
90870		ELECTROCONVULSIVE THERAPY	\$70.99
90880		MEDICAL HYPNOTHERAPY	\$83.76
90935		HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$62.86
90937		HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR	\$108.49
90945		DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL,	\$63.76
90947		DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL,	\$106.32
90997		HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$94.90
91000	TC	ESOPHAGEAL INTUBATION AND COLL	2.74
91000	26	ESOPHAGEAL INTUBATION AND COLL	\$33.74
91000		ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR	\$36.49
91010		ESOPHAGEAL MOTILITY STUDY	\$142.41
91010	TC	ESOPHAGEAL MOTILITY (MANOMETRI	101.63
91010	26	ESOPHAGEAL MOTILITY (MANOMETRI	\$64.14
91011	TC	ESOPHAGEAL MOTILITY (MANOMETRI	120.08
91011		ESOPHAGEAL MOTILITY STUDY	\$169.02
91011	26	ESOPHAGEAL MOTILITY (MANOMETRI	\$76.90
91012	TC	ESOPHAGEAL MOTILITY (MANOMETRI	134.15
91012		ESOPHAGEAL MOTILITY STUDY	\$181.49
91012	26	ESOPHAGEAL MOTILITY (MANOMETRI	\$75.16
91020	TC	GASTRIC MOTILITY (MANOMETRIC)	103.15
91020		ESOPHAGOGASTRIC MANOMETRIC STUDIES	\$149.71
91020	26	GASTRIC MOTILITY (MANOMETRIC)	\$73.70
91022	26	DUODENAL MOTILITY (MANOMETRIC)	\$52.42
91022	TC	DUODENAL MOTILITY (MANOMETRIC)	110.94
91022		DUODENAL MOTILITY (MANOMETRIC) STUDY	\$163.36
91030	TC	ESOPHAGUS, ACID PERFUSION (BER	53.92
91030		ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$83.53
91030	26	ESOPHAGUS, ACID PERFUSION (BER	\$35.61
91034	26	ESOPHAGUS, GASTROESOPHAGEAL RE	\$38.17
91034	TC	ESOPHAGUS, GASTROESOPHAGEAL RE	150.79

PROC-CD	MOD	Description	Medicaid Fee Schedule
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	26	ESOPHAGEAL FUNCTION TEST, GAST	\$38.17
91037	TC	ESOPHAGEAL FUNCTION TEST, GAST	80.32
91037		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$118.50
91038	26	ESOPHAGEAL FUNCTION TEST, GAST	\$42.25
91038	TC	ESOPHAGEAL FUNCTION TEST, GAST	57.14
91038		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$100.39
91040	26	ESOPHAGEAL BALLOON DISTENSION	\$38.17
91040	TC	ESOPHAGEAL BALLOON DISTENSION	330.47
91040		ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$368.65
91052	TC	GASTRIC ANALYSIS TEST WITH INJ	55.43
91052		GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF	\$81.11
91052	26	GASTRIC ANALYSIS TEST WITH INJ	\$34.32
91055	TC	GASTRIC INTUBATION, WASHINGS,	68.07
91055		GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES	\$97.28
91055	26	GASTRIC INTUBATION, WASHINGS,	\$38.77
91060	TC	GASTRIC SALINE LOAD TEST	46.6
91060		GASTRIC SALINE LOAD TEST	\$60.96
91060	26	GASTRIC SALINE LOAD TEST	\$22.91
91065	TC	BREATH HYDROGEN TEST (EG, FOR	35.48
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	\$42.00
91065	26	BREATH HYDROGEN TEST (EG, FOR	\$10.37
91100		INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	\$44.21
91105		GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POI	\$18.20
91110	26	GASTROINTESTINAL TRACT IMAGING	\$137.58
91110	TC	GASTROINTESTINAL TRACT IMAGING	600.73
91110		GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$738.30
91120	26	RECTAL SENSATION, TONE, AND CO	\$38.40
91120	TC	RECTAL SENSATION, TONE, AND CO	325.45
91120		RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$363.85
91122		ANORECTAL MANOMETRY	\$173.36
91122	26	ANORECTAL MANOMETRY	\$66.62
91132	26	ELECTROGASTROGRAPHY, DIAGNOSTI	\$20.32
91133	26	ELECTROGASTROGRAPHY, DIAGNOSTI	\$25.42
92002		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION	\$48.16
92004		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION	\$81.31
92012		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION,	\$37.49
92014		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION,	\$60.20
92018		OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL	\$85.43
92019		OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL	\$72.95
92060	26	SENSORIMOTOR EXAMINATION WITH	\$26.76
92060	TC	SENSORIMOTOR EXAMINATION WITH	17.8
92065	TC	ORTHOPTIC AND/OR PLEOPTIC TRAI	12.41

PROC-CD	MOD	Description	Medicaid Fee Schedule
92065	26	ORTHOPTIC AND/OR PLEOPTIC TRAI	\$15.91
92065		ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL	\$28.32
92070		FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF	\$39.87
92081	26	VISUAL FIELD EXAMINATION, UNIL	\$15.03
92081	TC	VISUAL FIELD EXAMINATION, UNIL	23.64
92081		VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$38.66
92082	TC	VISUAL FIELD EXAMINATION, UNIL	26.45
92082		VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$43.89
92082	26	VISUAL FIELD EXAMINATION, UNIL	\$20.25
92083	TC	VISUAL FIELD EXAMINATION, UNIL	30.75
92083		VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$47.92
92083	26	VISUAL FIELD EXAMINATION, UNIL	\$26.76
92120		TONOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION, RECORDING	\$38.91
92130		TONOGRAPHY WITH WATER PROVOCATION	\$43.58
92135	32	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WITH IN	\$28.32
92135	26	SCANNING COMPUTERIZED OPHTHALM	\$19.94
92135	TC	SCANNING COMPUTERIZED OPHTHALM	26.32
92135		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WITH IN	\$46.41
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL	\$20.69
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL	39.39
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS PO	\$60.08
92140		PROVOCATIVE TESTS FOR GLAUCOMA, WITH MEDICAL DIAGNOSTIC	\$27.79
92225		OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY	\$23.34
92226		OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY	\$21.09
92230		OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$49.97
92235	TC	FLUORESCEIN ANGIOGRAPHY (INCLU	57.93
92235		OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$86.15
92235	26	FLUORESCEIN ANGIOGRAPHY (INCLU	\$38.59
92240	TC	INDOCYANINE-GREEN ANGIOGRAPHY	143.06
92240		INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W/INTERPRETATION/RPT	\$181.38
92240	26	INDOCYANINE-GREEN ANGIOGRAPHY	\$48.41
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERP	34.03
92250		OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$49.50
92250	26	FUNDUS PHOTOGRAPHY WITH INTERP	\$19.31
92260		OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$11.55
92265	TC	NEEDLE OCULOECTROMYOGRAPHY,	30.93
92265		OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE	\$57.24
92265	26	NEEDLE OCULOECTROMYOGRAPHY,	\$27.99
92270	TC	ELECTRO-OCULOGRAPHY WITH INTER	30.68
92270		ELECTRO-OCULOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$58.07
92270	26	ELECTRO-OCULOGRAPHY WITH INTER	\$33.60
92275		ELECTRORETINOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$73.00
92275	TC	ELECTRORETINOGRAPHY WITH INTER	38.51
92275	26	ELECTRORETINOGRAPHY WITH INTER	\$43.17
92283	TC	COLOR VISION EXAMINATION, EXTE	19.63
92283		COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR	\$25.47
92283	26	COLOR VISION EXAMINATION, EXTE	\$8.78
92284	TC	DARK ADAPTATION EXAMINATION WI	45.91
92284		DARK ADAPTATION EXAMINATION, WITH MEDICAL DIAGNOSTIC	\$53.59
92284	26	DARK ADAPTATION EXAMINATION WI	\$12.63

