Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00100	ANES FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY		See Billing Manual Instructions	See Billing Manual Instructions			5	
00102	ANES FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP		See Billing Manual Instructions	See Billing Manual Instructions			6	
00103	ANES FOR RECONSTRUCTIVE PROCED OF EYELID		See Billing Manual Instructions	See Billing Manual Instructions			5	
00104	ANES FOR ELECTROCONVULSIVE THERAPY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00120	ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR ,INC BIOPSY		See Billing Manual Instructions	See Billing Manual Instructions			5	
00124	ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR,OTOSCOPY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00126	ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR, TYMPANOTOMY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00140	ANES FOR PROC ON EYE; NOT OTHERWISE SPECIFIED		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00142	ANES FOR PROCEDURES ON EYE; LENS SURGERY		See Billing Manual Instructions	See Billing Manual Instructions			6	
00144	ANES FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT		See Billing Manual Instructions	See Billing Manual Instructions			6	
00145	ANES FOR PROCEDURES ON EYE; VITREORETINAL SURGERY		See Billing Manual Instructions	See Billing Manual Instructions			6	
00147	ANES FOR PROCEDURES ON EYE; IRIDECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			6	
00148	ANES FOR PROCEDURES ON EYE; OPHTHALMOSCOPY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00160	ANES FOR PROC ON NOSE AND ACCESS SINUSES; NOT OTHERISE SPEC.		See Billing Manual Instructions	See Billing Manual Instructions			5	
00162	ANES FOR PROC ON NOSE AND ACCESS SINUSES; RADICAL SURGERY		See Billing Manual Instructions	See Billing Manual Instructions			7	
00164	ANES FOR PROC ON NOSE AND ACCESS SINUSES; BIOPSY SOFT TISSUE		See Billing Manual Instructions	See Billing Manual Instructions			4	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00170	ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; NOT OTHERWISE SPEC		See Billing Manual Instructions	See Billing Manual Instructions			5	
00172	ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; REPAIR OF CLEFT		See Billing Manual Instructions	See Billing Manual Instructions			6	
00174	ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; EXCISION OF TUMOR		See Billing Manual Instructions	See Billing Manual Instructions			6	
00176	ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; RADICAL SURGERY		See Billing Manual Instructions	See Billing Manual Instructions			7	
00190	ANES FOR PROC ON FACIAL BONES OR SKULL; NOT OTHERWISE SPEC		See Billing Manual Instructions	See Billing Manual Instructions			5	
00192	ANES FOR PROC ON FACIAL BONES OR SKULL; RADICAL SURGERY		See Billing Manual Instructions	See Billing Manual Instructions			7	
00210	ANES FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED		See Billing Manual Instructions	See Billing Manual Instructions			11	
00211	ANESTH, CRAN SURG, HEMOTOMA		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00212	ANES FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS		See Billing Manual Instructions	See Billing Manual Instructions			5	
00214	ANES FOR INTRACRANIAL PROCEDURES; BURR HOLES		See Billing Manual Instructions	See Billing Manual Instructions			9	
00215	ANES FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY		See Billing Manual Instructions	See Billing Manual Instructions			9	
00216	ANES FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			15	
00218	ANES FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION		See Billing Manual Instructions	See Billing Manual Instructions			13	
00220	ANES FOR INTRACRANIAL PROC; CEREBROSPINAL FLUID SHUNTING		See Billing Manual Instructions	See Billing Manual Instructions			10	
00222	ANES FOR INTRACRANIAL PROC; ELECTROCOAGULATION OF I C NERVE		See Billing Manual Instructions	See Billing Manual Instructions			6	
00300	ANES FOR ALL PROC ON THE INTEGUMENTARY SYSTEM,		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00320	ANES FOR ALL PROC ON ESOPHAGUS, THYROID, LARYNX, ETC		See Billing Manual Instructions	See Billing Manual Instructions			6	
00322	ANES FOR ALL PROC ON ESOPHAGUS, THYROID, AND NEEDLE BIOPSY		See Billing Manual Instructions	See Billing Manual Instructions			3	
00326	ANES FOR ALL PROC ON THE LARYNX , TRACHEA, LESS THAN 1 YR AGE		See Billing Manual Instructions	See Billing Manual Instructions			8	
00350	ANES FOR PROC ON MAJOR VESSELS OF NECK; NOT SPEC		See Billing Manual Instructions	See Billing Manual Instructions			10	
00352	ANES FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATION		See Billing Manual Instructions	See Billing Manual Instructions			5	
00400	ANES FOR PROC ON THE INTEGUMENTARY SYSTEM		See Billing Manual Instructions	See Billing Manual Instructions			3	
00402	ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, RECONSTRUCTIVE		See Billing Manual Instructions	See Billing Manual Instructions			5	
00404	ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, RADICAL BREAST		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00406	ANES FOR PROC ON THE INTEGUMENTARY SYSTEM , AND NODE DIS.		See Billing Manual Instructions	See Billing Manual Instructions			13	
00410	ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, WITH CONV.		See Billing Manual Instructions	See Billing Manual Instructions			4	
00450	ANES FOR PROC ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPEC		See Billing Manual Instructions	See Billing Manual Instructions			5	
00454	ANES FOR PROC ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE		See Billing Manual Instructions	See Billing Manual Instructions			3	
00470	ANES FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED		See Billing Manual Instructions	See Billing Manual Instructions			6	
00472	ANES FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)		See Billing Manual Instructions	See Billing Manual Instructions			10	
00474	ANES FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			13	
00500	ANES FOR ALL PROCEDURES ON ESOPHAGUS		See Billing Manual Instructions	See Billing Manual Instructions			15	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00520	ANES FOR CLOSED CHEST PROC; (INCLUDING BRONCHOSCOPY)		See Billing Manual Instructions	See Billing Manual Instructions			6	
00522	ANES FOR CLOSED CHEST PROC; NEEDLE BIOPSY OF PLEURA		See Billing Manual Instructions	See Billing Manual Instructions			4	
00524	ANES FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00528	ANES FOR CLOSED CHEST PROC; MEDIASTINOSCOPY AND DIAG		See Billing Manual Instructions	See Billing Manual Instructions			8	
00529	ANES FOR CLOSED CHEST PROC; MEDIAS AND DIAG, LUNG VENT		See Billing Manual Instructions	See Billing Manual Instructions			11	
00530	ANES FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION		See Billing Manual Instructions	See Billing Manual Instructions			4	
00532	ANES ACCESS TO CENTRAL VENOUS CIRCULATION		See Billing Manual Instructions	See Billing Manual Instructions			4	
00534	ANES FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING		See Billing Manual Instructions	See Billing Manual Instructions			7	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00537	ANES FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			10	
00539	ANES FOR TRACHEOBRONCHIAL RECONSTRUCTION		See Billing Manual Instructions	See Billing Manual Instructions			18	
00540	ANES FOR THORACOTOMY PROC INV LUNGS, PLEURA, ETC		See Billing Manual Instructions	See Billing Manual Instructions			12	
00541	ANES FOR THORACOTOMY PROC INV LUNGS, ETC WITH VENT		See Billing Manual Instructions	See Billing Manual Instructions			15	
00542	ANES FOR THORACOTOMY PROC, DECORTICATION		See Billing Manual Instructions	See Billing Manual Instructions			15	
00546	ANES FOR THORACOTOMY PROC, THORACOPLASTY		See Billing Manual Instructions	See Billing Manual Instructions			15	
00548	ANES FOR THORACOTOMY PROC, INTRA-THORACIC		See Billing Manual Instructions	See Billing Manual Instructions			17	
00550	ANES FOR STERNAL DEBRIDEMENT		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00560	ANES FOR PROC ON HEART, GREAT VESSELS; W/O OXYGENATOR		See Billing Manual Instructions	See Billing Manual Instructions			15	
00561	ANES FOR PROC ON HEART, GREAT VESSELS; WITH OXYG, UNDER AGE 1		See Billing Manual Instructions	See Billing Manual Instructions			25	
00562	ANES FOR PROC ON HEART, GREAT VESSELS; WITH OXYG, OVER AGE 1		See Billing Manual Instructions	See Billing Manual Instructions			20	
00563	ANES FOR PROC HEART, GREAT VESSELS;WITH HCA		See Billing Manual Instructions	See Billing Manual Instructions			25	
00566	ANES FOR DIRECT COR ARTERY BYPASS GRAFTING WITHOUT PUMP		See Billing Manual Instructions	See Billing Manual Instructions			25	
00567	ANESTH, CABG W/PUMP		See Billing Manual Instructions	See Billing Manual Instructions			18	
00580	ANES FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT		See Billing Manual Instructions	See Billing Manual Instructions			20	
00600	ANES FOR PROC ON CERVICAL SPINE AND CORD; NOT O/W SPEC		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00604	ANES FOR PROC ON CERVICAL SPINE AND CORD;SIT POSITION		See Billing Manual Instructions	See Billing Manual Instructions			13	
00620	ANES FOR PROC ON THORACIC SPINE AND CORD; NOT OTHERWISE		See Billing Manual Instructions	See Billing Manual Instructions			10	
00625	ANES FOR PROC ON THORACIC SPINE AND CORD; NOT USING ONE LUNG VENTILATION		See Billing Manual Instructions	See Billing Manual Instructions			13	
00626	ANES FOR PROC ON THORACIC SPINE AND CORD; USING ONE LUNG VENTILATION		See Billing Manual Instructions	See Billing Manual Instructions			15	
00630	ANES FOR PROC IN LUMBAR REGION; NOT OTHERWISE SPECIFIED		See Billing Manual Instructions	See Billing Manual Instructions			8	
00632	ANES FOR PROC IN LUMBAR REGION; LUMBAR SYMPATHECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			7	
00635	ANES FOR PROC IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC		See Billing Manual Instructions	See Billing Manual Instructions			4	
00640	ANES FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00670	ANES FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			13	
00700	ANES FOR PROC UPPER ANTERIOR ABDOMINAL WALL		See Billing Manual Instructions	See Billing Manual Instructions			4	
00702	ANES FOR PROC ON UPPER ANTERIOR ABD WALL; PERC LIVER BIOPSY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00730	ANES FOR PROC ON UPPER POSTERIOR ABDOMINAL WALL		See Billing Manual Instructions	See Billing Manual Instructions			5	
00740	ANES FOR UPPER GI ENDOSCOPIC PROC		See Billing Manual Instructions	See Billing Manual Instructions			5	
00750	ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00752	ANES FOR HERNIA REPAIRS IN UPPER ABD; LUMBAR AND VENTRAL		See Billing Manual Instructions	See Billing Manual Instructions			6	
00754	ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE		See Billing Manual Instructions	See Billing Manual Instructions			7	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00756	ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABD REPAIR		See Billing Manual Instructions	See Billing Manual Instructions			7	
00770	ANES FOR ALL PROC ON MAJOR ABD BLOOD VESSELS		See Billing Manual Instructions	See Billing Manual Instructions			15	
00790	ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC LAP		See Billing Manual Instructions	See Billing Manual Instructions			7	
00792	ANES FOR INTRAPERITONEAL PROC ; HEPATECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			13	
00794	ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC WHIPPLE		See Billing Manual Instructions	See Billing Manual Instructions			8	
00796	ANES FOR INTRAPERITONEAL PROC IN UP ABD INC LIVER TRANS		See Billing Manual Instructions	See Billing Manual Instructions			30	
00797	ANES FOR INTRAPERITONEAL PROC IN UP ABD INC GASTRIC BYPASS		See Billing Manual Instructions	See Billing Manual Instructions			11	
00800	ANES FOR PROC ON LOW ANTE ABD WALL; NOS		See Billing Manual Instructions	See Billing Manual Instructions			4	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00802	ANES FOR PROC ON LOW ANTE ABD WALL; PANNICULECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			5	
00810	ANES FOR LOWER INTEST ENDO PROC, DISTAL TO DUODENUM		See Billing Manual Instructions	See Billing Manual Instructions			5	
00820	ANES FOR PROC ON LOWER POSTERIOR ABDOMINAL WALL		See Billing Manual Instructions	See Billing Manual Instructions			5	
00830	ANES FOR HERNIA REPAIRS IN LOWER ABD; NOS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00832	ANES FOR HERNIA REPAIRS IN LOWER ABD; VENTRAL AND INCISIONAL		See Billing Manual Instructions	See Billing Manual Instructions			6	
00834	ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS		See Billing Manual Instructions	See Billing Manual Instructions			5	
00836	ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS		See Billing Manual Instructions	See Billing Manual Instructions			6	
00840	ANES FOR INTRAPERITONEAL PROC IN LOWER ABD INC LAP		See Billing Manual Instructions	See Billing Manual Instructions			6	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00842	ANES FOR AMINOCENTESIS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00844	ANES FOR ABDOMINOPERINEAL RESECTION		See Billing Manual Instructions	See Billing Manual Instructions			7	
00846	ANES FOR RADICAL HYSTERECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			8	
00848	ANES FOR PELVIC EXENTERATION		See Billing Manual Instructions	See Billing Manual Instructions			8	
00851	ANES FOR TUBAL LIGATION/TRANSECTION		See Billing Manual Instructions	See Billing Manual Instructions			6	
00860	ANES FOR EXTRAPERITONEAL PROCEDURES LOWER ABD		See Billing Manual Instructions	See Billing Manual Instructions			6	
00862	ANES FOR RENAL PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			7	
00864	ANES FOR TOTAL CYSTECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			8	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00865	ANES FOR RADICAL PROSTATECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			7	
00866	ANES FOR ADRENALECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			10	
00868	ANES FOR RENAL TRANSPLANT		See Billing Manual Instructions	See Billing Manual Instructions			10	
00870	ANES FOR CYSTOLITHOTOMY		See Billing Manual Instructions	See Billing Manual Instructions			5	
00872	ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE		See Billing Manual Instructions	See Billing Manual Instructions			7	
00873	ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; W/O WATER		See Billing Manual Instructions	See Billing Manual Instructions			5	
00880	ANES FOR PROC MAJOR LOWER ABD VESSELS; NOS		See Billing Manual Instructions	See Billing Manual Instructions			15	
00882	ANES FOR PROC ON MAJOR LOW ABD VESSELS; INFERIOR VENA CAVA		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00902	ANES FOR; ANORECTAL PROCEDURE		See Billing Manual Instructions	See Billing Manual Instructions			5	
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE		See Billing Manual Instructions	See Billing Manual Instructions			7	
00906	ANESTHESIA FOR; VULVECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			4	
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			6	
00910	ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY NOS;		See Billing Manual Instructions	See Billing Manual Instructions			3	
00912	ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; TUMOR		See Billing Manual Instructions	See Billing Manual Instructions			5	
00914	ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; PROSTATE		See Billing Manual Instructions	See Billing Manual Instructions			5	
00916	ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY;BLEEDING		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00918	ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; UR CAL		See Billing Manual Instructions	See Billing Manual Instructions			5	
00920	ANES FOR PROC ON MALE GENITALIA INC OPEN URETHRAL NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
00921	ANES FOR PROC ON MALE GENITALIA ; VASCETOMY		See Billing Manual Instructions	See Billing Manual Instructions			3	
00922	ANES PROC ON MALE GENITALIA; SEMINAL VESICLES		See Billing Manual Instructions	See Billing Manual Instructions			6	
00924	ANES FOR PROC ON MALE GENITALIA INC UNDECENDED TESTIS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00926	ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ING		See Billing Manual Instructions	See Billing Manual Instructions			4	
00928	ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ABD		See Billing Manual Instructions	See Billing Manual Instructions			6	
00930	ANES FOR PROC ON MALE GENITALIA ; ORCHIPEXY		See Billing Manual Instructions	See Billing Manual Instructions			4	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00932	ANES FOR PROC ON MALE GENITALIA ; AMPUTATION OF PENIS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00934	ANES FOR PROC ON MALE GENITALIA ;		See Billing Manual Instructions	See Billing Manual Instructions			6	
00936	ANES FOR PROC ON MALE GENITALIA; AMP WITH LYMPHADECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			8	
00938	ANES FOR PROC ON MALE GENITALIA ; PENIAL PROTHESIS		See Billing Manual Instructions	See Billing Manual Instructions			4	
00940	ANES FOR VAG PROC INC BIOPSY OF LABIA,VAGINA,NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
00942	ANES FOR VAGINAL PROC; COLPOTOMY ETC		See Billing Manual Instructions	See Billing Manual Instructions			4	
00944	ANES FOR VAG HYSTERECTOMY		See Billing Manual Instructions	See Billing Manual Instructions			6	
00948	ANES FOR VAG PROC CERVICAL CERLAGE		See Billing Manual Instructions	See Billing Manual Instructions			4	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
00950	ANES FOR VAG PROC INC; CULDOSCOPY		See Billing Manual Instructions	See Billing Manual Instructions			5	
00952	ANES FOR VAG PROC; HYSTEROSCOPY		See Billing Manual Instructions	See Billing Manual Instructions			4	
01112	ANESFOR BONE MARROW ASPIRATION AND/OR BIOPSY		See Billing Manual Instructions	See Billing Manual Instructions			5	
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION		See Billing Manual Instructions	See Billing Manual Instructions			3	
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION		See Billing Manual Instructions	See Billing Manual Instructions			15	
01150	ANES FOR RADICAL PROC FOR TUMOR OF PELVIS; EXCEPT HINDQUAR		See Billing Manual Instructions	See Billing Manual Instructions			10	
01160	ANES FOR CLOSED PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT		See Billing Manual Instructions	See Billing Manual Instructions			4	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01170	ANES FOR OPEN PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT		See Billing Manual Instructions	See Billing Manual Instructions			8	
01173	ANES FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS		See Billing Manual Instructions	See Billing Manual Instructions			12	
01180	ANES FOR OBTURATOR NEURECTOMY; EXTRAPELVIC		See Billing Manual Instructions	See Billing Manual Instructions			3	
01190	ANES FOR OBTURATOR NEURECTOMY; INTRAPELVIC		See Billing Manual Instructions	See Billing Manual Instructions			4	
01200	ANES FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT		See Billing Manual Instructions	See Billing Manual Instructions			4	
01202	ANES FOR ARTHROSCOPIC PROCEDURES HIP JOINT		See Billing Manual Instructions	See Billing Manual Instructions			4	
01210	ANES FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01212	ANES FOR OPEN PROC INVOLVING HIP JOINT; HIP DISARTICULATION		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01214	ANES FOR OPEN PROC INVOLVING HIP JOINT; TOTAL HIP ARTHROPLSTY		See Billing Manual Instructions	See Billing Manual Instructions			8	
01215	ANES FOR OPEN PROC INVOLVING HIP JOINT; REVISION OF TOTAL		See Billing Manual Instructions	See Billing Manual Instructions			10	
01220	ANES FOR ALL CLOSED PROC INVOLVING UPPER 2/3 OF FEMUR		See Billing Manual Instructions	See Billing Manual Instructions			4	
01230	ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; NOS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01232	ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION		See Billing Manual Instructions	See Billing Manual Instructions			5	
01234	ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; RADICAL		See Billing Manual Instructions	See Billing Manual Instructions			8	
01250	ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA		See Billing Manual Instructions	See Billing Manual Instructions			4	
01260	ANES FOR ALL PROC INVOLVING VEINS OF UPPER LEG, INC EXP		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01270	ANES FOR PROC INVOLVING ARTERIES OF UPPER LEG, INC BYPASS		See Billing Manual Instructions	See Billing Manual Instructions			8	
01272	ANES FOR PROC INVOLVING ARTERIES FEMORAL ARTERY LIG		See Billing Manual Instructions	See Billing Manual Instructions			4	
01274	ANES FOR PROC INVOLVING ARTERIES OF UP LEG, INC EMB		See Billing Manual Instructions	See Billing Manual Instructions			6	
01320	ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA		See Billing Manual Instructions	See Billing Manual Instructions			4	
01340	ANES FOR ALL CLOSED PROC ON LOWER 1/3 FEMUR		See Billing Manual Instructions	See Billing Manual Instructions			4	
01360	ANES FOR ALL OPEN PROC ON LOWER 1/3 OF FEMUR		See Billing Manual Instructions	See Billing Manual Instructions			5	
01380	ANES FOR ALL CLOSED PROC ON KNEE JOINT		See Billing Manual Instructions	See Billing Manual Instructions			3	
01382	ANES FOR DIAGNOSTIC ARTHROSCOPIC PROC OF KNEE JOINT		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01390	ANES FOR ALL CLOSED PROC ON UP ENDS OF TIBIA, FIBULA, PATELLA		See Billing Manual Instructions	See Billing Manual Instructions			3	
01392	ANES FOR ALL OPEN PROC ON UPPER ENDS OF TIBIA, FIBULA, PATELLA		See Billing Manual Instructions	See Billing Manual Instructions			4	
01400	ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT;NOS		See Billing Manual Instructions	See Billing Manual Instructions			4	
01402	ANES FOR OPEN OR SURG ARTH PROC ON KNEE JOINT; TOT KNEE		See Billing Manual Instructions	See Billing Manual Instructions			7	
01404	ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT; DISART		See Billing Manual Instructions	See Billing Manual Instructions			5	
01420	ANES FOR ALL CAST APPLICATIONS, NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01430	ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01432	ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; AVS		See Billing Manual Instructions	See Billing Manual Instructions			6	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01440	ANES FOR PROC ON ARTERIES OF KNEE AND POPLITEAL AREA; NOS		See Billing Manual Instructions	See Billing Manual Instructions			8	
01442	ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; W/O GRAFT		See Billing Manual Instructions	See Billing Manual Instructions			8	
01444	ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; POPL		See Billing Manual Instructions	See Billing Manual Instructions			8	
01462	ANES FOR ALL CLOSED PROC ON LOWER LEG, ANKLE, AND FOOT		See Billing Manual Instructions	See Billing Manual Instructions			3	
01464	ANES FOR ARTHROSCOPIC PROC OF ANKLE AND/OR FOOT		See Billing Manual Instructions	See Billing Manual Instructions			3	
01470	ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01472	ANES FOR PROC ON NERVES, MUSCLES, ETC; ACHILLIES TENDON		See Billing Manual Instructions	See Billing Manual Instructions			5	
01474	ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01480	ANES FOR OPEN PROC ON BONES OF LOWR LEG, ANKLE, AND FOOT; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01482	ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT;		See Billing Manual Instructions	See Billing Manual Instructions			4	
01484	ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT;		See Billing Manual Instructions	See Billing Manual Instructions			4	
01486	ANES FOR OPEN PROC ON BONES; TOTAL ANKLE REPLACEMENT		See Billing Manual Instructions	See Billing Manual Instructions			7	
01490	ANES FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR		See Billing Manual Instructions	See Billing Manual Instructions			3	
01500	ANES FOR PROC ON ARTERIES OF LOWER LEG, INC BYPASS NOS		See Billing Manual Instructions	See Billing Manual Instructions			8	
01502	ANES FOR PROC ON ARTERIES OF LOWER LEG, INC EMB		See Billing Manual Instructions	See Billing Manual Instructions			6	
01520	ANES FOR PROC ON VEINS OF LOWER LEG; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01522	ANES FOR PROC ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY,		See Billing Manual Instructions	See Billing Manual Instructions			5	
01610	ANES FOR ALL PROC ON NERVES, MUSCLES, ETC; SHOULDER		See Billing Manual Instructions	See Billing Manual Instructions			5	
01620	ANES FOR ALL CLOSED PROC ON HUMERAL HEAD AND NECK,		See Billing Manual Instructions	See Billing Manual Instructions			4	
01622	ANES FOR DIAG ARTHROSCOPIC PROC OF SHOULDER JOINT		See Billing Manual Instructions	See Billing Manual Instructions			4	
01630	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC ON HUMERAL HEAD		See Billing Manual Instructions	See Billing Manual Instructions			5	
01634	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;SHOULDER		See Billing Manual Instructions	See Billing Manual Instructions			9	
01636	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;AMP		See Billing Manual Instructions	See Billing Manual Instructions			15	
01638	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;REPLACE		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01650	ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; NOS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01652	ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA;		See Billing Manual Instructions	See Billing Manual Instructions			10	
01654	ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; BYPASS		See Billing Manual Instructions	See Billing Manual Instructions			8	
01656	ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; AX BYPASS		See Billing Manual Instructions	See Billing Manual Instructions			10	
01670	ANES FOR ALL PROC ON VEINS OF SHOULDER AND AXILLA		See Billing Manual Instructions	See Billing Manual Instructions			4	
01680	ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01682	ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER		See Billing Manual Instructions	See Billing Manual Instructions			4	
01710	ANES FOR PROC ON NERVES, MUSCLES, TENDONS; ARM NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01712	ANES FOR PROC ON NERVES, MUSCLES, TENDONS,;TENOTOMY		See Billing Manual Instructions	See Billing Manual Instructions			5	
01714	ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENOPLASTY		See Billing Manual Instructions	See Billing Manual Instructions			5	
01716	ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENODESIS		See Billing Manual Instructions	See Billing Manual Instructions			5	
01730	ANES FOR ALL CLOSED PROC ON HUMERUS AND ELBOW		See Billing Manual Instructions	See Billing Manual Instructions			3	
01732	ANES FOR DIAG ARTHROSCOPIC PROC ELBOW JOINT		See Billing Manual Instructions	See Billing Manual Instructions			3	
01740	ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW;NOS		See Billing Manual Instructions	See Billing Manual Instructions			4	
01742	ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW; OSTEOTOMY		See Billing Manual Instructions	See Billing Manual Instructions			5	
01744	ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW; REPAIR		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01756	ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW;		See Billing Manual Instructions	See Billing Manual Instructions			6	
01758	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW;		See Billing Manual Instructions	See Billing Manual Instructions			5	
01760	ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW;		See Billing Manual Instructions	See Billing Manual Instructions			7	
01770	ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; NOS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01772	ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECT		See Billing Manual Instructions	See Billing Manual Instructions			6	
01780	ANES FOR PROC ON VEINS OF UPPER ARM AND ELBOW; NOS		See Billing Manual Instructions	See Billing Manual Instructions			3	
01782	ANES FOR PROC ON VEINS OF UP ARM AND ELBOW; PHLEBORRHAPY		See Billing Manual Instructions	See Billing Manual Instructions			4	
01810	ANES ALL PROC ON NERVES, MUSCLES ETC; HAND		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01820	ANES FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND B		See Billing Manual Instructions	See Billing Manual Instructions			3	
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST		See Billing Manual Instructions	See Billing Manual Instructions			3	
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON		See Billing Manual Instructions	See Billing Manual Instructions			3	
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON		See Billing Manual Instructions	See Billing Manual Instructions			6	
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT		See Billing Manual Instructions	See Billing Manual Instructions			6	
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND;		See Billing Manual Instructions	See Billing Manual Instructions			6	
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYS		See Billing Manual Instructions	See Billing Manual Instructions			6	
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT		See Billing Manual Instructions	See Billing Manual Instructions			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND;		See Billing Manual Instructions	See Billing Manual Instructions			4	
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR R		See Billing Manual Instructions	See Billing Manual Instructions			3	
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY		See Billing Manual Instructions	See Billing Manual Instructions			5	
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY		See Billing Manual Instructions	See Billing Manual Instructions			7	
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY		See Billing Manual Instructions	See Billing Manual Instructions			7	
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			6	
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			8	
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			10	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			5	
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			7	
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			7	
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV		See Billing Manual Instructions	See Billing Manual Instructions			8	
01935	ANESTH, PERC IMG DX SP PROC		See Billing Manual Instructions	See Billing Manual Instructions			5	
01936	ANESTH, PERC IMG TX SP PROC		See Billing Manual Instructions	See Billing Manual Instructions			5	
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI		See Billing Manual Instructions	See Billing Manual Instructions			3	
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI		See Billing Manual Instructions	See Billing Manual Instructions			5	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI		See Billing Manual Instructions	See Billing Manual Instructions			1	
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE		See Billing Manual Instructions	See Billing Manual Instructions			5	
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY		$215.00	$215.00			5	
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY		$335.00	$335.00			7	
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY		See Billing Manual Instructions	See Billing Manual Instructions			8	
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/		See Billing Manual Instructions	See Billing Manual Instructions			10	
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			4	
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES		See Billing Manual Instructions	See Billing Manual Instructions			4	
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THI		$350.00	$350.00			5	
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR		$25.00	$25.00			3	

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR		$25.00	$25.00			5	
01990	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIE		See Billing Manual Instructions	See Billing Manual Instructions			7	
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (		See Billing Manual Instructions	See Billing Manual Instructions			3	
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (		See Billing Manual Instructions	See Billing Manual Instructions			5	
01996	HOSP MANAGE CONT DRUG ADMIN		$0.00	$0.00			3	
01999	UNLISTED ANESTHESIA PROCEDURE(S)	R	$0.00	$0.00				
0318T	IMPLANTATION OF CATHETER-DELIVERED PROSTHETIC AORTIC HEART VALVE, OPEN THORACIC APPROACH, (EG, TRANSAPICAL, OTHER THAN TRANSAORTIC)		$0.00					
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE		$65.38	$65.38				
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE		$67.20	$67.12				
10030	GUIDE CATHET FLUID DRAINAGE		$702.22	$151.81				
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MIL		$44.34	$48.63				
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI		$39.74	$45.64				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI		$82.81	$91.40				
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE		$55.46	$62.16				
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED		$89.20	$104.08				
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE		$42.30	$48.47				
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATE		$93.79	$107.20				
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION		$51.08	$57.52				
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		$40.06	$45.15				
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION		$97.09	$97.09				
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD		$33.04	$38.40				
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL		$17.18	$20.66				
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT		$422.77	$422.77				
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT		$574.70	$574.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT		$531.05	$531.05				
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING		$215.69	$215.69				
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN		$237.46	$237.46				
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN		$283.02	$283.02				
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN		$393.35	$393.35				
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE		$48.18	$48.18				
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE		$110.51	$110.51				
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE		$154.45	$154.45				
11045	DEB SUBQ TISSUE ADD-ON		$15.73	$27.00				
11046	DEBRIDEMENT, SUBCUTANEOUS TISSUE, EACH ADDTL 20 SQ CM, USE IN CONJUCTION W/PROC 11043		$33.23	$46.88				
11047	DEBRIDEMENT, SUBCUTANEOUS TISSUE, EACH ADDTL 20 SQ CM, USE IN CONJUCTIONS W/PROC 11044		$57.86	$77.14				
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)		$14.74	$14.74				
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)		$20.76	$20.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS)		$22.12	$22.12				
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING		$31.58	$38.42				
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING		$16.41	$20.30				
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AN		$26.99	$32.75				
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH		$10.40	$12.68				
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L		$23.29	$30.40				
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L		$35.39	$44.37				
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L		$44.93	$56.87				
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L		$58.76	$76.99				
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN		$27.85	$34.82				
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN		$40.27	$49.79				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN		$48.49	$61.09				
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN		$64.28	$83.06				
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		$32.13	$41.39				
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		$44.15	$55.55				
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		$52.91	$67.93				
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		$71.16	$91.15				
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$33.56	$40.67				
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$47.71	$56.69				
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$59.90	$71.83				
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$73.72	$89.41				
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$85.73	$104.23				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$137.96	$137.96				
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$37.83	$44.80				
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$54.65	$64.17				
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$65.21	$77.82				
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$83.42	$100.99				
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$97.94	$116.58				
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS		$165.58	$165.58				
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$42.99	$52.24				
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$59.12	$70.52				
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$71.10	$86.12				
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$94.69	$114.13				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$122.00	$141.72				
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		$158.53	$182.40				
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W		$158.28	$158.28				
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W		$200.47	$200.47				
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W		$142.64	$142.64				
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W		$173.41	$173.41				
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,		$176.46	$176.46				
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,		$202.65	$202.65				
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$57.49	$72.65				
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$76.72	$95.36				
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$88.16	$112.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$102.77	$132.94				
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$115.29	$150.03				
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		$194.50	$194.50				
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$58.74	$76.71				
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$83.70	$107.17				
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$101.32	$130.82				
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$125.18	$159.78				
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$150.01	$193.05				
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET		$227.10	$227.10				
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		$69.20	$91.33				
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		$102.53	$130.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		$124.56	$159.03				
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		$148.41	$188.77				
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		$187.14	$234.21				
11646	EXCISION, MALIGNANT LESION INCLUDING MARGIN		$302.11	$302.11				
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER		$9.61	$9.61				
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE		$18.20	$18.20				
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE		$30.70	$30.70				
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE		$40.17	$46.20				
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL N		$14.99	$18.34				
11740	EVACUATION OF SUBUNGUAL HEMATOMA		$17.06	$22.29				
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR		$81.49	$109.65				
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR		$116.11	$153.93				
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND		$67.91	$67.91				
11760	REPAIR OF NAIL BED		$59.55	$72.03				
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT		$123.63	$158.10				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)		$26.83	$33.67				
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE		$157.43	$157.43				
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE		$294.71	$294.71				
11772	EXCISION PILONIDAL CYST OR SINUS; COMPLICATED		$340.45	$340.45				
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS		$19.10	$22.45				
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS		$29.70	$35.20				
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 C	R	$88.88	$88.88				
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSE	R	$420.53	$420.53				
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	R	$462.51	$462.51				
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS		$125.92	$125.92				
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES		$93.85	$93.85				
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION		$51.38	$74.97				
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		$61.32	$86.88				
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		$73.80	$99.36				
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		$136.79	$162.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$64.92	$64.92				
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$76.00	$76.00				
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$97.27	$97.27				
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$125.29	$125.29				
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$158.58	$158.58				
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL		$172.32	$172.32				
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$71.48	$71.48				
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$86.50	$86.50				
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$105.07	$105.07				
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$138.99	$138.99				
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$179.09	$179.09				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$234.40	$234.40				
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		$310.60	$310.60				
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE		$111.70	$111.70				
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING		$63.51	$71.83				
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$72.98	$82.63				
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$87.52	$101.60				
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$127.29	$127.29				
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$156.27	$156.27				
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$188.59	$188.59				
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES		$230.11	$230.11				
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$81.29	$92.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$97.54	$113.23				
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$138.25	$138.25				
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$168.06	$168.06				
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$207.87	$207.87				
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA		$256.41	$256.41				
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$86.99	$100.53				
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$102.93	$122.64				
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$141.42	$141.42				
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$175.87	$175.87				
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$224.42	$224.42				
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$292.06	$292.06				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO		$334.48	$334.48				
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM		$108.53	$123.82				
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM		$146.56	$174.45				
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY		$56.01	$56.01				
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM		$117.60	$135.71				
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM		$169.15	$204.69				
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LES		$65.12	$65.12				
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		$141.89	$168.44				
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		$195.52	$256.80				
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		$96.50	$96.50				
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS		$163.13	$163.13				
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM		$170.47	$203.33				
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM		$269.60	$338.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM		$106.06	$106.06				
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLI		$383.05	$383.05				
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR L		$214.30	$260.03				
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO		$374.16	$374.16				
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE		$321.74	$321.74				
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE		$464.35	$464.35				
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU		$317.27	$408.06				
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU		$445.61	$551.29				
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR		$469.36	$469.36				
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR		$506.64	$647.32				
14301	ADJ TISSUE TRANSFER OR REARRANGEMENTM ANY AREA	R	$647.04	$758.80				
14302	EACH ADD'L 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY	R	$169.02	$169.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE		$453.88	$453.88				
15002	WOUND PREP, CH/INF, TRK/ARM/LEG FIRST 100 SQ CM		$159.39	$222.05				
15003	WOUND PREP, CH/INF, ADDITIONAL 100 CM		$32.93	$49.17				
15004	WOUND PREP, CH/INF, F/N/HF/G FIRST 100 SQ CM		$197.59	$268.62				
15005	WOUND PREP, F/N/HF/G, ADDITIONAL 100 CM		$65.86	$84.13				
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS		$94.39	$182.17				
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, O		$169.74	$169.74				
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS,		$379.61	$379.61				
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C		$101.14	$101.14				
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ON		$494.92	$588.82				
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR		$81.78	$94.54				
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,		$508.90	$556.87				
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,		$111.30	$123.04				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR		$453.31	$453.31				
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR		$169.28	$169.28				
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE		$485.17	$295.10				
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC		$66.27	$77.25				
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,		$551.35	$596.00				
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,		$66.78	$72.39				
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM		$439.14	$490.68				
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 S		$88.28	$100.02				
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONA		$110.29	$123.05				
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK		$472.33	$494.27				
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK		$122.56	$130.72				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK		$133.56	$144.53				
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR		$346.44	$346.44				
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR		$95.94	$95.94				
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC		$368.20	$368.20				
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC		$89.72	$89.72				
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,		$432.19	$432.19				
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,		$132.51	$132.51				
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO		$504.67	$504.67				
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO		$156.46	$156.46				
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA		$70.24	$113.14				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA		$14.02	$21.51				
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA		$167.13	$233.28				
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA		$35.62	$55.00				
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA		$81.60	$121.92				
15276	EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$20.14	$26.86				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF		$173.89	$236.17				
15278	EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE		$44.11	$65.05				
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK		$308.10	$308.10				
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP,		$301.00	$301.00				
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHE		$298.15	$298.15				
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELID		$223.56	$223.56				
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK		$138.59	$138.59				
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, AR		$159.93	$159.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD,		$192.10	$192.10				
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS,		$214.02	$214.02				
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WAL		$252.45	$252.45				
15731	FOREHEAD FLAP W/VASC PEDICLE		$681.51	$746.71				
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG,		$898.44	$898.44				
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK		$1,073.37	$1,073.37				
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY		$955.95	$955.95				
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY		$721.17	$721.17				
15740	FLAP; ISLAND PEDICLE		$595.34	$595.34				
15750	FLAP; NEUROVASCULAR PEDICLE		$681.45	$681.45				
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS		$1,862.68	$1,862.68				
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS		$1,862.68	$1,862.68				
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS		$1,862.68	$1,862.68				
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA),		$465.47	$465.47				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15770	GRAFT; DERMA-FAT-FASCIA		$424.18	$424.18				
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK)(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$170.66	$170.66				
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI	R	$221.16	$241.68				
15781	DERMABRASION; SEGMENTAL, FACE	R	$197.07	$247.63				
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	R	$142.07	$158.03				
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	R	$151.50	$176.31				
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)		$67.87	$76.19				
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADD		$13.50	$16.58				
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL		$100.13	$100.13				
15789	CHEMICAL PEEL, FACIAL; DERMAL		$180.23	$180.23				
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL		$65.39	$65.39				
15793	CHEMICAL PEEL, NONFACIAL; DERMAL		$117.62	$117.62				
15819	CERVICOPLASTY		$496.26	$496.26				
15820	BLEPHAROPLASTY, LOWER EYELID;	R	$321.09	$321.09				
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	R	$358.36	$358.36				
15822	BLEPHAROPLASTY, UPPER EYELID;	R	$285.62	$285.62				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	R	$416.75	$416.75				
15824	RHYTIDECTOMY; FOREHEAD	R	$504.16	$504.16				
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)	R	$735.05	$735.05				
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	R	$448.87	$448.87				
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	R	$821.68	$821.68				
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	R	$895.01	$895.01				
15830	EXCISE EXCESS SKIN, ADBOMEN	R	$818.54	$818.54				
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$576.57	$576.57				
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$488.07	$488.07				
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$520.36	$520.36				
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$539.59	$539.59				
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$441.40	$441.40				
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$417.88	$417.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$374.40	$374.40				
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)	R	$338.37	$338.37				
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINI		$831.97	$831.97				
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINI		$1,151.32	$1,151.32				
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL		$1,898.74	$1,898.74				
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER		$812.98	$812.98				
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON		$33.52	$33.52				
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON		$29.99	$34.01				
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LO		$32.84	$38.74				
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW		$99.50	$99.50				
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	R	$144.85	$144.85				
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	R	$144.85	$144.85				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	R	$144.85	$144.85				
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	R	$144.85	$144.85				
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SU		$310.70	$310.70				
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSU		$458.39	$458.39				
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;		$330.52	$330.52				
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		$503.23	$503.23				
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		$571.06	$571.06				
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOM		$739.57	$739.57				
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN		$657.15	$657.15				
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN		$807.05	$807.05				
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;		$353.28	$353.28				
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		$520.71	$520.71				
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		$591.31	$591.31				
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTO		$681.75	$681.75				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR M		$1,105.54	$1,105.54				
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;		$294.07	$294.07				
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTEC		$524.40	$524.40				
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		$523.25	$523.25				
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH		$623.21	$623.21				
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR		$951.66	$951.66				
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR		$975.57	$975.57				
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	R	$0.00	$0.00				
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMEN		$31.54	$36.23				
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		$28.76	$33.32				
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		$61.54	$67.57				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR		$76.93	$76.93				
16035	ESCHAROTOMY; INITIAL INCISION		$191.61	$191.61				
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO		$64.19	$64.19				
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		$43.54	$43.54				
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		$7.92	$7.92				
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		$143.35	$143.35				
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		$163.48	$189.36				
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		$324.95	$374.57				
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER		$651.15	$651.15				
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		$22.23	$27.60				
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		$43.22	$43.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR		$20.20	$24.76				
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$42.82	$57.97				
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$54.42	$73.06				
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$73.19	$97.60				
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$86.34	$116.51				
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$96.51	$131.25				
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$120.81	$162.52				
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$58.15	$76.12				
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$69.61	$93.08				
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$84.59	$114.10				
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$99.36	$133.96				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$125.36	$168.41				
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$150.56	$196.29				
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$58.64	$80.77				
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$81.41	$109.44				
17282	DESTRUCTION, MALIGNANT LESION		$98.45	$132.91				
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$123.17	$163.54				
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$147.82	$194.89				
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY,		$201.33	$259.27				
17311	MOHS, 1 STAGE, H//HF/G		$264.71	$458.27				
17312	MOHS, ADDITIONAL STAGE		$140.90	$273.83				
17313	MOHS, 1 STAGE, T/A/L		$237.41	$418.03				
17314	MOHS, ADDITIONAL STAGE, T/A/L		$130.45	$253.73				
17315	MOHS SURG, ADDITIONAL BLOCK		$36.96	$54.98				
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE		$25.66	$29.42				
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)		$45.19	$48.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	R	$0.00	$0.00				
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;		$31.45	$36.54				
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST		$16.76	$19.98				
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP		$143.24	$143.24				
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM		$59.01	$59.01				
19081	BX BREAST 1ST LESION STRTCTC		$145.68	$502.98				
19082	BX BREAST ADD LESION STRTCTC		$69.99	$403.48				
19083	BX BREAST 1ST LESION US IMAG		$136.63	$499.10				
19084	BX BREAST ADD LESION US IMAG		$65.79	$397.73				
19085	BX BREAST 1ST LESION MR IMAG		$159.63	$752.11				
19086	BX BREAST ADD LESION MR IMAG		$72.71	$596.88				
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANC		$49.01	$57.59				
19101	BIOPSY OF BREAST; OPEN, INCISIONAL		$165.54	$165.54				
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE		$78.40	$177.78				
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING		$92.41	$349.76				
19105	ABLATION, CRYOSURGERY OF FIBROADENOMA		$139.21	$1,278.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS		$200.15	$200.15				
19112	EXCISION OF LACTIFEROUS DUCT FISTULA		$174.56	$174.56				
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR,		$263.73	$263.73				
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF		$264.02	$264.02				
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF		$132.40	$132.40				
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS		$568.89	$568.89				
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI		$942.37	$942.37				
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI		$971.48	$971.48				
19281	PERQ DEVICE BREAST 1ST IMAG		$82.85	$184.53				
19282	PERQ DEVICE BREAST EA IMAG		$39.93	$126.86				
19283	PERQ DEV BREAST 1ST STRTCTC		$83.62	$208.59				
19284	PERQ DEV BREAST ADD STRTCTC		$40.19	$151.44				
19285	PERQ DEV BREAST 1ST US IMAG		$70.93	$346.99				
19286	PERQ DEV BREAST ADD US IMA		$34.45	$289.03				
19287	PERQ DEV BREAST 1ST MR GUIDE		$113.64	$639.89				
19288	PERQ DEV BREAST ADD MR GUIDE		$51.57	$507.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
19300	REMOVAL OF EXTRA BREAST TISSUE		$256.03	$353.44				
19301	MASTECTOMY PARTIAL REMOVAL OF BREAST		$281.70	$281.70				
19302	MASTECTOMY WITH AXILLARY LYMPHADENECTOMY		$604.90	$604.90				
19303	MASTECTOMY, SIMPLE, COMPLETE		$621.09	$621.09				
19304	MASTECTOMY, SUBCUTANEOUS		$373.04	$373.04				
19305	MASTECTOMY, RADICAL, W/PEC NUSCLES, AXILLARY LYMPH NODES		$748.26	$748.26				
19306	MASTECTOMY, RADICAL, W/PEC MUSCLES, AXILLARY AND INTERNAL MAMM LYMPH NODES		$778.05	$778.05				
19307	MASTECTOMY, MODIFIED RADICAL		$782.45	$782.45				
19316	MASTOPEXY	R	$698.93	$698.93				
19318	REDUCTION MAMMAPLASTY	R	$829.81	$829.81				
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	R	$267.38	$267.38				
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	R	$421.12	$421.12				
19328	REMOVAL OF INTACT MAMMARY IMPLANT	R	$274.70	$274.70				
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL		$332.98	$332.98				
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTO	R	$453.06	$453.06				
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY	R	$651.49	$651.49				
19350	NIPPLE/AREOLA RECONSTRUCTION		$464.34	$464.34				
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER,	R	$874.10	$874.10				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP	R	$1,157.11	$1,157.11				
19364	BREAST RECONSTRUCTION WITH FREE FLAP	R	$1,344.26	$1,344.26				
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	R	$1,099.33	$1,099.33				
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	$1,359.87	$1,359.87				
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	$1,548.26	$1,548.26				
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	$1,475.78	$1,475.78				
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	R	$417.12	$417.12				
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	R	$508.98	$508.98				
19380	REVISION OF RECONSTRUCTED BREAST		$508.91	$508.91				
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	R	$113.32	$113.32				
19499	UNLISTED PROCEDURE, BREAST	R	$250.00	$325.00				
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP		$144.51	$144.51				
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK		$440.26	$440.26				
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST		$139.13	$139.13				
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/B		$170.42	$170.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY		$229.30	$229.30				
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRA		$743.56	$743.56				
20200	BIOPSY, MUSCLE; SUPERFICIAL		$77.26	$77.26				
20205	BIOPSY, MUSCLE; DEEP		$127.40	$127.40				
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE		$58.20	$58.20				
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPIN		$74.59	$74.59				
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)		$125.78	$125.78				
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS,		$144.88	$144.88				
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)		$214.70	$214.70				
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC		$290.31	$290.31				
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL		$330.41	$330.41				