PROC-CD	MOD	Description	Medicaid Fee Schedule
92285	26	EXTERNAL OCULAR PHOTOGRAPHY WI	\$10.19
92285	TC	EXTERNAL OCULAR PHOTOGRAPHY WI	29.19
92285		EXTERNAL OCULAR PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC	\$40.37
92286	TC	SPECIAL ANTERIOR SEGMENT PHOTO	70.34
92286		SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL	\$93.11
92286	26	SPECIAL ANTERIOR SEGMENT PHOTO	\$36.89
92287		SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL	\$43.86
92311		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$56.23
92312		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$68.83
92313	32	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$54.58
92313		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$47.13
92315		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$23.82
92316		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$38.28
92317		PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$23.40
92325		MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH	\$12.41
92326		REPLACEMENT OF CONTACT LENS	\$42.27
92502		OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$78.41
92504	32	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$18.32
92504		BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$8.73
92506	32	MEDICAL EVALUATION SPEECH, LANGUAGE AND/OR HEARING PROBLEMS	\$85.88
92506		MEDICAL EVALUATION SPEECH, LANGUAGE AND/OR HEARING PROBLEMS	\$34.29
92507	32	SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$40.29
92507		SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$21.05
92508		SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$11.15
92508	32	SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$24.56
92511	32	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$103.61
92511		NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$39.44
92512	32	NASAL FUNCTION STUDIES, EG, RHINOMANOMETRY	\$41.73
92512		NASAL FUNCTION STUDIES, EG, RHINOMANOMETRY	\$23.08
92516	32	FACIAL NERVE FUNCTION STUDIES	\$40.33
92516		FACIAL NERVE FUNCTION STUDIES	\$18.42
92520		LARYNGEAL FUNCTION STUDIES	\$32.28
92520	32	LARYNGEAL FUNCTION STUDIES	\$36.96
92526	32	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$54.36
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$22.46
92541	TC	SPONTANEOUS NYSTAGMUS TEST, IN	21.58
92541		SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION	\$35.89
92541	26	SPONTANEOUS NYSTAGMUS TEST, IN	\$21.69
92542	TC	POSITIONAL NYSTAGMUS TEST, MIN	25.12
92542		POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH	\$36.89
92542	26	POSITIONAL NYSTAGMUS TEST, MIN	\$17.67
92543	TC	CALORIC VESTIBULAR TEST, EACH	13.32
92543		CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL	\$17.05
92543	26	CALORIC VESTIBULAR TEST, EACH	\$5.69
92544	TC	OPTOKINETIC NYSTAGMUS TEST, BI	20.07
92544		OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL	\$29.23
92544	26	OPTOKINETIC NYSTAGMUS TEST, BI	\$13.64
92545	TC	OSCILLATING TRACKING TEST, WIT	17.8
92545		OSCILLATING TRACKING TEST, WITH RECORDING	\$26.01
92545	26	OSCILLATING TRACKING TEST, WIT	\$11.61
92546	TC	SINUSOIDAL VERTICAL AXIS ROTAT	47.35
92546		TORSION SWING TEST, WITH RECORDING	\$57.44
92546	26	SINUSOIDAL VERTICAL AXIS ROTAT	\$16.46

PROC-CD	MOD	Description	Medicaid Fee Schedule
92547		USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS	\$5.21
92548	TC	COMPUTERIZED DYNAMIC POSTUROGR	52.89
92548		COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$75.05
92548	26	COMPUTERIZED DYNAMIC POSTUROGR	\$25.51
92552		PURE TONE AUDIOMETRY (THRESHOLD)	\$15.10
92553		PURE TONE AUDIOMETRY (THRESHOLD)	\$22.15
92555		SPEECH AUDIOMETRY	\$12.92
92556		SPEECH AUDIOMETRY	\$19.35
92557		BASIC COMPREHENSIVE AUDIOMETRY (92553 AND 92556 COMBINED), (PURE	\$40.56
92561		BEKESY AUDIOMETRY	\$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
92567		TYMPANOMETRY	\$17.78
92568		ACOUSTIC REFLEX TESTING	\$12.92
92569		ACOUSTIC REFLEX DECAY TEST	\$13.85
92571		FILTERED SPEECH TEST	\$13.23
92572		STAGGERED SPONDAIC WORD TEST	\$3.06
92573		LOMBARD TEST	\$11.90
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
92582		CONDITIONING PLAY AUDIOMETRY	\$24.34
92583		SELECT PICTURE AUDIOMETRY	\$30.14
92584		ELECTROCOCHLEOGRAPHY	\$83.43
92585	26	AUDITORY EVOKED POTENTIALS FOR	\$28.01
92585	TC	AUDITORY EVOKED POTENTIALS FOR	61.96
92585		BRAINSTEM EVOKED RESPONSE RECORDING	\$102.83
92586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$53.88
92587	26	EVOKED OTOACOUSTIC EMISSIONS;	\$6.48
92587	TC	EVOKED OTOACOUSTIC EMISSIONS;	43.74
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT O	\$50.22
92588	26	EVOKED OTOACOUSTIC EMISSIONS;	\$17.21
92588	TC	EVOKED OTOACOUSTIC EMISSIONS;	49.51
92588		EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON	\$66.75
92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	\$19.97
92597		EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIV	\$49.72
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$105.52
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUEN	\$73.97
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$70.98
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROG	\$48.36
92607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE C	\$88.11
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE C	\$17.26

PROC-CD	MOD	Description	Medicaid Fee Schedule
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMM	\$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 RECORDI	\$49.97
92612	32	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	\$135.11
92614		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$49.97
92614	32	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$103.26
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	\$72.92
92616	32	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	\$141.09
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 AUDITORY REHABILITATION STATUS; FIRST HOUR	\$56.67
92627		EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$16.69
92950		CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$168.25
92953		TEMPORARY TRANSCUTANEOUS PACING	\$11.61
92960		CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	\$125.14
92961		CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL (SEPARATE	\$176.85
92970		CARDIOASSIST-METHOD OF CIRCULATORY ASSIST	\$172.04
92971		CARDIOASSIST-METHOD OF CIRCULATORY ASSIST	\$78.33
92973		PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$129.06
92974		TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INT	\$140.52
92975		THROMBOLYSIS, CORONARY	\$340.98
92977		THROMBOLYSIS, CORONARY	\$265.85
92978	26	INTRAVASCULAR ULTRASOUND (CORO	\$78.80
92978	TC	INTRAVASCULAR ULTRASOUND (CORO	150.61
92978		INTRAVASCULAR ULTRASOUND (CORONARY VESSEL/GRAFT) DURING THERAPEUTIC INTERVENTION	\$229.41
92979	26	INTRAVASCULAR ULTRASOUND (CORO	\$62.91
92979	TC	INTRAVASCULAR ULTRASOUND (CORO	75.74
92979		INTRAVASCULAR ULTRASOUND (CORONARY VESSEL/GRAFT) DURING THERAPEUTIC EACH ADDL	\$138.64
92980		TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$812.21
92981		TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$228.04
92982		PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	\$600.24
92984		PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	\$162.42
92986		PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,018.07
92987		PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,053.82
92990		PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$799.62

PROC-CD	MOD	Description	Medicaid Fee Schedule
92995		PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLA	\$661.24
92996		PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLA	\$178.22
92997		PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$637.24
92998		PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$278.81
93000		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$23.63
93005		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$15.16
93010		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$8.47
93012		TELEPHONIC OR TELEMETRIC TRANSMISSION OF	\$155.61
93014		TELEPHONIC OR TELEMETRIC TRANSMISSION OF	\$24.16
93015		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$92.98
93016		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$21.45
93017		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$55.90
93018		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$15.63
93024	TC	ERGONOVINE PROVOCATION TEST	37.63
93024	26	ERGONOVINE PROVOCATION TEST	\$61.10
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	\$12.20
93041		RHYTHM ECG, ONE TO THREE LEADS	\$4.93
93042		RHYTHM ECG, ONE TO THREE LEADS	\$7.26
93224		ELECTROCARDIOGRAPHIC MONITORING FOR 24HOURS BY CONTINUOUS	\$140.59
93225		ELECTROCARDIOGRAPHIC MONITORING FOR 24HRS BY CONTINUOUS ECG	\$41.05
93226		ELECTROCARDIOGRAPHIC MONITOR 24HRS BY CONTIN. ORIG. ECG WAVE	\$72.56
93227		ELECTROCARDIOGRAPHIC MONITORING 24HRS,WITH VISUAL SUPERIMPOS	\$26.97
93230		ELECTROCARDIOGRAPHIC ORIG. ECG WAVEFORM RECORD & STORAGE	\$149.57
93231		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$50.60
93232		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$72.00
93233		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$26.97
93235		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$109.61
93236		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$86.28
93237		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$23.32
93268		PATIENT DEMAND SINGLE EVENT ECG RECORDING	\$205.43
93270		ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$41.05
93271		ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$155.61
93272		ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$23.85
93278	26	SIGNAL-AVERAGED ELECTROCARDIOG	\$13.07
93278	TC	SIGNAL-AVERAGED ELECTROCARDIOG	39.06
93278		SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$52.13
93303	26	TRANSTHORACIC ECHOCARDIOGRAPHY	\$59.53
93303	TC	TRANSTHORACIC ECHOCARDIOGRAPHY	127.9
93303		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	\$187.44
93304	26	TRANSTHORACIC ECHOCARDIOGRAPHY	\$36.45
93304	TC	TRANSTHORACIC ECHOCARDIOGRAPHY	64.51
93304		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES/FOLLOW UP LTD STD	\$100.97
93307	26	ECHOCARDIOGRAPHY, TRANSTHORACI	\$48.04
93307	TC	ECHOCARDIOGRAPHY, TRANSTHORACI	127.9
93307		ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$175.94



PROC-CD	MOD	Description	Medicaid Fee Schedule
93308	26	ECHOCARDIOGRAPHY, TRANSTHORACI	\$27.55
93308	TC	ECHOCARDIOGRAPHY, TRANSTHORACI	64.51
93308		ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$92.06
93312	26	ECHOCARDIOGRAPHY, TRANSESOPHAG	\$96.63
93312	TC	ECHOCARDIOGRAPHY, TRANSESOPHAG	126.66
93312		ECHOCARDIOGRAPHY,REAL TIME W/DOC., TRANSESOPHAGEAL	\$223.29
93313		ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MOD	\$46.11
93314	26	ECHOCARDIOGRAPHY, TRANSESOPHAG	\$52.91
93314	TC	ECHOCARDIOGRAPHY, TRANSESOPHAG	126.66
93314		ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MOD	\$179.58
93315	26	TRANSESOPHAGEAL ECHOCARDIOGRAP	\$115.51
93316		TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC PLACEMENT OF PROBE ONLY	\$47.37
93317	26	TRANSESOPHAGEAL ECHOCARDIOGRAP	\$72.67
93318	26	ECHOCARDIOGRAPHY, TRANSESOPHAG	\$84.25
93320	26	DOPPLER ECHOCARDIOGRAPHY, PULS	\$19.92
93320	TC	DOPPLER ECHOCARDIOGRAPHY, PULS	57.09
93320		DOPPLER ECHOCARDIOGRAPHY	\$77.00
93321	26	DOPPLER ECHOCARDIOGRAPHY, PULS	\$7.94
93321	TC	DOPPLER ECHOCARDIOGRAPHY, PULS	37.31
93321		DOPPLER ECHOCARDIOGRAPHY; FLUOR LIMITED	\$45.25
93325	26	DOPPLER ECHOCARDIOGRAPHY COLOR	\$3.34
93325	TC	DOPPLER ECHOCARDIOGRAPHY COLOR	96.84
93325		DOPPLER COLORFLOW VELOCITY FOR MAPPING EKG	\$100.18
93350	26	ECHOCARDIOGRAPHY, TRANSTHORACI	\$49.13
93350		ECHOCARDIOGRAPHY,REAL-TIME WITH IMAGE DOCUMENTATION	\$99.58
93350	TC	ECHOCARDIOGRAPHY, TRANSTHORACI	58.9
93501	26	RIGHT HEART CATHETERIZATION	\$164.23
93501	TC	RIGHT HEART CATHETERIZATION	555.6
93501		RIGHT HEART CATHETERIZATION	\$719.33
93503		RIGHT HEART CATHETERIZATION	\$138.23
93505	TC	ENDOMYOCARDIAL BIOPSY	65.64
93505	26	ENDOMYOCARDIAL BIOPSY	\$209.40
93505		ENDOMYOCARDIAL BIOPSY	\$275.05
93508	26	CATHETER PLACEMENT IN CORONARY	\$195.61
93508	TC	CATHETER PLACEMENT IN CORONARY	411.39
93508		CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$607.00
93510	26	LEFT HEART CATHETERIZATION, RE	\$208.97
93510	TC	LEFT HEART CATHETERIZATION, RE	1214.04
93510		LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL	\$1,423.00
93511	26	LEFT HEART CATHETERIZATION, RE	\$226.78
93511	TC	LEFT HEART CATHETERIZATION, RE	1181.65
93511		LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL	\$1,408.43
93514	26	LEFT HEART CATHETERIZATION BY	\$331.87
93524	26	COMBINED TRANSSEPTAL AND RETRO	\$330.86
93524	TC	COMBINED TRANSSEPTAL AND RETRO	1544.21
93524		COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,875.07
93526	26	COMBINED RIGHT HEART CATHETERI	\$309.32
93526	TC	COMBINED RIGHT HEART CATHETERI	1586.51
93526		COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART	\$1,895.83
93527	26	COMBINED RIGHT HEART CATHETERI	\$384.65

PROC-CD	MOD	Description	Medicaid Fee Schedule
93527	TC	COMBINED RIGHT HEART CATHETERI	1544.21
93527		COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT	\$1,928.85
93528	26	COMBINED RIGHT HEART CATHETERI	\$402.75
93528	TC	COMBINED RIGHT HEART CATHETERI	1544.21
93528		COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR	\$1,946.97
93529	26	COMBINED RIGHT HEART CATHETERI	\$220.39
93529	TC	COMBINED RIGHT HEART CATHETERI	1544.21
93529		COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEAR CATHETERI	\$1,764.60
93530	26	RIGHT HEART CATHETERIZATION, F	\$212.13
93530	TC	RIGHT HEART CATHETERIZATION, F	555.6
93530		RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$767.74
93531	26	COMBINED RIGHT HEART CATHETERI	\$394.05
93531	TC	COMBINED RIGHT HEART CATHETERI	1586.51
93531		COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$1,980.57
93532	26	COMBINED RIGHT HEART CATHETERI	\$480.30
93533	26	COMBINED RIGHT HEART CATHETERI	\$285.60
93539		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$21.59
93540		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$23.11
93541		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.36
93542		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.36
93543		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.90
93544		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$13.61
93545		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$21.59
93555	26	IMAGING SUPERVISION, INTERPRET	\$32.05
93555	TC	IMAGING SUPERVISION, INTERPRET	205.01
93555		IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$237.06
93556	26	IMAGING SUPERVISION, INTERPRET	\$35.69
93556	TC	IMAGING SUPERVISION, INTERPRET	322.68
93556		IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$358.37
93561	TC	INDICATOR DILUTION STUDIES SUC	18.1
93561	26	INDICATOR DILUTION STUDIES SUC	\$25.16
93561		INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION,	\$43.92
93562	TC	INDICATOR DILUTION STUDIES SUC	10.74
93562	26	INDICATOR DILUTION STUDIES SUC	\$8.11
93562		INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION,	\$19.25
93571	26	INTRAVASCULAR DOPPLER VELOCITY	\$70.70
93571	TC	INTRAVASCULAR DOPPLER VELOCITY	148.43
93571		INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEA	\$219.12
93572	26	INTRAVASCULAR DOPPLER VELOCITY	\$56.35
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$719.01
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WIT	\$963.22
93600		BUNDLE OF HIS RECORDING	\$124.21
93600	TC	BUNDLE OF HIS RECORDING	64.83
93600	26	BUNDLE OF HIS RECORDING	\$111.18
93602	TC	INTRA-ATRIAL RECORDING	37.06
93602	26	INTRA-ATRIAL RECORDING	\$102.01
93602		INTRA-ATRIAL RECORDING	\$139.08