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)		$40.43	$45.25				
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)		$30.83	$30.83				
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE		$64.28	$73.81				
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATE		$162.61	$162.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL		$36.32	$46.38				
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD		$47.66	$60.07				
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLAN		$31.93	$53.93				
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION		$36.32	$46.38				
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S		$36.32	$46.38				
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCL		$36.32	$46.38				
20555	PLACE NDL MUSC/TIS FOR RT		$255.46	$255.46				
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG,		$26.88	$33.19				
20604	ASPIRATION AND/OR INJECTION OF SMALL JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE		$37.30	$56.19				Added effective 1/1/15
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BUR		$27.20	$33.24				
20606	ASPIRATION AND/OR INJECTION OF INTERMEDIATE JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE		$42.59	$62.25				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,		$50.81	$50.81				
20611	ASPIRATION AND/OR INJECTION OF MAJOR JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE		$49.84	$71.57				Added effective 1/1/2015
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION		$28.90	$41.49				
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST		$73.47	$80.04				
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUD		$93.11	$93.11				
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDIN		$120.60	$120.60				
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL		$243.55	$243.55				
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC		$362.42	$362.42				
20663	APPLICATION OF HALO, INCL REMOVAL; FEMORAL		$286.12	$286.12				
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED		$346.60	$346.60				
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN		$52.08	$52.08				
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARA		$62.19	$72.11				
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAI		$197.08	$197.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL,		$215.55	$215.55				
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE),		$357.51	$357.51				
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESI		$236.03	$236.03				
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM		$191.50	$191.50				
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES)		$834.91	$834.91				
20697	EXCHANGE (IE, REMOVAL & REPLACEMENT) OF STRUT		$981.78	$981.78				
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOI		$2,322.48	$2,322.48				
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT		$2,842.59	$2,842.59				
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS),		$3,534.17	$3,534.17				
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOI		$1,742.19	$1,742.19				
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS		$1,440.23	$1,440.23				
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMP		$1,742.19	$1,742.19				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTA		$1,480.85	$1,480.85				
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION		$2,322.48	$2,322.48				
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)		$233.63	$233.63				
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE		$349.98	$349.98				
20910	CARTILAGE GRAFT; COSTOCHONDRAL		$170.97	$170.97				
20912	CARTILAGE GRAFT; NASAL SEPTUM		$316.70	$316.70				
20920	FASCIA LATA GRAFT; BY STRIPPER		$260.46	$260.46				
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET		$312.24	$312.24				
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)		$344.07	$344.07				
20926	TISSUE GRAFTS, OTHER (EG, PARATENON,FAT,DERMIS)		$226.54	$226.54				
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED		$230.58	$230.58				
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL		$106.32	$106.32				
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCA		$351.05	$351.05				
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT);		$163.91	$163.91				
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT);		$177.29	$177.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVIC		$70.34	$70.34				
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA		$2,206.66	$2,206.66				
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST		$1,887.34	$1,887.34				
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL		$1,955.28	$1,955.28				
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CR		$2,163.55	$2,163.55				
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN IL		$2,470.78	$2,470.78				
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST		$2,420.39	$2,420.39				
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL		$2,439.05	$2,439.05				
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WIT		$2,601.34	$2,601.34				
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)		$76.94	$122.80				
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)		$179.22	$179.22				
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE		$11.61	$11.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
20982	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, METASTASIS) RADIOFREQUEN		$303.62	$2,957.32				
20983	DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN		$320.13	$5,101.83				Added effective 1/1/2015
20985	CPTR-ASST DIR MS PX		$117.79	$117.79				
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	R	$0.00	$0.00				
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT		$563.11	$563.11				
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBQ,<2CM		$177.12	$224.33				
21012	2 CM OR GREATER		$243.12	$243.12				
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE & SCALP,SUBFASCIAL <2CM		$286.72	$350.25				
21014	2 CM OR GREATER		$376.05	$376.05				
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FA		$341.93	$341.93				
21016	2 CM OR GREATER		$756.32	$756.32				
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE		$212.35	$267.87				
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(		$181.84	$223.95				
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS		$354.30	$478.09				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION A		$310.90	$310.90				
21031	EXCISION OF TORUS MANDIBULARIS		$116.11	$165.46				
21032	EXCISION OF MAXILLARY TORUS PALATINUS		$185.84	$237.87				
21034	EXCISION MALIGNANT TUMOR OF MAXILLA OR ZYGOMA		$652.22	$652.22				
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR		$101.83	$138.84				
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;		$608.25	$608.25				
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION		$852.72	$852.72				
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL		$668.15	$668.15				
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL		$833.04	$833.04				
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTE		$687.94	$687.94				
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTE		$789.70	$789.70				
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)		$652.45	$652.45				
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE		$616.66	$616.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)		$427.35	$427.35				
21073	MNPJ OF TMJ W/ANESTH		$180.10	$274.74				
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS		$1,041.93	$1,416.50				
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS		$1,170.47	$1,591.30				
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS		$1,066.67	$1,450.09				
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS		$972.98	$1,322.74				
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS		$900.10	$1,223.71				
21084	PREPARE FACE/ORAL PROSTHESIS		$1,050.17	$1,427.56				Inadvertently omitted from previous fee schedules
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT		$419.52	$570.39				
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS		$1,162.15	$1,579.90				
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS		$1,162.15	$1,579.90				
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	R	$1,162.15	$1,579.90				
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	R	$0.00	$0.00				
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDE		$149.65	$149.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN		$232.94	$307.10				
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY		$44.81	$44.81				
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)		$245.88	$245.88				
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE		$386.48	$386.48				
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE		$425.75	$425.75				
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS		$556.56	$556.56				
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL		$322.24	$322.24				
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR		$540.57	$540.57				
21137	REDUCTION FOREHEAD; CONTOURING ONLY	R	$523.00	$523.00				
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL	R	$650.09	$650.09				
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS W	R	$746.42	$746.42				
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN	R	$921.94	$921.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	R	$956.18	$956.18				
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME	R	$994.02	$994.02				
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN	R	$980.63	$980.63				
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	R	$1,014.86	$1,014.86				
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME	R	$1,052.71	$1,052.71				
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-CO	R	$1,264.14	$1,264.14				
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFT	R	$1,415.73	$1,415.73				
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING	R	$1,516.22	$1,516.22				
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING	R	$1,718.85	$1,718.85				
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH	R	$2,123.01	$2,123.01				
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH	R	$2,325.11	$2,325.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANC		$1,389.65	$1,389.65				
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER		$1,668.06	$1,668.06				
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM		$1,111.76	$1,111.76				
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM		$1,264.14	$1,264.14				
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIB		$528.05	$528.05				
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		$1,590.04	$1,590.04				
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		$1,725.08	$1,725.80				
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX		$1,920.97	$1,920.97				
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE		$1,111.76	$1,111.76				
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO	R	$841.41	$841.41				
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO	R	$975.01	$975.01				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT	R	$843.39	$843.39				
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH	R	$929.86	$929.86				
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	R	$831.81	$831.81				
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT		$757.27	$757.27				
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	R	$692.92	$692.92				
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR	R	$608.54	$608.54				
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	R	$325.86	$325.86				
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT		$476.02	$640.17				
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)		$502.86	$675.73				
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES		$614.70	$614.70				
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING G		$426.41	$426.41				
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCL		$884.99	$884.99				
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT		$826.81	$826.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEME		$984.00	$984.00				
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG		$752.36	$752.36				
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL		$664.60	$664.60				
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE		$603.96	$603.96				
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFT		$1,402.11	$1,402.11				
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		$557.82	$747.98				
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		$892.10	$1,201.89				
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTI		$1,035.90	$1,035.90				
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE		$1,002.85	$1,002.85				
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;		$1,023.40	$1,023.40				
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;		$1,380.57	$1,380.57				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; W		$1,760.80	$1,760.80				
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE		$961.83	$961.83				
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE		$1,159.15	$1,159.15				
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL		$646.81	$646.81				
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION		$578.78	$578.78				
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)		$373.17	$373.17				
21282	LATERAL CANTHOPEXY		$236.09	$236.09				
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN		$70.87	$70.87				
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN		$218.93	$218.93				
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	R	$0.00	$0.00				
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION		$39.32	$39.32				
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION		$95.02	$95.02				
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION		$124.16	$124.16				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED		$225.63	$225.63				
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR		$341.50	$341.50				
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF		$550.66	$550.66				
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION		$279.32	$279.32				
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATI		$158.82	$158.82				
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION		$327.65	$327.65				
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION		$429.01	$429.01				
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, W		$559.74	$559.74				
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE		$627.26	$627.26				
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR W		$813.00	$813.00				
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), W		$455.47	$455.47				
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT		$568.48	$568.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE);		$658.94	$658.94				
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT		$815.86	$815.86				
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC		$149.26	$149.26				
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPRO		$268.52	$268.52				
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH A		$394.12	$394.12				
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER		$780.79	$780.79				
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER		$868.75	$868.75				
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH		$535.86	$535.86				
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH		$524.83	$524.83				
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH		$489.30	$489.30				
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH		$630.08	$630.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH		$639.31	$639.31				
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPUL		$87.36	$87.36				
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATI		$166.47	$166.47				
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT		$349.92	$349.92				
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT		$445.34	$445.34				
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTIN		$591.28	$591.28				
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WIT		$320.60	$320.60				
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);		$520.06	$520.06				
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);		$576.99	$576.99				
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING		$372.09	$372.09				
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRI		$437.94	$437.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT		$1,227.90	$1,227.90				
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT		$874.09	$874.09				
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT		$1,212.58	$1,212.58				
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE		$163.09	$163.09				
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEP		$325.09	$325.09				
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION		$164.07	$164.07				
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE		$307.87	$307.87				
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION		$95.70	$95.70				
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION		$343.46	$343.46				
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION		$431.41	$431.41				
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION		$512.79	$512.79				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION		$615.14	$615.14				
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE		$577.03	$577.03				
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL		$918.12	$918.12				
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUE		$41.01	$41.01				
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG,		$143.68	$173.05				
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION		$507.01	$507.01				
21495	OPEN TREATMENT OF HYOID FRACTURE		$297.78	$297.78				
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE		$221.65	$221.65				
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	R	$132.50	$172.25				
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK		$158.42	$158.42				
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK		$320.39	$320.39				
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR		$262.21	$262.21				
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX		$73.30	$84.70				
21552	3 CM OR GREATER		$325.14	$325.14				
21554	5 CM OR GREATER		$535.14	$535.14				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS		$169.01	$169.01				
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL,		$272.41	$272.41				
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NE		$513.43	$513.43				
21558	5 CM OR GREATER		$1,006.20	$1,006.20				
21600	EXCISION OF RIB, PARTIAL		$326.07	$326.07				
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)		$407.73	$407.73				
21615	EXCISION FIRST AND/OR CERVICAL RIB;		$584.30	$584.30				
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY		$557.18	$557.18				
21620	OSTECTOMY OF STERNUM, PARTIAL		$390.85	$390.85				
21627	STERNAL DEBRIDEMENT		$334.61	$334.61				
21630	RADICAL RESECTION OF STERNUM;		$866.80	$866.80				
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY		$851.16	$851.16				
21685	HYOID MYOTOMY AND SUSPENSION		$673.66	$673.66				
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB		$295.09	$295.09				
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB		$418.39	$418.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHO		$275.26	$275.26				
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH		$340.00	$340.00				
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN		$733.46	$733.46				
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA		$653.30	$653.30				
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA		$0.00	$859.84				
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT		$526.84	$526.84				
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH		$117.22	$117.22				
21811	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE		$488.16	$488.16				Added effective 1/1/2015
21812	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE		$585.49	$585.49				Added effective 1/1/2015
21813	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE		$796.59	$796.59				Added effective 1/1/2015
21820	CLOSED TREATMENT OF STERNUM FRACTURE		$75.82	$75.82				
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION		$412.41	$412.41				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21899	UNLISTED PROCEDURE, NECK OR THORAX	R	$0.00	$0.00				
21920	BIOPSY, SOFT TISSUE BACK OR FLANK; SUPERFICIAL		$72.25	$82.84				
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP		$184.20	$184.20				
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK		$277.06	$277.06				
21931	3 CM OR GREATER		$340.33	$340.33				
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL; LESS THAN 5 CM		$488.30	$488.30				
21933	5 CM OR GREATER		$539.01	$539.01				
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BA		$710.71	$710.71				
21936	5 CM OR GREATER		$1,046.66	$1,046.66				
22010	I&D P-SPINE C/T/CERV-THOR		$600.01	$600.04				Inadvertently omitted from previous fee schedules
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR S		$594.70	$594.70				
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		$496.96	$496.96				
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		$512.47	$512.47				
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		$401.07	$401.07				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS		$137.47	$137.47				
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		$640.65	$640.65				
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		$645.24	$645.24				
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		$562.98	$562.98				
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT		$136.10	$136.10				
22206	OSTEOTOMY OF SPINE THREE COLUMNS THOR		$1,808.68	$1,808.86				
22207	OSTEOTOMY OF SPINE THREE COLUMNS LUM		$1,785.54	$1,785.54				
22208	OSTEOTOMY OF SPINE THREE COL ONE VERT SEG		$458.70	$458.70				
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		$1,090.52	$1,090.52				
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		$1,064.81	$1,064.81				
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		$1,002.69	$1,002.69				
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA		$334.85	$334.85				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE		$1,101.50	$1,101.50				
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE		$994.71	$994.71				
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE		$1,049.65	$1,049.65				
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE		$334.85	$334.85				
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)		$127.41	$127.41				
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION,		$138.94	$138.94				
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIR		$414.00	$414.00				
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR		$1,087.92	$1,087.92				
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR		$1,228.21	$1,228.21				
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR		$760.14	$760.14				
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR		$1,034.65	$1,034.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR		$1,000.18	$1,000.18				
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR		$270.79	$270.79				
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION		$91.21	$91.21				
22510	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$368.00	$1,325.01				Added effective 1/1/2015
22511	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$345.25	$1,311.06				Added effective 1/1/2015
22512	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$172.11	$734.83				Added effective 1/1/2015
22513	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$435.13	$5,426.92				Added effective 1/1/2015
22514	INJECTION OF BONE CEMENT INTO BODY OF LOWER SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$405.26	$5,396.27				Added effective 1/1/2015
22515	INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE		$184.24	$3,270.54				Added effective 1/1/2015
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, SINGLE LEVEL		$257.02	$1,384.12				
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, ADDITIONAL LEVELS		$119.74	$1,113.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC		$1,187.65	$1,187.65				
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC		$1,110.00	$1,110.00				
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC		$281.33	$281.33				
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2		$1,409.34	$1,409.34				
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREP, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD		$1,517.32	$1,517.32				
22552	ARTHRODESIS, ANTERIOR INTERBODY, EACH ADDTL INTERSPACE, USE IN CONJUCTION W/PROC 22551		$353.67	$353.67				
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		$1,122.76	$1,122.76				
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		$1,321.97	$1,321.97				
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		$1,245.80	$1,245.80				
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		$329.71	$329.71				
22586	ARTHRODESIS, PRE-SCRAL INTERBODY TECHNIQUE		$1,228.42	$1,228.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)		$1,234.34	$1,234.34				
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)		$1,230.22	$1,230.22				
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERV		$1,032.47	$1,032.47				
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THOR		$975.13	$975.13				
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMB		$1,225.89	$1,225.89				
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH		$362.87	$362.87				
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/		$1,158.89	$1,158.89				
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/		$307.23	$307.23				
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND SEGMENT; LUMBAR		$1,471.52	$1,471.52				
22634	EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$397.96	$397.96				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP		$1,164.44	$1,164.44				
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7		$1,744.29	$1,744.29				
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13		$1,898.64	$1,898.64				
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 T		$1,303.92	$1,303.92				
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 T		$1,421.30	$1,421.30				
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 O		$1,708.17	$1,708.17				
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR		$1,764.05	$1,764.05				
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR		$1,896.86	$1,896.66				
22830	EXPLORATION OF SPINAL FUSION		$703.42	$703.42				
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE,		$368.19	$368.19				
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES		$218.05	$218.05				
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		$422.19	$422.19				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		$526.56	$526.56				
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W		$643.45	$643.45				
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS		$350.96	$350.96				
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS		$486.20	$486.20				
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS		$540.18	$540.18				
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC		$352.32	$352.32				
22849	REINSERTION OF SPINAL FIXATION DEVICE		$740.65	$740.65				
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)		$545.91	$545.91				
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC		$394.07	$394.07				
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION		$547.49	$547.49				
22855	REMOVAL OF ANTERIOR INSTRUMENTATION		$497.49	$497.49				
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC)		$1,280.26	$1,280.26				
22857	TOTAL LUMBAR DISC ARTHROPLASTY, ANTERIOR APPROACH		$1,089.01	$1,089.01				
22858	INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH		$401.85	$401.85				Added effective 1/1/2015
22861	REV INCL REPLACEMENT TOTAL DISC ARTHROPLASTY		$1,549.96	$1,549.96				
22862	REVISE LUMBAR DISC ARTHROPLASTY		$1,325.39	$1,325.39				
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICAL DISC)		$1,439.29	$1,439.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22865	REMOVAL TOTAL LUMBAR DISC ARTHROPLASTY		$1,290.41	$1,290.41				
22899	UNLISTED PROCEDURE, SPINE	R	$500.00	$650.00				
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)		$288.34	$288.34				
22901	5 CM OR GREATER		$481.77	$481.77				
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBQ; LESS THAN 3 CM		$242.39	$300.31				
22903	3 CM OR GREATER		$318.49	$318.49				
22904	RADICAL RESECTION OF TUMOR; SOFT TISSUE OF ABD WALL; LESS THAN 5 CM		$755.94	$755.94				
22905	5 CM OR GREATER		$980.19	$980.19				
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	R	$800.00	$1,040.00				
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN		$219.22	$219.22				
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)		$463.57	$463.57				
23030	DRAIN SHOULDER LESION		$159.17	$159.17				Inadvertently omitted from previous fee schedules
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA		$86.85	$93.56				
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AR		$420.98	$420.98				
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR RE		$530.55	$530.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING		$401.81	$401.81				
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL		$85.62	$85.62				
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP		$151.75	$151.75				
23071	3 CM OR GREATER		$301.88	$301.88				
23073	5 CM OR GREATER		$500.90	$500.90				
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS		$120.77	$120.77				
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR		$319.67	$319.67				
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF		$661.36	$661.36				
23078	5 CM OR GREATER		$1,020.16	$1,020.16				
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY		$388.45	$388.45				
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDI		$361.45	$361.45				
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOP		$534.96	$534.96				
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT		$309.99	$309.99				
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOU		$534.66	$534.66				
23120	CLAVICULECTOMY; PARTIAL		$336.76	$336.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23125	CLAVICULECTOMY; TOTAL		$519.74	$519.74				
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMI		$425.13	$425.13				
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP		$318.00	$318.00				
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP		$500.97	$500.97				
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP		$380.20	$380.20				
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS		$431.52	$431.52				
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS		$550.43	$550.43				
23156	EXCISION OR CURETTAGE OF BONE CYST		$470.04	$470.04				
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE		$331.95	$331.95				
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA		$339.24	$339.24				
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD T		$514.31	$514.31				
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$361.08	$361.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$421.99	$421.99				
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$525.45	$525.45				
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)		$385.57	$385.57				
23195	RESECTION, HUMERAL HEAD		$538.31	$538.31				
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE		$600.82	$600.82				
23210	RADICAL RESECTION FOR TUMOR; SCAPULA		$610.15	$610.15				
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;		$763.09	$763.09				
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS		$61.90	$69.27				
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REM		$272.03	$272.03				
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)		$609.61	$609.61				
23333	REMOVE SHOULDER FB DEEP		$356.13	$356.13				
23334	SHOULDER PROSTHESIS REMOVAL		$844.97	$844.97				
23335	SHOULDER PROSTHESIS REMOVAL		$1,009.28	$1,009.28				
23350	INJECTION OF DYE FOR X-RAY IMAGING OF SHOULDER JOINT		$44.51	$44.51				Effective 1/1/2014
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE		$878.46	$878.46				
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)		$685.04	$685.04				
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON		$458.82	$458.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION		$593.91	$593.91				
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUT		$685.14	$685.14				
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRO		$783.46	$783.46				
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY		$438.16	$438.16				
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC		$820.33	$820.33				
23430	TENODESIS OF LONG TENDON OF BICEPS		$506.31	$506.31				
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS		$516.53	$516.53				
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERA		$768.61	$768.61				
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)		$883.62	$883.62				
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK		$861.99	$861.99				
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER		$895.08	$895.08				
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BL		$878.95	$878.95				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABI		$908.78	$908.78				
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY		$986.94	$986.94				
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL		$1,143.49	$1,143.49				
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY		$1,303.07	$1,303.07				
23474	HUMERAL AND GLENOID COMPONENT		$1,407.95	$1,407.95				
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;		$511.41	$511.41				
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAF		$721.94	$721.94				
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$619.00	$619.00				
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$791.86	$791.86				
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION		$106.58	$106.58				
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION		$182.04	$182.04				
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXT		$418.79	$418.79				
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION		$101.20	$101.20				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION		$159.44	$159.44				
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;		$404.59	$404.59				
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH		$445.56	$445.56				
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATIO		$107.81	$107.81				
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION		$150.24	$150.24				
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;		$458.87	$458.87				
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WIT		$453.72	$453.72				
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION		$113.29	$113.29				
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITH		$198.06	$198.06				
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH O		$484.65	$484.65				
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK)		$168.93	$168.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK)		$279.95	$279.95				
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT		$576.68	$576.68				
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT		$1,268.03	$1,268.03				
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT		$115.82	$154.45				
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULA		$223.85	$223.85				
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT		$472.76	$472.76				
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT		$157.23	$157.23				
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING		$214.28	$214.28				
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION		$485.34	$485.34				
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUM		$224.31	$224.31				
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMER		$518.61	$518.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL		$284.56	$284.56				
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NE		$653.04	$653.04				
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION O		$136.80	$136.80				
23800	ARTHRODESIS, GLENOHUMERAL JOINT;		$893.30	$893.30				
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAI		$862.28	$862.28				
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)		$935.39	$935.39				
23920	DISARTICULATION OF SHOULDER;		$832.27	$832.27				
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION		$280.11	$280.11				
23929	UNLISTED PROCEDURE, SHOULDER	R	$0.00	$0.00				
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATO		$130.59	$130.59				
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA		$60.56	$70.62				
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR		$307.90	$307.90				
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE		$373.76	$373.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE		$475.23	$475.23				
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL		$72.59	$83.19				
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR		$227.90	$227.90				
24071	3 CM OR GREATER		$292.84	$292.84				
24073	5 CM OR GREATER		$503.58	$503.58				
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS		$172.82	$172.82				
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASC		$291.34	$291.34				
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UP		$636.09	$636.09				
24079	5 CM OR GREATER		$940.21	$940.21				
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY		$267.26	$267.26				
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT		$405.99	$405.99				
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY		$525.75	$525.75				
24105	EXCISION, OLECRANON BURSA		$217.08	$217.08				
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;		$443.66	$443.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTO		$498.88	$498.88				
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLO		$623.02	$623.02				
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF		$371.91	$371.91				
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF		$387.26	$387.26				
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF		$455.59	$455.59				
24130	EXCISION, RADIAL HEAD		$381.37	$381.37				
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTA		$526.72	$526.72				
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR		$472.94	$472.94				
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROC		$413.12	$413.12				
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$521.64	$521.64				
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$405.08	$405.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$408.94	$408.94				
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW		$757.93	$757.93				
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;		$796.82	$796.82				
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;		$489.63	$489.63				
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)		$656.14	$656.14				
24160	IMPLANT REMOVAL; ELBOW JOINT		$367.28	$367.28				
24164	IMPLANT REMOVAL; RADIAL HEAD		$340.09	$340.09				
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS		$59.15	$66.66				
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR		$220.16	$220.16				
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY		$53.33	$53.33				
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA		$261.85	$261.85				
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLU		$528.76	$528.76				
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON		$299.76	$299.76				
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON		$258.63	$258.63				
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO		$571.84	$571.84				
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);		$538.54	$538.54				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR		$592.55	$592.55				
24332	TENOLYSIS, TRICEPS		$368.65	$368.65				
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)		$437.64	$437.64				
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE,		$419.10	$419.10				
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITH		$618.43	$618.43				
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE		$483.35	$483.35				
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT		$732.22	$732.22				
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE		$483.35	$483.35				
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT		$732.22	$732.22				
24357	REPAIR ELBOW, PERC		$323.70	$323.70				
24358	REPAIR ELBOW W/DEB, OPEN		$382.45	$382.45				
24359	REPAIR ELBOW DEB/ATTCH OPEN		$488.66	$488.66				
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)		$808.77	$808.77				
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT		$796.91	$796.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCT		$618.50	$794.72				
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC		$1,225.00	$1,225.00				
24365	ARTHROPLASTY, RADIAL HEAD;		$463.31	$463.31				
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT		$594.53	$594.53				
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY		$1,232.05	$1,232.05				
24371	HUMERAL AND ULNAR COMPONENT		$1,420.54	$1,420.54				
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION		$568.97	$568.97				
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL S		$845.66	$845.66				
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)		$757.28	$757.28				
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSIO		$809.82	$809.82				
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT		$845.40	$845.40				
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)		$488.16	$488.16				
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION		$403.67	$403.67				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR		$649.09	$649.09				
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION		$165.20	$165.20				
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR		$279.68	$279.68				
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI		$616.68	$616.68				
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY		$616.68	$616.68				
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W		$180.26	$180.26				
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W		$340.07	$340.07				
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMER		$504.35	$504.35				
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT		$589.21	$589.21				
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT		$736.23	$736.23				
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL;		$142.11	$142.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; W		$258.83	$258.83				
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL		$396.26	$396.26				
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WIT		$529.87	$529.87				
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH		$144.01	$144.01				
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH		$282.03	$282.03				
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH O		$575.68	$575.68				
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR		$433.08	$433.08				
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB		$873.83	$873.83				
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB		$839.16	$839.16				
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA		$178.34	$178.34				
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA		$219.48	$219.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION		$542.19	$542.19				
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW		$309.49	$309.49				
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRA		$704.35	$704.35				
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW,		$62.78	$62.78				
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION		$97.17	$127.35				
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION		$214.03	$214.03				
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN		$444.59	$444.59				
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN		$574.62	$574.62				
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS);		$128.99	$128.99				
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS);		$239.90	$239.90				
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WIT		$502.59	$502.59				
24800	ARTHRODESIS, ELBOW JOINT; LOCAL		$637.15	$637.15				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GR		$750.35	$750.35				
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE		$496.82	$496.82				
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)		$465.76	$465.76				
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION		$380.36	$380.36				
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION		$523.13	$523.13				
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT		$687.92	$687.92				
24935	STUMP ELONGATION, UPPER EXTREMITY		$843.56	$843.56				
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE		$1,079.77	$1,079.77				
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	R	$0.00	$0.00				
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)		$214.64	$214.64				
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)		$219.51	$219.51				
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR		$298.24	$298.24				
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR		$515.01	$515.01				
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR		$514.28	$514.28				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR		$834.78	$834.78				
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA		$207.20	$207.20				
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA		$134.33	$134.33				
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS O		$393.94	$393.94				
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE		$368.45	$368.45				
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL		$82.38	$92.43				
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR		$160.21	$160.21				
25071	3 CM OR GREATER		$306.72	$306.72				
25073	3 CM OR GREATER		$381.76	$381.76				
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOU		$173.66	$173.66				
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFA		$257.37	$257.37				
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO		$539.46	$539.46				
25078	3 CM OR GREATER		$820.00	$820.00				
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)		$291.70	$291.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY		$252.39	$252.39				
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPS		$304.28	$304.28				
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY		$382.77	$382.77				
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR		$336.08	$336.08				
25109	EXCISE TENDON, FOREARM/WRIST		$355.42	$355.42				
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST		$197.49	$197.49				
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY		$194.80	$194.80				
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT		$244.34	$244.34				
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS		$405.09	$405.09				
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS		$441.64	$441.64				
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;		$286.47	$286.47				
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH		$391.23	$391.23				
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA		$370.11	$370.11				
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA		$415.90	$415.90				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA		$418.82	$418.82				
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;		$278.27	$278.27				
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI		$363.10	$363.10				
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI		$314.46	$314.46				
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR		$353.00	$353.00				
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B		$398.61	$398.61				
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B		$380.31	$380.31				
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA		$605.92	$605.92				
25210	CARPECTOMY; ONE BONE		$313.19	$313.19				
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW		$484.46	$484.46				
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)		$312.66	$312.66				
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED		$307.13	$307.13				
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY		$57.17	$57.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST		$213.01	$213.01				
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)		$358.28	$358.28				
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST		$521.50	$521.50				
25259	MANIPULATION, WRIST, UNDER ANESTHESIA		$259.01	$259.01				
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGL		$357.69	$357.69				
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SIN		$396.05	$396.05				
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WIT		$526.90	$526.90				
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SIN		$271.04	$271.04				
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY,		$303.46	$303.46				
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, W		$452.68	$452.68				
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT		$466.73	$466.73				
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR		$330.08	$330.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGL		$223.81	$223.81				
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EA		$278.13	$278.13				
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS		$474.57	$474.57				
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS		$447.65	$447.65				
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR		$445.30	$445.30				
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR		$502.92	$502.92				
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO		$526.04	$526.04				
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO		$664.19	$664.19				
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAM		$556.11	$556.11				
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT		$624.59	$624.59				
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)		$699.29	$699.29				
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL		$544.67	$544.67				
25350	OSTEOTOMY, RADIUS; DISTAL THIRD		$476.23	$476.23				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD		$561.05	$561.05				
25360	OSTEOTOMY; ULNA		$427.21	$427.21				
25365	OSTEOTOMY; RADIUS AND ULNA		$655.95	$655.95				
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD		$724.18	$724.18				
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD		$740.06	$740.06				
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING		$562.05	$562.05				
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT		$722.77	$722.77				
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)		$766.17	$766.17				
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT		$874.73	$874.73				
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING		$545.64	$545.64				
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG,		$633.90	$633.90				
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUD		$777.76	$777.76				
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG,		$723.86	$723.86				
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLU		$899.81	$899.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA		$732.87	$732.87				
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA		$803.92	$803.92				
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)		$482.06	$482.06				
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULA		$480.17	$480.17				
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT		$571.15	$571.15				
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS		$710.37	$710.37				
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA		$522.42	$522.42				
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)		$578.44	$578.44				
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE		$624.53	$624.53				
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM		$591.68	$591.68				
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR		$1,072.90	$1,072.90				
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS		$586.06	$586.06				
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT		$642.82	$642.82				
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA		$450.05	$450.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULN		$536.62	$536.62				
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$535.20	$535.20				
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$560.22	$560.22				
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$689.90	$689.90				
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION		$105.78	$137.03				
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION		$253.69	$253.69				
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR		$487.53	$487.53				
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF		$353.15	$353.15				
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA		$686.56	$686.56				
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA		$729.72	$729.72				
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION		$98.15	$130.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION		$252.95	$252.95				
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR		$477.49	$477.49				
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULA		$134.64	$134.64				
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATIO		$297.23	$297.23				
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR		$426.04	$426.04				
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR		$606.91	$606.91				
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)		$194.55	$194.55				
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)		$385.15	$385.15				
25606	TREAT FX, DISTAL RADIAL		$478.57	$478.57				
25607	TREAT FX, RADIAL EXTRA-ARTICULAR		$487.92	$487.92				
25608	TREAT FX, RADIAL INTRA-ARTICULAR		$559.34	$559.34				
25609	TREAT FX, RADIAL W/INTERNAL FIXATION 3 OR MORE FRAGMENTS		$714.87	$714.87				
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT		$109.90	$140.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPUL		$188.66	$237.88				
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOU		$448.60	$448.60				
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID		$116.77	$146.14				
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID		$179.28	$224.34				
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID		$403.26	$403.26				
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE		$128.64	$164.31				
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE		$285.82	$285.82				
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE		$421.07	$421.07				
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MOR		$188.06	$188.06				
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE		$437.78	$437.78				
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION		$346.81	$346.81				
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION		$199.70	$199.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC		$444.85	$444.85				
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION		$239.40	$239.40				
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION		$541.60	$541.60				
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION		$300.31	$300.31				
25695	OPEN TREATMENT OF LUNATE DISLOCATION		$450.24	$450.24				
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL		$607.42	$607.42				
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT		$705.61	$705.61				
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING		$673.41	$673.41				
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR		$484.46	$484.46				
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)		$596.29	$596.29				
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA,		$544.67	$544.67				
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;		$460.88	$460.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTI		$465.13	$465.13				
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCA		$391.58	$391.58				
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION		$420.22	$420.22				
25915	KRUKENBERG PROCEDURE		$974.92	$974.92				
25920	DISARTICULATION THROUGH WRIST;		$454.30	$454.30				
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION		$377.88	$377.88				
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION		$461.74	$461.74				
25927	TRANSMETACARPAL AMPUTATION;		$441.03	$441.03				
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION		$359.68	$359.68				
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION		$359.32	$359.32				
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	R	$0.00	$0.00				
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE		$51.37	$57.81				
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)		$109.93	$109.93				
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH		$232.75	$232.75				
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA		$266.20	$266.20				
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA		$334.78	$334.78				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCE		$294.74	$294.74				
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)		$405.47	$405.47				
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)		$392.38	$392.38				
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS		$179.29	$179.29				
26045	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL		$303.87	$303.87				
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)		$176.70	$176.70				
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT		$113.96	$113.96				
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN		$145.23	$182.24				
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN		$217.39	$217.39				
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN		$207.53	$207.53				
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH		$195.01	$195.01				
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH		$233.18	$233.18				
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH		$190.51	$190.51				
26111	1.5 CM OR GREATER		$297.01	$297.01				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26113	1.5 CM OR GREATER		$390.87	$390.87				
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE		$170.16	$170.16				
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE		$266.87	$266.87				
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HA		$399.89	$399.89				
26118	3 CM OR GREATER		$767.50	$767.50				
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE		$506.63	$506.63				
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO		$534.78	$534.78				
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO		$216.48	$216.48				
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT		$305.81	$305.81				
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND		$346.00	$346.00				
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR		$308.78	$308.78				
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON,		$322.71	$322.71				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS		$159.98	$159.98				
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH		$222.41	$222.41				
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON		$271.53	$271.53				
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)		$263.33	$263.33				
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;		$291.71	$291.71				
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH		$409.14	$409.14				
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE		$265.99	$265.99				
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE		$371.53	$371.53				
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$305.92	$305.92				
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$299.88	$299.88				
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$264.82	$264.82				
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR);		$399.97	$399.97				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);		$375.04	$375.04				
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)		$304.62	$304.62				
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND		$218.54	$218.54				
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT		$196.88	$196.88				
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD) POST ENZYME INJECTION (EG, COLLAGENASE), SINGE CORD		$58.80	$77.15				
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN		$347.03	$347.03				
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN		$416.79	$416.79				
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON		$430.39	$430.39				
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON		$444.85	$444.85				
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON		$484.34	$484.34				
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS		$404.33	$404.33				
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS		$442.01	$442.01				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS		$435.77	$435.77				
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED		$499.29	$499.29				
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR		$548.24	$548.24				
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAF		$228.87	$228.87				
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT		$358.19	$358.19				
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DE		$439.13	$439.13				
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLU		$531.86	$531.86				
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GR		$228.32	$228.32				
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT		$362.59	$362.59				
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE		$367.20	$367.20				
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE		$374.29	$374.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT		$168.20	$210.44				
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT		$251.12	$251.12				
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT		$323.37	$323.37				
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON		$287.42	$287.42				
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON		$249.77	$249.77				
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON		$283.72	$283.72				
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON		$222.36	$222.36				
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH T		$360.23	$360.23				
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON		$173.78	$173.78				
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON		$161.71	$161.71				
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON		$151.14	$151.14				
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT		$290.45	$290.45				
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT		$292.70	$292.70				
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON		$230.79	$230.79				
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON		$270.60	$270.60				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON		$297.74	$297.74				
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON		$325.94	$325.94				
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA		$392.56	$392.56				
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA		$492.94	$492.94				
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, E		$414.21	$414.21				
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCL		$367.68	$367.68				
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON		$474.77	$474.77				
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT),		$533.17	$533.17				
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER		$461.37	$461.37				
26496	OPPONENSPLASTY; OTHER METHODS		$540.41	$540.41				
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGE		$517.14	$517.14				
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS		$763.14	$763.14				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26499	CORRECTION CLAW FINGER, OTHER METHODS		$489.42	$489.42				
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPA		$274.57	$274.57				
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL G		$362.21	$362.21				
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)		$293.42	$293.42				
26510	CROSS INTRINSIC TRANSFER, EACH TENDON		$275.43	$275.43				
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT		$325.93	$325.93				
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS		$464.24	$464.24				
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS		$454.56	$454.56				
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT		$284.43	$284.43				
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT		$260.59	$260.59				
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT		$346.27	$346.27				
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH		$427.47	$427.47				
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT		$289.16	$289.16				
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOI		$400.12	$400.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL		$382.25	$382.25				
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE		$516.12	$516.12				
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE		$362.86	$362.86				
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE,		$354.93	$354.93				
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAF		$486.30	$486.30				
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT		$402.90	$402.90				
26550	POLLICIZATION OF A DIGIT		$1,219.54	$1,219.54				
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-A		$2,534.05	$2,534.05				
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT		$2,516.42	$2,516.42				
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT		$3,002.47	$3,002.47				
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS		$948.75	$948.75				
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS		$2,559.25	$2,559.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS		$294.23	$294.23				
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND		$584.46	$584.46				
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVI		$585.00	$585.00				
26565	OSTEOTOMY; METACARPAL, EACH		$366.02	$366.02				
26567	OSTEOTOMY; PHALANX OF FINGER, EACH		$322.69	$322.69				
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX		$506.52	$506.52				
26580	REPAIR CLEFT HAND		$1,039.76	$1,039.76				
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE		$425.75	$425.75				
26590	REPAIR MACRODACTYLIA, EACH DIGIT		$1,023.89	$1,023.89				
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE		$156.00	$156.00				
26593	RELEASE, INTRINSIC MUSCLES HAND, EACH MUSCLE		$271.01	$271.01				
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES		$507.34	$507.34				
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION,		$79.11	$99.76				
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EA		$117.81	$148.52				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTER		$259.31	$259.31				
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE		$259.31	$259.31				
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNA		$302.06	$302.06				
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULAT		$142.92	$142.92				
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNE		$191.15	$191.15				
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION		$284.20	$284.20				
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT		$407.39	$407.39				
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT		$132.06	$132.06				
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT		$261.27	$261.27				
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER T		$301.86	$301.86				
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; WITH		$368.51	$368.51				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPL		$414.01	$414.01				
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH		$129.91	$129.91				
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH		$171.38	$171.38				
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SIN		$288.12	$288.12				
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WIT		$287.61	$287.61				
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL		$64.17	$78.92				
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL		$119.55	$140.21				
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE,		$219.32	$219.32				
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALAN		$282.71	$282.71				
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL		$72.56	$88.11				
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL		$169.45	$169.45				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR		$309.70	$309.70				
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHO		$71.64	$71.64				
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH		$119.76	$119.76				
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER O		$181.93	$181.93				
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR		$200.83	$200.83				
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH		$107.13	$107.13				
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH		$137.44	$137.44				
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION,		$199.27	$199.27				
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT		$211.05	$211.05				
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING		$433.93	$433.93				
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL		$389.03	$389.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL		$490.83	$490.83				
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;		$409.15	$409.15				
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WIT		$467.85	$467.85				
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT		$335.44	$335.44				
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT		$411.59	$411.59				
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;		$263.61	$263.61				
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;		$121.32	$121.32				
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;		$366.22	$366.22				
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;		$218.68	$218.68				
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE,		$371.69	$371.69				
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN		$218.29	$218.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN		$300.70	$300.70				
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	R	$750.00	$975.00				
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMAT		$293.90	$293.90				
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA		$233.12	$233.12				
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR B		$606.57	$606.57				
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)		$210.09	$210.09				
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN		$297.94	$297.94				
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY		$399.44	$399.44				
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)		$367.60	$367.60				
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDUR		$421.93	$421.93				
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE		$487.07	$487.07				
27027	DECOMPRESSION FASCIOTOMY (IES),PELVIC(BUTTOCK)		$663.42	$663.42				
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)		$706.27	$706.27				
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN		$717.21	$717.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRA		$833.09	$833.09				
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTO		$686.12	$686.12				
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL		$117.64	$117.64				
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR		$356.96	$356.96				
27043	3 CM OR GREATER		$339.82	$339.82				
27045	5 CM OR GREATER		$540.47	$540.47				
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE		$268.57	$268.57				
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR		$303.32	$303.32				
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG,		$684.79	$684.79				
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT		$259.53	$259.53				
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT		$385.51	$385.51				
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT		$538.64	$538.64				
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC(BUTTOCK)		$730.18	$730.18				
27059	5 CM OR GREATER		$1,330.50	$1,330.50				
27060	EXCISION; ISCHIAL BURSA		$260.73	$260.73				
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION		$269.55	$269.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM,		$317.93	$317.93				
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT		$512.56	$512.56				
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARA		$729.74	$729.74				
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR		$509.26	$509.26				
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR		$563.40	$563.40				
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR		$884.64	$884.64				
27076	RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM,		$1,028.62	$1,028.62				
27077	RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL		$1,212.53	$1,212.53				
27078	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATE		$635.36	$635.36				
27080	COCCYGECTOMY, PRIMARY		$314.55	$314.55				
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE		$62.88	$70.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCU		$346.72	$346.72				
27090	REMOVAL HIP PROSTHESIS;(SEPARATE PROCEDURE)		$631.41	$631.41				
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS		$1,209.08	$1,209.08				
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA		$62.81	$62.81				
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA		$72.12	$72.12				
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/ OR		$292.09	$292.09				
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL		$474.51	$474.51				
27098	TRANSFER, ADDUCTOR TO ISCHIUM		$474.51	$474.51				
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCI		$550.66	$550.66				
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSIO		$521.44	$521.44				
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR		$696.28	$696.28				
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK		$687.72	$687.72				
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)		$1,039.27	$1,039.27				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)		$934.97	$934.97				
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR		$914.33	$914.33				
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (		$1,300.74	$1,300.74				
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR		$1,488.80	$1,488.80				
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT		$1,707.39	$1,707.39				
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR		$1,306.01	$1,306.01				
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WI		$1,316.66	$1,316.66				
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCED		$673.33	$673.33				
27146	OSTEOTOMY,ILIAC,ACETABULAR OR INNOMINATE BONE;		$727.22	$727.22				
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION O		$1,038.09	$1,038.09				
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM		$1,090.69	$1,090.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM		$1,157.78	$1,157.78				
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)		$982.04	$982.04				
27161	OSTEOTOMY,FEMORAL NECK(SEPARATE PROCEDURE)		$885.97	$885.97				
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR		$988.81	$988.81				
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC A		$941.76	$941.76				
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION		$248.47	$248.47				
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING,		$639.54	$639.54				
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNIN		$785.90	$785.90				
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH		$633.96	$633.96				
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NE		$686.56	$686.56				
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL		$809.87	$809.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF		$338.99	$338.99				
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$867.48	$867.48				
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR		$210.27	$210.27				
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR		$372.92	$372.92				
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE		$95.74	$95.74				
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE		$377.90	$377.90				
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING		$654.55	$654.55				
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/O		$548.05	$548.05				
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTER		$833.92	$833.92				
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTE		$999.41	$999.41				
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT		$284.16	$284.16				
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULA		$517.20	$517.20				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH		$893.24	$893.24				
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERI		$1,057.74	$1,057.74				
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTER		$1,138.10	$1,138.10				
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT		$243.73	$243.73				
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH		$549.82	$549.82				
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK		$764.73	$764.73				
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXAT		$934.33	$934.33				
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT		$297.43	$297.43				
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT		$616.02	$616.02				
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE		$921.94	$921.94				
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE		$1,050.17	$1,050.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATIO		$246.32	$246.32				
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTER		$670.98	$670.98				
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA		$281.65	$281.65				
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA		$410.81	$410.81				
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATIO		$755.25	$755.25				
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND		$923.80	$923.80				
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING		$167.12	$167.12				
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING		$283.09	$283.09				
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN		$845.48	$845.48				
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN		$1,058.92	$1,058.92				
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHE		$269.66	$269.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIO		$363.44	$363.44				
27267	CLTX THIGH FX W/O MNP		$316.58	$316.58				
27268	CLTX THIGH FX W/MNPJ		$391.05	$391.05				
27269	OPTX THIGH FX		$936.68	$936.68				
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA		$116.40	$116.40				
27279	FUSION SACROILIAC JOINT THROUGH THE SKIN OR MINIMALLY INVASIVE USING IMAGE GUIDANCE		$446.94	$446.94				Added effective 1/1/2015
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)		$659.38	$659.38				
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)		$592.89	$592.89				
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);		$905.58	$905.58				
27286	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTER		$921.83	$921.83				
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)		$1,431.65	$1,431.65				
27295	DISARTICULATION OF HIP		$1,023.55	$1,023.55				
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	R	$800.00	$1,040.00				
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE		$250.59	$250.59				
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG,		$406.16	$406.16				
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN		$277.49	$277.49				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE		$186.45	$186.45				
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS		$247.92	$247.92				
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BO		$536.56	$536.56				
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL		$93.71	$105.91				
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR		$214.40	$214.40				
27325	NEURECTOMY, HAMSTRING MUSCLE		$360.70	$360.70				
27326	NEURECTOMY, POPLITEAL		$339.94	$339.94				
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS		$197.91	$197.91				
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULA		$282.72	$282.72				
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF TH		$710.04	$710.04				
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY		$328.59	$328.59				
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF L		$386.98	$386.98				
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE;		$541.94	$541.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE;		$502.73	$502.73				
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR		$549.34	$549.34				
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING		$634.91	$634.91				
27337	3 CM OR GREATER		$302.46	$302.46				
27339	5 CM OR GREATER		$545.82	$545.82				
27340	EXCISION, PREPATELLAR BURSA		$233.36	$233.36				
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)		$339.30	$339.30				
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE		$247.34	$247.34				
27350	PATELLECTOMY OR HEMIPATELLECTOMY		$509.69	$509.69				
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;		$440.36	$440.36				
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLO		$504.85	$504.85				
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTO		$553.36	$553.36				
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTE		$278.62	$278.62				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$534.45	$534.45				
27364	5 CM OR GREATER		$1,143.19	$1,143.19				
27365	RADICAL RESECTION TUMOR,BONE,FEMUR OR KNEE		$839.06	$839.06				
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY		$45.48	$45.48				
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA		$245.99	$245.99				
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY		$438.86	$438.86				
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FA		$629.97	$629.97				
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY		$482.00	$482.00				
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC		$667.97	$667.97				
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON		$277.69	$277.69				
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG		$362.97	$362.97				
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL		$486.83	$486.83				
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON		$349.27	$349.27				
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG		$410.40	$410.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL		$642.79	$642.79				
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON		$431.42	$431.42				
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS		$547.19	$547.19				
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE		$490.30	$490.30				
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE		$499.63	$499.63				
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL		$547.23	$547.23				
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE		$549.42	$549.42				
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND		$811.53	$811.53				
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE		$1,179.03	$1,179.03				
27415	OSTEOCHONDRAL KNEE AUTOGRAFT OPEN		$980.98	$980.98				
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		$733.15	$733.15				
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)		$661.14	$661.14				
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)		$605.55	$605.55				
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/O		$618.60	$618.60				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY		$627.11	$627.11				
27425	LATERAL RETINACULAR RELEASE, OPEN		$347.40	$347.40				
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR		$607.63	$607.63				
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN		$745.89	$745.89				
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN		$694.76	$694.76				
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)		$549.25	$549.25				
27435	CAPSULOTOMY,POSTERIOR CAPSULAR RELEASE,KNEE		$472.48	$472.48				
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS		$530.59	$530.59				
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS		$706.12	$706.12				
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;		$646.80	$646.80				
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL		$569.70	$569.70				
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;		$783.21	$783.21				
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRID		$729.37	$729.37				
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)		$1,145.96	$1,145.96				
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT		$1,051.39	$1,051.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMEN		$1,373.97	$1,373.97				
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION		$696.75	$696.75				
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION		$839.20	$839.20				
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL S		$849.38	$849.38				
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY		$721.93	$721.93				
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY		$778.46	$778.46				
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)		$753.67	$753.67				
27466	OSTEOPLASTY, FEMUR; LENGTHENING		$857.88	$857.88				
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL		$1,036.42	$1,036.42				
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT		$945.17	$945.17				
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILI		$1,090.97	$1,090.97				
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR		$476.44	$476.44				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA,		$655.92	$655.92				
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL F		$715.27	$715.27				
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG,		$487.59	$487.59				
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE		$1,162.27	$1,162.27				
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORA		$1,526.10	$1,526.10				
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRY		$921.03	$921.03				
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$959.83	$959.83				
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O		$278.87	$278.87				
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O		$341.46	$341.46				
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;		$389.33	$389.33				
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WI		$448.36	$448.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION		$320.26	$320.26				
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI		$320.26	$320.26				
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR		$514.18	$514.18				
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI		$514.18	$514.18				
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL		$959.33	$959.33				
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI		$868.96	$868.96				
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL		$281.86	$281.86				
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL		$327.64	$327.64				
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL		$449.73	$449.73				
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH		$858.15	$858.15				
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH		$984.28	$984.28				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL COND		$953.10	$953.10				
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT		$290.90	$290.90				
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH		$481.47	$481.47				
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOU		$795.44	$795.44				
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION		$130.34	$171.11				
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PAR		$592.67	$592.67				
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT		$198.37	$198.37				
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHO		$374.29	$374.29				
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WI		$663.23	$663.23				
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WIT		$785.01	$785.01				
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(		$238.94	$238.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S)		$699.25	$699.25				
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA		$239.95	$239.95				
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA		$321.73	$321.73				
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		$777.38	$777.38				
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		$914.27	$914.27				
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		$942.15	$942.15				
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA		$149.05	$149.05				
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA		$318.21	$318.21				
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOT		$661.22	$661.22				
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICAT		$102.53	$102.53				
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE		$843.06	$843.06				
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;		$588.56	$588.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQ		$692.38	$692.38				
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTIN		$513.40	$513.40				
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR		$299.29	$299.29				
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION		$514.76	$514.76				
27598	DISARTICULATION AT KNEE		$593.07	$593.07				
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	R	$0.00	$0.00				
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON		$253.78	$253.78				
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY		$253.07	$253.07				
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR		$321.89	$321.89				
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA		$203.20	$203.20				
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA		$141.20	$154.88				
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL		$117.80	$117.80				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL		$178.93	$178.93				
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE		$391.88	$391.88				
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE		$440.07	$440.07				
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLE		$428.17	$428.17				
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL		$73.62	$82.61				
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR		$225.08	$225.08				
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LE		$601.21	$601.21				
27616	5 CM OR GREATER		$932.31	$932.31				
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE		$209.06	$209.06				
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)		$361.22	$361.22				
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT		$352.03	$352.03				
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;		$495.71	$495.71				
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY		$570.79	$570.79				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),		$230.77	$230.77				
27632	3 CM OR GREATER		$299.06	$299.06				
27634	5 CM OR GREATER		$489.38	$489.38				
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;		$460.42	$460.42				
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W		$529.40	$529.40				
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W		$572.56	$572.56				
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$600.87	$600.87				
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE		$465.23	$465.23				
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA		$745.89	$745.89				
27646	RADICAL RESECTION OF TUMOR, BONE; FIBULA		$672.91	$672.91				
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS		$628.62	$628.62				
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY		$43.33	$43.33				
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;		$541.27	$541.27				
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH		$599.41	$599.41				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT		$607.33	$607.33				
27656	REPAIR, FASCIAL DEFECT OF LEG		$224.89	$224.89				
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON		$257.68	$257.68				
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TEN		$362.62	$362.62				
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON		$231.16	$231.16				
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH T		$301.18	$301.18				
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY		$393.45	$393.45				
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY		$461.41	$461.41				
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH T		$282.90	$282.90				
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDO		$367.65	$367.65				
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPA		$291.10	$291.10				
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS		$401.17	$401.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)		$336.01	$336.01				
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		$439.55	$439.55				
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		$512.94	$512.94				
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		$116.37	$116.37				
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL		$419.72	$419.72				
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS		$444.08	$444.08				
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-J		$609.90	$609.90				
27700	ARTHROPLASTY, ANKLE;		$589.09	$589.09				
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)		$901.83	$901.83				
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE		$850.54	$850.54				
27704	REMOVAL OF ANKLE IMPLANT		$391.73	$391.73				
27705	OSTEOTOMY; TIBIA		$613.41	$613.41				
27707	OSTEOTOMY; FIBULA		$255.46	$255.46				
27709	OSTEOTOMY; TIBIA AND FIBULA		$634.02	$634.02				
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIE		$680.93	$680.93				
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING		$764.49	$764.49				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION		$750.69	$750.69				
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT		$641.91	$641.91				
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT		$840.83	$840.83				
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY		$640.88	$640.88				
27726	REPAIR FIBULA NONUNION		$691.61	$691.61				
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA		$674.54	$674.54				
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA		$318.59	$318.59				
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA		$297.49	$297.49				
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA		$463.65	$463.65				
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN		$514.03	$514.03				
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN		$571.33	$571.33				
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		$549.90	$549.90				
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR		$189.78	$189.78				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR		$307.62	$307.62				
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHO		$413.30	$413.30				
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRAC		$723.37	$723.37				
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE)		$792.21	$792.21				
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION		$126.05	$160.65				
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH		$243.12	$243.12				
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL		$465.01	$465.01				
27767	CLTX POST ANKLE FX W/0 MNP		$191.37	$190.48				
27768	CLTX POST ANKLE FX W/MNP		$299.37	$299.37				
27769	OPTX POST ANKLE FX		$520.12	$520.12				
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPUL		$105.22	$131.64				
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATI		$223.39	$223.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT		$360.34	$360.34				
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHO		$121.08	$154.88				
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH		$180.71	$224.57				
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR		$432.95	$432.95				
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT		$161.48	$161.48				
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT		$296.33	$296.33				
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL		$596.72	$596.72				
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION		$185.96	$185.96				
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION		$349.43	$349.43				
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA		$579.67	$579.67				
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA		$712.71	$712.71				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI		$185.96	$185.96				
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI		$349.43	$349.43				
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO		$518.51	$518.51				
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO		$650.27	$650.27				
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO		$754.67	$754.67				
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION,		$343.29	$343.29				
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT		$201.05	$201.05				
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING		$246.38	$246.38				
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WIT		$349.40	$349.40				
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA		$180.56	$180.56				
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR		$235.65	$235.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL		$528.96	$528.96				
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL		$562.95	$562.95				
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION O		$110.07	$110.07				
27870	ARTHRODESIS, ANKLE, OPEN		$717.51	$717.51				
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL		$489.23	$489.23				
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;		$576.79	$576.79				
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECH		$655.20	$655.20				
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)		$460.79	$460.79				
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR		$322.35	$322.35				
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION		$469.89	$469.89				
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIR		$549.92	$549.92				
27889	ANKLE DISARTICULATION		$522.58	$522.58				
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON		$283.42	$283.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH		$282.71	$282.71				
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR		$351.52	$351.52				
27899	UNLISTED PROCEDURE, LEG OR ANKLE	R	$0.00	$0.00				
28001	INCISION AND DRAINAGE, BURSA, FOOT		$86.83	$93.80				
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH		$178.70	$178.70				
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH		$281.06	$328.00				
28005	INCISION, BONE CORTEX, FOOT		$348.73	$348.73				
28008	FASCIOTOMY, FOOT AND/OR TOE		$201.88	$201.88				
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON		$143.72	$192.26				
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS		$145.44	$169.17				
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		$271.01	$271.01				
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		$173.68	$210.43				
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO		$158.78	$190.83				
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)		$329.36	$329.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28039	1.5 CM OR GREATER		$249.62	$342.75				
28041	1.5 CM OR GREATER		$328.28	$328.28				
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE		$151.32	$151.32				
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR		$249.07	$249.07				
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO		$438.82	$438.82				
28047	3 CM OR GREATER		$700.21	$700.21				
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT		$232.96	$232.96				
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT		$170.25	$221.48				
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT		$161.08	$161.08				
28055	NEURECTOMY, FOOT		$289.13	$289.13				
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)		$274.25	$274.25				
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)		$393.07	$393.07				
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH		$270.62	$270.62				
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH		$223.07	$223.07				
28080	EXCISION, INTERDIGITAL NEUROMA, SINGLE, EACH		$213.41	$213.41				
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR		$227.49	$227.49				
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR		$213.04	$213.04				
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING		$213.05	$213.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING		$162.93	$162.93				
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS		$294.03	$294.03				
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS		$418.62	$418.62				
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS		$346.23	$346.23				
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS		$270.65	$270.65				
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS		$389.17	$389.17				
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS		$293.43	$293.43				
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT		$183.23	$239.55				
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPAR		$214.91	$214.91				
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD		$287.13	$287.13				
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR		$241.27	$241.27				
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD		$250.77	$250.77				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXI		$490.56	$490.56				
28116	OSTECTOMY, EXCISION OF TARSAL COALITION		$341.88	$341.88				
28118	OSTECTOMY, CALCANEUS;		$332.34	$332.34				
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEAS		$309.41	$309.41				
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR		$292.60	$292.60				
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR		$327.54	$327.54				
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR		$192.93	$248.05				
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE		$161.60	$214.97				
28130	TALECTOMY (ASTRAGALECTOMY)		$425.03	$425.03				
28140	METATARSECTOMY		$336.56	$336.56				
28150	PHALANGECTOMY, TOE, EACH TOE		$209.86	$209.86				
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE		$162.03	$215.53				
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END		$169.83	$225.08				
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL		$499.19	$499.19				
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL		$411.97	$411.97				
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE		$322.43	$322.43				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS		$64.23	$71.21				
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP		$189.89	$189.89				
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED		$230.75	$230.75				
28200	REPAIR OF FOOT TENDON		$278.45	$278.45				Inadvertently omitted from previous fee schedules
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON		$362.03	$362.03				
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON		$202.78	$202.78				
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON		$339.38	$339.38				
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON		$187.65	$239.55				
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS		$258.42	$344.25				
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON		$170.00	$170.00				
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS		$225.67	$225.67				
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEP		$155.31	$187.90				
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)		$120.76	$142.22				
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON		$117.53	$138.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF		$427.90	$427.90				
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE		$183.61	$183.61				
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPAR		$297.86	$297.86				
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)		$350.56	$350.56				
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING		$434.36	$434.36				
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSUL		$712.14	$712.14				
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)		$572.41	$572.41				
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, E		$175.25	$210.52				
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)		$139.42	$166.78				
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)		$211.50	$211.50				
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL		$256.09	$256.09				
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MOR		$234.66	$234.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH		$220.48	$220.48				
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR		$284.76	$284.76				
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SI		$316.65	$316.65				
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KE		$390.18	$390.18				
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY;		$522.05	$522.05				
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI		$505.44	$505.44				
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI		$515.11	$515.11				
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY;		$522.44	$522.44				
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY		$478.31	$478.31				
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY		$546.46	$546.46				
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR		$461.69	$461.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28302	OSTEOTOMY; TALUS		$533.57	$533.57				
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;		$444.15	$444.15				
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT		$582.37	$582.37				
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI		$301.55	$301.55				
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI		$353.15	$353.15				
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI		$314.66	$314.66				
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI		$467.67	$467.67				
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHAL		$270.53	$270.53				
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANG		$259.13	$259.13				
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY		$181.38	$215.85				
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)		$258.67	$258.67				
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES		$515.16	$515.16				
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT		$373.52	$373.52				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION		$385.24	$385.24				
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION		$459.42	$459.42				
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY		$227.97	$227.97				
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EAC		$322.94	$322.94				
28360	RECONSTRUCTION, CLEFT FOOT		$733.33	$733.33				
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION		$103.17	$137.63				
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION		$244.29	$244.29				
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATIO		$356.72	$356.72				
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE		$665.39	$665.39				
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE		$795.33	$795.33				
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION		$98.87	$131.73				
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION		$197.64	$197.64				
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION		$258.02	$258.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL		$527.69	$527.69				
28446	OSTEOCHONDRAL TALUS AUTOGRFT		$899.30	$899.30				
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOU		$83.09	$108.17				
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH		$128.60	$162.66				
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS A		$140.25	$140.25				
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W		$360.48	$360.48				
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH		$81.37	$105.51				
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH		$119.07	$150.45				
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATI		$193.76	$193.76				
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXT		$295.92	$295.92				
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT		$44.14	$56.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH		$61.61	$76.63				
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALA		$127.02	$127.02				
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WI		$194.82	$194.82				
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T		$43.76	$55.70				
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T		$57.60	$72.62				
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE		$152.68	$152.68				
28530	CLOSED TREATMENT OF SESAMOID FRACTURE		$45.48	$58.89				
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION		$117.99	$117.99				
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WI		$64.96	$73.01				
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL;		$102.80	$102.80				
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN		$169.23	$169.23				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR		$338.77	$338.77				
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA		$71.23	$92.55				
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA		$169.89	$169.89				
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH		$194.54	$194.54				
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN		$365.30	$365.30				
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHE		$62.71	$71.83				
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANEST		$139.89	$139.89				
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, W		$238.43	$238.43				
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT		$302.23	$302.23				
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT		$64.90	$78.72				
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING		$78.40	$97.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATIO		$157.22	$157.22				
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHO		$212.34	$212.34				
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHE		$52.98	$52.98				
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST		$70.69	$83.83				
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W		$150.28	$150.28				
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT		$169.07	$169.07				
28705	ARTHRODESIS; PANTALAR		$879.94	$879.94				
28715	ARTHRODESIS; TRIPLE		$734.04	$734.04				
28725	ARTHRODESIS; SUBTALAR		$606.86	$606.86				
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;		$564.51	$564.51				
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WIT		$590.56	$590.56				
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSA		$526.23	$526.23				
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT		$337.29	$337.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT		$302.59	$302.59				
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT		$241.37	$241.37				
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSA		$321.14	$321.14				
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)		$423.54	$423.54				
28805	AMPUTATION, FOOT; TRANSMETATARSAL		$420.46	$420.46				
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE		$285.37	$285.37				
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT		$184.84	$184.84				
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT		$166.18	$166.18				
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQU		$161.86	$254.74				
28899	UNLISTED PROCEDURE, FOOT OR TOES	R	$0.00	$0.00				
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)		$120.75	$120.75				
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY		$131.20	$131.20				
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD		$109.98	$141.23				
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;		$85.87	$112.02				
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TY		$126.61	$126.61				
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH		$126.53	$126.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS		$139.28	$139.28				
29049	APPLICATION, CAST; FIGURE-OF-EIGHT		$33.21	$38.84				
29055	APPLICATION, CAST; SHOULDER SPICA		$88.55	$88.55				
29058	APPLICATION, CAST; PLASTER VELPEAU		$58.06	$58.06				
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)		$39.42	$50.15				
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)		$33.21	$41.39				
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)		$34.18	$40.88				
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)		$32.50	$40.50				
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)		$34.18	$40.88				
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC		$23.49	$28.45				
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC		$29.42	$34.78				
29130	APPLICATION OF FINGER SPLINT; STATIC		$17.44	$19.72				
29131	APPLICATION OF FINGER SPLINT; DYNAMIC		$22.83	$28.06				
29200	STRAPPING; THORAX		$23.42	$27.04				
29240	STRAPPING; SHOULDER (EG, VELPEAU)		$28.80	$28.80				
29260	STRAPPING; ELBOW OR WRIST		$19.95	$23.04				
29280	STRAPPING; HAND OR FINGER		$18.27	$21.08				
29305	APPLICATION OF HIP SPICA CAST; ONE LEG		$117.53	$117.53				
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS		$126.92	$126.92				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);		$58.65	$72.33				
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYP		$63.78	$78.53				
29358	APPLICATION OF LONG LEG CAST BRACE		$74.66	$99.33				
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)		$49.56	$61.09				
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);		$38.75	$49.34				
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULAT		$46.05	$59.06				
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST		$54.82	$70.65				
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST		$20.54	$23.62				
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST		$104.63	$104.63				
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHO		$36.13	$41.36				
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)		$37.24	$37.24				
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)		$29.18	$35.49				
29520	STRAPPING; HIP		$21.40	$26.23				
29530	STRAPPING; KNEE		$22.63	$27.33				
29540	STRAPPING; ANKLE AND/OR FOOT		$19.72	$23.74				
29550	STRAPPING; TOES		$18.28	$22.03				
29580	STRAPPING; UNNA BOOT		$28.29	$38.89				
29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION		$24.28	$62.81				
29582	THIGH AND LEG, INCLUDING ANKLE AND FOOT, WHEN PERFORMED		$12.63	$53.98				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29583	UPPER ARM AND FOREARM		$9.23	$33.53				
29584	UPPER ARM, FOREARM, HAND, AND FINGERS		$12.63	$53.98				
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST		$31.33	$35.62				
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST		$38.77	$43.47				
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET		$47.06	$53.09				
29720	REPAIR OF SPICA, BODY CAST OR JACKET		$24.01	$27.09				
29730	WINDOWING OF CAST		$26.47	$29.95				
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)		$39.42	$44.52				
29750	WEDGING OF CLUBFOOT CAST		$45.38	$52.08				
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	R	$43.50	$56.55				
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC,		$273.67	$273.67				
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL		$544.32	$544.32				
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC		$273.62	$273.62				
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY		$756.24	$756.24				
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION		$735.75	$735.75				
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN		$508.71	$508.71				
29820	ARTHROSCOPY, SHOULDER, SURGICAL		$475.75	$475.75				
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE		$524.59	$524.59				
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED		$496.95	$496.95				
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE		$557.11	$557.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTA		$459.49	$459.49				
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS		$516.49	$516.49				
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WI		$610.22	$610.22				
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR		$787.23	$787.23				
29828	ARTHIROSCOPY BICEPS TENIDESIS		$692.79	$692.79				
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR		$328.06	$328.06				
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BO		$359.84	$359.84				
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL		$371.54	$371.54				
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE		$432.76	$432.76				
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED		$394.61	$394.61				
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE		$434.52	$434.52				
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR		$259.53	$259.53				
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE		$344.27	$344.27				
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL		$355.54	$355.54				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE		$431.08	$431.08				
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR		$473.77	$473.77				
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTAB		$408.77	$408.77				
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT		$236.88	$236.88				
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR		$412.51	$549.17				
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR		$699.25	$699.25				
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU		$637.41	$637.41				
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU		$748.91	$748.91				
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE		$375.33	$375.33				
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY		$547.74	$547.74				
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CART		$601.41	$601.41				
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY		$552.29	$552.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLA		$763.08	$763.08				
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY		$913.20	$913.20				
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHRO		$1,240.49	$1,240.49				
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARA		$268.33	$268.33				
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE		$389.48	$389.48				
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE		$360.23	$360.23				
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY		$469.26	$469.26				
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF		$431.23	$431.23				
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTME		$525.51	$525.51				
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAG		$493.05	$493.05				
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPL		$538.89	$538.89				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL,		$568.94	$568.94				
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL,		$519.01	$519.01				
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)		$570.66	$570.66				
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)		$641.12	$641.12				
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT		$478.61	$478.61				
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WI		$506.78	$506.78				
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE		$418.82	$418.82				
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE		$575.48	$575.48				
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION		$922.93	$922.93				
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATIO		$631.75	$631.75				
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALU		$513.66	$513.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESIO		$530.95	$530.95				
29893	ENDOSCOPIC PLANTAR FASCIOTOMY		$295.86	$295.86				
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH		$478.37	$478.37				
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		$464.84	$464.84				
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		$483.71	$483.71				
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;		$557.77	$557.77				
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH		$722.91	$722.91				
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL		$325.00	$325.00				
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT		$358.76	$358.76				
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF		$385.42	$385.42				
29904	SUBTALAR ARTHO W/FB RMVL		$464.04	$464.04				
29905	SUBTALAR ARTHRO W/SYNOVECTOMY		$499.64	$499.64				
29906	SUBTALAR ARTHRO W/DEB		$526.35	$526.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
29907	SUBTALAR ARTHRO W/FUSION		$645.92	$645.92				
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY		$899.59	$899.59				
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY		$916.51	$916.51				
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR		$916.51	$916.51				
29999	UNLISTED PROCEDURE, ARTHROSCOPY	R	$0.00	$0.00				
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH		$49.49	$57.27				
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM		$50.00	$58.05				
30100	BIOPSY, INTRANASAL		$38.78	$48.03				
30110	EXCISION, NASAL POLYP(S), SIMPLE		$67.06	$84.36				
30115	EXCISION, NASAL POLYP(S), EXTENSIVE		$207.37	$207.37				
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPRO		$173.50	$173.50				
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPRO		$508.04	$508.04				
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	R	$351.88	$351.88				
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS		$109.89	$127.86				
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE		$365.84	$365.84				
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD		$141.94	$141.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHO		$186.05	$186.05				
30150	RHINECTOMY; PARTIAL		$487.26	$487.26				
30160	RHINECTOMY; TOTAL		$610.09	$610.09				
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC		$33.78	$33.78				
30210	DISPLACEMENT THERAPY (PROETZ TYPE)		$34.44	$37.93				
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)		$67.86	$88.11				
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE		$36.43	$42.60				
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA		$103.87	$103.87				
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY		$254.33	$254.33				
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF	R	$571.59	$571.59				
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID,	R	$802.40	$802.40				
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	R	$982.73	$982.73				
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK	R	$376.86	$376.86				
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOM	R	$629.04	$629.04				
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES	R	$853.53	$853.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/		$530.91	$530.91				
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/	R	$1,062.64	$1,062.64				
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NA		$590.90	$590.90				
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,		$376.62	$376.62				
30540	REPAIR CHOANAL ATRESIA; INTRANASAL		$413.74	$413.74				
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE		$632.63	$632.63				
30560	LYSIS INTRANASAL SYNECHIA		$44.34	$51.72				
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLU		$422.43	$422.43				
30600	REPAIR FISTULA; ORONASAL		$282.11	$282.11				
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING G		$380.02	$380.02				
30630	REPAIR NASAL SEPTAL PERFORATIONS		$385.04	$385.04				
30801	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR		$37.45	$43.75				
30802	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR		$85.99	$85.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PAC		$44.47	$51.98				
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR		$69.93	$69.93				
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR		$109.95	$109.95				
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR		$103.53	$103.53				
30915	LIGATION ARTERIES; ETHMOIDAL		$342.59	$342.59				
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL		$506.86	$506.86				
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC		$56.49	$56.49				
30999	UNLISTED PROCEDURE, NOSE	R	$112.50	$150.00				
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OST		$39.26	$45.03				
31002	LAVAGE BY CANNULATION; SPHENOID SINUS		$61.96	$68.13				
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL		$160.85	$160.85				
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMO		$377.27	$377.27				
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL		$420.07	$420.07				
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH		$494.04	$494.04				
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;		$324.18	$324.18				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING O		$439.45	$439.45				
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)		$256.49	$256.49				
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA,		$560.10	$560.10				
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCIS		$589.10	$589.10				
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL		$658.46	$658.46				
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISIO		$808.43	$808.43				
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCI		$855.14	$855.14				
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCI		$671.03	$671.03				
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL		$667.23	$667.23				
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL,		$608.96	$608.96				
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR		$272.91	$272.91				
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL		$438.35	$438.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL		$518.23	$518.23				
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION		$1,024.73	$1,024.73				
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)		$1,261.34	$1,261.34				
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDU		$72.67	$72.67				
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFE		$108.92	$146.33				
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCT		$115.84	$147.89				
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEME		$144.86	$144.86				
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE		$162.52	$218.44				
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY		$569.91	$569.91				
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION		$175.16	$175.16				
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR		$312.80	$312.80				