PROC-CD	MOD	Description	Medicaid Fee Schedule
93603	TC	RIGHT VENTRICULAR RECORDING	55.9
93603	26	RIGHT VENTRICULAR RECORDING	\$109.18
93603		RIGHT VENTRICULAR RECORDING	\$165.09
93609	TC	INTRAVENTRICULAR AND/OR INTRA-	89.91
93609	26	INTRAVENTRICULAR AND/OR INTRA-	\$271.08
93609		INTRAVENTRICULAR MAPPING OF TACHYCARDIA SITE W/ CATH MULT SI	\$380.28
93610	TC	INTRA-ATRIAL PACING	45.05
93610	26	INTRA-ATRIAL PACING	\$141.16
93610		INTRA-ATRIAL PACING	\$186.21
93612	TC	INTRAVENTRICULAR PACING	53.72
93612	26	INTRAVENTRICULAR PACING	\$142.03
93612		INTRAVENTRICULAR PACING	\$195.76
93615	TC	ESOPHAGEAL RECORDING OF ATRIAL	10.79
93615	26	ESOPHAGEAL RECORDING OF ATRIAL	\$38.47
93615		RHYTHM ECG; ESOPHGL LEAD	\$49.26
93616	26	ESOPHAGEAL RECORDING OF ATRIAL	\$69.90
93618	TC	INDUCTION OF ARRHYTHMIA BY ELE	131.27
93618	26	INDUCTION OF ARRHYTHMIA BY ELE	\$222.69
93618		INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$353.96
93619	TC	COMPREHENSIVE ELECTROPHYSIOLOG	255.18
93619	26	COMPREHENSIVE ELECTROPHYSIOLOG	\$382.74
93619		COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$637.92
93620	26	COMPREHENSIVE ELECTROPHYSIOLOG	\$604.44
93621	26	COMPREHENSIVE ELECTROPHYSIOLOG	\$116.12
93622	26	COMPREHENSIVE ELECTROPHYSIOLOG	\$171.90
93623	26	PROGRAMMED STIMULATION AND PAC	\$143.30
93624	TC	ELECTROPHYSIOLOGIC FOLLOW-UP S	65.76
93624	26	ELECTROPHYSIOLOGIC FOLLOW-UP S	\$212.65
93624		ELECTROPHYSIOLOGIC FOLLOW-UP STUDY TO TEST EFFECTIVENESS	\$278.41
93631	26	INTRA-OPERATIVE EPICARDIAL AND	\$357.08
93640	TC	ELECTROPHYSIOLOGIC EVALUATION	237.33
93640	26	ELECTROPHYSIOLOGIC EVALUATION	\$183.95
93640		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	\$421.81
93641	TC	ELECTROPHYSIOLOGIC EVALUATION	237.33
93641	26	ELECTROPHYSIOLOGIC EVALUATION	\$309.92
93641		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFI	\$547.26
93642	TC	ELECTROPHYSIOLOGIC EVALUATION	237.33
93642	26	ELECTROPHYSIOLOGIC EVALUATION	\$254.42
93642		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLA	\$491.76
93650		INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TR	\$550.26
93651		INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$848.33
93652		INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRIC	\$896.93
93660	TC	EVALUATION OF CARDIOVASCULAR F	47.3
93660		AUTONOMIC NERVOUS SYSTEM EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE E	\$120.87
93660	26	EVALUATION OF CARDIOVASCULAR F	\$88.03
93662	26	INTRACARDIAC ECHOCARDIOGRAPHY	\$114.48
93701	TC	BIOIMPEDANCE, THORACIC, ELECTR	23.17
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$29.00
93701	26	BIOIMPEDANCE, THORACIC, ELECTR	\$6.69

PROC-CD	MOD	Description	Medicaid Fee Schedule
93720		PLETHYSMOGRAPHY, TOTAL BODY	\$33.11
93721		PLETHYSMOGRAPHY, TOTAL BODY	\$23.71
93722		PLETHYSMOGRAPHY, TOTAL BODY	\$8.75
93724	TC	ELECTRONIC ANALYSIS OF ANTITAC	131.27
93724	26	ELECTRONIC ANALYSIS OF ANTITAC	\$213.57
93724		ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOG	\$344.84
93727		PLTHYSMGRPHY, RGNL; INTER & REPORT ONLY	\$20.74
93731	TC	ELECTRONIC ANALYSIS OF DUAL-CH	16.66
93731	26	ELECTRONIC ANALYSIS OF DUAL-CH	\$20.76
93731		ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYSTEM	\$37.42
93732	TC	ELECTRONIC ANALYSIS OF DUAL-CH	16.97
93732	26	ELECTRONIC ANALYSIS OF DUAL-CH	\$38.06
93732		ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYSTEM	\$55.03
93733	26	ELECTRONIC ANALYSIS OF DUAL CH	\$9.09
93733	TC	ELECTRONIC ANALYSIS OF DUAL CH	24.34
93733		ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYSTEM	\$33.42
93734	TC	ELECTRONIC ANALYSIS OF SINGLE	11.73
93734	26	ELECTRONIC ANALYSIS OF SINGLE	\$18.04
93734		ELECTRONIC ANALYSIS OF SINGLE-CHAMBER INTERNAL PACEMAKER SYSTEM	\$29.77
93735	TC	ELECTRONIC ANALYSIS OF SINGLE	15.1
93735	26	ELECTRONIC ANALYSIS OF SINGLE	\$32.39
93735		ELECTRONIC ANALYSIS OF SINGLE-CHAMBER INTERNAL PACEMAKER SYS	\$47.48
93736	26	ELECTRONIC ANALYSIS OF SINGLE	\$8.16
93736	TC	ELECTRONIC ANALYSIS OF SINGLE	21.22
93736		ELECTRONIC ANALYSIS OF SINGLE-CHAMBER INTERNAL PACEMAKER SYSTEM	\$29.47
93741	26	ELECTRONIC ANALYSIS OF PACING	\$26.66
93741	TC	ELECTRONIC ANALYSIS OF PACING	26.54
93741		ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$54.89
93742	26	ELECTRONIC ANALYSIS OF PACING	\$30.44
93742	TC	ELECTRONIC ANALYSIS OF PACING	26.54
93742		ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$69.11
93743	26	ELECTRONIC ANALYSIS OF PACING	\$34.19
93743		ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$62.08
93743	TC	ELECTRONIC ANALYSIS OF PACING	29.39
93744	26	ELECTRONIC ANALYSIS OF PACING	\$39.31
93744	TC	ELECTRONIC ANALYSIS OF PACING	26.54
93744		ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$77.71
93797		PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION	\$9.96
93798		PHYSICIAN SERVICES FOR O/P CARDIAC REHAB. W/ECG MONITORING	\$15.38
93875	TC	NON-INVASIVE PHYSIOLOGIC STUDI	59.09
93875		NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$66.32
93875	26	NON-INVASIVE PHYSIOLOGIC STUDI	\$11.34
93880	TC	DUPLEX SCAN OF EXTRACRANIAL AR	142.03