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR A		$470.91	$470.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;		$207.62	$207.62				
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOV		$320.18	$320.18				
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH O		$457.67	$457.67				
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;		$265.20	$265.20				
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF T		$310.52	$310.52				
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE		$863.15	$863.15				
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE		$906.69	$906.69				
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL		$700.75	$700.75				
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR		$766.70	$766.70				
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION		$876.15	$876.15				
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM		$153.10	$1,775.16				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM		$182.77	$3,323.63				
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM		$149.83	$3,292.48				
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	R	$0.00	$0.00				
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR		$731.38	$731.38				
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC		$248.68	$248.68				
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION		$1,018.21	$1,018.21				
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION		$1,443.84	$1,443.84				
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION		$1,064.49	$1,064.49				
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION		$1,488.14	$1,488.14				
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL		$1,049.34	$1,049.34				
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL		$978.80	$978.80				
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL		$1,051.75	$1,051.75				
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL		$1,016.87	$1,016.87				
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUC		$1,445.36	$1,445.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTIO		$1,774.98	$1,774.98				
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH		$497.44	$497.44				
31420	EPIGLOTTIDECTOMY		$502.98	$502.98				
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE		$102.35	$102.35				
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT		$36.33	$36.33				
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)		$24.88	$30.65				
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY		$72.79	$72.79				
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY		$91.56	$91.56				
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION		$113.61	$113.61				
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION		$142.74	$142.74				
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION		$86.53	$86.53				
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN		$123.48	$123.48				
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT		$112.27	$141.77				
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH		$172.89	$172.89				
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF		$183.44	$183.44				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INIT		$148.18	$148.18				
31529	LARYNGOSCOPY DIRECT		$150.70	$150.70				
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;		$206.31	$206.31				
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERA		$252.24	$252.24				
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;		$211.22	$211.22				
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOP		$216.25	$216.25				
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP		$277.90	$277.90				
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP		$244.99	$244.99				
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP		$285.05	$285.05				
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP		$435.71	$435.71				
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;		$306.45	$306.45				
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING		$338.20	$338.20				
31570	LARYNGOSCOPY, DIRECTC;		$194.52	$260.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;		$241.02	$241.02				
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC		$58.04	$58.04				
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY		$133.42	$133.42				
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY		$166.23	$166.23				
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION		$192.36	$192.36				
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY		$103.88	$135.13				
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND		$740.60	$740.60				
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUD		$1,105.39	$1,105.39				
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE		$916.59	$916.59				
31587	LARYNGOPLASTY, CRICOID SPLIT		$446.74	$446.74				
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION		$662.02	$662.02				
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE		$356.18	$356.18				
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE),		$423.87	$423.87				
31599	UNLISTED PROCEDURE, LARYNX	R	$354.50	$460.85				
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);		$230.38	$230.38				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS		$281.53	$281.53				
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL		$251.27	$251.27				
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE		$229.58	$229.58				
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS		$432.19	$432.19				
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF		$345.87	$345.87				
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR		$61.00	$61.00				
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION		$190.50	$190.50				
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION		$377.81	$377.81				
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION		$118.98	$118.98				
31620	ENDOBRONCHIAL US ADD-ON		$52.65	$188.65				Inadvertently omitted from previous fee schedules
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$186.18	$186.18				
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$127.23	$181.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$128.64	$182.84				
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$210.12	$210.12				
31626	WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE		$161.11	$310.89				
31627	WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION		$78.26	$829.71				
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$251.92	$251.92				
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$222.75	$222.75				
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$224.02	$224.02				
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE,		$245.57	$245.57				
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$41.99	$53.30				
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$52.65	$65.75				
31634	BRONCHOSCOPY WITH BALLON OCCLUSION		$180.39	$1,575.18				
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE		$242.37	$242.37				
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$180.52	$180.52				
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE		$64.53	$64.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$200.75	$200.75				
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE		$295.88	$295.88				
31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF		$341.25	$341.25				
31643	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR		$148.43	$161.39				
31645	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF		$197.11	$197.11				
31646	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC		$168.45	$168.45				
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY		$83.25	$83.25				
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL		$53.14	$53.14				
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERS		$98.98	$98.98				
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STEN		$155.47	$155.47				
31750	TRACHEOPLASTY; CERVICAL		$530.22	$530.22				
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE		$822.78	$822.78				
31760	TRACHEOPLASTY; INTRATHORACIC		$967.85	$967.85				
31766	CARINAL RECONSTRUCTION		$1,366.42	$1,366.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31770	BRONCHOPLASTY; GRAFT REPAIR		$1,075.36	$1,075.36				
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS		$1,135.69	$1,135.69				
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL		$988.97	$988.97				
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC		$1,151.86	$1,151.86				
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL		$741.29	$741.29				
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC		$1,072.57	$1,072.57				
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL		$348.55	$348.55				
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC		$667.09	$667.09				
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR		$227.51	$227.51				
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA		$333.36	$333.36				
31830	REVISION OF TRACHEOSTOMY SCAR		$233.38	$233.38				
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	R	$0.00	$0.00				
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA		$403.89	$403.89				
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA		$445.15	$445.15				
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATES(S) (EG. WEDGE, INCISIONAL), UNILATERAL		$656.11	$656.11				
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG. WEDGE, INCISIONAL), UNILATERAL		$656.11	$656.11				
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA		$616.63	$616.63				
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY		$648.00	$648.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR		$702.64	$702.64				
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS		$577.55	$577.55				
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS		$667.86	$667.86				
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL		$746.82	$746.82				
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT		$777.66	$777.66				
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI		$690.63	$690.63				
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY		$643.16	$643.16				
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE		$491.04	$491.04				
32200	PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST		$591.80	$591.80				
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST		$201.98	$201.98				
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX		$530.98	$530.98				
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL		$1,014.23	$1,014.23				
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL		$728.03	$728.03				
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)		$716.82	$716.82				
32320	DECORTICATION AND PARIETAL PLEURECTOMY		$1,130.02	$1,130.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE		$94.26	$94.26				
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE		$117.87	$117.87				
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;		$1,146.00	$1,146.00				
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRA		$1,290.43	$1,290.43				
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL		$1,328.82	$1,328.82				
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOM		$1,110.19	$1,110.19				
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOM		$1,082.51	$1,082.51				
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT		$1,111.27	$1,111.27				
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL		$1,189.69	$1,189.69				
32488	REMOVAL OF LUNG, OTHER THAN		$1,276.17	$1,276.17				
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF		$1,083.94	$1,083.94				
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFO		$270.23	$270.23				
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W		$1,388.84	$1,388.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W		$1,590.47	$1,590.47				
32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL		$757.06	$757.06				
32506	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$128.37	$128.37				
32507	WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$128.37	$128.37				
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)		$753.39	$753.39				
32550	INSET PLEURAL CATH		$180.99	$580.35				
32551	INSERTION OF CHEST TUBE		$139.15	$139.15				
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER W/CUFF		$118.88	$133.43				
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD THERAPY GUIDANCE		$154.55	$419.41				
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION		$73.02	$684.72				
32555	WITH IMAGING GUIDANCE		$91.46	$442.92				
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION		$100.34	$466.79				
32557	WITH IMAGING GUIDANCE		$132.93	$851.61				
32560	TREAT LUNG LINING CHEMICALLY		$89.01	$221.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS		$54.42	$69.98				
32562	SUBSEQUENT DAY		$48.70	$62.22				
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE		$267.14	$267.14				
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH B		$376.99	$376.99				
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH		$365.84	$365.84				
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATES(S) (EG, WEDGE, INCISIONAL), UNILATERAL		$251.88	$251.88				
32608	WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULES(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL		$309.51	$309.51				
32609	WITH BIOPSY(IES) OF PLEURA		$213.57	$213.57				
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)		$530.98	$530.98				
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION		$728.03	$728.03				
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING		$1,014.23	$1,014.23				
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR F		$690.63	$690.63				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE		$702.64	$702.64				
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING A		$785.87	$785.87				
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY		$770.74	$770.74				
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM		$742.02	$742.02				
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL		$757.99	$757.99				
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR M		$656.49	$656.49				
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M		$919.29	$919.29				
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL		$1,049.94	$1,049.94				
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY		$733.08	$733.08				
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)		$880.74	$880.74				
32666	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL		$707.35	$707.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32667	WITH THERAPEUTIC WEDGE RESCECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$128.37	$128.37				
32668	WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$129.08	$129.08				
32669	WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)		$1,091.92	$1,091.92				
32670	WITH REMOVAL OF TWO LOBES (BILOBECTOMY)		$1,304.16	$1,304.16				
32671	WITH REMOVAL OF LUNG (PNEUMONECTOMY)		$1,448.08	$1,448.08				
32672	WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUMNE REDUCTION (LVRS) UNILATERAL INCLUDES ANY PLEURAL PROCEDURE, WHEN PERFORMED		$1,237.88	$1,237.88				
32673	WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL		$976.84	$976.84				
32674	WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$176.04	$176.04				
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC		$177.96	$177.96				
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL		$615.54	$615.54				
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGET		$543.35	$543.35				
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA		$1,098.67	$1,098.67				
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)		$1,169.03	$1,169.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS		$1,837.68	$1,837.68				
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS		$1,992.98	$1,992.98				
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT		$2,297.38	$2,297.38				
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH		$2,452.91	$2,452.91				
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T		$0.00	$0.00				
32856	BACKBENCH STANDARD PREPARATION OF CADAVER		$0.00	$0.00				
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES		$799.08	$799.08				
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);		$966.82	$966.82				
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE		$1,223.12	$1,223.12				
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE		$879.78	$879.78				
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR		$82.10	$82.10				
32997	TOTAL LUNG LAVAGE (UNILATERAL)		$245.69	$245.69				
32998	ABLATION THERAPY FOR PULMONARY TUMOR		$217.55	$1,913.89				
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	R	$0.00	$0.00				
33010	PERICARDIOCENTESIS; INITIAL		$110.44	$110.44				
33011	PERICARDIOCENTESIS; SUBSEQUENT		$83.53	$98.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33015	TUBE PERICARDIOSTOMY		$294.82	$294.82				
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)		$742.02	$742.02				
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE		$757.99	$757.99				
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS		$1,146.74	$1,146.74				
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS		$992.45	$992.45				
33050	EXCISION OF PERICARDIAL CYST OR TUMOR		$656.49	$656.49				
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS		$1,562.79	$1,562.79				
33130	RESECTION OF EXTERNAL CARDIAC TUMOR		$989.12	$989.12				
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SEPARATE		$962.45	$962.45				
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT		$205.14	$205.14				
33202	INSERTION EPICARDIAL ELECTRODE. OPEN INCISION		$579.83	$579.83				
33203	INSERTION EPICARDIAL ELECTRODE, ENDOSCOPIC APPROACH		$595.61	$595.61				
33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		$417.13	$417.13				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		$487.60	$487.60				
33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS		$505.85	$505.85				
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDI		$191.91	$191.91				
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING		$194.84	$194.84				
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHA		$318.56	$318.56				
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMB		$346.15	$346.15				
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SY		$388.62	$388.62				
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING		$227.30	$227.30				
33216	INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELECTRODE)		$296.78	$296.78				
33217	INSERTION OF A TRANSVENOUS ELECTRODE; DUAL CHAMBER (TWO ELECTRODES)		$307.35	$307.35				
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT		$285.48	$285.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACE		$287.83	$287.83				
33221	WITH EXISTING MULTIPLE LEADS		$284.52	$284.52				
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER		$312.11	$312.11				
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING		$357.60	$357.60				
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC		$370.55	$370.55				
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC		$329.30	$329.30				
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT		$356.85	$356.85				
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM		$271.44	$271.44				
33228	DUAL LEAD SYSTEM		$283.14	$283.14				
33229	MULTIPLE LEAD SYSTEM		$294.84	$294.84				
33230	WITH EXISTING DUAL LEADS		$306.31	$306.31				
33231	WITH EXISTING MULTIPLE LEADS		$318.01	$318.01				
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR		$159.17	$159.17				
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATR		$391.36	$391.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM		$444.49	$444.49				
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM		$465.43	$465.43				
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM		$657.32	$657.32				
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY		$740.05	$740.05				
33240	INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		$376.96	$376.96				
33241	SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-		$155.53	$155.53				
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		$909.36	$909.36				
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		$524.08	$524.08				
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHA		$894.41	$894.41				
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY		$904.33	$904.33				
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY		$1,180.43	$1,180.43				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33254	OPERATIVE ABLATION OF ATRIA, LIMITED		$1,016.17	$1,016.17				
33255	OPERATIVE ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS		$1,225.95	$1,225.95				
33256	OPERATIVE ABLATION OF ATRIA, WITH CARDIOPULMONARY BYPASS		$1,466.00	$1,466.00				
33257	ABLATE ATRIA, LMTD, ADD-ON		$474.42	$474.42				
33258	ABLATE ATRIA, X10SV, ADD-ON		$536.43	$536.43				
33259	ABLATE ATRIA W/BYPASS ADD-ON		$703.77	$703.77				
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULM		$1,103.05	$1,103.05				
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM		$295.16	$295.16				
33263	DUAL LEAD SYSTEM		$306.86	$306.86				
33264	MULTIPLE LEAD SYSTEM		$318.56	$318.56				
33265	ENDOSCOPIC ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS		$1,016.17	$1,016.17				
33266	ENDOSCOPIC ABLATION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONARY BYPASS		$1,394.19	$1,394.19				
33270	INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE		$471.19	$471.19				Added effective 1/1/2015
33271	INSERTION OF DEFIBRILLATOR ELECTRODE		$395.84	$395.84				Added effective 1/1/2015
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE		$290.94	$290.94				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE		$321.92	$321.92				Added effective 1/1/2015
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER		$288.03	$288.03				
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER		$221.44	$221.44				
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS		$923.41	$923.41				
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS		$1,105.28	$1,105.28				
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR		$851.81	$851.81				
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR		$1,042.10	$1,042.10				
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMON		$891.85	$891.85				
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS		$1,220.99	$1,220.99				
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS		$1,211.02	$1,211.02				
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR		$948.66	$948.66				
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPAS		$1,273.92	$1,273.92				
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT		$1,081.48	$1,081.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33362	OPEN FEMORAL ARTERY APPROACH		$1,183.09	$1,183.09				
33363	OPEN AXILLARY ARTERY APPROACH		$1,225.02	$1,225.02				
33364	OPEN ILIAC ARTERY APPROACH		$1,302.70	$1,302.70				
33365	TRANSAORTIC APPROACH (EG. MEDIAN STERNOTOMY,		$1,427.26	$1,427.26				
33366	TRCATH REPLACE AORTIC VALVE		$1,553.22	$1,553.22				
33367	CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEO		$501.76	$501.76				
33368	CARDIOPULMONARY BYPASS SUPPORT WITH OPEN PERI		$608.10	$608.10				
33369	CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL ART		$802.92	$802.92				
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS		$1,451.36	$1,451.36				
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION		$1,430.53	$1,430.53				
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH		$1,459.29	$1,459.29				
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT		$1,755.14	$1,755.14				
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETI		$1,782.46	$1,782.46				
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT		$2,134.09	$2,134.09				
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS		$1,638.43	$1,638.43				
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONAR		$2,108.86	$2,108.86				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARG		$2,164.32	$2,164.32				
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VA		$2,280.46	$2,280.46				
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEM		$2,076.87	$2,076.87				
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR A		$1,681.22	$1,681.22				
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC		$1,703.51	$1,703.51				
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS		$1,883.41	$1,883.41				
33418	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN		$1,503.43	$1,503.43				Added effective 1/1/2015
33419	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN		$354.48	$354.48				Added effective 1/1/2015
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART		$1,198.26	$1,198.26				
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS		$1,666.80	$1,666.80				
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;		$1,720.74	$1,720.74				
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHE		$1,763.15	$1,763.15				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL		$2,025.12	$2,025.12				
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS		$1,946.50	$1,946.50				
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS		$1,448.00	$1,448.00				
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION		$1,729.79	$1,729.79				
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION		$1,779.97	$1,779.97				
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS		$1,800.51	$1,800.51				
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY		$1,911.56	$1,911.56				
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR		$1,163.93	$1,163.93				
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY		$1,391.80	$1,391.80				
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS		$1,452.13	$1,452.13				
33475	REPLACEMENT, PULMONARY VALVE		$1,885.46	$1,885.46				
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT		$1,592.30	$1,592.30				
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR		$1,715.16	$1,715.16				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33506	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY		$1,809.64	$1,809.64				
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY		$1,344.06	$1,344.06				
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR		$12.53	$12.53				
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT		$1,602.35	$1,602.35				
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS		$1,759.16	$1,759.16				
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS		$1,915.68	$1,915.68				
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS		$2,072.22	$2,072.22				
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS		$2,228.23	$2,228.23				
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS		$2,384.48	$2,384.48				
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S		$156.27	$156.27				
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T		$313.06	$313.06				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T		$469.07	$469.07				
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F		$625.88	$625.88				
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F		$782.40	$782.40				
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S		$939.21	$939.21				
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE		$309.50	$309.50				
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT		$1,651.21	$1,651.21				
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL		$1,856.89	$1,856.89				
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERI		$2,062.56	$2,062.56				
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY		$2,267.94	$2,267.94				
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)		$1,738.27	$1,738.27				
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT		$2,085.73	$2,085.73				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH,		$1,763.03	$1,763.03				
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING		$232.52	$232.52				
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR P		$1,913.93	$1,913.93				
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH		$1,749.30	$1,749.30				
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE		$2,076.87	$2,076.87				
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH		$2,098.59	$2,098.59				
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORT		$2,076.87	$2,076.87				
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL		$2,134.09	$2,134.09				
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL		$2,158.45	$2,158.45				
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE		$2,112.67	$2,112.67				
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED		$2,162.85	$2,162.85				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC		$2,422.04	$2,422.04				
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS		$1,510.20	$1,510.20				
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE		$810.88	$810.88				
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY WITH PALLIATION OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA		$3,180.03	$3,180.03				
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WI		$1,387.38	$1,387.38				
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULM		$1,527.33	$1,527.33				
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIR		$1,894.40	$1,894.40				
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM		$1,686.70	$1,686.70				
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR		$1,772.67	$1,772.67				
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC		$2,134.09	$2,134.09				
33675	CLOSURE MULT VENTRICULAR SEPTAL DEFECTS		$1,610.55	$1,610.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33676	CLOSURE MUTL VENTRICULAR SEPTAL DEFECTS W/ PUL VALVOTOMY		$1,660.70	$1,660.70				
33677	CLOSURE MULT VENTRICULAR SEPTAL DEFECTS W/REMOVAL PUL ARTERY BAND		$1,726.47	$1,726.47				
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;		$1,862.71	$1,862.71				
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULM		$1,919.93	$1,919.93				
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMO		$1,948.40	$1,948.40				
33690	BANDING OF PULMONARY ARTERY		$1,234.29	$1,234.29				
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;		$2,076.87	$2,076.87				
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH		$2,105.63	$2,105.63				
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING		$2,162.85	$2,162.85				
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;		$1,691.78	$1,691.78				
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH RE		$1,921.11	$1,921.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS		$1,691.78	$1,691.78				
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL		$1,749.30	$1,749.30				
33724	REPAIR VENOUS ANOMALY		$1,162.72	$1,162.72				
33726	REPAIR PUL VENOUS STENOSIS		$1,535.66	$1,535.66				
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC		$2,094.77	$2,094.77				
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF		$1,765.34	$1,765.34				
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE		$1,393.38	$1,393.38				
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPAS		$1,466.15	$1,466.15				
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION		$1,408.93	$1,408.93				
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)		$1,288.28	$1,288.28				
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)		$1,298.55	$1,298.55				
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATIO		$1,298.55	$1,298.55				
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT		$1,298.55	$1,298.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG		$1,327.01	$1,327.01				
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS		$1,494.91	$1,494.91				
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY		$336.31	$336.31				
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL		$2,155.51	$2,155.51				
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL		$2,191.61	$2,191.61				
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		$1,829.60	$1,829.60				
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		$1,865.40	$1,865.40				
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		$2,034.37	$2,034.37				
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		$1,901.49	$1,901.49				
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY		$2,303.44	$2,303.44				
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY		$2,310.49	$2,310.49				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY		$2,331.91	$2,331.91				
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY		$2,317.53	$2,317.53				
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR		$2,255.38	$2,255.38				
33783	WITH REIMPLANTATION OF 2 OR BOTH CORONARY OSTIA		$2,453.91	$2,453.91				
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)		$2,191.61	$2,191.61				
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY		$1,663.68	$1,663.68				
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR		$885.69	$885.69				
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);		$1,184.11	$1,184.11				
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS		$1,241.04	$1,241.04				
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY		$1,269.79	$1,269.79				
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYP		$1,663.32	$1,663.32				
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION		$1,155.35	$1,155.35				
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS		$1,184.11	$1,184.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER		$1,241.04	$1,241.04				
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		$1,546.80	$1,546.80				
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		$1,589.94	$1,589.94				
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		$1,561.18	$1,561.18				
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR		$1,632.78	$1,632.78				
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR		$2,105.63	$2,105.63				
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA		$1,997.55	$1,997.55				
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA		$2,112.29	$2,112.29				
33864	ASCENDING AORTIC GRAFT		$2,576.54	$2,576.54				
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS		$2,491.00	$2,491.00				
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS		$1,764.53	$1,764.53				
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT		$2,568.99	$2,568.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,		$1,394.81	$1,394.81				
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,		$1,196.79	$1,196.79				
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF		$882.80	$882.80				
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF		$331.40	$331.40				
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR		$761.26	$761.26				
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTI		$660.98	$660.98				
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL		$841.96	$841.96				
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS		$1,101.70	$1,101.70				
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS		$929.18	$929.18				
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULM		$1,263.84	$1,263.84				
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GR		$1,771.59	$1,771.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRU		$2,120.01	$2,120.01				
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS		$1,430.53	$1,430.53				
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORM		$287.63	$287.63				
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION;		$1,369.50	$0.00				
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION;		$1,859.13	$1,859.13				
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)		$1,440.00	$1,920.00				
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT P		$0.00	$0.00				
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY		$2,776.05	$2,776.05				
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)		$2,250.00	$3,000.00				
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR		$0.00	$0.00				
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY		$3,167.39	$3,167.39				
33946	INITIATION OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP		$252.80	$252.80				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33947	INITIATION OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP		$279.23	$279.23				Added effective 1/1/2015
33948	DAILY MANAGEMENT OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP		$199.74	$199.74				Added effective 1/1/2015
33949	DAILY MANAGEMENT OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP		$194.37	$194.37				Added effective 1/1/2015
33951	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$360.23	$360.23				Added effective 1/1/2015
33952	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$351.07	$351.07				Added effective 1/1/2015
33953	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$401.94	$401.94				Added effective 1/1/2015
33954	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$392.22	$392.22				Added effective 1/1/2015
33955	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$724.24	$724.24				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33956	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$688.02	$688.02				Added effective 1/1/2015
33957	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$160.72	$160.72				Added effective 1/1/2015
33958	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$155.80	$155.80				Added effective 1/1/2015
33959	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$204.20	$204.20				Added effective 1/1/2015
33962	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$192.56	$192.56				Added effective 1/1/2015
33963	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$408.08	$408.08				Added effective 1/1/2015
33964	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$418.72	$418.72				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33965	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$160.72	$160.72				Added effective 1/1/2015
33966	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$193.94	$193.94				Added effective 1/1/2015
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS		$196.92	$198.21				
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS		$31.37	$31.37				
33969	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$237.02	$237.02				Added effective 1/1/2015
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL AR		$462.75	$462.75				
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMO		$279.06	$279.06				
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING		$512.93	$512.93				
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA		$543.61	$543.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRIC		$1,020.70	$1,020.70				
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR		$1,390.86	$1,390.86				
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE		$893.09	$893.09				
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR		$1,020.70	$1,020.70				
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SI		$955.07	$955.07				
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SING		$837.56	$837.56				
33981	REPLACE VAD PUMP EXT		$689.75	$689.75				
33982	REPLACE VAD INTRA W/O BP		$1,615.61	$1,615.61				
33983	REPLACE VAD INTRA W/BP		$1,897.00	$1,897.00				
33984	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$233.65	$233.65				Added effective 1/1/2015
33985	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		$446.57	$446.57				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33986	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		$426.22	$426.22				Added effective 1/1/2015
33987	INCISION OF ARTERY FOR CREATION OF A CHANNEL FOR BLOOD CIRCULATION USING A PUMP		$171.04	$171.04				Added effective 1/1/2015
33988	INSERTION OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN		$635.96	$635.96				Added effective 1/1/2015
33989	REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN		$404.22	$404.22				Added effective 1/1/2015
33990	INSERTION OF VENTRICULAR ASSIST DEVICE		$351.64	$351.64				
33991	BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSSEPTAL		$512.51	$512.51				
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE		$167.66	$167.66				
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST		$147.21	$147.21				
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	R	$0.00	$0.00				
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLA		$645.42	$645.42				
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE,		$674.60	$674.60				
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACH		$521.42	$521.42				
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR		$452.90	$452.90				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC,		$825.77	$825.77				
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL		$517.89	$517.89				
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER;		$597.81	$597.81				
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOM		$591.79	$591.79				
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE		$497.38	$497.38				
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE		$724.01	$724.01				
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISI		$375.12	$375.12				
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, B		$423.44	$423.44				
34501	VALVULOPLASTY, FEMORAL VEIN		$502.96	$502.96				
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD		$1,341.34	$1,341.34				
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR		$608.50	$608.50				
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM		$638.54	$638.54				
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS		$845.42	$845.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT		$885.31	$885.31				
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT		$977.29	$977.29				
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT		$1,024.15	$1,024.15				
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABD		$977.29	$977.29				
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT		$922.01	$922.01				
34806	ANEURYSM PRESS SENSOR ADD-ON		$85.15	$85.15				
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATE		$168.70	$168.70				
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS,		$276.20	$276.20				
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORT		$196.20	$196.20				
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR		$398.76	$398.76				
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR		$527.66	$527.66				
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR		$168.70	$168.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O		$1,378.68	$1,378.68				
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O		$1,490.71	$1,490.71				
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O		$1,490.71	$1,490.71				
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AO		$491.53	$491.53				
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR		$230.44	$230.44				
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC GRAFT FOR REPAIR OF AORTA REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME		$0.00	$0.00				Added effective 1/1/2015
34841	ENDOVASC VISC AORTA 1 GRAFT		$0.00	$0.00				
34842	ENDOVASC VISC AORTA 2 GRAFT		$0.00	$0.00				
34843	ENDOVASC VISC AORTA 3 GRAF		$0.00	$0.00				
34844	ENDOVASC VISC AORTA 4 GRAFT		$0.00	$0.00				
34845	VISC & INFRAREN ABD 1 PROSTH		$0.00	$0.00				
34846	VISC & INFRAREN ABD 2 PROSTH		$0.00	$0.00				
34847	VISC & INFRAREN ABD 3 PROSTH		$0.00	$0.00				
34848	VISC & INFRAREN ABD 4+ PROST		$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
34900	ENDOVASCULAR GRAFT PLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM,		$721.91	$721.91				
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,036.03	$1,036.03				
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$967.74	$967.74				
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$816.63	$816.63				
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$731.19	$731.19				
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$936.23	$936.23				
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,077.67	$1,077.67				
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,085.08	$1,085.08				
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$684.85	$684.85				
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,326.86	$1,326.86				
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,571.70	$1,571.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,535.88	$1,535.88				
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,889.34	$1,889.34				
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,386.89	$1,386.89				
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,747.01	$1,747.01				
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,005.65	$1,005.65				
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$844.22	$844.22				
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,325.97	$1,325.97				
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,518.22	$1,518.22				
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,001.31	$1,001.31				
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$1,186.63	$1,186.63				
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$853.95	$853.95				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$939.56	$939.56				
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$945.88	$945.88				
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		$749.67	$749.67				
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK		$590.46	$590.46				
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN		$797.79	$797.79				
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES		$625.22	$625.22				
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK		$640.56	$640.56				
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOME		$859.95	$859.95				
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES		$675.30	$675.30				
35201	REPAIR BLOOD VESSEL, DIRECT; NECK		$578.39	$578.39				
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY		$570.70	$570.70				
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER		$602.43	$602.43				
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS		$1,013.08	$1,013.08				
35216	REPAIR BLOOD VESSEL, DIRECT		$839.36	$839.36				
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL		$794.29	$794.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY		$562.85	$562.85				
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK		$756.05	$756.05				
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY		$660.14	$660.14				
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS		$1,045.62	$1,045.62				
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS		$1,039.17	$1,039.17				
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL		$775.92	$775.92				
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY		$688.21	$688.21				
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK		$722.49	$722.49				
35266	REPAIR BLOOD VESSEL WITH GRAFT		$635.28	$635.28				
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BY		$989.56	$989.56				
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT		$848.30	$848.30				
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL		$988.75	$988.75				
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY		$687.02	$687.02				
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL		$924.15	$924.15				
35302	THROMBOENDARTERECTOMY, SUPERFICIAL FEMORAL ARTERY		$869.22	$869.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35303	THROMBOENDARTERECTOMY, POPLITEAL ARTERY		$955.83	$955.83				
35304	THROMBOENDARTERECTOMY, TIBIOPERONEAL TRUNK ARTERY		$994.77	$994.77				
35305	THROMBOENDARTERECTOMY, TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL		$955.83	$955.83				
35306	THROMBOENDARTERECTOMY, EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY		$360.74	$360.74				
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMI		$1,367.17	$1,367.17				
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL		$738.10	$738.10				
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA		$1,072.40	$1,072.40				
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC		$1,246.23	$1,246.23				
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC		$1,035.08	$1,035.08				
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL		$929.63	$929.63				
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIA		$1,263.78	$1,263.78				
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED		$1,397.25	$1,397.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH		$704.10	$704.10				
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FE		$716.15	$716.15				
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER		$147.88	$147.88				
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVE		$151.60	$151.60				
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY		$674.76	$674.76				
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC		$334.26	$334.26				
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANC		$594.64	$594.64				
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS		$279.97	$279.97				
35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTE		$674.76	$674.76				
35472	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC		$320.25	$320.25				
35475	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK		$594.64	$594.64				
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS		$279.97	$279.97				
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT		$210.19	$210.19				
35501	BYPASS GRAFT, WITH VEIN; CAROTID		$1,138.74	$1,138.74				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN		$1,137.56	$1,137.56				
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL		$1,074.09	$1,074.09				
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID		$1,092.22	$1,092.22				
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL		$975.05	$975.05				
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN		$777.20	$777.20				
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL		$956.29	$956.29				
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL		$855.59	$855.59				
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY		$988.55	$988.55				
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY		$962.99	$962.99				
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL		$985.63	$985.63				
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL		$928.60	$928.60				
35523	ARTERY BYPASS GRAFT		$1,049.13	$1,049.13				
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL		$886.32	$886.32				
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID		$953.30	$953.30				
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC		$1,347.14	$1,347.14				
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL		$1,233.91	$1,233.91				
35535	DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK)		$1,685.55	$1,685.55				
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL		$1,309.80	$1,309.80				
35537	BYPASS GRAFT, AORTOILIAC		$1,682.71	$1,682.71				
35538	BYPASS GRAFT, AOTOBI-ILIAC		$1,880.70	$1,880.70				
35539	BYPASS GRAFT, AORTOFEMORAL		$1,767.47	$1,767.47				
35540	BYPASS GRAFT, AORTOBIFEMORAL		$1,971.31	$1,971.31				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL		$1,045.93	$1,045.93				
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL		$894.82	$894.82				
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL		$1,286.91	$1,286.91				
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC		$670.29	$670.29				
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL		$965.59	$965.59				
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL,		$1,245.24	$1,245.24				
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL		$1,301.33	$1,301.33				
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER D		$1,102.17	$1,102.17				
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCT		$278.71	$278.71				
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL		$1,117.21	$1,117.21				
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PER		$1,287.06	$1,287.06				
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL		$1,178.19	$1,178.19				
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BY		$207.06	$207.06				
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID		$1,061.04	$1,061.04				
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN		$1,066.59	$1,066.59				
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN		$951.71	$951.71				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY		$955.70	$955.70				
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL		$934.91	$934.91				
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL		$714.35	$714.35				
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID		$1,302.44	$1,302.44				
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC,		$1,245.65	$1,245.65				
35632	BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC		$1,600.40	$1,600.40				
35633	BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC		$1,728.58	$1,728.58				
35634	BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC		$1,566.28	$1,566.28				
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTE		$1,042.24	$1,042.24				
35637	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC		$1,337.61	$1,337.61				
35638	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBI-ILIAC		$1,359.03	$1,359.03				
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL		$820.57	$820.57				
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL		$823.95	$823.95				
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL		$1,457.00	$1,457.00				
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL		$1,189.26	$1,189.26				
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY		$917.63	$917.63				
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL		$1,217.20	$1,217.20				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL		$969.73	$969.73				
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL		$832.01	$832.01				
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC		$908.67	$908.67				
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL		$976.19	$976.19				
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR		$1,103.86	$1,103.86				
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTE		$874.97	$874.97				
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDIT		$601.23	$601.23				
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO		$344.11	$345.93				
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FRO		$393.97	$396.57				
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT,		$165.52	$165.52				
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS		$136.91	$136.91				
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY		$1,108.86	$1,108.86				
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY		$709.64	$709.64				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY		$825.59	$825.59				
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY		$825.59	$825.59				
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH		$122.87	$122.87				
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL,		$142.80	$142.80				
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O		$319.70	$319.70				
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O		$309.32	$309.32				
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR)		$314.85	$314.85				
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O		$316.76	$316.76				
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NEC		$342.42	$342.42				
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHE		$588.74	$588.74				
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABD		$482.15	$482.15				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION;		$317.00	$317.00				
35870	REPAIR OF GRAFT-ENTERIC FISTULA		$942.55	$942.55				
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF		$526.45	$526.45				
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF		$639.13	$639.13				
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;		$727.03	$727.03				
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;		$798.37	$798.37				
35883	REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/NONAUTOGENOUS VEIN		$972.55	$972.55				
35884	REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/AUTOGENOUS VEIN PATCH		$1,033.25	$1,033.25				
35901	EXCISION OF INFECTED GRAFT; NECK		$440.80	$440.80				
35903	EXCISION OF INFECTED GRAFT; EXTREMITY		$481.29	$481.29				
35905	EXCISION OF INFECTED GRAFT; THORAX		$723.67	$723.67				
35907	EXCISION OF INFECTED GRAFT; ABDOMEN		$746.85	$746.85				
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN		$9.47	$12.69				
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTR		$84.99	$134.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION O		$41.45	$41.45				
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA		$135.43	$135.43				
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, R		$148.45	$148.45				
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE		$182.68	$182.68				
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY		$138.07	$138.07				
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY		$156.33	$156.33				
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTE		$182.68	$182.68				
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY		$165.86	$165.86				
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY		$128.50	$128.50				
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY		$102.63	$102.63				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36147	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS (GRAFT/FISTULA); INITIAL ACCESS W/COMPLETE RADIOLOGICAL EVAL OF DIALYSIS ACCESS, INCLUDING FLUORO, IMAGE DOCUMENTATION & REPORT		$144.53	$552.79				
36148	ADDITIONAL ACCESS FOR THERAPEUTIC INTERVENTION		$38.59	$173.58				
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR		$144.68	$144.68				
36200	INTRODUCTION OF CATHETER, AORTA		$168.64	$168.64				
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORAC		$211.32	$211.32				
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER		$249.74	$249.74				
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR		$297.78	$297.78				
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER		$47.48	$47.48				
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA,		$174.58	$888.61				
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR		$236.23	$1,113.58				
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR		$255.43	$1,213.67				
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID		$278.48	$1,318.90				
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR		$254.43	$1,204.15				
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY		$279.00	$1,345.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID		$88.25	$196.79				
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL		$180.03	$925.33				
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMI		$239.58	$239.58				
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER		$249.74	$249.74				
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR		$297.78	$297.78				
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER		$47.48	$47.48				
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER),		$226.84	$1,128.74				
36252	BILATERAL		$295.51	$1,241.60				
36253	SUPERSELECTIVE CATHETER PLACEMENT		$315.90	$1,725.36				
36254	BILATERAL		$340.81	$1,795.75				
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTH		$487.06	$487.06				
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP		$217.91	$217.91				
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP		$170.06	$170.06				
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	R	$0.00	$0.00				
36400	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT		$6.73	$7.94				
36405	BL DRAW <3 YRS SCALP VEIN		$13.41	$18.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36406	BL DRAW <3 YRS OTHER VEIN		$7.15	$9.82				
36410	NON-ROUTINE BL DRAW 3/> YRS		$7.66	$11.67				
36415	ROUTINE VENIPUNCTURE		$8.45	$8.45				
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)		$3.27	$3.27				
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR		$44.53	$44.53				
36425	AGE 1 OR OVER		$24.69	$24.69				
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS		$14.58	$27.45				
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER		$57.14	$57.14				
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN		$95.02	$120.24				
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN		$137.54	$137.54				
36460	TRANSFUSION, INTRAUTERINE, FETAL		$346.19	$346.19				
36470	INJECTION THERAPY OF VEIN		$65.80	$118.00				
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG		$50.17	$55.40				
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	$273.52	$1,520.24				
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	$134.04	$306.01				
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	$273.52	$1,402.36				
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	R	$134.04	$308.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD		$362.09	$362.09				
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING		$105.68	$105.68				
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN		$37.03	$41.59				
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS		$69.62	$69.62				
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS		$69.62	$69.62				
36513	THERAPEUTIC APHERESIS; FOR PLATELETS		$69.62	$69.62				
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS		$69.62	$69.62				
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA		$69.62	$69.62				
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR		$69.62	$69.62				
36522	PHOTOPHERESIS, EXTRACORPOREAL		$124.51	$124.51				
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER;		$102.82	$237.45				
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER;		$98.73	$98.73				
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH		$227.78	$511.70				
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH		$223.76	$223.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		$270.61	$948.94				
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		$269.91	$269.91				
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE		$271.50	$882.00				
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		$261.39	$760.11				
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,		$279.86	$795.03				
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT		$75.58	$273.17				
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT		$71.15	$230.20				
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH		$235.91	$1,208.95				
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH		$235.08	$1,088.38				
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WIT		$41.28	$120.68				
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP		$152.03	$305.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH		$172.26	$387.06				
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VE		$52.36	$192.65				
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS		$161.28	$455.48				
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS		$235.54	$849.89				
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS		$237.49	$503.94				
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHE		$52.79	$201.05				
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCES		$220.69	$1,065.26				
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT		$108.02	$126.26				
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PO		$152.70	$152.70				
36591	DRAW BLOOD OFF VENOUS DEVICE		$16.32	$16.32				
36592	COLLECT BLOOD FROM PICC		$20.18	$20.18				
36593	DECLOT VASCULAR DEVICE		$35.31	$35.31				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH		$148.07	$596.95				
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA		$35.73	$136.71				
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER		$47.66	$118.06				
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VE		$90.87	$90.97				
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS		$17.39	$17.39				
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR		$54.85	$54.85				
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR		$89.36	$89.36				
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY)		$133.57	$133.57				
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY		$55.20	$55.20				
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION		$70.90	$70.90				
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU		$137.65	$137.65				
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU		$264.56	$264.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU		$183.74	$183.74				
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSIT		$544.36	$544.36				
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITI		$612.48	$612.48				
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION		$610.47	$610.47				
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE)		$475.86	$475.86				
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREA		$936.63	$936.63				
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS		$628.76	$628.76				
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS		$552.78	$552.78				
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS		$322.84	$322.84				
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOU		$429.83	$429.83				
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS O		$492.02	$492.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)		$302.83	$302.83				
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY		$909.16	$909.16				
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATH		$138.36	$138.36				
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETE		$184.85	$184.85				
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR		$214.29	$941.19				
37140	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL		$1,168.05	$1,168.05				
37145	VENOUS ANASTOMOSIS, OPEN; RENOPORTAL		$1,180.85	$1,180.85				
37160	VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC		$1,159.19	$1,159.19				
37180	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL		$1,127.27	$1,127.27				
37181	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION		$1,264.26	$1,264.26				
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)		$691.70	$691.70				
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)		$321.59	$321.59				
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY		$356.92	$2,105.80				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY		$131.08	$688.35				
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING		$331.84	$2,047.29				
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING		$239.47	$1,764.83				
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUROSCOPY), WHEN PERFORMED		$194.25	$2,040.44				
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN PERFO		$301.23	$1,379.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN		$300.97	$1,316.84				
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION		$211.50	$211.50				
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRA		$250.01	$1,303.87				
37200	TRANSCATHETER BIOPSY		$179.61	$179.61				
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE		$294.15	$294.15				
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO		$940.24	$940.24				
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY		$391.57	$391.57				
37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY		$195.49	$195.49				
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY		$391.57	$391.57				
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY		$195.49	$195.49				
37210	EMBOLIZATION, UTERINE FIBROID		$399.76	$1,488.04				
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR		$327.91	$327.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROM		$289.50	$289.50				
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUS		$202.48	$202.48				
37214	CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF		$118.33	$118.33				
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR		$815.30	$815.30				
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR		$785.20	$785.20				
37217	STENT PLACEMT RETRO CAROTID		$906.18	$906.18				
37218	INSERTION OF STENTS IN BLOOD VESSELS OF CHEST OPEN OR ACCESSED THROUGH THE SKIN WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION		$672.32	$672.32				Added effective 1/1/2015
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY		$380.96	$2,769.69				
37221	ILIAC ARTERY REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		$463.45	$4,092.38				
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USED IN CONJUCTION WITH 37220, 37221		$172.98	$798.72				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37223	ILIAC ARTERY REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL (USED IN CONJUCTION WITH 37221)		$196.42	$2,253.73				
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY		$419.53	$3,327.49				
37225	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		$565.21	$9,393.82				
37226	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		$465.52	$7,862.85				
37227	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		$682.71	$12,699.65				
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY		$512.70	$4,736.52				
37229	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		$661.94	$9,313.71				
37230	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		$638.50	$7,317.51				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37231	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		$693.98	$11,741.01				
37232	REVASCULARIZATION , ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USE IN CONJUCTION WITH 37228-37231		$185.44	$1,063.97				
37233	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37229-37231		$304.71	$1,300.44				
37234	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37230, 37231		$253.98	$3,387.42				
37235	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37231		$360.49	$3,619.15				
37236	OPEN/PERQ PLACE STENT 1ST		$377.71	$2,096.92				
37237	OPEN/PERQ PLACE STENT EA ADD		$176.55	$911.84				
37238	OPEN/PERQ PLACE STENT SAME		$264.58	$3,043.77				
37239	OPEN/PERQ PLACE STENT EA ADD		$123.23	$1,512.31				
37241	VASC EMBOLIZE/OCCLUDE VENOU		$366.17	$3,377.96				
37242	VASC EMBOLIZE/OCCLUDE ARTERY		$408.85	$5,672.04				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37243	VASC EMBOLIZE/OCCLUDE ORGAN		$487.47	$7,157.85				
37244	VASC EMBOLIZE/OCCLUDE BLEED		$568.69	$5,031.13				
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY		$310.26	$310.26				
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, A		$312.14	$312.14				
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA		$270.69	$270.69				
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY		$135.39	$135.39				
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK		$306.53	$306.53				
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST		$564.15	$564.15				
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN		$668.38	$668.38				
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY		$273.77	$273.77				
37619	LIGATION OF INFERIOR VENA CAVA		$1,325.28	$1,325.28				
37650	LIGATION OF FEMORAL VEIN		$249.28	$249.28				
37660	LIGATION OF COMMON ILIAC VEIN		$463.39	$463.39				
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTIO		$218.66	$218.66				
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN		$308.05	$308.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM		$366.19	$366.19				
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOU		$555.02	$555.02				
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH		$528.06	$528.06				
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING US GUIDANCE, WHEN PERFORMED, 1 LEG		$426.59	$426.59				
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISION		$340.01	$340.01				
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISI		$414.34	$414.34				
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNC		$162.49	$162.49				
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L		$135.12	$135.12				
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT		$1,067.94	$1,067.94				
37790	PENILE VENOUS OCCLUSIVE PROCEDURE		$401.58	$401.58				
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	R	$0.00	$0.00				
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)		$625.14	$625.14				
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)		$593.61	$593.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH		$222.27	$222.27				
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL		$610.56	$610.56				
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY		$683.05	$683.05				
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY		$126.98	$126.98				
38204	BL DONOR SEARCH MANAGEMENT		$81.93	$81.93				
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA		$60.14	$60.14				
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA		$60.14	$60.14				
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVA		$47.87	$47.87				
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF		$52.26	$52.26				
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF		$46.23	$46.23				
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL		$50.08	$50.08				
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL		$50.08	$50.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CE		$50.08	$50.08				
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET		$50.08	$50.08				
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU		$41.58	$41.58				
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL		$50.08	$50.08				
38220	BONE MARROW; ASPIRATION ONLY		$43.19	$151.60				
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR		$54.88	$162.78				
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION		$172.39	$172.39				
38232	AUTOGLOUS		$147.54	$147.54				
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;		$124.92	$124.92				
38241	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;		$123.60	$123.60				
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;		$68.50	$68.50				
38243	HPC BOOST		$94.02	$94.02				
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE		$53.64	$61.42				
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE		$185.74	$185.74				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS		$234.84	$234.84				
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH		$329.17	$329.17				
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH		$594.28	$594.28				
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH		$428.41	$428.41				
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL		$133.22	$133.22				
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVI		$52.60	$67.62				
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)		$193.50	$193.50				
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH		$236.41	$236.41				
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)		$210.58	$210.58				
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)		$271.60	$271.60				
38542	DISSECTION, DEEP JUGULAR NODE(S)		$287.35	$287.35				
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP		$290.33	$290.33				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCU		$611.46	$611.46				
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND		$496.86	$496.86				
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITON		$528.34	$528.34				
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPS		$434.46	$434.46				
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY		$565.05	$565.05				
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND		$657.19	$0.00				
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	R	$0.00	$0.00				
38700	SUPRAHYOID LYMPHADENECTOMY		$512.23	$512.23				
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)		$832.11	$832.11				
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)		$821.68	$821.68				
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL		$335.18	$335.18				
38745	AXILLARY LYMPHADENECTOMY; COMPLETE		$501.95	$501.95				
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRAC		$203.12	$203.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL		$226.49	$226.49				
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE		$450.96	$450.96				
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC		$838.20	$838.20				
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND		$810.15	$810.15				
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING		$951.96	$951.96				
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY		$86.46	$86.46				
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE		$113.93	$113.93				
38794	CANNULATION, THORACIC DUCT		$204.25	$204.25				
38900	INTRAOPERATIVE IDENTIFICATION OF SENTINEL LYMPH NODE(S), INCLUDES INJECTION OF NON-RADIOACTIVE DYE, USE IN CONJUCTION WITH 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38542, 38740, 38745		$119.87	$119.87				
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	R	$0.00	$0.00				
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR		$336.11	$336.11				
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR		$674.24	$674.24				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
39200	EXCISION OF MEDIASTINAL CYST		$726.46	$726.46				
39220	EXCISION OF MEDIASTINAL TUMOR		$943.68	$943.68				
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY		$310.36	$310.36				
39499	UNLISTED PROCEDURE, MEDIASTINUM	R	$0.00	$0.00				
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH		$692.01	$692.01				
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSE		$1,721.61	$1,721.61				
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE		$737.37	$737.37				
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC		$768.14	$768.14				
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMI		$598.78	$598.78				
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)		$602.51	$602.51				
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LO		$827.49	$827.49				
39599	UNLISTED PROCEDURE, DIAPHRAGM	R	$0.00	$0.00				
40490	BIOPSY OF LIP		$47.42	$57.35				
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT		$282.84	$282.84				
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE		$310.91	$310.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE		$270.44	$270.44				
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG,		$497.22	$497.22				
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP		$595.01	$595.01				
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION		$305.60	$305.60				
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY		$238.10	$238.10				
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT		$279.20	$279.20				
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX		$351.05	$351.05				
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL		$611.31	$611.31				
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE ST		$1,000.92	$1,000.92				
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF		$640.15	$640.15				
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION		$679.54	$679.54				
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL		$743.84	$743.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
40799	UNLISTED PROCEDURE, LIPS	R	$175.00	$227.50				
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE		$44.49	$54.41				
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED		$99.46	$122.26				
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE		$44.16	$51.93				
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED		$151.81	$151.81				
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)		$19.48	$19.48				
40808	BIOPSY, VESTIBULE OF MOUTH		$38.84	$49.03				
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOU		$55.47	$71.30				
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH S		$89.83	$109.95				
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH		$147.05	$190.36				
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLE		$154.49	$197.67				
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT		$131.53	$131.53				
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY,		$86.21	$102.71				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHOD		$44.66	$51.77				
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS		$69.85	$69.85				
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX		$127.86	$127.86				
40840	VESTIBULOPLASTY; ANTERIOR		$430.02	$430.02				
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL		$430.02	$430.02				
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL		$602.33	$602.33				
40844	VESTIBULOPLASTY; ENTIRE ARCH		$796.00	$796.00				
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITION		$1,216.78	$1,216.78				
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	R	$75.00	$97.50				
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$48.82	$59.01				
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$53.84	$53.84				
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$118.67	$118.67				
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$169.88	$169.88				
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$109.61	$123.83				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU		$195.34	$195.34				
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)		$45.81	$45.81				
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		$134.92	$134.92				
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		$217.36	$217.36				
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		$150.11	$150.11				
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR		$254.03	$254.03				
41019	PLACE NEEDLES H&N FOR RT		$371.11	$371.11				
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS		$59.04	$69.76				
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD		$56.93	$70.74				
41108	BIOPSY OF FLOOR OF MOUTH		$42.93	$54.33				
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE		$63.92	$81.35				
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS		$114.81	$146.87				
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD		$145.39	$191.12				
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP		$420.36	$420.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)		$101.46	$101.46				
41116	EXCISION, LESION OF FLOOR OF MOUTH		$142.60	$142.60				
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE		$475.75	$475.75				
41130	GLOSSECTOMY; HEMIGLOSSECTOMY		$572.07	$572.07				
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION		$974.31	$974.31				
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT		$1,254.60	$1,254.60				
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH		$1,492.25	$1,492.25				
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND		$1,136.41	$1,136.41				
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH		$1,365.67	$1,365.67				
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIB		$1,581.07	$1,581.07				
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR		$85.95	$85.95				
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE		$125.77	$125.77				
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX		$155.03	$155.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)		$197.26	$197.26				
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)		$176.21	$176.21				
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECH		$464.63	$464.63				
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)		$161.22	$161.22				
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RF		$304.41	$2,308.62				
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	R	$0.00	$0.00				
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES		$43.82	$53.07				
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT		$59.39	$59.39				
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE		$103.11	$125.10				
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT		$56.25	$75.00				
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES		$56.25	$75.00				
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES		$153.66	$153.66				
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES		$213.35	$213.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		$60.36	$80.34				
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		$98.45	$126.21				
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		$155.88	$206.57				
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)		$206.39	$206.39				
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY		$223.87	$223.87				
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES		$112.50	$150.00				
41870	PERIODONTAL MUCOSAL GRAFTING		$187.50	$250.00				
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)		$165.60	$165.60				
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)		$199.46	$199.46				
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	R	$70.00	$0.00				
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA		$44.40	$52.71				
42100	BIOPSY OF PALATE, UVULA		$49.51	$60.11				
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE		$72.51	$94.24				
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE		$112.05	$141.82				
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE		$201.24	$267.09				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION		$367.77	$367.77				
42140	UVULECTOMY, EXCISION OF UVULA		$85.04	$85.04				
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLAS		$483.48	$483.48				
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)		$75.76	$96.28				
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM		$138.29	$138.29				
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX		$213.22	$213.22				
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY		$491.68	$491.68				
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TI		$572.33	$572.33				
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BO		$652.65	$652.65				
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION		$473.96	$473.96				
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE		$359.65	$359.65				
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP		$477.75	$477.75				
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP		$508.94	$508.94				
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP		$468.85	$468.85				
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP		$380.84	$380.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42260	REPAIR OF NASOLABIAL FISTULA		$239.81	$239.81				
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS		$101.23	$101.23				
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS		$95.01	$95.01				
42299	UNLISTED PROCEDURE, PALATE, UVULA	R	$0.00	$0.00				
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE		$70.96	$83.83				
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED		$229.06	$229.06				
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL		$61.04	$74.85				
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL		$121.92	$121.92				
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,		$81.05	$95.80				
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL		$133.88	$167.00				
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL		$199.10	$256.09				
42400	BIOPSY OF SALIVARY GLAND; NEEDLE		$35.91	$46.51				
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL		$120.34	$141.00				
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)		$225.54	$225.54				
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)		$162.18	$162.18				
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERV		$442.25	$442.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECT		$853.94	$853.94				
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND		$989.61	$989.61				
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WIT		$695.16	$695.16				
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RAD		$1,308.29	$1,308.29				
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND		$432.06	$432.06				
42450	EXCISION OF SUBLINGUAL GLAND		$228.76	$228.76				
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE		$254.93	$254.93				
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLI		$391.48	$391.48				
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);		$315.89	$315.89				
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO		$551.08	$551.08				
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATIO		$451.84	$451.84				
42550	INJECTION PROCEDURE FOR SIALOGRAPHY		$49.45	$49.45				
42600	CLOSURE SALIVARY FISTULA		$249.91	$249.91				
42650	DILATION SALIVARY DUCT		$28.80	$34.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTI		$41.32	$48.03				
42665	LIGATION SALIVARY DUCT, INTRAORAL		$132.10	$132.10				
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	R	$0.00	$0.00				
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR		$59.90	$71.30				
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTR		$132.63	$132.63				
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTE		$355.25	$355.25				
42800	BIOPSY; OROPHARYNX		$51.19	$61.11				
42802	BIOPSY; HYPOPHARYNX		$74.00	$74.00				
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE		$67.31	$67.31				
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION		$86.33	$86.33				
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD		$140.66	$140.66				
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX		$75.58	$75.58				
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTA		$189.54	$189.54				
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH		$452.46	$452.46				
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12		$209.24	$209.24				
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER		$236.90	$236.90				
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12		$173.02	$173.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER		$207.59	$207.59				
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12		$147.88	$147.88				
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER		$145.96	$145.96				
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12		$117.46	$117.46				
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER		$173.33	$173.33				
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		$435.74	$435.74				
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		$695.42	$695.42				
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		$1,195.40	$1,195.40				
42860	EXCISION OF TONSIL TAGS		$118.59	$118.59				
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE		$219.96	$219.96				
42890	LIMITED PHARYNGECTOMY		$608.60	$608.60				
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE		$732.80	$732.80				
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP		$1,082.05	$1,082.05				
42900	SUTURE PHARYNX FOR WOUND OR INJURY		$272.06	$272.06				
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)		$517.14	$517.14				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42953	PHARYNGOESOPHAGEAL REPAIR		$433.56	$433.56				
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)		$290.23	$290.23				
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$98.79	$98.79				
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$203.55	$203.55				
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$371.76	$371.76				
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$170.32	$170.32				
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$249.20	$249.20				
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		$331.98	$331.98				
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	R	$150.00	$195.00				
43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY		$420.27	$420.27				
43030	CRICOPHARYNGEAL MYOTOMY		$484.63	$484.63				
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY		$943.82	$943.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH		$437.65	$437.65				
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMI		$743.34	$743.34				
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH		$1,509.04	$1,509.04				
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON		$1,751.47	$1,751.47				
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH		$1,553.86	$1,553.86				
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON		$1,780.52	$1,780.52				
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING		$1,664.32	$1,664.32				
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT		$1,629.11	$1,629.11				
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT		$1,722.42	$1,722.42				
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH		$1,487.25	$1,487.25				
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR		$1,487.25	$1,487.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR		$1,722.42	$1,722.42				
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH),		$1,436.56	$1,436.56				
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY;		$634.17	$634.17				
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY;		$810.46	$810.46				
43180	REMOVAL OF ESOPHAGUS TISSUE USING AN ENDOSCOPE		$449.34	$449.34				Added effective 1/1/2015
43191	ESOPHAGOSCOPY RIGID TRNSO DX		$101.16	$101.16				
43192	ESOPHAGOSCP RIG TRNSO INJECT		$120.83	$120.83				
43193	ESOPHAGOSCP RIG TRNSO BIOPSY		$144.22	$144.22				
43194	ESOPHAGOSCP RIG TRNSO REM FB		$131.80	$131.80				
43195	ESOPHAGOSCOPY RIGID BALLOON		$144.48	$144.48				
43196	ESOPHAGOSCP GUIDE WIRE DILAT		$158.27	$158.27				
43197	ESOPHAGOSCOPY FLEX DX BRUSH		$64.95	$140.76				
43198	ESOPHAGOSC FLEX TRNSN BIOPY		$77.39	$157.59				
43211	ESOPHAGOSCOP MUCOSAL RESECT		$196.99	$196.99				
43212	ESOPHAGOSCOP STENT PLACEMENT		$155.35	$155.35				
43213	ESOPHAGOSCOPY RETRO BALLOON		$219.11	$920.77				
43214	ESOPHAGOSC DILATE BALLOON 30		$158.40	$158.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECT		$237.55	$237.55				
43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S),		$248.34	$248.34				
43229	ESOPHAGOSCOPY LESION ABLATE		$167.11	$545.36				
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI		$171.20	$171.20				
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUID		$198.82	$198.82				
43233	EGD BALLOON DIL ESOPH30 MM/>	227.11	$188.10	$188.10				
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$159.52	$159.52				
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$120.05	$208.44				
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$162.89	$162.89				
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$201.78	$201.78				
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$179.22	$179.22				
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$302.65	$302.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$174.01	$174.01				
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$218.18	$218.18				
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$294.58	$294.58				
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$237.72	$237.72				
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$225.60	$225.60				
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$288.31	$288.31				
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$225.11	$225.11				
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$209.03	$209.03				
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$192.43	$192.43				
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$227.73	$227.73				
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$242.40	$242.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43253	EGD US TRANSMURAL INJXN/MARK		$218.18	$218.18				
43254	EGD ENDO MUCOSAL RESECTION		$226.55	$226.55				
43256	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$171.96	$171.96				
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$228.65	$228.65				
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$287.85	$287.85				
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		$259.82	$259.82				
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WIT		$344.76	$344.76				
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SI		$353.86	$353.86				
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH		$472.34	$472.34				
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE		$347.24	$347.24				
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$515.23	$515.23				
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$455.99	$455.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43266	EGD ENDOSCOPIC STENT PLACE		$187.50	$187.50				
43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$427.26	$427.26				
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$464.34	$464.34				
43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$386.77	$386.77				
43270	EGD LESION ABLATION		$196.90	$546.18				
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		$433.65	$433.65				
43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION O		$377.26	$377.26				
43273	ENDOSCOPIC CANNULATION OF PAPLLA W/DIRECT VISUAL		$103.25	$103.25				
43274	ERCP DUCT STENT PLACEMENT		$388.60	$388.60				
43275	ERCP REMOVE FORGN BODY DUCT		$320.31	$320.31				
43276	ERCP STENT EXCHANGE W/DILATE		$404.34	$404.34				
43277	ERCP EA DUCT/AMPULLA DILATE		$322.27	$322.27				
43278	ERCP LESION ABLATE W/DILATE		$366.50	$366.50				
43279	REPAIR OF MUSCLE TO LOWER ESOPHAGUS AND STOMACH USING AN ENDOSCOPE		$969.91	$969.91				
43280	REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE		$820.29	$820.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43281	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE		$1,149.87	$1,149.87				
43282	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH WITH IMPLANTATION OF MESH USING AN ENDOSCOPE		$1,293.66	$1,293.66				
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE USE IN CONJUCTION WITH 43280, 43281, 43282		$143.31	$143.31				
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	R	$0.00	$0.00				
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH;		$596.78	$596.78				
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH;		$884.58	$884.58				
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;		$1,244.30	$1,244.30				
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;		$1,223.79	$1,223.79				
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION		$2,006.95	$2,006.95				
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION		$2,206.23	$2,206.23				
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND		$788.28	$788.28				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)		$796.34	$796.34				
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY		$721.28	$721.28				
43328	THORACOTOMY		$1,059.52	$1,059.52				
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH		$781.50	$781.50				
43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH		$880.74	$880.74				
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,033.11	$1,033.11				
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,121.82	$1,121.82				
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,133.99	$1,133.99				
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,221.81	$1,221.81				
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,338.71	$1,338.71				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		$1,461.25	$1,461.25				
43338	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY		$118.98	$118.98				
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH		$810.40	$810.40				
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH		$751.23	$751.23				
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH		$666.20	$666.20				
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH		$593.79	$593.79				
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU		$1,439.42	$1,439.42				
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU		$1,664.32	$1,664.32				
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES		$786.11	$786.11				
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES		$781.25	$781.25				
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING		$883.97	$883.97				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH		$558.13	$558.13				
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL		$868.33	$868.33				
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH		$475.68	$475.68				
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL		$765.33	$765.33				
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE		$59.95	$59.95				
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE		$87.48	$87.48				
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE		$175.37	$175.37				
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA		$137.12	$137.12				
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)		$159.94	$159.94				
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS		$0.00	$0.00				
43499	UNLISTED PROCEDURE, ESOPHAGUS	R	$0.00	$0.00				
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL		$416.59	$416.59				
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER		$681.01	$681.01				
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERAT		$738.81	$738.81				
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT		$517.21	$517.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATI		$346.71	$346.71				
43605	BIOPSY OF STOMACH; BY LAPAROTOMY		$431.36	$431.36				
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH		$557.35	$557.35				
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH		$625.43	$625.43				
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY		$1,107.13	$1,107.13				
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION		$1,120.04	$1,120.04				
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE		$1,159.66	$1,159.66				
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY		$928.88	$928.88				
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY		$928.88	$928.88				
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION		$941.79	$941.79				
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH		$1,253.39	$1,253.39				
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATE		$95.73	$95.73				
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL		$720.24	$720.24				
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL		$719.99	$719.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	R	$1,202.92	$1,202.92				
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	R	$1,286.28	$1,286.28				
43647	LAPAROSCOPY, SURGICAL, IMPLANT GASTRIC ELECTRODE, ANTRUM	R	$0.00	$0.00				
43648	REVISION OR REMOVAL GASTRIC ELECTRODE, ANTRUM		$0.00	$0.00				
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL		$448.81	$448.81				
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHL		$536.93	$536.93				
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TU		$384.37	$384.37				
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	R	$0.00	$0.00				
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND		$154.78	$154.78				
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL, INCLUDING LAVAGE IF PERFORMED		$18.10	$18.10				
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN		$27.59	$68.83				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, INCLUDES DRUG ADMIN.		$50.44	$105.03				
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN		$45.40	$190.48				
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC AOR GALLBLADDER STIMULATION, INCLUDES DRUG ADMIN.		$65.57	$245.07				
43760	CHANGE OF GASTROSTOMY TUBE		$52.97	$52.97				
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUO		$93.49	$93.49				
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF	R	$749.49	$749.49				
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF	R	$864.05	$864.05				
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	R	$659.11	$659.11				
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND	R	$864.31	$864.31				
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	R	$660.61	$660.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43775	LONGITUDINAL GASTRECTOMY	R	$963.54	$963.54				
43800	PYLOROPLASTY		$495.57	$495.57				
43810	GASTRODUODENOSTOMY		$537.88	$537.88				
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY		$570.93	$570.93				
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE		$742.76	$742.76				
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM		$336.97	$336.97				
43831	GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING		$350.16	$350.16				
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY		$559.67	$559.67				
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND,		$557.26	$557.26				
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	R	$842.96	$842.96				
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	R	$842.96	$842.96				
43845	GASTROPLASTY DUODENAL SWITCH		$1,547.93	$1,547.93				
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	R	$1,058.91	$1,058.91				
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	R	$1,060.21	$1,060.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O	R	$1,125.64	$1,125.64				
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	$899.17	$899.17				
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	$897.35	$897.35				
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	$900.66	$900.66				
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	$993.49	$993.49				
43870	CLOSURE OF GASTROSTOMY, SURGICAL		$374.96	$374.96				
43880	CLOSURE OF GASTROCOLIC FISTULA		$796.34	$796.34				
43881	IMPLANT GASTRIC ELECTRODE, ANTRUM, OPEN	R	$0.00	$0.00				
43882	REVISION/REMOVAL GASTRIC ELECTRODE, ANTRUM, OPEN		$0.00	$0.00				
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN		$205.28	$205.28				
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP	R	$201.34	$201.34				
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF	R	$286.41	$286.41				
43999	UNLISTED PROCEDURE, STOMACH	R	$75.00	$100.00				
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)		$631.99	$631.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL		$490.98	$490.98				
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION,		$174.18	$174.18				
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION,		$563.26	$563.26				
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (E		$541.51	$541.51				
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL		$571.56	$571.56				
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY		$543.16	$543.16				
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION		$594.11	$594.11				
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)		$99.15	$99.15				
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR		$508.50	$508.50				
44111	EXCISION OF ONE OR MORE LESIONS SMALL/LARGE INTES		$635.61	$635.61				
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTO		$688.69	$688.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION A		$205.93	$205.93				
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY		$729.61	$729.61				
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		$1,496.09	$1,496.09				
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		$1,720.93	$1,720.93				
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING		$185.26	$185.26				
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS		$603.16	$603.16				
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	R	$0.00	$0.00				
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	R	$0.00	$0.00				
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION W		$103.38	$103.38				
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS		$920.07	$920.07				
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY		$889.47	$889.47				
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT		$832.65	$832.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND		$825.10	$825.10				
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)		$1,047.67	$1,047.67				
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WIT		$1,130.11	$1,130.11				
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH		$967.88	$967.88				
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR		$1,033.77	$1,033.77				
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOS		$854.51	$854.51				
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY		$1,179.83	$1,179.83				
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOM		$967.96	$967.96				
44157	COLECTOMY, W/ILEOANAL ANASTOMOSIS		$1,519.07	$1,519.07				
44158	COLECTOMY, W/ILEOANAL ANASTOMOSIS AND RECTAL MUCOSECTOMY		$1,558.78	$1,558.78				
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY		$812.24	$812.24				
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION)		$635.24	$635.24				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)		$445.25	$445.25				
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE		$734.68	$734.68				
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY		$806.58	$806.58				
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SING		$1,003.41	$1,003.41				
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND		$180.61	$180.61				
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS		$1,037.52	$1,037.52				
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL IL		$0.00	$918.82				
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOS		$1,117.91	$1,117.91				
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH		$1,224.87	$1,224.87				
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH		$1,323.02	$1,323.02				
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOM		$1,170.34	$1,170.34				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY,		$1,453.85	$1,453.85				
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY,		$1,357.98	$1,357.98				
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE		$146.37	$146.37				
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTIN		$1,145.29	$1,145.29				
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	R	$0.00	$0.00				
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEP		$421.08	$421.08				
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE		$547.18	$547.18				
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE		$250.24	$250.24				
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE		$495.26	$495.26				
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)		$692.09	$692.09				
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;		$572.46	$572.46				
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR		$591.49	$591.49				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE		$197.94	$197.94				
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE		$449.75	$449.75				
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE		$538.49	$538.49				
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$193.77	$193.77				
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$214.08	$214.08				
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$204.56	$204.56				
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$268.19	$268.19				
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$253.81	$253.81				
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$313.95	$313.95				
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$336.39	$336.39				
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$171.38	$171.38				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$318.49	$318.49				
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$262.68	$262.68				
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$281.91	$281.91				
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$296.54	$296.54				
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$376.09	$376.09				
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE		$279.76	$279.76				
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF		$101.69	$101.69				
44381	BALLOON DILATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE		$122.95	$122.95				
44384	PLACEMENT OF STENT IN SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;		$124.16	$124.16				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;		$107.16	$107.16				
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF		$191.73	$191.73				
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE		$210.07	$210.07				
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY		$189.73	$189.73				
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BI		$280.73	$280.73				
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE		$267.50	$267.50				
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE		$285.40	$285.40				
44401	DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44402	STENT PLACEMENT IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44403	RESECTION OF LARGE BOWEL TISSUE USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44404	INJECTIONS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44405	BALLOON DILATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44406	ULTRASOUND EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44407	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION/BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44408	DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING		$0.00	$0.00				Added effective 1/1/2015
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARA		$24.52	$24.52				
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER,		$529.77	$529.77				
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER,		$671.14	$671.14				
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC		$631.37	$631.37				
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC		$708.57	$708.57				
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITH		$597.17	$597.17				
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;		$473.91	$473.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND		$661.34	$661.34				
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND		$1,002.53	$1,002.53				
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA		$599.66	$599.66				
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA		$635.85	$635.85				
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECT		$638.67	$638.67				
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECT		$888.20	$888.20				
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)		$676.59	$676.59				
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS,		$765.14	$765.14				
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR		$122.17	$122.17				
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE		$0.00	$0.00				
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVI		$201.57	$201.57				
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF		$293.80	$293.80				
44799	UNLISTED PROCEDURE, INTESTINE	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTE		$463.75	$463.75				
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)		$458.16	$458.16				
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)		$432.40	$432.40				
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	R	$0.00	$0.00				
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN		$366.82	$366.82				
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS		$170.77	$170.77				
44950	APPENDECTOMY;		$443.78	$443.78				
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR		$112.05	$112.05				
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITO		$475.09	$475.09				
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY		$395.19	$395.19				
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	R	$0.00	$0.00				
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS		$174.07	$174.07				
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM		$97.22	$97.22				
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTA		$211.51	$211.51				
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)		$158.11	$158.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45108	ANORECTAL MYOMECTOMY		$209.82	$209.82				
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY		$1,157.25	$1,157.25				
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH		$815.47	$815.47				
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG,		$1,217.24	$1,217.24				
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS,		$1,236.90	$1,236.90				
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPR		$1,113.60	$1,113.60				
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRA		$905.90	$905.90				
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG,		$1,251.18	$1,251.18				
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE		$1,194.08	$1,194.08				
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE		$1,070.67	$1,070.67				
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH		$765.59	$765.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH		$1,580.48	$1,580.48				
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH		$665.09	$665.09				
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINE		$963.57	$963.57				
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY		$1,167.19	$1,167.19				
45150	DIVISION OF STRICTURE OF RECTUM		$260.31	$260.31				
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL		$600.10	$600.10				
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA		$430.31	$430.31				
45172	INCLUDING MUSCULARIS PROPRIA		$593.07	$593.07				
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, L		$394.39	$394.39				
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF		$29.62	$36.99				
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BO		$26.17	$34.75				
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE		$44.30	$55.57				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY		$88.62	$88.62				
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT		$64.32	$79.48				
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT		$78.99	$94.15				
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, O		$110.82	$110.82				
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION,		$118.52	$118.52				
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OT		$142.93	$142.93				
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS		$108.20	$108.20				
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCL		$66.44	$66.44				
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF		$47.58	$64.08				
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE		$83.80	$83.80				
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY		$108.61	$108.61				
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER		$123.91	$123.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPO		$166.01	$166.01				
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY		$57.66	$104.68				
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD		$159.75	$159.75				
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER		$141.81	$141.81				
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURE		$69.12	$234.34				
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION		$148.42	$148.42				
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAM		$171.39	$171.39				
45346	DESTRUCTION OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45349	REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45350	RUBBER BANDING OF LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLE		$228.82	$228.82				
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FO		$292.40	$292.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGL		$255.86	$255.86				
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED		$170.02	$284.36				
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF		$335.55	$335.55				
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF		$330.37	$330.37				
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF		$348.27	$348.27				
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY		$184.55	$530.14				
45388	DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45389	STENT PLACEMENT OF LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45390	REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC		$212.17	$212.17				
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOP		$268.20	$268.20				
45393	DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEA		$1,348.53	$1,348.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THR		$1,468.46	$1,468.46				
45398	TYING OF LARGE BOWEL USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
45399	LARGE BOWEL PROCEDURE		$0.00	$0.00				Added effective 1/1/2015
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)		$788.46	$788.46				
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY		$1,071.14	$1,071.14				
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	R	$0.00	$0.00				
45500	PROCTOPLASTY; FOR STENOSIS		$382.37	$382.37				
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE		$361.16	$361.16				
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE		$26.75	$34.93				
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH		$667.83	$667.83				
45541	PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH		$609.62	$609.62				
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPRO		$758.63	$758.63				
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)		$371.78	$371.78				
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;		$581.98	$581.98				
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH		$918.00	$918.00				
45800	CLOSURE OF RECTOVESICAL FISTULA;		$672.75	$672.75				
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY		$831.02	$831.02				
45820	CLOSURE OF RECTOURETHRAL FISTULA;		$661.31	$661.31				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY		$758.43	$758.43				
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA		$67.53	$67.53				
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER		$66.27	$66.27				
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTH		$81.07	$81.07				
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER		$84.44	$84.44				
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR		$77.97	$77.97				
45999	UNLISTED PROCEDURE, RECTUM	R	$0.00	$0.00				
46020	PLACEMENT OF SETON		$149.88	$168.72				
46030	REMOVAL OF ANAL SETON, OTHER MARKER		$47.64	$47.64				
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPAR		$197.37	$197.37				
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSC		$173.59	$173.59				
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL		$44.17	$52.22				
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH		$318.31	$318.31				
46070	INCISION, ANAL SEPTUM (INFANT)		$121.94	$121.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)		$136.54	$136.54				
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL		$50.01	$58.46				
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY		$192.90	$192.90				
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)		$64.12	$64.12				
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)		$52.75	$61.60				
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE		$87.99	$99.12				
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE		$214.69	$214.69				
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;		$292.50	$292.50				
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY		$338.77	$338.77				
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WI		$370.78	$370.78				
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;		$389.78	$389.78				
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH		$402.03	$402.03				
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH		$412.67	$412.67				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTA		$162.14	$162.14				
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSC		$302.62	$302.62				
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX		$358.41	$358.41				
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND		$185.46	$185.46				
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP		$316.34	$316.34				
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID		$58.42	$67.81				
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS		$50.65	$54.94				
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER		$138.75	$166.31				
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRU		$19.16	$22.91				
46601	DIAGNOSTIC EXAMINATION OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)		$44.99	$50.09				
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE		$30.05	$34.88				
46607	BIOPSIES OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE		$0.00	$0.00				Added effective 1/1/2015
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY		$75.92	$75.92				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT		$65.18	$65.18				
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNAR		$68.16	$79.56				
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY		$110.81	$110.81				
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY,		$85.84	$106.63				
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT		$105.50	$126.29				
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT		$382.62	$382.62				
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT		$302.48	$302.48				
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE		$105.07	$105.07				
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG		$330.57	$330.57				
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUC		$708.73	$708.73				
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUC		$1,488.37	$1,488.37				
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK		$311.55	$311.55				
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR		$536.09	$536.09				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERI		$951.53	$951.53				
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMIN		$1,154.58	$1,154.58				
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS		$1,022.82	$1,022.82				
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS		$1,392.97	$1,392.97				
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,		$1,563.77	$1,563.77				
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,		$1,710.96	$1,710.96				
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,		$1,906.25	$1,906.25				
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT		$406.25	$406.25				
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD		$360.54	$360.54				
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE		$333.18	$333.18				
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL		$91.29	$91.29				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT		$527.99	$527.99				
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRIC		$514.13	$514.13				
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICI		$454.54	$454.54				
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$59.80	$65.03				
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$63.64	$72.22				