PROC-CD	MOD	Description	Medicaid Fee Schedule
93880		DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$161.52
93880	26	DUPLEX SCAN OF EXTRACRANIAL AR	\$26.46
93882	TC	DUPLEX SCAN OF EXTRACRANIAL AR	89.14
93882		DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	\$102.54
93882	26	DUPLEX SCAN OF EXTRACRANIAL AR	\$17.83
93886	TC	TRANSCRANIAL DOPPLER STUDY OF	168.52
93886		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$200.44
93886	26	TRANSCRANIAL DOPPLER STUDY OF	\$38.77
93888	TC	TRANSCRANIAL DOPPLER STUDY OF	106.46
93888		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED ST	\$127.36
93888	26	TRANSCRANIAL DOPPLER STUDY OF	\$25.74
93890	26	TRANSCRANIAL DOPPLER STUDY OF	\$40.82
93890	TC	TRANSCRANIAL DOPPLER STUDY OF	145.79
93890		NON-INVASIVE STUDIES OF UPPER EXTREMITY ARTERIES (EG,	\$186.62
93892	TC	TRANSCRANIAL DOPPLER STUDY OF	126.08
93892	26	TRANSCRANIAL DOPPLER STUDY OF	\$46.75
93892		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$198.64
93893	26	TRANSCRANIAL DOPPLER STUDY OF	\$46.75
93893	TC	TRANSCRANIAL DOPPLER STUDY OF	147.92
93893		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$194.68
93922	TC	NONINVASIVE PHYSIOLOGIC STUDIE	68.3
93922		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$76.40
93922	26	NONINVASIVE PHYSIOLOGIC STUDIE	\$13.29
93923	TC	NON-INVASIVE PHYSIOLOGIC STUDI	102.27
93923		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE L	\$117.07
93923	26	NON-INVASIVE PHYSIOLOGIC STUDI	\$23.76
93924	TC	NON-INVASIVE PHYSIOLOGIC STUDI	121.51
93924		NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$138.14
93924	26	NON-INVASIVE PHYSIOLOGIC STUDI	\$26.58
93925	TC	DUPLEX SCAN OF LOWER EXTREMITY	173.1
93925		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$192.13
93925	26	DUPLEX SCAN OF LOWER EXTREMITY	\$25.93
93926	TC	DUPLEX SCAN OF LOWER EXTREMITY	103.46
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR	\$116.39
93926	26	DUPLEX SCAN OF LOWER EXTREMITY	\$17.56
93930	TC	DUPLEX SCAN OF UPPER EXTREMITY	138.35
93930		DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$156.25
93930	26	DUPLEX SCAN OF UPPER EXTREMITY	\$21.90
93931	TC	DUPLEX SCAN OF UPPER EXTREMITY	90.01
93931		DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR	\$103.76
93931	26	DUPLEX SCAN OF UPPER EXTREMITY	\$14.59
93965	TC	NON-INVASIVE PHYSIOLOGIC STUDI	69.89

PROC-CD	MOD	Description	Medicaid Fee Schedule
93965		NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, BILATERAL, (EG, CONTINUOUS	\$81.28
93965	26	NON-INVASIVE PHYSIOLOGIC STUDI	\$18.13
93970	TC	DUPLEX SCAN OF EXTREMITY VEINS	139.85
93970	26	DUPLEX SCAN OF EXTREMITY VEINS	\$29.44
93970		DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$169.29
93971	TC	DUPLEX SCAN OF EXTREMITY VEINS	93.1
93971	26	DUPLEX SCAN OF EXTREMITY VEINS	\$19.45
93971		DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$112.56
93975	TC	DUPLEX SCAN OF ARTERIAL INFLOW	185.92
93975		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$244.58
93975	26	DUPLEX SCAN OF ARTERIAL INFLOW	\$65.78
93976	TC	DUPLEX SCAN OF ARTERIAL INFLOW	106.34
93976	26	DUPLEX SCAN OF ARTERIAL INFLOW	\$43.63
93976		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$149.97
93978	26	DUPLEX SCAN OF AORTA, INFERIOR	\$28.34
93978		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; C	\$149.97
93978	TC	DUPLEX SCAN OF AORTA, INFERIOR	130.61
93979	TC	DUPLEX SCAN OF AORTA, INFERIOR	86.67
93979	26	DUPLEX SCAN OF AORTA, INFERIOR	\$19.19
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; F	\$105.87
93980	32	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE ST	\$118.32
93980	26	DUPLEX SCAN OF ARTERIAL INFLOW	\$55.17
93980	TC	DUPLEX SCAN OF ARTERIAL INFLOW	113.69
93980		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE ST	\$173.48
93981	26	DUPLEX SCAN OF ARTERIAL INFLOW	\$21.38
93981	TC	DUPLEX SCAN OF ARTERIAL INFLOW	109.39
93981		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP O	\$130.77
93990	TC	DUPLEX SCAN OF HEMODIALYSIS AC	102.96
93990		DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$111.49
93990	26	DUPLEX SCAN OF HEMODIALYSIS AC	\$11.82
94010	TC	SPIROMETRY, INCLUDING GRAPHIC	16.03
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL	\$24.25
94010	26	SPIROMETRY, INCLUDING GRAPHIC	\$8.61
94014		PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; INCLUDES REIN	\$33.77
94015		PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; RECORDING (IN	\$15.08
94016		PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REV	\$20.42
94060	TC	BRONCHODILATION RESPONSIVENESS	31.2
94060	26	BRONCHODILATION RESPONSIVENESS	\$15.56
94060		BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND	\$46.78
94070	26	BRONCHOSPASM PROVOCATION EVALU	\$25.65
94070	32	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH	\$48.48
94070	TC	BRONCHOSPASM PROVOCATION EVALU	30.15

PROC-CD	MOD	Description	Medicaid Fee Schedule
94070		PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH	\$61.45
94200	TC	MAXIMUM BREATHING CAPACITY, MA	10.72
94200		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$14.25
94200	26	MAXIMUM BREATHING CAPACITY, MA	\$5.58
94240	26	FUNCTIONAL RESIDUAL CAPACITY O	\$12.39
94240	TC	FUNCTIONAL RESIDUAL CAPACITY O	22.84
94240		FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD,	\$35.23
94250	TC	EXPIRED GAS COLLECTION, QUANTI	15.59
94250		EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE	\$19.04
94250	26	EXPIRED GAS COLLECTION, QUANTI	\$5.58
94260	TC	THORACIC GAS VOLUME	14.74
94260	26	THORACIC GAS VOLUME	\$6.62
94260		THORACIC GAS VOLUME	\$21.36
94350	TC	DETERMINATION OF MALDISTRIBUTI	17.91
94350		DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE	\$29.99
94350	26	DETERMINATION OF MALDISTRIBUTI	\$12.08
94360	TC	DETERMINATION OF RESISTANCE TO	18.6
94360	26	DETERMINATION OF RESISTANCE TO	\$11.77
94360		DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR	\$31.54
94370	TC	DETERMINATION OF AIRWAY CLOSIN	16.53
94370		DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$24.68
94370	26	DETERMINATION OF AIRWAY CLOSIN	\$10.84
94375	TC	RESPIRATORY FLOW VOLUME LOOP	15.25
94375	26	RESPIRATORY FLOW VOLUME LOOP	\$13.40
94375		RESPIRATORY FLOW VOLUME LOOP	\$29.49
94400	TC	BREATHING RESPONSE TO CO2 (CO2	19.28
94400		BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$32.56
94400	26	BREATHING RESPONSE TO CO2 (CO2	\$20.03
94450	TC	BREATHING RESPONSE TO HYPOXIA	18.8
94450		BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$31.34
94450	26	BREATHING RESPONSE TO HYPOXIA	\$17.01
94452	26	HIGH ALTITUDE SIMULATION TEST	\$11.65
94452	TC	HIGH ALTITUDE SIMULATION TEST	28.81
94452		HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$40.46
94453	26	HIGH ALTITUDE SIMULATION TEST	\$15.02
94453	TC	HIGH ALTITUDE SIMULATION TEST	42.81
94453		HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$57.86
94620	TC	PULMONARY STRESS TESTING; SIMP	59.92
94620		PULMONARY STRESS TESTING, SIMPLE OR COMPLEX	\$80.15
94620	26	PULMONARY STRESS TESTING; SIMP	\$32.25
94621	TC	PULMONARY STRESS TESTING; COMP	46.54
94621	26	PULMONARY STRESS TESTING; COMP	\$56.82
94621		PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$104.05
94640		NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.32
94656		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR	\$57.93
94657		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR	\$36.94
94660		CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP),	\$39.67
94662		CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION	\$29.54
94664		AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION,	\$14.35
94667		MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND	\$20.34
94668		MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND	\$16.41