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$63.56	$72.54				
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$86.66	$112.68				
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$93.03	$93.03				
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$159.36	$159.36				
46930	DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL		$104.14	$140.64				
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN		$76.22	$83.06				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN		$67.09	$73.26				
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE		$101.16	$109.61				
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES		$135.29	$147.89				
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING		$242.86	$242.86				
46999	UNLISTED PROCEDURE, ANUS	R	$0.00	$0.00				
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS		$96.46	$96.46				
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OT		$82.93	$82.93				
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES		$465.26	$465.26				
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO S		$186.91	$186.91				
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG,		$466.14	$466.14				
47100	BIOPSY OF LIVER, WEDGE		$302.59	$302.59				
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY		$968.70	$968.70				
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY		$1,513.60	$1,513.60				
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY		$1,396.80	$1,396.80				
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY		$1,535.32	$1,535.32				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER		$3,944.91	$3,944.91				
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER		$2,966.99	$2,966.99				
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LE		$2,288.26	$2,288.26				
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO	R	$2,767.27	$2,767.27				
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO		$3,048.23	$3,048.23				
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO		$0.00	$0.00				
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO		$0.00	$0.00				
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO		$0.00	$0.00				
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR		$251.83	$251.83				
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR		$293.80	$293.80				
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER		$501.12	$501.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY		$567.59	$567.59				
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJUR		$796.27	$796.27				
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIV		$1,297.15	$1,297.15				
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR RE		$463.36	$463.36				
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);		$724.87	$724.87				
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSUR		$683.26	$683.26				
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	R	$0.00	$0.00				
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY		$851.70	$851.70				
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL		$841.92	$841.92				
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY		$505.21	$505.21				
47383	DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN		$391.42	$5,608.30				Added effective 1/1/2015
47399	UNLISTED PROCEDURE, LIVER	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL O		$816.43	$816.43				
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		$751.88	$751.88				
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		$807.61	$807.61				
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT		$883.88	$883.88				
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV		$478.70	$478.70				
47490	PERCUTANEOUS CHOLECYSTOSTOMY		$282.22	$282.22				
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY		$101.42	$101.42				
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (		$51.99	$51.99				
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAG		$299.90	$299.90				
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTER		$373.85	$373.85				
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER		$205.28	$205.28				
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE		$203.87	$203.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY I		$138.96	$138.96				
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC,		$218.82	$218.82				
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY		$303.32	$303.32				
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVA		$387.54	$387.54				
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI		$299.67	$299.67				
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI		$329.01	$329.01				
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHO		$216.06	$216.06				
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH B		$242.28	$242.28				
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY		$522.64	$522.64				
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY		$562.24	$562.24				
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT		$667.69	$667.69				
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY		$599.91	$599.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47600	CHOLECYSTECTOMY;		$553.75	$553.75				
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY		$599.19	$599.19				
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;		$706.62	$706.62				
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTERO		$888.61	$888.61				
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL		$821.89	$821.89				
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET,		$354.15	$354.15				
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH		$646.52	$646.52				
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)		$1,046.04	$1,046.04				
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU		$916.13	$916.13				
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU		$1,079.86	$1,079.86				
47715	EXCISION OF CHOLEDOCHAL CYST		$687.51	$687.51				
47720	CHOLECYSTOENTEROSTOMY; DIRECT		$641.77	$641.77				
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY		$789.17	$789.17				
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y		$734.61	$734.61				
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY		$934.52	$934.52				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT		$957.70	$957.70				
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT		$1,022.74	$1,022.74				
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		$1,015.51	$1,015.51				
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		$1,133.18	$1,133.18				
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END		$933.31	$933.31				
47801	PLACEMENT OF CHOLEDOCHAL STENT		$497.66	$497.66				
47802	U-TUBE HEPATICOENTEROSTOMY		$787.77	$787.77				
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE		$872.27	$872.27				
47999	UNLISTED PROCEDURE, BILIARY TRACT	R	$500.00	$650.00				
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;		$607.51	$607.51				
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH		$719.99	$719.99				
48020	REMOVAL OF PANCREATIC CALCULUS		$600.88	$600.88				
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOP		$431.13	$431.13				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE		$200.71	$200.71				
48105	RESECT/DEBRIDE PANCREAS		$1,969.65	$1,969.65				
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)		$686.31	$686.31				
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT		$961.34	$961.34				
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH		$1,058.33	$1,058.33				
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM		$1,126.58	$1,126.58				
48148	EXCISION OF AMPULLA OF VATER		$684.41	$684.41				
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL		$1,901.07	$1,901.07				
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUO		$1,791.03	$1,791.03				
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,		$1,901.07	$1,901.07				
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,		$1,791.03	$1,791.03				
48155	PANCREATECTOMY, TOTAL		$1,220.83	$1,220.83				
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOL		$1,660.49	$1,660.49				
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATEL		$90.68	$90.68				
48500	MARSUPIALIZATION OF PANCREATIC CYST		$622.42	$622.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN		$566.46	$566.46				
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS		$201.98	$201.98				
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIR		$742.72	$742.72				
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT;		$866.71	$866.71				
48545	PANCREATORRHAPHY FOR INJURY		$678.83	$678.83				
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY		$981.38	$981.38				
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS		$1,144.24	$1,144.24				
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRI		$0.00	$0.00				
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO		$172.86	$172.86				
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT		$1,583.06	$1,583.06				
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT		$643.37	$643.37				
48999	UNLISTED PROCEDURE, PANCREAS	R	$0.00	$0.00				
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S		$479.94	$479.94				
49002	REOPENING OF RECENT LAPAROTOMY		$467.50	$467.50				
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE		$546.60	$546.60				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF		$417.25	$417.25				
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF		$407.40	$407.40				
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN		$462.74	$462.74				
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS		$201.98	$201.98				
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN		$482.71	$482.71				
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS		$186.91	$186.91				
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN		$554.88	$554.88				
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC) WITHOUT IMAGING GUIDANCE		$56.27	$127.59				
49083	WITH IMAGING GUIDANCE		$86.96	$240.21				
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED		$79.98	$79.98				
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE		$97.40	$97.40				
49203	EXC ABD TUM 5 CM OR LESS		$888.02	$888.02				
49204	EXC ABD TUM OVER 5 CM		$1,133.69	$1,133.69				
49205	EXC ADB TUM OVER 10 CM		$1,298.06	$1,298.06				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR		$884.30	$884.30				
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECT		$792.22	$792.22				
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)		$362.29	$362.29				
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)		$284.89	$284.89				
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WIT		$258.39	$258.39				
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)		$275.28	$275.28				
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN		$286.25	$286.26				
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVIT		$444.79	$444.79				
49324	LAPAROSCOPY, SURGICAL, REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVIT		$270.09	$270.09				
49325	LAPAROSCOPY, SURGICAL, W/REVISION OF PREV PLACED INTRAPERITONEAL CATH		$291.09	$291.09				
49326	LAPAROSCOPY, SURGICAL, W/OMENTOPEXY		$135.28	$135.28				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49327	LAPARASCOPY WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGING GUIDANCE. USE IN CONJUCTION WITH LAPAROSCOPIC ABDOMINAL, PELVIC, OR RETROPERITONEAL PROCEDURES.		$115.42	$115.42				
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	R	$0.00	$0.00				
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDUR		$89.34	$89.34				
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY		$584.27	$584.27				
49405	IMAGE CATH FLUID COLXN VISC		$174.18	$655.14				
49406	IMAGE CATH FLUID PERI/RETRO		$174.44	$654.89				
49407	IMAGE CATH FLUID TRNS/VGNL		$185.65	$556.66				
49418	LAPAROSCOPY WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION		$205.02	$1,326.55				
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS		$303.59	$303.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY		$274.21	$274.21				
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER		$302.38	$302.38				
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER		$73.62	$73.62				
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PL		$38.31	$38.31				
49425	INSERTION OF PERITONEAL-VENOUS SHUNT		$570.59	$570.59				
49426	REVISION OF PERITONEAL-VENOUS SHUNT		$422.04	$422.04				
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY		$39.99	$39.99				
49428	LIGATION OF PERITONEAL-VENOUS SHUNT		$91.83	$91.83				
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT		$294.09	$294.09				
49435	INSERT SUBCUT EXTENSION TO INTRAPERITONEAL CATH		$87.11	$87.11				
49436	EMBEDDED INTRAPERITONEAL CATH EXIT SITE		$125.90	$125.90				
49440	PLACE GASTROSTOMY TUBE PERC		$192.26	$882.09				
49441	PLACE DUOD/JEJ TUBE PERC		$209.77	$1,044.09				
49442	PLACE CECOSTOMY TUBE PERC		$174.16	$851.53				
49446	CHANGE G-TUBE TO G-J PERC		$137.67	$868.44				
49450	REPLACE G/C TUBE PERC		$55.78	$605.56				
49451	REPLACE DUOD/JEJ TUBE PERC		$76.85	$642.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49452	REPLACE G-J TUBE PERC		$119.87	$787.74				
49460	FIX B/COLON TUBE W/DEVICE		$39.16	$640.87				
49465	FLUORO EXAM OF G/COLON TUDE		$25.81	$134.70				
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS		$604.46	$491.15				
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS		$604.46	$604.46				
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS,		$326.56	$326.56				
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS,		$407.03	$407.03				
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR		$286.06	$286.06				
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR		$374.46	$374.46				
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE		$350.04	$350.04				
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR		$378.57	$378.57				
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE		$397.92	$397.92				
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATE		$438.14	$438.14				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE		$381.57	$381.57				
49540	REPAIR LUMBAR HERNIA		$398.80	$398.80				
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE		$351.74	$351.74				
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED		$364.36	$364.36				
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE		$407.34	$407.34				
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED		$449.60	$449.60				
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE		$517.20	$517.20				
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULA		$514.39	$514.39				
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE		$482.91	$482.91				
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGU		$538.66	$538.66				
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HER		$226.49	$226.49				
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE		$270.46	$270.46				
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR		$335.86	$335.86				
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE		$229.23	$229.23				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULAT		$297.02	$297.02				
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE		$285.65	$285.65				
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGUL		$314.40	$314.40				
49590	REPAIR SPIGELIAN HERNIA		$372.85	$372.85				
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE		$437.97	$437.97				
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHES		$916.08	$916.08				
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHES		$772.35	$772.35				
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE		$466.29	$466.29				
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE		$497.57	$497.57				
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA		$302.13	$302.13				
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA		$387.99	$387.99				
49652	LAPAROSCOPY, SURG, REPAIR, VENTRAL, UMBILICAL		$589.54	$589.54				
49653	INCARCERATED OR STRANGULATED		$735.82	$735.82				
49654	LAPAROSCOPY, SURG, REPAIR, INCISIONAL HERNIA		$676.48	$676.48				
49655	INCARCERATED OR STRANGULATED		$814.44	$814.44				
49656	INCARCERATED OR STRANGULATED		$679.15	$679.15				
49657	INCARCERATED OR STRANGULATED		$980.59	$980.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOM	R	$0.00	$0.00				
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE		$249.61	$249.61				
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND C		$1,035.89	$1,035.89				
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR		$303.37	$303.37				
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS		$0.00	$0.00				
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	R	$0.00	$0.00				
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES		$579.10	$579.10				
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN		$567.20	$567.20				
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS		$170.77	$170.77				
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE		$612.59	$612.59				
50045	NEPHROTOMY, WITH EXPLORATION		$709.64	$709.64				
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS		$886.15	$886.15				
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS		$982.15	$982.15				
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY		$939.93	$939.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELV		$1,197.56	$1,197.56				
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT		$765.39	$765.39				
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT		$1,040.14	$1,040.14				
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCE		$753.52	$753.52				
50120	PYELOTOMY; WITH EXPLORATION		$762.91	$762.91				
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY		$777.51	$777.51				
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY,		$846.95	$846.95				
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY		$1,029.21	$1,029.21				
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE		$152.52	$152.52				
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY		$540.41	$540.41				
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI		$860.66	$860.66				
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI		$1,039.88	$1,039.88				
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI		$1,141.54	$1,141.54				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INC		$1,106.12	$1,106.12				
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE		$1,202.69	$1,202.69				
50240	NEPHRECTOMY, PARTIAL		$1,064.37	$1,064.37				
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUD		$862.75	$862.75				
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY		$748.77	$748.77				
50290	EXCISION OF PERINEPHRIC CYST		$668.54	$668.54				
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR,		$553.19	$553.19				
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DON		$0.00	$0.00				
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR		$0.00	$0.00				
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN O		$0.00	$0.00				
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR		$160.64	$160.64				
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR		$140.69	$140.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR		$134.41	$134.41				
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)		$704.29	$704.29				
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT		$1,552.57	$1,552.57				
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT		$1,873.06	$1,873.06				
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT		$669.85	$669.85				
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY		$796.86	$796.86				
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URE		$219.71	$1,096.19				
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA		$200.01	$1,057.61				
50385	CHANGE STENT VIA TRANSURETH		$200.57	$1,048.83				
50386	REMOVE STENT VIA TRANSURETH		$151.61	$678.85				
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL		$79.54	$528.37				
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH		$43.89	$360.55				
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTA		$144.05	$144.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/ OR URETER		$77.85	$102.10				
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINA		$232.19	$232.19				
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P		$288.94	$288.94				
50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM,		$38.27	$38.27				
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO		$247.48	$247.48				
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLI		$75.95	$75.95				
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE		$58.27	$58.27				
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS,		$929.67	$929.67				
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS,		$1,164.79	$1,164.79				
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY		$910.16	$910.16				
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA		$781.23	$781.23				
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL		$990.76	$990.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL		$904.55	$904.55				
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR		$959.03	$959.03				
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS		$654.47	$654.47				
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)		$825.28	$825.28				
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY		$1,038.55	$1,038.55				
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY		$902.84	$902.84				
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA		$978.83	$978.83				
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY		$836.59	$836.59				
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION)		$1,071.99	$1,071.99				
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH		$982.90	$982.90				
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$228.17	$228.17				
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$224.42	$224.42				
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$328.61	$328.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$332.49	$332.49				
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$371.95	$371.95				
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR		$439.42	$439.42				
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$322.23	$322.23				
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$516.39	$516.39				
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$528.82	$528.82				
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$700.13	$700.13				
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$574.28	$574.28				
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT		$452.54	$452.54				
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE		$577.02	$577.02				
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL,		$287.70	$4,024.81				
50593	PERC CYRO ABLATE RENAL TUM		$388.97	$3,687.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)		$718.14	$718.14				
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES		$601.01	$601.01				
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER		$780.17	$780.17				
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER		$752.17	$752.17				
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER		$780.62	$780.62				
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)		$833.50	$833.50				
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AN		$913.28	$913.28				
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH		$36.66	$36.66				
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETE		$55.20	$55.20				
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VI		$44.88	$44.88				
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR		$43.35	$43.35				
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)		$782.24	$782.24				
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITON		$854.13	$854.13				
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME		$768.05	$768.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINAR		$868.09	$868.09				
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);		$378.56	$378.56				
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH RE		$557.20	$557.20				
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS		$897.53	$897.53				
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX		$939.49	$939.49				
50760	URETEROURETEROSTOMY		$899.61	$899.61				
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETE		$977.97	$977.97				
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER		$907.44	$907.44				
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER		$940.01	$940.01				
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING		$967.60	$967.60				
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP		$1,019.26	$1,019.26				
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE		$814.57	$814.57				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHME		$911.97	$911.97				
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS		$1,129.11	$1,129.11				
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS		$1,160.83	$1,160.83				
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT		$1,668.56	$1,668.56				
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,		$1,476.01	$1,476.01				
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING		$922.36	$922.36				
50845	CUTANEOUS APPENDICO-VESICOSTOMY		$977.61	$977.61				
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN		$731.60	$731.60				
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)		$664.77	$664.77				
50920	CLOSURE OF URETEROCUTANEOUS FISTULA		$667.32	$667.32				
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)		$881.66	$881.66				
50940	DELIGATION OF URETER		$683.88	$683.88				
50945	LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY		$692.25	$692.25				
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETER		$1,051.02	$1,051.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URE		$961.31	$961.31				
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER		$0.00	$0.00				
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT		$220.29	$220.29				
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT		$231.52	$231.52				
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT		$272.54	$272.54				
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT		$272.37	$272.37				
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT		$254.12	$254.12				
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		$360.82	$360.82				
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		$247.37	$247.37				
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		$472.90	$472.90				
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		$452.26	$452.26				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		$292.25	$292.25				
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACT		$378.22	$378.22				
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL		$309.19	$309.19				
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE		$278.22	$278.22				
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE		$322.42	$322.42				
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NE		$385.22	$385.22				
51060	TRANSVESICAL URETEROLITHOTOMY		$541.66	$541.66				
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR		$443.37	$443.37				
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS		$311.54	$311.54				
51100	DRAIN BLADDER BY NEEDLE		$32.64	$51.92				
51101	DRAIN BLADDER BY TROCAR/CATH		$43.32	$104.74				
51102	DRAIN BLADDER WITH CATH INSERTION		$205.32	$275.93				
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA RE		$493.34	$493.34				
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)		$504.93	$504.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE		$686.96	$686.96				
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR		$605.06	$605.06				
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE		$571.44	$571.44				
51550	CYSTECTOMY, PARTIAL; SIMPLE		$736.48	$736.48				
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY,		$935.80	$935.80				
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER		$1,052.60	$1,052.60				
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)		$1,109.65	$1,109.65				
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING		$1,487.65	$1,487.65				
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS		$1,412.15	$1,412.15				
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS		$1,678.02	$1,678.02				
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER,		$1,606.35	$1,606.35				
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER,		$1,992.75	$1,992.75				
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, US		$2,083.94	$2,083.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL		$1,961.23	$1,961.23				
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY		$34.06	$34.06				
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN		$41.93	$41.93				
51610	INJECTION PROCEDURE FOR RETROGRADE URETHR		$54.38	$54.38				
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION		$29.26	$32.21				
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZA		$20.31	$42.41				
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)		$22.11	$65.79				
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG,		$59.81	$93.72				
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE		$35.12	$40.21				
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED		$51.94	$59.59				
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES O		$187.38	$187.38				
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TI		$64.76	$70.80				
51725	SIMPLE CYSTOMETROGRAM		$74.07	$74.07	$107.41	$66.76		
51726	COMPLEX CYSTOMETROGRAM		$87.94	$87.94	$180.10	$75.36		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
51727	CYSTOMETROGRAM W/UP		$245.27	$245.27	$180.69	$94.65		
51728	CYSTOMETROGRAM W/VP		$244.37	$244.37	$183.06	$91.09		
51729	CYSTOMETROGRAM W/VP&UP		$267.06	$267.06	$188.11	$110.97		
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL		$36.62	$36.62	$4.27	$32.35		
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)		$62.55	$62.55	$6.12	$56.43		
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER TH		$75.46	$75.46	$11.43	$64.03		
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, A		$75.46	$75.46	$11.43	$64.03		
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LA		$88.90	$88.90	$39.34	$49.56		
51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP)		$75.13	$75.13	$13.28	$61.84		
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY		$14.15	$14.15				
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR		$836.71	$836.71				
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY		$719.45	$719.45				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
51840	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA		$564.89	$564.89				
51841	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA		$686.33	$686.33				
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC		$579.60	$579.60				
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE		$554.26	$554.26				
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED		$735.34	$735.34				
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)		$357.24	$357.24				
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH		$689.18	$689.18				
51920	CLOSURE OF VESICOUTERINE FISTULA;		$529.33	$529.33				
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	R	$740.46	$740.46				
51940	CLOSURE, EXSTROPHY OF BLADDER		$1,295.81	$1,295.81				
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS		$1,249.76	$1,249.76				
51980	CUTANEOUS VESICOSTOMY		$524.37	$524.37				
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE		$534.61	$534.61				
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FA		$583.28	$583.28				
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)		$83.27	$83.27				
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTI		$101.50	$101.50				
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT		$133.90	$133.90				
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT		$171.06	$171.06				
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITH		$118.96	$144.44				
52204	CYSTOURETHROSCOPY, WITH BIOPSY		$139.21	$139.21				
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER		$190.77	$190.77				
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER		$176.97	$176.97				
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER		$273.13	$273.13				
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER		$366.55	$366.55				
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER		$596.14	$596.14				
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WIT		$215.80	$215.80				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS;		$176.97	$176.97				
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS;		$107.78	$125.88				
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE		$214.26	$214.26				
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE		$237.91	$237.91				
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY		$249.10	$249.10				
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOM		$321.75	$321.75				
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICT		$118.73	$149.71				
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT		$313.59	$313.59				
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE		$153.89	$153.89				
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH A		$152.65	$192.08				
52287	CYSTOURETHROSCOPY, WITH INJECTION(S)		$134.96	$245.05				
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL		$203.28	$203.28				
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC		$258.81	$258.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCEL		$256.96	$256.96				
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER		$258.20	$258.20				
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL		$169.94	$169.94				
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL		$271.76	$271.76				
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA		$377.55	$377.55				
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA		$499.73	$499.73				
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL O		$279.69	$279.69				
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTA		$385.30	$385.30				
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETER		$260.01	$260.01				
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULAT		$249.47	$249.47				
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GI		$176.92	$176.92				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY		$239.31	$239.31				
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON		$243.12	$243.12				
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE		$263.18	$263.18				
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOO		$291.55	$291.55				
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICT		$311.60	$311.60				
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC		$332.15	$332.15				
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL		$373.63	$373.63				
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC		$247.37	$247.37				
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL O		$305.07	$305.07				
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIP		$353.43	$353.43				
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AN		$310.28	$310.28				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION		$364.94	$364.94				
52356	CYSTO/URETERO W/LITHOTRIPSY		$334.30	$334.30				
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENIT		$431.74	$431.74				
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULAT		$210.10	$210.10				
52441	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE		$185.11	$918.84				Added effective 1/1/2015
52442	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE		$49.51	$694.77				Added effective 1/1/2015
52450	TRANSURETHRAL INCISION OF PROSTATE		$352.62	$352.62				
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)		$446.52	$446.52				
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL		$684.31	$684.31				
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN		$444.43	$444.43				
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE		$364.76	$364.76				
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEE		$635.30	$635.30				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE		$497.86	$660.24				
52649	PROSTATE LASER ENUCLEATION		$818.60	$818.60				
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS		$281.93	$281.93				
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS		$110.32	$110.32				
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL		$192.02	$192.02				
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT		$76.12	$76.12				
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT		$56.56	$56.56				
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS		$230.59	$230.59				
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST		$91.09	$91.09				
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE		$289.93	$289.93				
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED		$481.81	$481.81				
53200	BIOPSY OF URETHRA		$108.42	$108.42				
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE		$537.99	$537.99				
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE		$719.67	$719.67				
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA		$332.93	$332.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE		$497.16	$497.16				
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE		$428.25	$428.25				
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE		$304.01	$304.01				
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)		$285.31	$285.31				
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA		$119.91	$119.91				
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE		$145.86	$145.86				
53270	EXCISION OR FULGURATION; SKENE'S GLANDS		$101.62	$112.88				
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE		$197.87	$197.87				
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E		$564.79	$564.79				
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY		$709.82	$709.82				
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA		$707.47	$707.47				
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION O		$889.18	$889.18				
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR		$561.11	$707.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR		$714.92	$714.92				
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA		$666.51	$666.51				
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/ OR LOWER		$808.61	$808.61				
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCI		$723.37	$723.37				
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA		$397.99	$397.99				
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)		$577.30	$577.30				
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING		$886.61	$886.61				
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,		$528.03	$528.03				
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER		$630.29	$630.29				
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER		$959.21	$959.21				
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,		$514.28	$514.28				
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT		$247.90	$247.90				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT		$268.12	$268.12				
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCO		$533.60	$533.60				
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE		$358.48	$358.48				
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE		$362.90	$362.90				
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL		$484.07	$484.07				
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS		$636.54	$636.54				
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE		$412.50	$412.50				
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR		$40.66	$45.09				
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR		$33.37	$37.26				
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR		$51.11	$51.11				
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA		$55.05	$61.36				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA		$45.68	$50.78				
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION;		$25.32	$29.07				
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION;		$25.21	$28.56				
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA		$32.93	$32.93				
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERA		$461.57	$461.57				
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY		$482.44	$482.44				
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT		$63.06	$465.45				
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE		$204.13	$1,274.92				
53899	UNLISTED PROCEDURE, URINARY SYSTEM		$0.00	$0.00				
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN		$62.32	$62.32				
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NE		$87.51	$87.51				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54015	INCISION AND DRAINAGE OF PENIS, DEEP		$175.86	$175.86				
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$40.74	$45.84				
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$44.56	$52.74				
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$43.00	$50.11				
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$80.79	$80.79				
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$89.46	$89.46				
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		$108.74	$141.87				
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)		$74.89	$74.89				
54105	BIOPSY OF PENIS; DEEP STRUCTURES		$131.00	$131.00				
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);		$460.02	$460.02				
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LE		$652.14	$652.14				
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN		$762.71	$762.71				
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)		$289.48	$289.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54120	AMPUTATION OF PENIS; PARTIAL		$459.74	$459.74				
54125	AMPUTATION OF PENIS; COMPLETE		$714.09	$714.09				
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENE		$980.46	$980.46				
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC		$1,252.25	$1,252.25				
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN		$76.27	$76.27				
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI		$120.93	$120.93				
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI		$158.28	$158.28				
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS		$165.95	$165.95				
54163	REPAIR INCOMPLETE CIRCUMCISION		$156.40	$156.40				
54164	FRENULOTOMY OF PENIS		$136.87	$136.87				
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;		$34.66	$38.95				
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PL		$360.48	$360.48				
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM		$117.52	$117.52				
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY		$60.45	$78.42				
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACT	R	$101.89	$101.89				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVE		$41.66	$47.42				
54240	PENILE PLETHYSMOGRAPHY		$67.91	$67.91	$14.33	$53.58		
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST		$88.54	$88.54	$8.78	$79.77		
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADI		$500.58	$500.58				
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAG		$610.08	$610.08				
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		$514.42	$514.42				
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		$659.59	$659.59				
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		$799.99	$799.99				
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM		$536.17	$536.17				
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		$584.20	$584.20				
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		$774.40	$774.40				
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		$741.50	$741.50				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		$751.95	$751.95				
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING		$837.75	$837.75				
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION T		$1,094.06	$1,094.06				
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		$428.03	$428.03				
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		$918.85	$918.85				
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		$819.72	$819.72				
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCIS		$1,169.73	$1,169.73				
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION		$540.25	$540.25				
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		$640.32	$640.32				
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		$735.00	$735.00				
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER		$1,017.70	$1,017.70				
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	R	$577.40	$577.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	R	$657.84	$657.84				
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING	R	$855.35	$855.35				
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE		$525.42	$525.42				
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHE		$553.68	$553.68				
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT,	R	$656.06	$656.06				
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATA	R	$712.26	$712.26				
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED)		$387.83	$387.83				
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	R	$505.72	$505.72				
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	R	$625.79	$625.79				
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERA		$544.18	$544.18				
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILAT		$484.48	$484.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER		$285.99	$285.99				
54440	PLASTIC OPERATION OF PENIS FOR INJURY		$683.52	$683.52				
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRET		$52.80	$52.80				
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)		$51.46	$51.46				
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)		$155.30	$155.30				
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS		$385.12	$385.12				
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULA		$299.72	$299.72				
54522	ORCHIECTOMY, PARTIAL		$437.11	$437.11				
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH		$450.97	$450.97				
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION		$589.24	$589.24				
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)		$371.61	$371.61				
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION		$520.54	$520.54				
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF		$328.95	$328.95				
54620	FIXATION OF CONTRALATERAL TESTIS		$234.69	$234.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR		$424.06	$424.06				
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG,		$552.58	$552.58				
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)		$240.31	$240.31				
54670	SUTURE OR REPAIR OF TESTICULAR INJURY		$303.60	$303.60				
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION		$577.44	$577.44				
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	R	$516.32	$516.32				
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	R	$535.70	$535.70				
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG,		$125.99	$125.99				
54800	BIOPSY OF EPIDIDYMIS, NEEDLE		$125.83	$125.83				
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS		$252.39	$252.39				
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY		$288.49	$288.49				
54860	EPIDIDYMECTOMY; UNILATERAL		$327.17	$327.17				
54861	EPIDIDYMECTOMY; BILATERAL		$463.89	$463.89				
54865	EXPLORATION EPIDIDYMIS		$256.84	$256.84				
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATE		$631.22	$631.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATER		$866.44	$866.44				
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT		$48.30	$53.66				
55040	EXCISION OF HYDROCELE; UNILATERAL		$295.37	$295.37				
55041	EXCISION OF HYDROCELE; BILATERAL		$436.60	$436.60				
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)		$275.80	$275.80				
55100	DRAINAGE OF SCROTAL WALL ABSCESS		$78.17	$78.17				
55110	SCROTAL EXPLORATION		$257.26	$257.26				
55120	REMOVAL OF FOREIGN BODY IN SCROTUM		$193.38	$193.38				
55150	RESECTION OF SCROTUM		$354.28	$354.28				
55175	SCROTOPLASTY; SIMPLE		$276.76	$276.76				
55180	SCROTOPLASTY; COMPLICATED		$498.61	$498.61				
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR		$179.18	$179.18				
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING	R	$136.27	$171.54				
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS,		$182.24	$182.24				
55400	VASOVASOSTOMY, VASOVASORRHAPHY		$433.10	$433.10				
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS	R	$192.51	$192.51				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDUR		$282.95	$282.95				
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)		$263.92	$263.92				
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		$313.98	$313.98				
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		$312.35	$312.35				
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		$356.62	$356.62				
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	R	$304.18	$304.18				
55600	VESICULOTOMY;		$307.08	$307.08				
55605	VESICULOTOMY; COMPLICATED		$387.55	$387.55				
55650	VESICULECTOMY, ANY APPROACH		$542.53	$542.53				
55680	EXCISION OF MULLERIAN DUCT CYST		$269.49	$269.49				
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH		$69.83	$89.95				
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH		$228.06	$228.06				
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL		$324.29	$324.29				
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SI		$324.39	$324.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH;		$389.81	$389.81				
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE		$854.07	$854.07				
55810	PROSTATECTOMY, PERINEAL RADICAL;		$1,144.96	$1,144.96				
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PE		$1,274.01	$1,274.01				
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY		$1,570.12	$1,570.12				
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,		$778.78	$778.78				
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,		$845.13	$845.13				
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;		$1,106.74	$1,106.74				
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH		$1,225.69	$1,225.69				
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH		$1,516.87	$1,516.87				
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		$599.40	$599.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		$844.19	$844.19				
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST		$1,351.03	$1,351.03				
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NER		$1,223.28	$1,223.28				
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FO		$799.77	$799.77				
55875	TRANSPERINEAL NEEDLE PLACEMENT PROSTATE		$567.59	$567.59				
55876	PLACEMENT INTERSTITIAL DEVICE FOR PROSTATE RADIATION THERAPY		$83.05	$108.68				
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	R	$0.00	$0.00				
55920	PLACE NEEDLES PELVIC FOR RT		$356.93	$356.93				
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS		$54.62	$64.82				
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS		$53.21	$63.94				
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST		$165.05	$165.05				
56441	LYSIS OF LABIAL ADHESIONS		$107.89	$107.89				
56442	HYMENOTOMY, SIMPLE INCISION		$34.55	$34.55				
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSUR		$53.34	$60.59				
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY,		$133.62	$133.62				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION		$38.00	$47.12				
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITI		$19.26	$23.95				
56620	VULVECTOMY SIMPLE; PARTIAL		$403.28	$403.28				
56625	VULVECTOMY SIMPLE; COMPLETE		$524.54	$524.54				
56630	VULVECTOMY, RADICAL, PARTIAL;		$747.95	$747.95				
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL		$1,038.69	$1,038.69				
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENE		$1,228.98	$1,228.98				
56633	VULVECTOMY, RADICAL, COMPLETE;		$864.57	$864.57				
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL		$1,155.31	$1,155.31				
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL		$1,280.96	$1,280.96				
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC		$1,230.55	$1,230.55				
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING		$128.33	$128.33				
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST		$195.98	$195.98				
56800	PLASTIC REPAIR OF INTROITUS		$201.62	$201.62				
56805	CLITOROPLASTY FOR INTERSEX STATE		$802.98	$802.98				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)		$199.16	$199.16				
56820	COLPOSCOPY OF THE VULVA;		$62.47	$87.91				
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)		$86.02	$114.28				
57000	COLPOTOMY; WITH EXPLORATION		$148.64	$148.64				
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS		$242.22	$242.22				
57020	COLPOCENTESIS (SEPARATE PROCEDURE)		$64.85	$64.85				
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM		$118.47	$118.47				
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG,		$118.47	$118.47				
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY,		$50.34	$61.34				
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY,		$181.08	$181.08				
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)		$39.94	$48.25				
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS		$98.25	$98.25				
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;		$265.09	$267.16				
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI		$903.73	$908.39				
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI		$1,092.33	$1,103.74				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;		$649.67	$649.67				
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG		$1,094.14	$1,094.14				
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG		$1,165.45	$1,166.48				
57120	COLPOCLEISIS (LE FORT TYPE)		$421.66	$421.66				
57130	EXCISION OF VAGINAL SEPTUM		$154.06	$154.06				
57135	EXCISION OF VAGINAL CYST OR TUMOR		$138.47	$138.47				
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF		$31.10	$33.65				
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL		$290.92	$290.92				
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY		$89.60	$130.84				
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE		$30.68	$34.04				
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS		$32.45	$36.74				
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMA		$54.94	$62.32				
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)		$195.25	$195.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM		$242.30	$242.30				
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY		$252.09	$252.09				
57230	PLASTIC REPAIR OF URETHROCELE		$267.32	$267.32				
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF		$382.11	$382.11				
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRH		$357.20	$357.20				
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;		$500.41	$500.41				
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR		$519.90	$519.90				
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFEC		$211.63	$211.63				
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)		$404.91	$404.91				
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)		$434.15	$434.15				
57280	COLPOPEXY, ABDOMINAL APPROACH		$518.76	$518.76				
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCY		$516.32	$516.32				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR		$498.84	$498.84				
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINA		$605.87	$605.87				
57285	REPAIR PARAVAG DEFECT, VAG		$513.59	$513.59				
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR		$505.43	$505.43				
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)		$682.68	$682.68				
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY		$434.93	$434.93				
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT		$391.32	$391.32				
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT		$571.32	$571.32				
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR		$357.90	$357.90				
57296	REVISION PROSTHETIC VAGINAL GRAFT, OPEN ABD APPROACH		$687.77	$687.77				
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH		$452.33	$452.33				
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH		$495.41	$495.41				
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT		$489.89	$489.89				
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL		$507.22	$507.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57310	CLOSURE OF URETHROVAGINAL FISTULA;		$306.53	$306.53				
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT		$371.78	$371.78				
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH		$499.48	$499.48				
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH		$584.47	$584.47				
57335	VAGINOPLASTY FOR INTERSEX STATE		$0.00	$0.00				
57400	DILATION OF VAGINA UNDER ANESTHESIA		$34.66	$34.66				
57410	PELVIC EXAMINATION UNDER ANESTHESIA		$28.18	$28.18				
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY		$37.57	$37.57				
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;		$66.38	$91.82				
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S		$91.88	$120.14				
57423	REPAIR PARAVAG DEFECT, LAP		$717.12	$717.12				
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)		$669.30	$669.30				
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH		$638.39	$638.39				
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;		$41.17	$49.89				
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(		$59.81	$76.04				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(		$83.52	$110.50				
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCER		$78.21	$104.42				
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP		$121.31	$148.40				
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP		$144.83	$242.98				
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO		$39.02	$46.67				
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)		$43.59	$52.04				
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL		$63.45	$70.42				
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT		$69.82	$81.22				
57513	CAUTERY OF CERVIX; LASER ABLATION		$133.87	$133.87				
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL		$226.47	$226.47				
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL		$205.93	$205.93				
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE		$245.48	$245.48				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND		$1,187.54	$1,187.54				
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;		$393.83	$393.83				
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPA		$342.42	$342.42				
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;		$349.94	$349.94				
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR		$562.49	$562.49				
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCEL		$521.69	$521.69				
57558	D&C CERVICAL STUMP		$82.15	$90.27				
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL		$169.20	$169.20				
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH		$199.74	$199.74				
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)		$31.46	$37.90				
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING		$33.09	$41.94				
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY		$33.09	$39.21				
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)		$157.92	$157.92				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL		$488.28	$488.28				
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL		$474.40	$474.40				
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMUR		$819.91	$819.91				
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO	R	$695.52	$695.52				
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO	R	$798.27	$798.27				
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	R	$578.91	$578.91				
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH	R	$1,013.03	$1,013.03				
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE	R	$1,274.03	$1,274.03				
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL	R	$1,764.83	$1,764.83				
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	R	$636.38	$636.38				
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF	R	$685.38	$685.38				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF	R	$749.48	$749.48				
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH	R	$778.08	$778.08				
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF	R	$700.47	$700.47				
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	R	$762.47	$762.47				
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR O	R	$758.60	$758.60				
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	R	$888.79	$888.79				
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	R	$819.58	$819.58				
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	$900.96	$900.96				
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	$954.57	$954.57				
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	R	$992.02	$992.02				
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR O	R	$878.82	$878.82				
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)		$47.06	$59.25				
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)		$29.40	$35.43				
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SA		$43.05	$43.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AN	R	$238.84	$238.84				
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY		$310.37	$310.37				
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	R	$50.56	$50.56				
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE		$162.96	$162.96				
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRI		$278.58	$1,777.40				
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT		$345.55	$345.55				
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT		$367.69	$367.69				
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)		$324.11	$324.11				
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)		$450.69	$450.69				
58541	LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS LESS THAN 250G	R	$617.90	$617.90				
58542	LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS LESS THAN 250G	R	$684.88	$684.88				
58543	LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS GREATER THAN 250G	R	$696.59	$696.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58544	LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS GREATER THAN 250G	R	$754.75	$754.75				
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS		$657.30	$657.30				
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOM		$829.93	$829.93				
58548	LAPAROSCOPY, SURGICAL, RADICAL HYSTERECTOMY	R	$1,318.03	$1,318.03				
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	$649.94	$649.94				
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	$640.10	$640.10				
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	$824.72	$824.72				
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	$816.75	$816.75				
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)		$162.74	$162.74				