PROC-CD	MOD	Description	Medicaid Fee Schedule
94680	TC	OXYGEN UPTAKE, EXPIRED GAS ANA	46.31
94680		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$54.46
94680	26	OXYGEN UPTAKE, EXPIRED GAS ANA	\$13.33
94681	TC	OXYGEN UPTAKE, EXPIRED GAS ANA	64.58
94681		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$70.85
94681	26	OXYGEN UPTAKE, EXPIRED GAS ANA	\$10.19
94690	TC	OXYGEN UPTAKE, EXPIRED GAS ANA	50.75
94690		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$53.03
94690	26	OXYGEN UPTAKE, EXPIRED GAS ANA	\$3.34
94720	TC	CARBON MONOXIDE DIFFUSING CAPA	28.08
94720	26	CARBON MONOXIDE DIFFUSING CAPA	\$12.39
94720		CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$40.47
94725	TC	MEMBRANE DIFFUSION CAPACITY	73.93
94725		MEMBRANE DIFFUSION CAPACITY	\$82.07
94725	26	MEMBRANE DIFFUSION CAPACITY	\$11.46
94750	TC	PULMONARY COMPLIANCE STUDY (EG	32.81
94750		PULMONARY COMPLIANCE STUDY, ANY METHOD	\$40.02
94750	26	PULMONARY COMPLIANCE STUDY (EG	\$11.45
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$2.29
94761		NONIVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$4.77
94762		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$19.84
94770	TC	CARBON DIOXIDE, EXPIRED GAS DE	19.21
94770		CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$23.83
94770	26	CARBON DIOXIDE, EXPIRED GAS DE	\$6.70
95004		PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$3.37
95010		PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH D	\$8.42
95015		INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL	\$8.42
95024		INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$4.93
95027		SKIN END POINT TITRATION	\$4.93
95028		INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTI	\$7.73
95044		PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$6.80
95052		PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$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	\$73.17
95071		INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING	\$93.43
95075		INGESTION CHALLENGE TEST (EG, METABISULFITE)	\$52.64
95078		PROVOCATIVE TESTING (EG, RINKEL TEST)	\$8.61
95115		PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING	\$12.97
95117		PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUD	\$16.72
95144		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$3.38
95145		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.38
95146		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80
95147		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.38
95148		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80
95149		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80



PROC-CD	MOD	Description	Medicaid Fee Schedule
95165		PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$3.38
95170		PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF	\$3.38
95180		RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN,	\$80.90
95250		GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLU	\$104.01
95251		AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$18.98
95805	TC	MULTIPLE SLEEP LATENCY OR MAIN	426.8
95805		MULTIPLE SLEEP LATENCY TESTING RECORDING, ANALYSIS & INTERPRE	\$488.08
95805	26	MULTIPLE SLEEP LATENCY OR MAIN	\$70.62
95806	26	SLEEP STUDY, SIMULTANEOUS RECO	\$84.91
95806	TC	SLEEP STUDY, SIMULTANEOUS RECO	114.38
95806		SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR H	\$209.21
95807	TC	SLEEP STUDY, SIMULTANEOUS RECO	294.37
95807		SLEEP STUDY, 3 OR MORE PARAMETERS OF SLEEP OTHER THAN SLEEP STAGING, ATTENDED BY	\$347.15
95807	26	SLEEP STUDY, SIMULTANEOUS RECO	\$84.21
95808	TC	POLYSOMNOGRAPHY; SLEEP STAGING	318.62
95808		POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED	\$404.78
95808	26	POLYSOMNOGRAPHY; SLEEP STAGING	\$127.49
95810	TC	POLYSOMNOGRAPHY; SLEEP STAGING	420.94
95810		POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, AT	\$534.28
95810	26	POLYSOMNOGRAPHY; SLEEP STAGING	\$155.20
95811	TC	POLYSOMNOGRAPHY; SLEEP STAGING	461.79
95811		POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MO	\$583.76
95811	26	POLYSOMNOGRAPHY; SLEEP STAGING	\$166.30
95812	TC	ELECTROENCEPHALOGRAM (EEG) EXT	92.69
95812		ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR	\$129.83
95812	26	ELECTROENCEPHALOGRAM (EEG) EXT	\$44.70
95813	TC	ELECTROENCEPHALOGRAM (EEG) EXT	111.39
95813		ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$170.24
95813	26	ELECTROENCEPHALOGRAM (EEG) EXT	\$66.30
95816	TC	ELECTROENCEPHALOGRAM (EEG); IN	84.17
95816		EEG INCLUDING RECORDING AWAKE & DROWSY, WITH HYPERVENTILATION	\$121.57
95816	26	ELECTROENCEPHALOGRAM (EEG); IN	\$40.96
95819	TC	ELECTROENCEPHALOGRAM (EEG); IN	65.74
95819		ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE, DROWSY,	\$103.13
95819	26	ELECTROENCEPHALOGRAM (EEG); IN	\$44.70
95822		ELECTROENCEPHALOGRAM (EEG)	\$144.59
95822	TC	ELECTROENCEPHALOGRAM (EEG); RE	107.2
95822	26	ELECTROENCEPHALOGRAM (EEG); RE	\$45.63
95824	26	ELECTROENCEPHALOGRAM (EEG); CE	\$34.88
95827	26	ELECTROENCEPHALOGRAM (EEG); AL	\$50.31
95827	TC	ELECTROENCEPHALOGRAM (EEG); AL	76
95827		ELECTROENCEPHALOGRAM (EEG)	\$126.31
95829	TC	ELECTROCORTICOGRAM AT SURGERY	727.16
95829		ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$936.19

PROC-CD	MOD	Description	Medicaid Fee Schedule
95829	26	ELECTROCORTICOGRAM AT SURGERY	\$214.01
95830		INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR	\$70.81
95831	32	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$18.84
95831		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$12.30
95832	32	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$17.55
95832		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$12.25
95834		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$25.96
95834	32	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$35.31
95851		RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$7.89
95851	32	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$15.38
95852		RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$5.33
95852	32	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$11.25
95857		TENSILON TEST FOR MYASTHENIA GRAVIS	\$22.24
95857	32	TENSILON TEST FOR MYASTHENIA GRAVIS	\$32.22
95860	TC	NEEDLE ELECTROMYOGRAPHY, ONE E	25.63
95860		ELECTROMYOGRAPHY	\$59.08
95860	26	NEEDLE ELECTROMYOGRAPHY, ONE E	\$44.97
95861	TC	NEEDLE ELECTROMYOGRAPHY; TWO E	24.65
95861	26	NEEDLE ELECTROMYOGRAPHY; TWO E	\$73.84
95861		ELECTROMYOGRAPHY	\$98.48
95863	TC	NEEDLE ELECTROMYOGRAPHY; THREE	31.2
95863	26	NEEDLE ELECTROMYOGRAPHY; THREE	\$87.13
95863		ELECTROMYOGRAPHY	\$118.33
95864	TC	NEEDLE ELECTROMYOGRAPHY; FOUR	59.27
95864	26	NEEDLE ELECTROMYOGRAPHY; FOUR	\$97.40
95864		ELECTROMYOGRAPHY	\$156.68
95865	TC	NEEDLE ELECTROMYOGRAPHY; LARYN	19.74
95865	26	NEEDLE ELECTROMYOGRAPHY; LARYN	\$63.25
95865		NEEDLE ELECTROMYOGRAPHY; LARYNX	\$82.98
95866	TC	NEEDLE ELECTROMYOGRAPHY; HEMID	6.24
95866	26	NEEDLE ELECTROMYOGRAPHY; HEMID	\$48.99
95866		NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$55.22
95867	TC	NEEDLE ELECTROMYOGRAPHY; CRANI	19.15
95867	26	NEEDLE ELECTROMYOGRAPHY; CRANI	\$36.82
95867		ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES	\$55.97
95868	TC	NEEDLE ELECTROMYOGRAPHY; CRANI	23.15
95868	26	NEEDLE ELECTROMYOGRAPHY; CRANI	\$61.31
95868		ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES	\$84.46
95869	TC	NEEDLE ELECTROMYOGRAPHY; THORA	7.37
95869	26	NEEDLE ELECTROMYOGRAPHY; THORA	\$18.09
95869		ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG,	\$25.46
95870	TC	NEEDLE ELECTROMYOGRAPHY; LIMIT	7.37
95870	26	NEEDLE ELECTROMYOGRAPHY; LIMIT	\$18.09
95870		NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN, THORAX)	\$25.46
95872	TC	NEEDLE ELECTROMYOGRAPHY USING	20.03
95872	26	NEEDLE ELECTROMYOGRAPHY USING	\$62.18
95872		ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	\$82.21
95873	TC	ELECTRICAL STIMULATION FOR GUI	6.03
95873	26	ELECTRICAL STIMULATION FOR GUI	\$14.32
95873		ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$20.36