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR		$213.26	$213.26				
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METH		$273.34	$273.34				
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEP		$302.82	$302.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA		$426.04	$426.04				
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY		$213.72	$213.72				
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL		$281.64	$281.64				
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO I	R	$338.62	$338.62				Place of Service (POS) 22 will pay $338.62 effective 1/1/2011
58570	TLH FOR UTERUS 250G OR LESS	R	$712.97	$712.97				
58571	TLH W/T/O 250G OR LESS	R	$780.91	$780.91				
58572	TLH, UTERUS OVER 250G	R	$886.24	$886.24				
58573	TLH W/T/O UTERUS OVER 250G	R	$999.29	$999.29				
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	R	$0.00	$0.00				
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	R	$0.00	$0.00				
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	R	$271.75	$271.75				
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	R	$234.00	$234.00				
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF	R	$33.52	$33.52				
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING)	R	$199.53	$199.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOL	R	$497.38	$497.38				
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR	R	$503.77	$503.77				
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE	R	$507.04	$507.04				
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	R	$280.12	$280.12				
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND,	R	$287.90	$287.90				
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	R	$548.20	$548.20				
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	R	$583.55	$583.55				
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	R	$375.33	$375.33				
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	R	$422.70	$422.70				
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	R	$381.93	$381.93				
58750	TUBOTUBAL ANASTOMOSIS	R	$463.53	$463.53				
58752	TUBOUTERINE IMPLANTATION	R	$436.37	$436.37				
58760	FIMBRIOPLASTY	R	$376.08	$376.08				
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	R	$372.82	$372.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED		$195.39	$195.39				
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED		$363.80	$363.80				
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN		$202.14	$202.14				
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH		$296.24	$296.24				
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH,		$170.77	$170.77				
58825	TRANSPOSITION, OVARY(S)		$295.89	$295.89				
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)		$326.30	$326.30				
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	R	$400.39	$400.39				
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL		$397.28	$397.28				
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	R	$398.30	$398.30				
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN,	R	$901.94	$901.94				
58950	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA		$773.05	$773.05				
58951	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	R	$1,184.26	$1,184.26				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	R	$1,207.48	$1,207.48				
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL	R	$1,403.32	$1,403.32				
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL	R	$1,526.07	$1,526.07				
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINA		$982.70	$982.70				
58957	RESECTION RECURRENT OVARIAN MALIGNANCY		$1,069.48	$1,069.48				
58958	RESECTION RECURRENT OVARIAN MALIGNANCY W/PELVIC LYMPHADENECTOMY		$1,185.03	$1,185.03				
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY		$717.37	$717.37				
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	R	$570.00	$741.00				
59000	AMNIOCENTESIS; DIAGNOSTIC		$68.54	$68.54				
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOU		$127.45	$127.45				
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD		$162.34	$162.34				
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD		$99.17	$99.17				
59020	FETAL CONTRACTION STRESS TEST		$62.62	$62.62	$15.84	$46.78		
59025	FETAL NON-STRESS TEST		$34.83	$34.83	$6.87	$27.96		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59030	FETAL SCALP BLOOD SAMPLING		$105.88	$105.88				
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI		$51.49	$51.49				
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI		$47.08	$47.08				
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE		$219.94	$290.85				
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE		$356.42	$356.42				
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESI		$219.94	$277.24				
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE		$356.42	$356.42				
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)		$309.26	$309.26				
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING		$455.90	$455.90				
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT		$375.41	$375.41				
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY		$408.09	$408.09				
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN		$673.61	$673.61				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN		$456.82	$456.82				
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION		$281.40	$281.40				
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND		$333.06	$333.06				
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR		$458.93	$458.93				
59160	CURETTAGE, POSTPARTUM		$169.28	$169.28				
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE		$33.10	$40.34				
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN		$86.42	$99.70				
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL		$130.48	$130.48				
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL		$203.99	$203.99				
59350	HYSTERORRHAPHY OF RUPTURED UTERUS		$260.13	$260.13				
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);		$870.00	$870.00				
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);		$900.00	$900.00				
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)		$84.65	$84.65				
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)		$65.78	$70.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59514	CESAREAN DELIVERY ONLY;		$870.00	$870.00				
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE		$900.00	$900.00				
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATEL	R	$374.17	$374.17				
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO		$870.00	$870.00				
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO		$900.00	$900.00				
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE		$870.00	$870.00				
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE		$900.00	$900.00				
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY		$206.50	$206.50				
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER		$228.74	$228.74				
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER		$213.02	$213.02				
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY		$309.03	$309.03				
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	R	$188.52	$188.52				
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	R	$214.12	$214.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	$288.16	$288.16				
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	$301.09	$301.09				
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	R	$404.59	$404.59				
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	$304.56	$304.56				
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	$376.08	$376.08				
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN	R	$457.41	$457.41				
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	R	$0.00	$205.02				
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE		$214.05	$214.05				
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)		$117.25	$117.25				
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	R	$0.00	$0.00				
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	R	$0.00	$0.00				
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED		$60.41	$68.46				
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE		$45.46	$59.54				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS		$445.84	$445.84				
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY		$581.31	$581.31				
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL		$738.99	$738.99				
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY		$557.51	$557.51				
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBEC		$669.87	$669.87				
60240	THYROIDECTOMY, TOTAL OR COMPLETE		$790.92	$790.92				
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK		$879.97	$879.97				
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK		$1,079.54	$1,079.54				
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVI		$517.67	$517.67				
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHO		$918.83	$918.83				
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH		$795.80	$795.80				
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;		$380.26	$380.26				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT		$393.02	$393.02				
60300	ASPIR/INIJ THYROID CYST		$39.76	$88.42				
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);		$812.72	$812.72				
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION		$926.98	$926.98				
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL		$999.46	$999.46				
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F		$205.93	$205.93				
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDU		$887.16	$887.16				
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,		$945.26	$945.26				
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,		$1,061.46	$1,061.46				
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI		$835.03	$835.03				
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI		$982.76	$982.76				
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY		$826.37	$826.37				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY		$875.02	$875.02				
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR		$739.73	$739.73				
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	R	$0.00	$0.00				
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR		$79.19	$79.19				
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR		$59.65	$71.46				
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O		$82.96	$82.96				
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O		$109.38	$109.38				
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEP		$80.94	$80.94				
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF		$116.66	$116.66				
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROC		$33.42	$39.99				
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;		$455.26	$455.26				
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING		$307.66	$307.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION		$694.06	$694.06				
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CON		$459.02	$459.02				
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION		$876.66	$876.66				
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST		$937.20	$937.20				
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF		$400.64	$400.64				
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL O		$949.97	$949.97				
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL		$955.26	$955.26				
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG		$337.68	$337.68				
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTE		$575.91	$575.91				
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY		$574.03	$574.03				
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL		$680.56	$680.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL		$1,419.68	$1,419.68				
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSS		$1,630.33	$1,630.33				
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;		$1,358.30	$1,358.30				
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;		$1,353.94	$1,353.94				
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;		$1,469.34	$1,469.34				
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;		$1,523.63	$1,523.63				
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARA		$65.84	$65.84				
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENT		$1,285.74	$1,285.74				
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENT		$1,400.20	$1,400.20				
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY,		$1,335.49	$1,335.49				
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY,		$1,383.79	$1,383.79				
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH		$836.75	$836.75				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY		$1,388.09	$1,388.09				
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION		$1,412.93	$1,412.93				
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE		$797.89	$797.89				
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION		$1,752.10	$1,752.10				
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA		$1,342.43	$1,342.43				
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION O		$1,344.07	$1,344.07				
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL		$1,612.09	$1,612.09				
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES		$1,553.54	$1,553.54				
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTO		$939.55	$939.55				
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL		$1,122.09	$1,122.09				
61501	CRANIECTOMY; FOR OSTEOMYELITIS		$946.40	$946.40				
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN		$1,530.67	$1,530.67				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF		$1,618.54	$1,618.54				
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN		$1,488.95	$1,488.95				
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR		$1,491.50	$1,491.50				
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATEL		$56.19	$56.19				
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F		$1,884.78	$1,884.78				
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F		$1,970.57	$1,970.57				
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F		$2,176.37	$2,176.37				
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F		$2,184.95	$2,184.95				
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN		$1,435.87	$1,435.87				
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR		$1,624.92	$1,624.92				
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO		$1,900.40	$1,900.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO		$2,271.30	$2,271.30				
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR		$1,045.86	$1,045.86				
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF A		$1,224.36	$1,224.36				
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC		$781.31	$781.31				
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUB		$536.01	$536.01				
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL		$1,549.54	$1,549.54				
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE,		$1,258.82	$1,258.82				
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE,		$1,723.83	$1,723.83				
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP		$1,596.50	$1,596.50				
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP		$1,518.91	$1,518.91				
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALL		$1,413.73	$1,413.73				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL		$1,127.98	$1,127.98				
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF		$1,503.11	$1,503.11				
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGI		$1,817.24	$1,817.24				
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRA		$1,701.25	$1,701.25				
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPT		$1,353.84	$1,353.84				
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE		$761.59	$761.59				
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES		$994.67	$994.67				
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP		$1,116.90	$1,116.90				
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP		$1,123.08	$1,123.08				
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG		$1,276.41	$1,276.41				
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG		$1,655.24	$1,655.24				
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI		$1,353.06	$1,353.06				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI		$1,707.01	$1,707.01				
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE		$1,507.18	$1,507.18				
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTI		$1,722.45	$1,722.45				
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN		$1,188.32	$1,188.32				
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAI		$1,289.76	$1,289.76				
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR		$1,956.24	$1,956.24				
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR		$1,844.59	$1,844.59				
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING		$1,511.18	$1,511.18				
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING		$1,715.14	$1,715.14				
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING		$1,556.79	$1,556.79				
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING		$1,776.67	$1,776.67				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN		$1,720.14	$1,720.14				
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN		$1,924.41	$1,924.41				
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERI		$1,287.53	$1,287.53				
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA		$2,092.87	$2,092.87				
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNA		$2,194.98	$2,194.98				
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SI		$1,991.00	$1,991.00				
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR		$1,470.58	$1,470.58				
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR		$1,787.02	$1,787.02				
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGUL		$1,888.89	$1,888.89				
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN		$1,664.23	$1,664.23				
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,276.17	$1,276.17				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,368.44	$1,368.44				
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,444.82	$1,444.82				
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,934.79	$1,934.79				
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,807.46	$1,807.46				
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$2,102.92	$2,102.92				
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAI		$1,551.47	$1,551.47				
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPA		$388.06	$388.06				
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR		$1,458.00	$1,458.00				
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR		$2,062.32	$2,062.32				
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$1,587.56	$1,587.56				
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF		$2,159.45	$2,159.45				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDL		$816.72	$816.72				
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDL		$1,020.70	$1,020.70				
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK		$408.34	$408.34				
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR		$1,044.61	$1,044.61				
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR		$861.36	$861.36				
61630	INTRACRANIAL ANGIOPLASTY		$1,056.84	$1,007.67				
61635	INTRACRAN ANGIOPLSTY W/STENT		$1,105.84	$1,105.84				
61640	DILATE IC VASOSPASM INIT		$504.33	$504.33				
61641	DILATE IC VASOSPASM ADD-ON		$177.40	$177.40				
61642	DILATE IC VASOSPASM ADD-ON		$354.58	$354.58				
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SI		$2,043.35	$2,043.35				
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, CO		$2,340.21	$2,340.21				
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SI		$2,034.27	$2,034.27				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, CO		$2,459.46	$2,459.46				
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE		$1,828.31	$1,828.31				
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX		$1,967.73	$1,967.73				
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROT		$2,409.61	$2,409.61				
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;		$2,318.66	$2,318.66				
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTI		$2,009.80	$2,009.80				
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;		$2,284.79	$2,284.79				
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF		$859.34	$859.34				
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL		$1,955.28	$1,955.28				
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL		$1,717.93	$1,717.93				
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL		$1,314.30	$1,314.30				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE		$2,052.72	$2,052.72				
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND		$1,107.72	$1,107.72				
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND		$885.49	$885.49				
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),		$762.21	$762.21				
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),		$1,074.47	$1,074.47				
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LO		$1,172.92	$1,172.92				
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF		$1,047.41	$1,047.41				
61781	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, INTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		$211.55	$211.55				
61782	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, EXTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		$173.57	$173.57				
61783	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; SPINAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		$211.55	$211.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC		$729.94	$729.94				
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC		$552.75	$552.75				
61796	STEREOTACTIC RADIOSURGERY		$601.71	$601.71				
61797	EACH ADDITIONAL CRANIAL LESION, SIMPLE		$164.37	$164.37				
61798	1 COMPLEX CRANIAL LESION		$601.71	$601.71				
61799	EACH ADDITIONAL CRANIAL LESION, COMPLEX		$227.27	$227.27				
61800	APPLICATION OF STEREOTACTIC HEADFRAME		$116.60	$116.60				
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTR		$835.76	$835.76				
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTROD		$585.61	$585.61				
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		$761.87	$761.87				
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		$217.34	$217.34				
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		$1,139.83	$1,139.83				
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		$362.23	$362.23				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR		$301.62	$301.62				
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES		$312.36	$312.36				
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR		$128.57	$128.57				
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR		$419.55	$419.55				
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECE		$162.01	$162.01				
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL		$507.18	$507.18				
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADU		$780.51	$780.51				
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR		$1,138.16	$1,138.16				
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SUR		$1,280.04	$1,280.04				
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQU		$1,061.77	$1,061.77				
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRIN		$1,314.39	$1,314.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY		$1,156.94	$1,156.94				
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE		$1,146.72	$1,146.72				
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER		$788.90	$788.90				
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER		$963.13	$963.13				
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL		$695.31	$695.31				
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL		$641.40	$641.40				
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY		$927.42	$927.42				
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5		$790.40	$790.40				
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER T		$947.99	$947.99				
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPL		$89.82	$89.82				
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICU		$129.68	$129.68				
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATI		$921.37	$921.37				
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID		$1,182.34	$1,182.34				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY		$747.15	$747.15				
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING		$1,278.69	$1,278.69				
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSN		$1,002.03	$1,002.03				
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)		$820.00	$820.00				
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR		$723.13	$723.13				
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER		$786.84	$786.84				
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER		$139.93	$139.93				
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;		$918.22	$918.22				
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPI		$632.35	$632.35				
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR		$843.56	$843.56				
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS		$889.15	$889.15				
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER		$281.05	$281.05				
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE		$592.81	$592.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT		$58.43	$58.43	$28.89	$29.54		
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEM		$372.68	$372.68				
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT		$857.46	$857.46				
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,		$313.87	$313.87				
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,		$169.22	$427.70				
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS		$129.95	$196.12				
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX		$202.24	$202.24				
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE		$173.17	$173.17				
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC		$53.66	$53.66				
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY		$69.62	$69.62				
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH		$99.45	$99.45				
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED		$98.15	$98.15				
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED		$106.73	$106.73				
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED		$122.22	$122.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL		$106.56	$106.56				
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOS		$372.26	$372.26				
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR		$160.77	$160.77				
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC		$142.61	$142.61				
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,		$793.50	$793.50				
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMA		$409.38	$409.38				
62302	X-RAY OF UPPER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION		$101.48	$187.89				Added effective 1/1/2015
62303	X-RAY OF MIDDLE SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION		$102.77	$194.88				Added effective 1/1/2015
62304	X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION		$99.77	$185.41				Added effective 1/1/2015
62305	X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION		$104.53	$202.07				Added effective 1/1/2015
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY		$145.21	$145.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY		$145.22	$145.22				
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR		$151.69	$151.69				
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR		$147.39	$147.39				
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI		$301.79	$301.79				
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI		$446.28	$446.28				
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER		$250.98	$250.98				
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG		$96.75	$96.75				
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG		$231.69	$231.69				
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG		$303.50	$303.50				
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR		$249.56	$249.56				
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR		$17.57	$30.58				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR		$30.53	$39.43				
62369	WITH REPROGRAMING AND REFILL		$28.46	$96.43				
62370	WITH REPROGRAMING AND REFILL (REQUIRING PHYSICIAN'S SKILL)		$38.12	$101.44				
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$1,006.13	$1,006.13				
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$988.70	$988.70				
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$936.90	$936.90				
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$639.40	$639.40				
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULA		$978.18	$978.18				
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$1,157.81	$1,157.81				
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$1,209.45	$1,209.45				
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O		$1,106.51	$1,106.51				
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$880.03	$880.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$839.37	$839.37				
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$219.26	$219.26				
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$1,222.71	$1,222.71				
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$1,205.96	$1,205.96				
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$283.74	$283.74				
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S),		$269.57	$269.57				
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT		$1,081.12	$1,081.12				
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT		$1,041.57	$1,041.57				
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT		$921.29	$921.29				
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT		$232.54	$232.54				
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR		$1,037.95	$1,037.95				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR		$1,183.39	$1,183.39				
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/		$1,344.58	$1,344.58				
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/		$1,237.91	$1,237.91				
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/		$211.68	$211.68				
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO		$1,420.20	$1,420.20				
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO		$173.11	$173.11				
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE		$1,129.38	$1,129.38				
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE		$281.62	$281.62				
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE		$1,165.29	$1,165.29				
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE		$177.19	$177.19				
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,461.59	$1,461.59				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$308.08	$308.08				
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,584.26	$1,584.26				
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$229.04	$229.04				
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,684.28	$1,684.28				
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$304.59	$304.59				
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,672.09	$1,672.09				
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$173.31	$173.31				
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,565.55	$1,565.55				
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,565.55	$1,565.55				
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$183.56	$183.56				
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORA		$1,119.56	$1,119.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNO		$1,134.34	$1,134.34				
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL		$1,057.52	$1,057.52				
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR		$852.72	$852.72				
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR		$1,049.54	$1,049.54				
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	R	$894.68	$894.68				
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS		$1,130.30	$1,130.30				
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE		$885.28	$885.28				
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O		$920.23	$920.23				
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O		$926.56	$926.56				
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		$1,066.22	$1,066.22				
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		$1,017.50	$1,017.50				
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		$1,174.01	$1,174.01				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		$1,338.43	$1,338.43				
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR		$897.68	$897.68				
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF		$2,012.30	$2,012.30				
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF		$1,855.19	$1,855.19				
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF		$2,031.85	$2,031.85				
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA		$1,273.16	$1,273.16				
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA		$1,377.70	$1,377.70				
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA		$1,165.55	$1,165.55				
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA		$903.42	$903.42				
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,		$1,298.55	$1,298.55				
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,		$1,562.27	$1,562.27				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,		$1,419.59	$1,419.59				
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM,		$1,211.73	$1,211.73				
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,		$1,516.89	$1,516.89				
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,		$1,429.64	$1,429.64				
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, L		$1,312.78	$1,312.78				
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, S		$1,295.56	$1,295.56				
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,658.47	$1,658.47				
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,637.94	$1,637.94				
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,486.98	$1,486.98				
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, S		$1,278.66	$1,278.66				
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,770.69	$1,770.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,886.87	$1,886.87				
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,		$1,810.23	$1,810.23				
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED		$1,869.67	$1,869.67				
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMA		$237.05	$237.05				
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,180.74	$1,180.74				
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,317.79	$1,317.79				
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,397.49	$1,397.49				
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,413.99	$1,413.99				
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,456.63	$1,456.63				
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,557.63	$1,557.63				
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,555.46	$1,555.46				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$1,590.69	$1,590.69				
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		$280.42	$280.42				
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS		$734.71	$734.71				
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCED		$486.74	$486.74				
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD		$811.01	$811.01				
63620	STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION		$601.71	$601.71				
63621	STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION		$189.00	$189.00				
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL		$433.25	$433.25				
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD		$671.06	$671.06				
63661	REMOVAL OF SPINAL NEUROSTMIULATOR ELECTRODE PERCUTANEOUS ARRAY(S)		$227.64	$394.52				
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY,INCL FLUORO		$514.42	$514.42				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) INC FLUORO		$346.66	$580.39				
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMYM, INCLUDING FLUORO		$535.89	$535.89				
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR		$418.53	$418.53				
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATO		$334.20	$334.20				
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER		$816.72	$816.72				
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER		$918.85	$918.85				
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER		$1,020.70	$1,020.70				
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER		$1,174.04	$1,174.04				
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY		$707.90	$707.90				
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH		$924.45	$924.45				
63710	DURAL GRAFT, SPINAL		$681.67	$681.67				
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER		$736.78	$736.78				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER		$512.18	$512.18				
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT		$459.84	$459.84				
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT		$338.62	$338.62				
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH		$40.22	$46.66				
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE		$55.50	$55.50				
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE		$49.02	$57.60				
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE		$57.99	$71.94				
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE		$64.65	$64.65				
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE		$44.88	$53.20				
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS		$52.95	$62.87				
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE		$52.10	$52.10				
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY		$122.08	$122.08				
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE		$62.80	$62.80				
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE		$52.56	$63.96				
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE		$53.49	$53.49				
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BL		$75.69	$75.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES		$69.07	$69.07				
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE		$64.53	$64.53				
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE		$51.04	$57.34				
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE		$51.46	$58.03				
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY		$125.16	$125.16				
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE		$58.61	$58.61				
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CAT		$115.14	$115.14				
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTIN		$113.54	$113.54				
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH		$45.59	$52.70				
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT		$40.35	$32.04				
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL;		$162.85	$162.85				
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL;		$145.49	$145.49				
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L		$149.91	$149.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L		$137.14	$137.14				
64486	INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON ONE SIDE		$51.42	$95.92				Added effective 1/1/2015
64487	CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON ONE SIDE		$59.18	$116.88				Added effective 1/1/2015
64488	INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON BOTH SIDES		$64.53	$118.09				Added effective 1/1/2015
64489	CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON BOTH SIDES		$72.47	$162.50				Added effective 1/1/2015
64490	INJECTIONS OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE		$88.94	$133.62				
64491	SECOND LEVEL		$46.83	$68.01				
64492	THIRD AND ANY ADDITIONAL LEVEL(S)		$47.59	$68.77				
64493	INJECTION(S), DIAGNOSTIC/THERAPEUTIC AGENT,PARAVERTEBRAL FACET JOINT W/IMAGE GUIDANCE LUMBAR/SACRAL;SINGLE LEVEL		$68.79	$119.31				
64494	SECOND LEVEL		$40.06	$61.74				
64495	THIRD AND ANY ADDITIONAL LEVEL(S)		$40.82	$62.51				
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION		$49.68	$57.99				
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)		$48.76	$62.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)		$59.22	$59.22				
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS		$89.27	$137.32				
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATH		$63.06	$63.06				
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC		$84.55	$84.55				
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR		$12.15	$18.06				
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE		$82.43	$96.10				
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE		$73.21	$78.84				
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE		$295.59	$591.15				
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR		$62.31	$72.51				
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR.		$560.47	$560.47				
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR		$553.35	$553.35				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64570	REMOVAL OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR		$487.18	$487.18				
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE		$217.36	$217.36				
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR		$201.46	$201.46				
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE		$571.23	$571.23				
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES		$87.18	$87.18				
64590	INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR		$126.81	$126.81				
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR		$84.44	$84.44				
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL,		$149.23	$149.23				
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD		$213.01	$213.01				
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD		$436.16	$436.16				
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL		$79.22	$87.53				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E		$79.62	$99.07				
64613	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMODIC		$79.62	$99.07				
64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG		$88.22	$154.30				
64615	MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL		$101.83	$112.68				
64616	CHEMODENERV MUSC NECK DYSTON		$83.99	$94.60				
64617	CHEMODENER MUSCLE LARYNX EMG		$90.89	$146.26				
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE		$142.47	$142.47				
64632	DESTRUCTION BY NEUROLYTIC AGENT, PLANTAR		$55.78	$65.27				
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE(FLUROSCOPY OR CT)CERVICAL OR THORACIC, SINGLE FACET JOINT		$189.06	$353.68				
64634	CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$57.02	$160.91				
64635	LUMBAR OR SACRAL, SINGLE FACET JOINT		$185.30	$347.59				
64636	LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT(LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$49.64	$144.74				
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH		$99.93	$99.93				
64642	CHEMODENERV 1 EXTREMITY 1-4		$84.53	$107.56				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64643	CHEMODENERV 1 EXTREM 1-4 EA		$57.03	$71.26				
64644	CHEMODENERV 1 EXTREM 5/> MUS		$92.37	$122.64				
64645	CHEMODENERV 1 EXTREM 5/> EA		$65.32	$86.80				
64646	CHEMODENERV TRUNK MUSC 1-5		$91.51	$115.83				
64647	CHEMODENERV TRUNK MUSC 6/>		$105.74	$134.20				
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT		$248.16	$248.16				
64704	NEUROPLASTY; NERVE OF HAND OR FOOT		$292.57	$292.57				
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED		$394.24	$394.24				
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE		$498.00	$498.00				
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS		$597.33	$597.33				
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS		$488.30	$488.30				
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)		$316.02	$316.02				
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW		$368.50	$368.50				
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST		$291.92	$291.92				
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL		$284.77	$284.77				
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)		$311.00	$311.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE		$137.51	$137.51				
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR		$191.23	$191.23				
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE		$254.87	$254.87				
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE		$275.50	$275.50				
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE		$258.94	$258.94				
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY		$309.85	$309.85				
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE		$308.94	$308.94				
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE		$318.22	$318.22				
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE		$333.25	$333.25				
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE		$284.74	$284.74				
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH		$720.38	$720.38				
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL		$406.72	$406.72				
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHO		$348.29	$348.29				
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHO		$451.91	$451.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL		$395.05	$395.05				
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL		$412.42	$412.42				
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE		$227.04	$227.04				
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT		$227.14	$227.14				
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARA		$174.93	$174.93				
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE		$307.73	$307.73				
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME		$208.02	$208.02				
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC		$452.19	$452.19				
64786	EXCISION OF NEUROMA; SCIATIC NERVE		$834.65	$834.65				
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDI		$233.83	$233.83				
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE		$235.69	$235.69				
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE		$541.66	$541.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNA		$704.01	$704.01				
64795	BIOPSY OF NERVE		$161.64	$161.64				
64802	SYMPATHECTOMY, CERVICAL		$412.77	$412.77				
64804	SYMPATHECTOMY, CERVICOTHORACIC		$802.34	$802.34				
64809	SYMPATHECTOMY, THORACOLUMBAR		$707.85	$707.85				
64818	SYMPATHECTOMY, LUMBAR		$548.07	$548.07				
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT		$522.94	$522.94				
64821	SYMPATHECTOMY; RADIAL ARTERY		$459.57	$459.57				
64822	SYMPATHECTOMY; ULNAR ARTERY		$459.57	$459.57				
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH		$531.34	$531.34				
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE		$363.66	$363.66				
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (		$209.47	$209.47				
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE		$394.17	$394.17				
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR		$492.11	$492.11				
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR		$516.58	$516.58				
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDI		$323.70	$323.70				
64840	SUTURE OF POSTERIOR TIBIAL NERVE		$655.22	$655.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDIN		$631.58	$631.58				
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT		$687.12	$687.12				
64858	SUTURE OF SCIATIC NERVE		$798.55	$798.55				
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN		$232.97	$232.97				
64861	SUTURE OF; BRACHIAL PLEXUS		$919.91	$919.91				
64862	SUTURE OF; LUMBAR PLEXUS		$1,149.69	$1,149.69				
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL		$587.31	$587.31				
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING		$798.78	$798.78				
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY		$783.24	$783.24				
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL		$727.89	$727.89				
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATEL		$104.06	$104.06				
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF		$156.10	$156.10				
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPAR		$176.83	$176.83				
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LE		$867.25	$867.25				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM L		$1,034.23	$1,034.23				
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; U		$801.43	$801.43				
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; M		$767.84	$767.84				
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP		$743.59	$743.59				
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MOR		$857.50	$857.50				
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND		$954.57	$954.57				
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND		$1,085.03	$1,085.03				
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM		$908.77	$908.77				
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM		$982.97	$982.97				
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN		$593.54	$593.54				
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST		$690.91	$690.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64905	NERVE PEDICLE TRANSFER; FIRST STAGE		$657.06	$657.06				
64907	NERVE PEDICLE TRANSFER; SECOND STAGE		$936.43	$936.43				
64910	NERVE REPAIR W/ALLOGRAFT		$499.14	$499.14				
64911	NERVE REPAIR W/VEIN AUTOGRAFT		$609.09	$609.09				
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	R	$2,800.00	$3,640.00				
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT		$399.41	$399.41				
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT		$424.57	$424.57				
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT		$426.70	$426.70				
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT		$461.78	$461.78				
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT		$511.32	$511.32				
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		$843.33	$843.33				
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		$805.70	$805.70				
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		$877.46	$877.46				
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (		$156.56	$156.56				
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL		$441.96	$441.96				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT		$357.23	$357.23				
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTA		$393.75	$393.75				
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT		$393.71	$393.71				
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR		$544.41	$544.41				
65175	REMOVAL OF OCULAR IMPLANT		$384.62	$384.62				
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL		$28.34	$33.30				
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES		$31.55	$37.72				
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP		$28.78	$35.75				
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP		$35.66	$43.31				
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR		$366.69	$366.69				
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC		$546.11	$546.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNE		$634.98	$634.98				
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING		$87.37	$87.37				
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT,		$151.17	$151.17				
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT,		$205.62	$205.62				
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL		$166.57	$166.57				
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING		$464.06	$464.06				
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITI		$698.27	$698.27				
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND		$221.73	$285.96				
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE		$323.76	$323.76				
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT		$346.39	$346.39				
65410	BIOPSY OF CORNEA		$88.45	$88.45				
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT		$236.88	$236.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT		$330.96	$330.96				
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE		$33.50	$40.74				
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION		$38.29	$48.62				
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG		$139.54	$160.06				
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR		$182.19	$182.19				
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO		$130.97	$166.11				
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR		$640.47	$640.47				
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)		$784.56	$784.56				
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)		$833.29	$833.29				
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)		$834.75	$834.75				
65756	KERATOPLASTY, ENDOTHELIAL		$815.33	$815.33				
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL		$0.00	$0.00				
65760	KERATOMILEUSIS	R	$964.08	$964.08				
65765	KERATOPHAKIA	R	$992.66	$992.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
65767	EPIKERATOPLASTY		$646.76	$646.76				
65770	KERATOPROSTHESIS		$873.59	$873.59				
65771	RADIAL KERATOTOMY		$367.58	$367.58				
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMA		$195.28	$264.48				
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATI		$358.46	$358.46				
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOULD HEALING; SELF-RETAINING		$65.57	$1,095.71				
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOULD HEALING; SINGLE LAYER, SUTURED		$253.68	$991.27				
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION		$560.32	$560.32				
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVER		$860.34	$860.34				
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES		$741.13	$741.13				
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH		$104.61	$104.61				
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM		$287.57	$287.57				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM		$265.64	$265.64				
65820	GONIOTOMY		$491.28	$491.28				
65850	TRABECULOTOMY AB EXTERNO		$664.97	$664.97				
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATM		$229.68	$310.28				
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE		$165.68	$223.48				
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		$354.88	$354.88				
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		$338.42	$338.42				
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		$356.87	$356.87				
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		$389.03	$389.03				
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE		$540.57	$540.57				
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE		$466.74	$466.74				
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE		$422.24	$422.24				
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID		$101.70	$101.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
66130	EXCISION OF LESION, SCLERA		$369.67	$369.67				
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY		$498.06	$498.06				
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECT		$488.32	$488.32				
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSO		$580.12	$580.12				
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABS		$673.07	$673.07				
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH		$742.32	$742.32				
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT		$857.76	$857.76				
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT		$972.58	$972.58				
66179	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW		$839.42	$839.42				Added effective 1/1/2015
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET,		$829.35	$829.35				
66183	INSERT ANT DRAINAGE DEVICE		$830.74	$830.74				
66184	REVISION OF SHUNT TO IMPROVE EYE FLUID FLOW		$608.89	$608.89				Added effective 1/1/2015
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR		$503.94	$503.94				
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT		$382.65	$382.65				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT		$692.83	$692.83				
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, E		$367.55	$367.55				
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION		$234.45	$234.45				
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS F		$207.16	$207.16				
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESI		$504.94	$504.94				
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY		$696.75	$696.75				
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAU		$326.70	$326.70				
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA		$380.71	$380.71				
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE		$387.81	$387.81				
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)		$331.53	$331.53				
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SU		$377.79	$377.79				
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL		$299.85	$299.85				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC		$368.68	$368.68				
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY		$299.12	$299.12				
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS		$299.36	$299.36				
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE		$190.44	$258.84				
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV		$219.81	$299.21				
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL		$237.82	$321.50				
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS		$246.39	$246.39				
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS		$192.76	$192.76				
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION		$432.66	$432.66				
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAP		$444.32	$444.32				
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES		$491.25	$491.25				
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR		$568.58	$568.58				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECT		$628.18	$628.18				
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR		$553.04	$553.04				
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS		$580.72	$580.72				
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 6685		$554.92	$554.92				
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS		$636.91	$636.91				
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS		$567.11	$567.11				
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS		$652.61	$652.61				
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT		$517.73	$517.73				
66986	EXCHANGE OF INTRAOCULAR LENS		$688.20	$688.20				
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR		$63.00	$63.00				
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	R	$0.00	$0.00				
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL		$497.73	$497.73				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL		$488.67	$488.67				
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS		$377.81	$377.81				
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUI		$378.77	$378.77				
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR		$557.54	$557.54				
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)		$164.69	$164.69				
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH		$296.66	$296.66				
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRAN		$201.06	$283.53				
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;		$788.97	$788.97				
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER		$928.59	$928.59				
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL		$1,077.81	$1,077.81				
67041	VITRECTOMY FOR MACULAR PUCKER		$896.92	$896.92				
67042	VITRECTOMY FOR MACULAR HOLE		$1,027.18	$1,027.18				
67043	VITRECTOMY FOR MEMBRANE DISSEC		$1,077.91	$1,077.91				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR		$342.59	$463.16				
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION,		$349.18	$471.76				
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLER		$917.62	$917.62				
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WIT		$1,309.85	$1,309.85				
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG,		$546.74	$546.74				
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PA		$937.62	$937.62				
67113	REPAIR OF TETINAL DETACHMENT, CPLX		$1,183.24	$1,183.24				
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)		$305.90	$305.90				
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR		$366.21	$366.21				
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR		$562.99	$562.99				
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA		$239.53	$323.62				
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA		$247.85	$335.02				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),		$310.27	$420.10				
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),		$410.56	$531.53				
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS),		$747.55	$747.55				
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		$556.33	$558.15				
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		$179.52	$179.52				
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL		$30.92	$32.21				
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC		$412.32	$412.32				
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC		$691.57	$691.57				
67229	TR RETINAL LES PRETERM INF		$778.24	$778.24				
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT		$442.52	$442.52				
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT		$555.13	$555.13				
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	R	$0.00	$0.00				
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL M		$412.47	$412.47				
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL		$493.52	$493.52				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUS		$467.63	$467.63				
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERT		$527.08	$527.08				
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE		$393.19	$393.19				
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY		$542.65	$542.65				
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT		$504.92	$504.92				
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG		$561.19	$561.19				
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WIT		$398.83	$398.83				
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING		$187.85	$187.85				
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED		$498.62	$498.62				
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE		$369.31	$369.31				
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE		$121.48	$151.25				
67346	BIOPSY EXTRAOCULAR MUSCLE		$132.84	$132.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	R	$0.00	$0.00				
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		$577.65	$577.65				
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		$488.55	$488.55				
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		$598.30	$598.30				
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		$516.94	$516.94				
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH);		$531.22	$531.22				
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS		$108.74	$108.74				
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		$869.07	$869.07				