PROC-CD	MOD	Description	Medicaid Fee Schedule
95874	TC	NEEDLE ELECTROMYOGRAPHY FOR GU	6.03
95874	26	NEEDLE ELECTROMYOGRAPHY FOR GU	\$14.60
95874		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$20.64
95875	TC	ISCHEMIC LIMB EXERCISE TEST WI	25.85
95875		ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID DETERMINATION	\$63.77
95875	26	ISCHEMIC LIMB EXERCISE TEST WI	\$48.67
95900	TC	NERVE CONDUCTION, AMPLITUDE AN	27.65
95900		NERVE CONDUCTION, VELOCITY AND/OR LATENCY STUDY	\$42.16
95900	26	NERVE CONDUCTION, AMPLITUDE AN	\$20.28
95903	TC	NERVE CONDUCTION, AMPLITUDE AN	23.86
95903		NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE	\$44.68
95903	26	NERVE CONDUCTION, AMPLITUDE AN	\$26.27
95904	TC	NERVE CONDUCTION, AMPLITUDE AN	24.11
95904		NERVE CONDUCTION, VELOCITY AND/OR LATENCY STUDY	\$36.04
95904	26	NERVE CONDUCTION, AMPLITUDE AN	\$17.30
95920		INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR	\$108.99
95920	TC	INTRAOPERATIVE NEUROPHYSIOLOGY	42.98
95920	26	INTRAOPERATIVE NEUROPHYSIOLOGY	\$96.44
95921	TC	TESTING OF AUTONOMIC NERVOUS S	12.66
95921	26	TESTING OF AUTONOMIC NERVOUS S	\$35.04
95921		TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$47.70
95922	TC	TESTING OF AUTONOMIC NERVOUS S	12.66
95922	26	TESTING OF AUTONOMIC NERVOUS S	\$38.12
95922		TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPA	\$50.78
95923	26	TESTING OF AUTONOMIC NERVOUS S	\$34.12
95923	TC	TESTING OF AUTONOMIC NERVOUS S	47.91
95923		TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$83.82
95925	TC	SHORT-LATENCY SOMATOSENSORY EV	30.26
95925	26	SHORT-LATENCY SOMATOSENSORY EV	\$29.05
95925		SOMATOSENSORY TESTING (EG, CEREBRAL EVOKED POTENTIALS),	\$59.31
95926	TC	SHORT-LATENCY SOMATOSENSORY EV	30.26
95926	26	SHORT-LATENCY SOMATOSENSORY EV	\$29.05
95926		SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$59.31
95927	TC	SHORT-LATENCY SOMATOSENSORY EV	30.26
95927	26	SHORT-LATENCY SOMATOSENSORY EV	\$29.68
95927		SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$59.94
95928	TC	CENTRAL MOTOR EVOKED POTENTIAL	60.67
95928	26	CENTRAL MOTOR EVOKED POTENTIAL	\$62.11
95928		CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$135.06
95929	26	CENTRAL MOTOR EVOKED POTENTIAL	\$62.11
95929	TC	CENTRAL MOTOR EVOKED POTENTIAL	78.75
95929		CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$140.86
95930	TC	VISUAL EVOKED POTENTIAL (VEP)	53.23
95930		VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FL	\$65.38
95930	26	VISUAL EVOKED POTENTIAL (VEP)	\$19.35
95933	TC	ORBICULARIS OCULI (BLINK) REFL	26.21

PROC-CD	MOD	Description	Medicaid Fee Schedule
95933	26	ORBICULARIS OCULI (BLINK) REFL	\$27.88
95933		ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$54.08
95934	TC	H-REFLEX, AMPLITUDE AND LATENC	7.37
95934		H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$30.64
95934	26	H-REFLEX, AMPLITUDE AND LATENC	\$27.88
95936	TC	H-REFLEX, AMPLITUDE AND LATENC	7.37
95936	26	H-REFLEX, AMPLITUDE AND LATENC	\$24.33
95936		H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SO	\$31.69
95937	TC	NEUROMUSCULAR JUNCTION TESTING	11.42
95937	26	NEUROMUSCULAR JUNCTION TESTING	\$29.40
95937		NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION,	\$40.81
95950	32	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS,	\$159.31
95950	26	MONITORING FOR IDENTIFICATION	\$71.42
95950	TC	MONITORING FOR IDENTIFICATION	152.43
95950		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS,	\$230.74
95951	26	MONITORING FOR LOCALIZATION OF	\$227.20
95953	26	MONITORING FOR LOCALIZATION OF	\$123.97
95953	TC	MONITORING FOR LOCALIZATION OF	210.77
95953		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 1	\$334.74
95954	TC	PHARMACOLOGICAL OR PHYSICAL AC	81.68
95954		PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING	\$166.30
95954	26	PHARMACOLOGICAL OR PHYSICAL AC	\$114.37
95955	TC	ELECTROENCEPHALOGRAM (EEG) DUR	65.89
95955	26	ELECTROENCEPHALOGRAM (EEG) DUR	\$50.90
95955		ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY	\$116.80
95956	26	MONITORING FOR LOCALIZATION OF	\$128.96
95956	TC	MONITORING FOR LOCALIZATION OF	460.06
95956		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR M	\$599.51
95957	26	DIGITAL ANALYSIS OF ELECTROENC	\$77.49
95957	TC	DIGITAL ANALYSIS OF ELECTROENC	56.78
95957		DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS	\$134.27
95958	TC	WADA ACTIVATION TEST FOR HEMIS	58.28
95958	26	WADA ACTIVATION TEST FOR HEMIS	\$195.98
95958		WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$254.26
95961	TC	FUNCTIONAL CORTICAL AND SUBCOR	42.98
95961	26	FUNCTIONAL CORTICAL AND SUBCOR	\$125.19
95961		FUNCTIONAL CORTICAL MAPING,INITIAL HOUR OF PHYSICIAN ATTEND	\$168.18
95962	TC	FUNCTIONAL CORTICAL AND SUBCOR	42.98
95962	26	FUNCTIONAL CORTICAL AND SUBCOR	\$132.94
95962		FUNCTIONAL CORTICAL MAPPING,EACH ADDITIONAL HOUR OF PHYSICIA	\$175.92
95965	26	MAGNETOENCEPHALOGRAPHY (MEG),	\$305.68
95966	26	MAGNETOENCEPHALOGRAPHY (MEG),	\$154.73
95967	26	MAGNETOENCEPHALOGRAPHY (MEG),	\$135.66
95970	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$32.30
95970		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$16.65
95971	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$36.28
95971		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$28.64

PROC-CD	MOD	Description	Medicaid Fee Schedule
95972	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$67.39
95972		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$55.14
95973	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$37.96
95973		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$33.82
95974		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$115.07
95975		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$65.70
95978		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$139.18
95978	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$158.40
95979	32	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$67.59
95979		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$67.59
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
95991	32	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$65.22
96000		COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$68.30
96001		COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$81.50
96002		DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES,	\$15.78
96003		DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIE	\$14.66
96004		PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTION ANALY	\$74.65
96101		PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$59.90
96105		ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AN	\$59.90
96111		DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL,	\$89.21
96116		NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$61.95
96118		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$61.69
96120		NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$18.17
96150		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$19.58
96151		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$19.06
96152		HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$18.24
96153		HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MOR	\$3.99

PROC-CD	MOD	Description	Medicaid Fee Schedule
96154		HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH TH	\$17.70
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 ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	\$30.10
96406		CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; 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 ADMIN, INTRA-ARTERIAL INFUSION TECHNIQUE, UP TO 1	\$127.61
96423		CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION TECHNIQUE, 1-8 HRS	\$52.00
96425		CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION TECHNIQUE	\$118.52
96440		CHEMOTHERAPY INTROCAVITARY	\$144.80
96445		CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY	\$134.52
96450		CHEMOTHERAPY LUMBAR PUNCTURE	\$118.87
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
96542		CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERV	\$82.55
96567		PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$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
96900		ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$13.29
96910		PHOTOCHEMOTHERAPY	\$25.74
96912		PHOTOCHEMOTHERAPY	\$32.74
96913		PHOTOCHEMOTHERAPY FOR SEVERE PHOTORESPONSIVE DERMATOSES	\$45.05
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$45.75
96920	32	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$118.09
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ C	\$46.58
96921	32	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ C	\$121.00
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$83.40

PROC-CD	MOD	Description	Medicaid Fee Schedule
96922	32	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$164.97
97001		PHYSICAL THERAPY EVALUATION	\$46.55
97002	32	PHYSICAL THERAPY RE-EVALUATION	\$25.19
97002		PHYSICAL THERAPY RE-EVALUATION	\$20.66
97003	32	OCCUPATIONAL THERAPY EVALUATION	\$50.75
97003		OCCUPATIONAL THERAPY EVALUATION	\$44.99
97004	32	OCCUPATIONAL THERAPY RE-EVALUATION	\$31.00
97004		OCCUPATIONAL THERAPY RE-EVALUATION	\$20.03
97012		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$13.69
97016		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$12.49
97018	32	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$6.20
97018		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$6.82
97022		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$11.89
97024		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$4.50
97026		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$4.50
97028		PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$5.63
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$13.64
97033		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$13.64
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$11.39
97035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.52
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$16.04
97110		PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$17.65
97112		PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$18.58
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$20.09
97116		PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$16.70
97124		PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$15.39
97140		MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAI	\$20.55
97150		THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$14.78
97530		KINETIC ACTIVITIES TO INCREASE COORDINATION, STRENGTH	\$18.32
97532		DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (	\$16.63
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$17.81
97535		SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM	\$19.20
97537		COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG	\$18.95
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$17.54
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$37.07
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$47.04
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACI	\$19.83
97755		ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXIST	\$25.87
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$17.21

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97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$17.70
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$12.11
97802		MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$13.40
97803		MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-F	\$13.40
97804		MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$5.20
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
99170		GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT	\$89.60
99175		IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND	\$46.30
99185		HYPOTHERMIA	\$21.02
99186		HYPOTHERMIA	\$66.31
99195		PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$14.85
99201		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$24.13
99202		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$48.03
99203		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$68.82
99204		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$99.17
99205		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$122.28
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$9.17
99212		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$24.13
99213		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$36.31
99214		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$56.46
99215		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$83.57
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PH	\$50.53
99218		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$53.33
99219		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$87.31
99220		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$116.67
99221		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$53.33



PROC-CD	MOD	Description	Medicaid Fee Schedule
99222		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$87.63
99223		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$116.67
99231		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$27.32
99232		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$42.31
99233		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$59.39
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$95.13
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$128.86
99236		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$157.96
99238		HOSPITAL DISCHARGE DAY MANAGEMENT	\$50.28
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$65.64
99241		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$34.65
99242		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$70.83
99243		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$90.55
99244		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$124.60
99245		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$161.44
99251		INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$34.27
99252		INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$58.26
99253		INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$77.90
99254		INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$108.71
99255		INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$148.14
99281		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$15.42
99282		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$23.95
99283		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$48.05
99284		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$73.66
99285		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$115.85
99291		CRITICAL CARE, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DIRECTION O	\$144.08
99292		CRITICAL CARE, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES EACH ADDITIONAL	\$71.82
99293		INITIAL PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS OF AGE, PER DAY, F	\$505.80
99294		SUBSEQUENT PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS OF AGE, PER DAY	\$251.66

PROC-CD	MOD	Description	Medicaid Fee Schedule
99295		INITIAL NICU CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY IL	\$579.12
99296		SUBSEQUENT NICU CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY	\$252.83
99298		SUBSEQUENT NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	\$89.43
99299		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$81.77
99300		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$78.79
99304		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$46.61
99305		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$60.71
99306		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$74.08
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$23.47
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$39.23
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.90
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$68.61
99315		NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$45.08
99316		NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS MORE THAN 30 MINUT	\$57.25
99318		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$45.34
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$36.37
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$53.19
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$76.94
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$109.29
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$139.40
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$28.20
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$44.54
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$68.51
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$107.32
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$44.73
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$63.95
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$93.85
99344		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$119.66

PROC-CD	MOD	Description	Medicaid Fee Schedule
99345		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$140.70
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$35.41
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$53.81
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$80.79
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$116.22
99354	32	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.64
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.64
99355	32	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.34
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.34
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-	\$68.89
99431		HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$58.30
99432		NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING P	\$48.69
99433		SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEWBORN,	\$31.16
99435		HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION	\$74.71
99436		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL STAB	\$47.24
99440		NEWBORN RESUSCITATION: CARE OF THE HIGH RISK NEWBORN AT DELIVERY, INCLUDING, FOR	\$92.63
G0027		NASAL SMEAR FOR GRANULOCYTES	\$8.99
G0101	32	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$28.16
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), TOTAL	\$25.42
G0104	32	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$89.00
G0104		COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$55.97
G0105	32	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$297.00
G0105		COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$189.81
G0106	26	COLORECTAL CANCER SCREENING; A	\$51.18
G0106		COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARI	\$140.76
G0107		COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS DETERMINA	\$4.49
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER SESSION	\$34.21
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, PER INDIVIDUAL	\$20.15

PROC-CD	MOD	Description	Medicaid Fee Schedule
G0117		GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHAL	\$25.39
G0118		GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$9.29
G0120	26	COLORECTAL CANCER SCREENING; A	\$51.18
G0120		COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM	\$140.76
G0121		COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$211.36
G0123		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0124		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$22.89
G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$8.27
G0127	32	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$17.02
G0128		DIRECT (FACE TO FACE) WITH PATIENT SKILLED NURSING SERVICES OF A REGISTERED NURS	\$4.41
G0130	26	SINGLE ENERGY X-RAY ABSORPTIOM	\$11.46
G0130		SINGLE ENERGY X-RAY (SEXA) ABSORPTIOMETRY BONE DENSITY STUDYONE OR MORE SITES	\$45.36
G0141		SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYST	\$21.72
G0143		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0144		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0145		SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0147		SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYS	\$15.73
G0148		SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYST	\$21.00
G0166		EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$4.05
G0166	32	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$150.17
G0168	32	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$59.84
G0168		WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$23.82
G0179		INTENSITY MODULATED RADIATION THERAPY (IMRT) PLANNING, INCLUDES DOSE VOLUME NIST	\$47.36
G0180		PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PAR	\$55.63
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 NO	\$103.97
G0202	26	SCREENING MAMMOGRAPHY, PRODUCI	\$27.04
G0202		SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$137.84
G0204	26	DIAGNOSTIC MAMMOGRAPHY, PRODUC	\$33.52
G0204		DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$145.19
G0206	26	DIAGNOSTIC MAMMOGRAPHY, PRODUC	\$27.04
G0206		DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	\$117.19
G0237		THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES,	\$18.91

PROC-CD	MOD	Description	Medicaid Fee Schedule
G0245		INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$33.87
G0245	32	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$47.27
G0246		FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETI	\$17.09
G0246	32	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETI	\$27.81
G0247		ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEU	\$20.56
G0247	32	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEU	\$29.79
G0248		DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICA	\$167.67
G0249		PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WIT	\$100.48
G0250		PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$7.06
G0265		CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE, EACH CELL L	\$6.27
G0266		THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE, EACH ALIQUOT	\$6.27
G0268	32	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERV	\$33.96
G0268		REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERV	\$24.13
G0275		RENAL ARTERY ANGIOGRAPHY (UNILATERAL OR BILATERAL) PERFORMED AT THE TIME OF CARD	\$9.80
G0278		ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$9.80
G0281		ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE II	\$9.73
G0283		ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHE	\$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, DEBRIDEMEN	\$62.31
G0319		END STAGE RENAL DISEASE RELATED SERVICES;>20YRS;1 PHYSICIAN VISIT PER MONTH	\$212.44
M0064		BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	\$18.84
P2038		MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	\$6.95
P3000		SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$14.60
P3001		SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING	\$13.75
P9612		CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVIC	\$3.00
P9615		CATHERIZATION FOR COLLECTION OF SPECIMEN (S) (MULT.PATIENTS)	\$3.00
Q0035	26	CARDIOKHYMOGRAPHY	\$9.29
Q0035		CARDIOKHYMOGRAPHY	\$24.94
Q0091		SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR	\$19.67
Q0092		SET-UP PORTABLE X-RAY EQUIPMENT	\$8.27

PROC-CD	MOD	Description	Medicaid Fee Schedule
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