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		$674.08	$674.08				
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		$815.04	$815.04				
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		$704.41	$704.41				
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN);		$806.84	$806.84				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUD		$44.22	$44.22				
67505	RETROBULBAR INJECTION; ALCOHOL		$39.47	$53.41				
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE		$26.14	$33.65				
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION		$559.37	$559.37				
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION		$530.65	$530.65				
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE		$579.63	$579.63				
67599	UNLISTED PROCEDURE, ORBIT	R	$0.00	$0.00				
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID		$45.45	$52.02				
67710	SEVERING OF TARSORRHAPHY		$43.47	$57.01				
67715	CANTHOTOMY (SEPARATE PROCEDURE)		$76.48	$76.48				
67800	EXCISION OF CHALAZION; SINGLE		$53.44	$66.04				
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID		$74.87	$93.51				
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS		$84.13	$102.63				
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING		$164.46	$164.46				
67810	BIOPSY OF EYELID		$55.51	$66.37				
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY		$31.70	$36.79				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY		$52.31	$64.38				
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN		$109.41	$109.41				
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEM		$355.29	$355.29				
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WIT		$76.46	$92.82				
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)		$60.34	$71.33				
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)		$88.91	$88.91				
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR		$215.44	$215.44				
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR		$312.57	$312.57				
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	R	$239.47	$239.47				
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OT	R	$449.83	$449.83				
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS	R	$455.68	$455.68				
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT,	R	$413.76	$413.76				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT,	R	$397.06	$397.06				
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	R	$350.04	$350.04				
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR	R	$328.42	$328.42				
67909	REDUCTION OF OVERCORRECTION OF PTOSIS		$344.27	$344.27				
67911	CORRECTION OF LID RETRACTION	R	$345.04	$345.04				
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOA		$306.83	$698.92				
67914	REPAIR OF ECTROPION; SUTURE		$238.76	$238.76				
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION		$109.43	$126.19				
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE		$334.11	$334.11				
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)		$383.41	$383.41				
67921	REPAIR OF ENTROPION; SUTURE		$204.74	$204.74				
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION		$105.10	$121.06				
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE		$361.03	$361.03				
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL F		$369.60	$369.60				
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		$123.44	$140.47				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		$285.60	$285.60				
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID		$45.26	$52.24				
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)		$370.09	$370.09				
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI		$362.93	$362.93				
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI		$422.94	$422.94				
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		$582.53	$582.53				
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		$754.71	$754.71				
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		$767.08	$767.08				
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI		$378.30	$378.30				
67999	UNLISTED PROCEDURE, EYELIDS	R	$0.00	$0.00				
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST		$46.30	$53.14				
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)		$31.46	$37.50				
68100	BIOPSY OF CONJUNCTIVA		$54.35	$67.63				
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM		$68.80	$85.43				
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM		$122.22	$122.22				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA		$254.43	$254.43				
68135	DESTRUCTION OF LESION, CONJUNCTIVA		$63.42	$73.35				
68200	SUBCONJUNCTIVAL INJECTION		$22.08	$29.05				
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT		$326.90	$326.90				
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINI		$458.28	$458.28				
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT		$441.18	$441.18				
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBR		$515.36	$515.36				
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT		$297.00	$297.00				
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS		$448.85	$448.85				
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSE		$203.38	$203.38				
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)		$270.53	$270.53				
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING		$428.69	$428.69				
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR		$265.09	$265.09				
68399	UNLISTED PROCEDURE, CONJUNCTIVA	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
68400	INCISION, DRAINAGE OF LACRIMAL GLAND		$62.99	$76.40				
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOM		$81.16	$94.84				
68440	SNIP INCISION OF LACRIMAL PUNCTUM		$37.28	$47.47				
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL		$529.57	$529.57				
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTI		$549.87	$549.87				
68510	BIOPSY OF LACRIMAL GLAND		$241.05	$241.05				
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)		$465.10	$465.10				
68525	BIOPSY OF LACRIMAL SAC		$234.29	$234.29				
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES		$148.28	$186.50				
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH		$531.41	$531.41				
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY		$693.63	$693.63				
68700	PLASTIC REPAIR OF CANALICULI		$257.73	$257.73				
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY		$73.87	$87.55				
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)		$507.27	$507.27				
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY);		$428.38	$428.38				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY);		$542.71	$542.71				
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR		$62.61	$74.95				
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH		$51.75	$64.09				
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)		$256.71	$313.57				
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION		$36.96	$36.96				
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;		$51.50	$51.50				
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GE		$105.43	$105.43				
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTI		$138.62	$138.62				
68816	PROBE NL DUCT W/BALLOON		$168.23	$472.05				
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION		$43.10	$49.67				
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY		$38.13	$38.13				
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	R	$0.00	$0.00				
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE		$46.50	$51.20				
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED		$79.16	$94.72				
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS		$48.97	$55.00				
69100	BIOPSY EXTERNAL EAR		$32.85	$41.70				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69105	BIOPSY EXTERNAL AUDITORY CANAL		$37.86	$48.59				
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	R	$177.54	$177.54				
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION		$138.53	$138.53				
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL		$461.32	$461.32				
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL		$148.66	$148.66				
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTI		$692.69	$692.69				
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION		$965.85	$965.85				
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL		$29.20	$34.83				
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTH		$65.12	$65.12				
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS		$21.47	$24.55				
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)		$32.28	$38.98				
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MOR		$51.48	$61.41				
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	R	$335.58	$335.58				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENO		$600.92	$600.92				
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE		$920.38	$920.38				
69399	UNLISTED PROCEDURE, EXTERNAL EAR	R	$0.00	$0.00				
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION		$48.76	$58.01				
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQU		$83.03	$83.03				
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA		$34.45	$42.49				
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPIC		$64.62	$82.45				
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTH		$122.45	$122.45				
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION		$470.18	$470.18				
69450	TYMPANOLYSIS, TRANSCANAL		$374.25	$374.25				
69501	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)		$579.30	$579.30				
69502	MASTOIDECTOMY; COMPLETE		$744.52	$744.52				
69505	MASTOIDECTOMY; MODIFIED RADICAL		$843.91	$843.91				
69511	MASTOIDECTOMY; RADICAL		$878.91	$878.91				
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY		$1,019.34	$1,019.34				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH		$1,759.39	$1,759.39				
69540	EXCISION AURAL POLYP		$54.18	$71.21				
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL		$730.03	$730.03				
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID		$1,046.76	$1,046.76				
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)		$1,433.80	$1,433.80				
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY		$789.01	$789.01				
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY		$865.08	$865.08				
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY		$909.84	$909.84				
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY		$931.65	$931.65				
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY		$975.54	$975.54				
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORAT		$143.43	$155.90				
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)		$393.49	$393.49				
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY		$647.12	$647.12				
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY		$832.12	$832.12				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY		$792.00	$792.00				
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,		$875.05	$875.05				
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,		$998.86	$998.86				
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,		$994.28	$994.28				
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$827.98	$827.98				
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$1,087.12	$1,087.12				
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$1,003.84	$1,003.84				
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$1,113.74	$1,113.74				
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$1,067.22	$1,067.22				
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR		$1,156.70	$1,156.70				
69650	STAPES MOBILIZATION		$630.81	$630.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI		$785.43	$785.43				
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI		$991.03	$991.03				
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY		$971.80	$971.80				
69666	REPAIR OVAL WINDOW FISTULA		$640.11	$640.11				
69667	REPAIR ROUND WINDOW FISTULA		$638.27	$638.27				
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)		$623.54	$623.54				
69676	TYMPANIC NEURECTOMY		$520.53	$520.53				
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)		$465.10	$465.10				
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING		$775.35	$775.35				
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN		$534.32	$534.32				
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU		$651.98	$651.98				
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU		$827.24	$827.24				
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED		$673.16	$673.16				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED		$837.26	$837.26				
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGL		$933.77	$933.77				
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICUL		$986.57	$986.57				
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES		$809.97	$809.97				
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES		$937.42	$937.42				
69799	UNLISTED PROCEDURE, MIDDLE EAR	R	$0.00	$0.00				
69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIO		$566.13	$566.13				
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT		$702.40	$702.40				
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT		$814.38	$814.38				
69820	FENESTRATION SEMICIRCULAR CANAL		$559.22	$559.22				
69840	REVISION FENESTRATION OPERATION		$535.31	$535.31				
69905	LABYRINTHECTOMY; TRANSCANAL		$731.73	$731.73				
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY		$891.06	$891.06				
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH		$1,107.74	$1,107.74				
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY		$989.78	$989.78				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69949	UNLISTED PROCEDURE, INNER EAR	R	$0.00	$0.00				
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH		$1,159.27	$1,159.27				
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)		$1,247.70	$1,247.70				
69960	DECOMPRESSION INTERNAL AUDITORY CANAL		$1,105.20	$1,105.20				
69970	REMOVAL OF TUMOR, TEMPORAL BONE		$1,237.40	$1,237.40				
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	R	$0.00	$0.00				
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST		$162.90	$162.90				
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETAT		$167.90	$167.90	$117.09	$50.81		
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND		$87.60	$87.60	$36.79	$50.81		
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		$18.83	$18.83	$11.46	$7.38		
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		$22.08	$22.08	$14.14	$7.94		
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		$27.84	$27.84	$16.80	$11.04		
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		$24.74	$24.74	$16.80	$7.94		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER		$36.09	$36.09	$21.33	$14.75		
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		$34.74	$34.74	$19.99	$14.75		
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		$25.03	$25.03	$16.80	$8.23		
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		$32.67	$32.67	$21.33	$11.33		
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		$21.52	$21.52	$14.14	$7.38		
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND		$38.64	$38.64	$25.60	$13.04		
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		$25.88	$25.88	$16.80	$9.09		
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		$33.52	$33.52	$21.33	$12.19		
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		$24.17	$24.17	$16.80	$7.38		
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE		$32.37	$32.37	$21.33	$11.04		
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		$19.69	$19.69	$11.46	$8.23		
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS		$27.28	$27.28	$16.80	$10.48		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS		$39.01	$39.01	$24.26	$14.75		
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		$11.71	$11.71	$7.19	$4.52		
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOU		$18.27	$18.27	$11.46	$6.82		
70320	FULL MOUTH X-RAY OF TEETH		$40.38	$40.38	$21.33	$9.62		
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH		$21.27	$21.27	$13.34	$7.94		
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH		$33.15	$33.15	$22.67	$10.48		
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND		$80.33	$80.33	$56.80	$23.52		
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	R	$343.60	$343.60	$302.74	$40.87		
70350	CEPHALOGRAM, ORTHODONTIC		$17.52	$17.52	$10.14	$7.38		
70355	PANORAMIC X-RAY OF JAWS		$16.80	$16.80	$15.46	$8.53		
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		$18.83	$18.83	$11.46	$7.38		
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/O		$49.10	$49.10	$35.20	$13.90		
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECO	R	$93.10	$93.10	$56.80	$36.30		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$67.27	$67.27	$48.27	$19.00		
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		$25.52	$25.52	$18.14	$7.38		
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$64.71	$64.71	$48.27	$16.44		
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		$164.34	$164.34	$127.74	$36.59		
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		$201.59	$201.59	$153.07	$48.51		
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWE		$245.70	$245.70	$191.23	$54.47		
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		$182.78	$182.78	$127.74	$55.04		
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		$212.12	$212.12	$153.07	$59.04		
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		$253.37	$253.37	$191.23	$62.14		
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		$176.55	$176.55	$127.74	$48.81		
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		$208.70	$208.70	$153.07	$55.62		
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL,		$252.22	$252.22	$191.23	$61.00		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		$182.78	$182.78	$127.74	$55.04		
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		$212.12	$212.12	$153.07	$59.04		
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO		$253.37	$253.37	$191.23	$62.14		
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S),		$262.87	$262.87	$192.94	$69.93		
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S),		$262.87	$262.87	$192.94	$69.93		
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU	R	$366.30	$366.30	$302.74	$63.56		
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH	R	$399.60	$399.60	$354.09	$45.51		
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU	R	$716.67	$716.67	$655.32	$61.35		
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	R	$411.51	$411.51	$365.08	$46.44		
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	R	$346.92	$346.92	$299.54	$47.38		
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S),	R	$656.65	$656.65	$586.58	$70.07		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	R	$410.49	$410.49	$364.05	$46.44		
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	R	$346.92	$346.92	$299.54	$47.38		
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S),	R	$656.65	$656.65	$586.58	$70.07		
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	$366.30	$366.30	$302.74	$63.56		
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	$439.87	$439.87	$363.27	$76.60		
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	$774.25	$774.25	$672.42	$101.84		
70555	MAGNETIC RESONANCE IMAGING, BRAIN	R	$0.00	$0.00	$0.00	$94.17		
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	$0.00	$0.00	$0.00	$110.40		
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	$0.00	$0.00	$0.00	$122.12		
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	$0.00	$0.00	$0.00	$122.64		
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		$20.47	$20.47	$12.80	$7.67		
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		$23.23	$23.23	$14.14	$9.09		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		$26.18	$26.18	$16.80	$9.38		
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH AP		$31.62	$31.62	$19.99	$11.63		
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OB		$33.33	$33.33	$19.99	$13.34		
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH		$37.77	$37.77	$21.33	$16.44		
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		$34.67	$34.67	$21.33	$13.34		
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH		$58.79	$58.79	$38.93	$19.86		
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, B		$21.81	$21.81	$14.14	$7.67		
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		$25.08	$25.08	$15.46	$9.62		
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CH		$30.03	$30.03	$18.14	$11.90		
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		$33.23	$33.23	$21.33	$11.90		
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHE		$38.16	$38.16	$24.26	$13.90		
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		$26.13	$26.13	$17.60	$8.53		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF T		$28.32	$28.32	$18.94	$9.38		
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		$209.42	$209.42	$159.75	$49.66		
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		$244.31	$244.31	$191.23	$53.08		
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY		$297.79	$297.79	$238.74	$59.04		
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S),		$282.81	$282.81	$234.63	$48.18		
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	R	$371.67	$371.67	$302.74	$68.93		
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	R	$405.62	$405.62	$355.09	$50.54		
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	R	$717.99	$717.99	$651.83	$66.16		
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR	R	$377.83	$377.83	$302.74	$75.10		
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR A		$47.04	$47.04	$27.74	$19.30		
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		$17.98	$17.98	$11.46	$6.52		
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS		$25.64	$25.64	$16.26	$9.38		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		$37.59	$37.59	$24.26	$13.34		
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE A		$46.28	$46.28	$30.67	$15.61		
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		$22.72	$22.72	$13.34	$9.38		
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS		$26.98	$26.98	$17.60	$9.38		
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS		$29.37	$29.37	$19.99	$9.38		
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS		$34.17	$34.17	$24.79	$9.38		
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS		$27.52	$27.52	$18.14	$9.38		
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND E		$30.33	$30.33	$18.14	$12.19		
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS		$27.52	$27.52	$18.14	$9.38		
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS		$38.13	$38.13	$24.79	$13.34		
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDIN		$47.62	$47.62	$32.01	$15.61		
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMU		$33.64	$33.64	$24.26	$9.38		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		$209.42	$209.42	$159.75	$49.66		
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		$243.19	$243.19	$191.23	$51.96		
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW		$293.22	$293.22	$238.74	$54.47		
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		$209.42	$209.42	$159.75	$49.66		
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		$243.19	$243.19	$191.23	$51.96		
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW		$293.22	$293.22	$238.74	$54.47		
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		$209.42	$209.42	$159.75	$49.66		
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		$243.19	$243.19	$191.23	$51.96		
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED		$293.22	$293.22	$238.74	$54.47		
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	R	$371.67	$371.67	$302.74	$68.93		
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	R	$445.83	$445.83	$363.27	$82.57		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	R	$405.02	$405.02	$336.09	$68.93		
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	R	$445.83	$445.83	$363.27	$82.57		
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	R	$399.65	$399.65	$336.09	$63.56		
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	R	$439.87	$439.87	$363.27	$76.60		
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	R	$782.81	$782.81	$672.42	$110.39		
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	R	$782.81	$782.81	$672.42	$110.39		
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	R	$774.25	$774.25	$672.42	$101.84		
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WIT	R	$409.04	$409.04	$336.09	$72.95		
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS		$21.25	$21.25	$14.14	$7.11		
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		$27.23	$27.23	$18.14	$9.09		
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S)		$273.77	$273.77	$225.60	$48.18		
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		$206.31	$206.31	$159.75	$46.56		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		$234.50	$234.50	$184.84	$49.66		
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY		$281.10	$281.10	$229.14	$51.96		
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST	R	$357.63	$357.63	$301.03	$56.60		
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	R	$371.67	$371.67	$302.74	$68.93		
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST	R	$723.49	$723.49	$656.82	$66.66		
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST	R	$377.54	$377.54	$302.74	$74.80		
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		$21.52	$21.52	$14.14	$7.38		
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		$25.03	$25.03	$16.80	$8.23		
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		$22.83	$22.83	$15.46	$7.38		
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$167.44	$167.44	$128.28	$39.16		
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$156.25	$156.25	$117.09	$39.16		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$146.15	$146.15	$110.14	$36.01		
72270	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/ THORA		$221.86	$221.86	$164.82	$57.04		
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$79.63	$79.63	$59.26	$20.37		
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND		$262.46	$262.46	$226.46	$36.01		
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$248.08	$248.08	$212.07	$36.01		
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		$20.96	$20.96	$14.14	$6.82		
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		$21.52	$21.52	$14.14	$7.38		
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		$19.32	$19.32	$12.80	$6.52		
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		$23.13	$23.13	$15.46	$7.67		
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISI		$80.33	$80.33	$56.80	$23.52		
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR		$26.66	$26.66	$18.14	$8.53		
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		$22.83	$22.83	$15.46	$7.38		
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS		$20.66	$20.66	$14.14	$6.52		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		$22.83	$22.83	$15.46	$7.38		
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION		$80.33	$80.33	$56.80	$23.52		
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS		$20.96	$20.96	$14.14	$6.82		
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		$21.79	$21.79	$14.41	$7.38		
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION		$66.19	$66.19	$42.66	$23.52		
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		$21.79	$21.79	$14.41	$7.38		
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS		$17.12	$17.12	$11.46	$5.67		
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		$180.72	$180.72	$134.16	$46.56		
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		$209.42	$209.42	$159.75	$49.66		
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO		$252.79	$252.79	$200.83	$51.96		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST		$246.41	$246.41	$198.24	$48.18		
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	R	$333.53	$333.53	$295.29	$38.24		
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	R	$399.60	$399.60	$354.09	$45.51		
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	R	$366.30	$366.30	$302.74	$63.56		
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	R	$338.64	$338.64	$286.23	$52.41		
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	R	$399.60	$399.60	$354.09	$45.51		
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	R	$716.67	$716.67	$655.32	$61.35		
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTR	R	$373.63	$373.63	$302.74	$70.90		
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW		$20.18	$20.18	$12.80	$7.38		
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEW		$24.54	$24.54	$15.46	$9.09		
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH		$29.47	$29.47	$18.14	$11.33		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AN		$80.33	$80.33	$56.80	$23.52		
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		$26.62	$26.62	$14.14	$12.48		
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF T		$24.25	$24.25	$15.46	$8.79		
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS		$22.83	$22.83	$15.46	$7.38		
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS		$21.25	$21.25	$14.14	$7.11		
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS		$23.39	$23.39	$15.46	$7.94		
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS		$26.42	$26.42	$16.80	$9.62		
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		$20.44	$20.44	$13.34	$7.11		
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION A		$94.71	$94.71	$71.19	$23.52		
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS		$21.25	$21.25	$14.14	$7.11		
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		$21.79	$21.79	$14.41	$7.38		
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION		$80.33	$80.33	$56.80	$23.52		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS		$20.15	$20.15	$13.34	$6.82		
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		$21.79	$21.79	$14.41	$7.38		
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		$19.61	$19.61	$12.80	$6.82		
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS		$17.12	$17.12	$11.46	$5.67		
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		$180.72	$180.72	$134.16	$46.56		
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		$209.42	$209.42	$159.75	$49.66		
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO		$252.79	$252.79	$200.83	$51.96		
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST		$246.41	$246.41	$198.24	$48.18		
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	R	$333.53	$338.24	$295.29	$38.24		
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	R	$399.60	$399.60	$354.09	$45.51		
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	R	$366.30	$366.30	$302.74	$63.56		
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	R	$344.77	$344.77	$292.35	$52.41		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	R	$399.60	$399.60	$354.09	$45.51		
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	R	$716.67	$716.67	$655.32	$61.35		
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTR	R	$376.27	$376.27	$302.74	$73.54		
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		$21.81	$21.81	$14.14	$7.67		
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQU		$25.64	$25.64	$15.46	$10.19		
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR		$28.69	$28.69	$16.80	$11.90		
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUD		$33.89	$33.89	$19.99	$13.90		
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		$203.88	$203.88	$153.07	$50.81		
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		$239.31	$239.31	$184.84	$54.47		
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY		$289.28	$289.28	$229.14	$60.14		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING		$434.81	$434.81	$346.77	$88.04		
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S		$273.77	$273.77	$225.60	$48.18		
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL		$189.00	$189.00	$115.12	$73.88		
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL		$297.00	$297.00	$219.56	$77.44		
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRACT MATERIALS AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS		$375.92	$375.92	$290.17	$85.75		
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST	R	$371.67	$371.67	$302.74	$68.93		
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERI	R	$405.62	$405.62	$355.09	$50.54		
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST	R	$723.49	$723.49	$656.82	$66.66		
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST	R	$377.54	$377.54	$302.74	$74.80		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL		$53.26	$53.26	$35.20	$18.06		
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		$47.35	$47.35	$32.01	$15.34		
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		$51.87	$51.87	$32.01	$19.86		
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	R	$58.43	$58.43	$35.20	$23.23		
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,		$122.00	$122.00	$71.19	$50.81		
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT		$69.51	$69.51	$39.47	$30.05		
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT		$70.32	$70.32	$40.27	$30.05		
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL		$103.69	$103.69	$64.53	$39.16		
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,		$74.59	$74.59	$44.54	$30.05		
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,		$75.63	$75.63	$45.59	$30.05		
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,		$108.76	$108.76	$69.60	$39.16		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM		$55.36	$55.36	$35.20	$20.15		
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM		$61.81	$61.81	$35.20	$26.61		
74260	DUODENOGRAPHY, HYPOTONIC		$61.84	$61.84	$40.27	$21.57		
74261	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; W/O CONTRAST MATERIAL		$296.05	$296.05	$210.96	$85.09		
74262	WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES		$332.42	$332.42	$239.03	$93.40		
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB		$76.17	$76.17	$46.12	$30.05		
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY		$103.35	$103.35	$60.53	$42.82		
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION O		$156.15	$156.15	$69.33	$86.82		
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		$33.89	$33.89	$19.99	$13.90		
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL		$39.94	$39.94	$25.98	$13.96		
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,		$23.19	$23.19	$15.08	$8.10		
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER,		$39.48	$39.48	$21.33	$18.15		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION		$108.60	$108.60	$85.08	$23.52		
74327	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE T		$78.07	$78.07	$47.73	$30.34		
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL		$115.42	$115.42	$85.08	$30.34		
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGIC		$115.42	$115.42	$85.08	$30.34		
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCT		$115.42	$115.42	$85.08	$30.34		
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUD		$94.71	$94.71	$71.19	$23.52		
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION		$104.09	$104.09	$71.19	$32.90		
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS		$108.60	$108.60	$85.08	$23.52		
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR		$202.83	$202.83	$164.82	$38.01		
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WIT		$66.60	$66.60	$45.59	$21.01		
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		$73.81	$73.81	$52.80	$21.01		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH		$78.35	$78.35	$57.34	$21.01		
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		$86.53	$86.53	$71.19	$15.34		
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM),		$50.54	$50.54	$35.20	$15.34		
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND		$42.42	$42.42	$28.52	$13.90		
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISI		$47.11	$47.11	$30.67	$16.44		
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$79.47	$79.47	$30.67	$48.81		
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRET		$53.66	$53.66	$39.47	$14.19		
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		$56.86	$56.86	$42.66	$14.19		
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST		$57.38	$57.38	$33.86	$23.52		
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINA		$133.67	$133.67	$110.14	$23.52		
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P		$133.67	$133.67	$110.14	$23.52		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION		$108.60	$108.60	$85.08	$23.52		
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$51.64	$51.64	$35.20	$16.44		
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVIS		$110.66	$110.66	$85.08	$25.58		
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMAL		$66.41	$66.41	$39.47	$26.94		
75557	CARDIAC MRI FOR MORPH W/O CONTRAST		$309.93	$309.93	$170.24	$51.53		
75559	CARDIAC MRI W/STRESS IMG W/O CONTRAST		$311.88	$311.88	$256.27	$65.66		
75561	CARDIAC MRI FOR MORPH W/DYE W/O CONTRAST		$475.58	$475.58	$241.68	$57.00		
75563	CARDIAC MRI W/STRESS IMG & DYE W & W/O CONTRAST		$477.59	$477.59	$301.00	$68.25		
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		$65.50	$65.50	$55.82	$9.68		
75571	COMPUTED TOMOGRAPHY, HEART, W/O CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM		$65.23	$65.23	$43.57	$21.65		
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY		$191.56	$191.56	$125.73	$65.82		
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL,FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE		$272.36	$272.36	$178.04	$94.31		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS, WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING		$417.89	$417.89	$328.08	$89.81		
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION		$361.36	$361.36	$340.35	$21.01		
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND		$389.16	$389.16	$340.35	$48.81		
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND		$389.16	$389.16	$340.35	$48.81		
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY,		$410.92	$410.92	$354.74	$56.18		
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFE		$300.86	$300.86	$225.60	$75.26		
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND		$396.54	$396.54	$340.35	$56.18		
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRET		$434.25	$434.25	$340.35	$93.90		
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND		$389.16	$389.16	$340.35	$48.81		
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND		$396.54	$396.54	$340.35	$56.18		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT F		$389.16	$389.16	$340.35	$48.81		
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION		$389.16	$389.16	$340.35	$48.81		
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A		$396.54	$396.54	$340.35	$56.18		
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVI		$389.16	$389.16	$340.35	$48.81		
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO		$396.54	$396.54	$340.35	$56.18		
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION		$411.58	$411.58	$340.35	$71.23		
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,		$389.16	$389.16	$340.35	$48.81		
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETA		$389.16	$389.16	$340.35	$48.81		
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC		$355.69	$355.69	$340.35	$15.34		
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT, COMPLETE EVALUATION OF DIALYSIS ACCESS, INCLUDING FLUORO, IMAGE DOCUMENTATION AND REPORT		$221.41	$221.41	$157.37	$64.04		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION		$181.33	$181.33	$146.42	$34.91		
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION		$196.37	$196.37	$146.42	$49.96		
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISI		$199.73	$199.73	$164.82	$34.91		
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISIO		$214.78	$214.78	$164.82	$49.96		
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCUL		$40.95	$40.95	$21.33	$19.62		
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$389.16	$389.16	$340.35	$48.81		
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND		$55.94	$55.94	$25.60	$30.34		
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND		$85.42	$85.42	$40.01	$45.41		
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS		$389.16	$389.16	$340.35	$48.81		
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS		$389.16	$389.16	$340.35	$48.81		
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND		$389.16	$389.16	$340.35	$48.81		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND		$404.21	$404.21	$340.35	$63.85		
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A		$389.16	$389.16	$340.35	$48.81		
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AN		$404.21	$404.21	$340.35	$63.85		
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGUL		$389.16	$389.16	$340.35	$48.81		
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND		$389.16	$389.16	$340.35	$48.81		
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$389.16	$389.16	$340.35	$48.81		
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$55.94	$55.94	$25.60	$30.34		
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION,		$402.20	$402.20	$340.35	$61.85		
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,		$402.20	$402.20	$340.35	$61.85		
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION,		$389.16	$389.16	$340.35	$48.81		
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,		$389.16	$389.16	$340.35	$48.81		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR		$363.88	$363.88	$340.35	$23.52		
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVIS		$708.07	$708.07	$651.89	$56.18		
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER TH		$622.99	$622.99	$566.81	$56.18		
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCAT		$99.46	$99.46	$28.52	$70.94		
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH		$70.35	$70.35	$51.36	$18.99		
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA		$66.44	$66.44	$51.36	$15.08		
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISI		$133.72	$133.72	$118.96	$14.76		
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISI		$74.37	$74.37	$59.61	$14.76		
75952	ENDOVASC REPAIR ABDOM AORTA		$173.41	$173.41		$202.35		
75953	ABDOM ANEURYSM ENDOVAS RPR		$70.07	$70.07		$61.71		
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOV		$691.68	$691.68	$622.51	$69.17		
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,		$252.50	$252.50	$0.00	$252.50		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF		$168.33	$168.33	$0.00	$168.33		
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCUL		$147.35	$147.35	$0.00	$147.35		
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY		$437.70	$437.70	$402.25	$35.44		
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL		$448.69	$448.69	$425.17	$23.52		
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY,		$242.06	$242.06	$226.72	$15.34		
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY,		$481.35	$481.35	$425.17	$56.18		
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY,		$242.06	$242.06	$226.72	$15.34		
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		$347.81	$347.81	$311.81	$36.01		
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS),		$454.86	$454.86	$425.17	$29.69		
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING,		$208.27	$208.27	$146.42	$61.85		
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND		$226.68	$226.68	$164.82	$61.85		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITOR		$84.00	$84.00	$52.80	$31.19		
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED		$135.89	$135.89	$85.08	$50.81		
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER		$42.31	$42.31	$35.20	$7.11		
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOL		$100.38	$100.38	$71.19	$29.19		
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VI		$21.81	$21.81	$14.14	$7.67		
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLO		$52.05	$52.05	$28.52	$23.52		
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN		$18.27	$18.27	$11.46	$6.82		
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OT		$59.09	$59.09	$33.86	$25.23		
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI		$63.63	$63.63	$38.40	$25.23		
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI		$72.16	$72.16	$46.93	$25.23		
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	R	$44.96	$44.96	$28.52	$16.44		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LI	R	$32.96	$32.96	$21.33	$11.63		
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT		$19.86	$19.86				
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY,		$97.83	$97.83	$89.59	$8.24		
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY,		$127.95	$127.95	$95.55	$32.40		
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		$136.95	$136.95	$94.69	$42.26		
76390	MAGNETIC RESONANCE SPECTROSCOPY	R	$351.96	$351.96	$292.16	$59.80		
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	R	$0.00	$0.00	$0.00	$0.00		
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL	R	$0.00	$0.00	$0.00	$0.00		
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	R	$0.00	$0.00	$0.00	$0.00		
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		$65.63	$65.63	$38.40	$27.24		
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERF		$121.56	$121.56	$57.44	$64.12		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERS		$69.95	$69.95	$41.32	$28.63		
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR		$9.01	$9.01	$1.80	$7.21		
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR		$52.34	$52.34	$30.05	$22.29		
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID,		$62.77	$62.77	$38.40	$24.38		
76604	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH		$59.29	$59.29	$35.20	$24.08		
76641	ULTRASOUND OF ONE BREAST		$81.80	$81.80	$51.98	$29.82		Added effective 1/1/2015
76642	ULTRASOUND OF ONE BREAST		$67.64	$67.64	$39.82	$27.82		Added effective 1/1/2015
76700	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO		$88.25	$88.25	$53.34	$34.91		
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO		$63.92	$63.92	$38.40	$25.53		
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R		$85.39	$85.39	$53.34	$32.05		
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R		$63.63	$63.63	$38.40	$25.23		
76776	ULTRASOUND, TRANSPLANTED KIDNEY, DOPPLER W/IMAGE		$87.59	$87.59	$59.12	$28.47		
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS		$86.91	$86.91	$38.40	$48.51		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$68.11	$68.11	$29.32	$38.78		
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$53.48	$53.48	$20.84	$32.64		
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$99.62	$99.62	$56.80	$42.82		
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$197.93	$197.93	$113.36	$84.57		
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$139.29	$139.29	$67.30	$71.98		
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$106.62	$106.62	$35.57	$71.05		
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$91.06	$91.06	$47.45	$43.61		
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		$61.49	$61.49	$24.88	$36.62		
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMIT		$66.49	$66.49	$38.40	$28.09		
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLO		$80.13	$80.13	$47.91	$32.22		
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION,		$71.90	$71.90	$43.32	$28.58		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING		$76.93	$76.93	$43.74	$33.20		
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING		$68.38	$68.38	$43.30	$25.08		
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY		$64.65	$64.65	$44.19	$20.46		
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY		$72.62	$72.62	$44.19	$28.44		
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE		$92.70	$92.70	$53.34	$39.36		
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE		$62.99	$62.99	$19.19	$43.81		
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI		$83.89	$83.89	$47.15	$36.74		
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI		$55.05	$55.05	$30.62	$24.43		
76830	ULTRASOUND, TRANSVAGINAL		$71.37	$71.37	$41.32	$30.05		
76831	ECHO EXAM UTERUS		$100.97	$70.10	$82.48	$31.15		
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE		$71.37	$71.37	$41.32	$30.05		
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE		$44.96	$44.96	$28.52	$16.44		
76870	ULTRASOUND, SCROTUM AND CONTENTS		$68.85	$68.85	$41.32	$27.53		
76872	ULTRASOUND, TRANSRECTAL;		$71.37	$71.37	$41.32	$30.05		
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREAT		$110.37	$110.37	$57.83	$52.54		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		$100.58	$100.58	$75.36	$25.22		
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		$26.41	$26.41	$8.90	$17.51		
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC		$70.68	$70.68	$39.88	$30.79		
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED		$62.86	$62.86	$37.06	$25.80		
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND		$70.51	$70.51	$41.32	$29.19		
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND		$70.51	$70.51	$41.32	$29.19		
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR		$264.25	$264.25	$170.16	$94.08		
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATIO		$24.86	$24.86	$12.36	$12.50		
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION		$123.68	$123.68	$46.33	$77.35		
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESI		$99.46	$99.46	$41.35	$58.11		
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION,		$70.51	$70.51	$41.32	$29.19		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION		$79.80	$79.80	$41.35	$38.45		
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND		$57.76	$57.76	$41.32	$16.44		
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND		$57.76	$57.76	$41.32	$16.44		
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		$249.90	$249.90	$150.44	$99.46		
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		$45.82	$45.82	$28.52	$17.29		
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION		$75.42	$75.42	$41.32	$34.10		
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SIT		$32.14	$32.14	$23.26	$8.88		
76998	US GUIDE INTRAOP		$0.00	$0.00	$0.00	$56.67		
77001	FLUOROSCOPIC GUIDANCE FOR VEIN DEVICE PLACEMENT		$57.63	$57.63	$43.14	$14.49		
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT		$53.35	$53.35	$33.24	$20.11		
77003	FLUOROSCOPICE GUIDANCE FOR SPINE INJECTION		$52.29	$52.29	$30.45	$21.84		
77011	CT SCAN FOR LOCALIZATION		$335.49	$335.49	$289.50	$45.99		
77012	CT SCAN FOR NEEDLE BIOPSY		$223.45	$223.45	$179.40	$44.05		
77013	CT GUIDE FOR TISSUE ABLATION		$0.00	$0.00	$0.00	$173.27		
77014	CT GUIDANCE FOR PLACEMENT RADIATION THERAPY		$119.11	$119.11	$86.52	$32.59		
77021	MRI GUIDANCE FOR NEEDLE PLACEMENT		$340.56	$340.56	$282.66	$57.89		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77022	MRI FOR TISSUE ABLATION		$0.00	$0.00	$0.00	$182.17		
77031	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY/NEEDLE PLACEMENT		$214.51	$214.51	$153.77	$60.74		
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT		$50.37	$50.37	$29.18	$21.19		
77051	COMPUTER AIDED DETECTION DIAGNOSTIC MAMMOGRAPHY		$11.88	$11.74	$9.47	$2.27		
77052	COMPUTER AIDED DETECTION SCREENING MAMMOGRAPHY		$11.88	$11.74	$9.47	$2.27		
77053	MAMMARY DUCTOGRAM, SINGLE DUCT		$70.50	$70.50	$56.59	$13.91		
77054	MAMMARY DUCTOGRAM, MULTIPLE DUCTS		$100.75	$100.75	$83.48	$17.27		
77055	MAMMOGRAPHY, UNILATERAL		$56.43	$56.43	$29.94	$26.49		
77056	MAMMOGRAPHY, BILATERAL		$70.46	$70.46	$37.55	$32.91		
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEWS		$58.97	$58.97	$32.48	$26.49		
77058	MRI, BREAST, UNILATERAL	R	$548.04	$548.04	$486.41	$61.63		
77059	MRI, BREAST, BILATERAL	R	$675.43	$675.43	$613.80	$61.63		
77061	DIGITAL TOMOGRAPHY OF ONE BREAST		$0.00	$0.00	$0.00	$0.00		Added effective 1/1/2015
77062	DIGITAL TOMOGRAPHY OF BOTH BREASTS		$0.00	$0.00	$0.00	$0.00		Added effective 1/1/2015
77063	SCREENING DIGITAL TOMOGRAPHY OF BOTH BREASTS		$42.81	$42.81	$18.61	$24.20		Added effective 1/1/2015
77071	MANUAL APPLICATION OF STRESS FOR JOINT RADIOGRAPHY		$21.70	$21.70				
77072	BONE AGE STUDIES		$16.13	$16.13	$9.13	$6.99		
77073	BONE LENGTH STUDIES		$29.85	$29.85	$19.54	$10.31		
77074	X-RAY, BONE SURVEY, LIMITED		$45.43	$45.43	$28.17	$17.27		
77075	X-RAY, BONE SURVEY, COMPLETE		$62.74	$62.74	$42.12	$20.62		
77076	X-RAY, BONE SUVEY, INFANT		$52.63	$52.63	$26.13	$26.49		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77077	JOINT SURVEY, 2 OR MORE JOINTS		$38.10	$38.10	$26.14	$11.97		
77078	CT SCAN, BONE MINERAL DENSITY, AXIAL SKELETON		$98.03	$98.03	$88.55	$9.48		
77080	DXA, BONE DENSITY STUDY, AXIAL SKELETON		$76.05	$76.05	$67.75	$8.29		
77081	DXA, BONE DENSITY STUDY, APPENDICULAR SKELETON		$28.16	$28.16	$19.54	$8.62		
77084	MRI, BONE MARROW	R	$373.37	$373.37	$312.60	$60.77		
77085	BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE		$41.97	$41.97	$29.73	$12.24		Added effective 1/1/2015
77086	FRACTURE ASSESSMENT OF SPINE BONES USING DEDICATED X-RAY MACHINE FOR BONE DENSITY MEASUREMENT		$26.47	$26.47	$19.38	$7.09		Added effective 1/1/2015
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		$59.60	$59.60				
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		$90.53	$90.53				
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		$134.55	$134.55				
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		$124.22	$124.22	$93.88	$30.34		
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		$195.53	$195.53	$150.69	$44.85		
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		$243.00	$243.00	$175.77	$67.22		
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		$319.55	$319.55	$237.22	$82.33		
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL		$950.24	$950.24	$755.30	$194.94		
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	R	$56.25	$75.00	$0.00	$0.00		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULA		$62.95	$62.95	$36.28	$26.68		
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM		$1,032.62	$1,032.62	$715.54	$317.08		
77306	RADIATION THERAPY PLAN		$110.46	$110.46	$53.02	$57.44		Added effective 1/1/2015
77307	RADIATION THERAPY PLAN		$216.83	$216.83	$97.21	$119.62		Added effective 1/1/2015
77316	RADIATION THERAPY PLAN		$140.16	$140.16	$82.72	$57.44		Added effective 1/1/2015
77317	RADIATION THERAPY PLAN		$183.36	$183.36	$107.80	$75.56		Added effective 1/1/2015
77318	RADIATION THERAPY PLAN		$265.94	$265.94	$146.32	$119.62		Added effective 1/1/2015
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY		$149.96	$149.96	$109.10	$40.87		
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESC		$51.05	$51.05	$13.60	$37.45		
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMP		$59.80	$59.80	$36.28	$23.52		
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLO		$87.76	$87.76	$51.46	$36.30		
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS,		$140.58	$140.58	$87.76	$52.81		
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREAT		$80.55	$80.55				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77338	MULTI-LEAF COLLIMATOR DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY, DESIGN AND CONSTRUCTION PER IMRT PLAN		$350.91	$350.91	$178.30	$172.62		
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		$94.42	$94.42				
77371	STEREOTACTIC RADIOSURGERY, MULTI-SOURCE COBALT 60 BASED		$770.69	$770.69				
77372	STEREOTACTIC RADIOSURGERY, LINEAR ACCELERATOR BASED		$585.00	$585.00				
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY		$1,090.83	$1,090.83				
77385	RADIATION THERAPY DELIVERY		$0.00	$0.00				Added effective 1/1/2015
77386	RADIATION THERAPY DELIVERY		$0.00	$0.00				Added effective 1/1/2015
77387	GUIDANCE FOR LOCALIZATION OF TARGET DELIVERY OF RADIATION TREATMENT DELIVERY		$0.00	$0.00				Added effective 1/1/2015
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT	R	$0.00	$0.00	$0.00	$0.00		
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL		$48.00	$48.00				
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA		$48.00	$48.00				
77407	RADIATION TREATMENT DELIVERY, TWO TREATMENT AREAS, 3 OR MORE PORTS		$56.53	$56.53				
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE TREATMENT AREAS		$63.19	$63.19				
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		$15.99	$15.99				
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT ARE		$47.00	$47.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(		$61.03	$61.03				
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION		$0.00	$0.00				
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION		$0.00	$0.00				
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS		$130.64	$130.64				
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTIN		$77.75	$77.75				
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COM		$374.91	$374.91				
77435	STEREOTACTIC RADIATION THERAPY, TREATMENT MANAGEMENT		$508.67	$508.67				
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT		$241.26	$241.26				
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY		$390.56	$390.56	$300.88	$89.67		
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	R	$0.00	$0.00	$0.00	$0.00		
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION		$0.00	$0.00				
77525	PROTON TREATMENT DELIVERY; COMPLEX		$0.00	$0.00				
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPT		$149.38	$149.38	$82.16	$67.22		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATE		$199.55	$199.55	$109.87	$89.67		
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITI		$149.38	$149.38	$82.16	$67.22		
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTIT		$199.55	$199.55	$109.87	$89.67		
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		$149.38	$149.38	$82.16	$67.22		
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS		$232.97	$232.97	$36.01	$196.96		
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE		$220.69	$220.69	$67.99	$152.70		
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE		$327.21	$327.21	$97.61	$229.60		
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX		$464.57	$464.57	$121.36	$343.21		
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE		$259.25	$259.25	$58.92	$200.33		
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE		$414.68	$414.68	$114.68	$300.00		
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX		$587.70	$587.70	$138.69	$449.01		
77785	HIGH DOSE BRACHYTHERAPY DELIVERY, 1 CHANNEL		$153.10	$153.10	$94.35	$58.75		
77786	HIGH DOSE BRACHYTHERAPY DELIVERY, 2-12 CHANNELS		$365.53	$365.53	$230.83	$134.70		
77787	HIGH DOSE BRACHYTHERAPY DELIVERY, OVER 12 CHANNELS		$634.34	$634.34	$432.00	$202.35		
77789	SURFACE APPLICATION OF RADIATION SOURCE		$57.11	$57.11	$12.26	$44.85		
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE		$58.45	$58.45	$13.60	$44.85		
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	R	$0.00	$0.00	$0.00	$0.00		
78012	THYROID UPTAKE, SINGLE OR MULTIPLY QUANTITATIVE		$63.81	$63.81	$56.30	$7.51		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PER		$160.92	$160.92	$146.42	$14.50		
78014	WITH SINGLE OR MULT UPTAKES(S) QUANTITATIVE MEASURE		$186.56	$186.56	$167.10	$19.47		
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST		$98.79	$98.79	$69.60	$29.19		
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URI		$129.86	$129.86	$94.15	$35.71		
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		$187.55	$187.55	$146.69	$40.87		
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CO		$23.59	$23.59	$14.98	$8.61		
78070	PARATHYROID IMAGING		$71.18	$71.18	$49.07	$22.11		
78071	WITH TOMOGRAPHIC (SPECT)		$279.24	$279.24	$232.99	$46.25		
78072	WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQ		$0.00	$0.00	$0.00	$64.01		
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		$178.74	$178.74	$146.69	$32.05		
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78102	BONE MARROW IMAGING; LIMITED AREA		$79.01	$79.01	$55.19	$23.82		
78103	BONE MARROW IMAGING; MULTIPLE AREAS		$117.96	$117.96	$85.62	$32.34		
78104	BONE MARROW IMAGING; WHOLE BODY		$144.76	$144.76	$110.14	$34.61		
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE		$33.83	$33.83	$25.60	$8.23		
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE		$79.22	$79.22	$69.60	$9.62		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		$57.11	$57.11	$46.93	$10.19		
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		$92.33	$92.33	$78.43	$13.90		
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PL		$143.85	$143.85	$124.55	$19.30		
78130	RED CELL SURVIVAL STUDY;		$103.47	$103.47	$77.09	$26.38		
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLE		$159.27	$159.27	$131.74	$27.53		
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENI		$132.79	$132.79	$106.41	$26.38		
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		$81.29	$81.29	$63.99	$17.29		
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL		$201.24	$201.24	$154.68	$46.56		
78191	PLATELET SURVIVAL STUDY		$224.56	$224.56	$198.18	$26.38		
78195	LYMPHATICS AND LYMPH NODES IMAGING		$140.48	$140.48	$110.14	$30.34		
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE,	R	$0.00	$0.00	$0.00	$0.00		
78201	LIVER IMAGING; STATIC ONLY		$82.73	$82.73	$63.99	$18.74		
78202	LIVER IMAGING; WITH VASCULAR FLOW		$100.00	$100.00	$77.89	$22.11		
78205	LIVER IMAGING (SPECT);		$190.65	$190.65	$159.75	$30.90		
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		$0.00	$196.72	$161.12	$35.61		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		$100.24	$100.24	$79.23	$21.01		
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		$118.82	$118.82	$94.15	$24.67		
78226	HEPATOBILARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT		$251.33	$251.33	$255.76	$30.56		
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITIVE MEASUREMENT(S) WHEN PERFORMED		$343.77	$343.77	$355.15	$36.79		
78230	SALIVARY GLAND IMAGING;		$78.49	$78.49	$58.92	$19.57		
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		$108.29	$108.29	$85.62	$22.67		
78232	SALIVARY GLAND FUNCTION STUDY		$115.91	$115.91	$95.49	$20.42		
78258	ESOPHAGEAL MOTILITY		$109.94	$109.94	$77.89	$32.05		
78261	GASTRIC MUCOSA IMAGING		$140.99	$140.99	$110.95	$30.05		
78262	GASTROESOPHAGEAL REFLUX STUDY		$144.43	$144.43	$114.95	$29.48		
78264	GASTRIC EMPTYING STUDY		$145.24	$145.24	$111.48	$33.76		
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC		$50.65	$50.65	$41.86	$8.79		
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FAC		$53.33	$53.33	$44.54	$8.79		
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC F		$74.82	$74.82	$62.92	$11.90		
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		$174.56	$174.56	$131.74	$42.82		
78282	GASTROINTESTINAL PROTEIN LOSS		$0.00	$0.00	$0.00	$16.44		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION,		$111.64	$111.64	$82.16	$29.48		
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		$120.43	$120.43	$82.69	$37.74		
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		$94.40	$94.40	$67.46	$26.94		
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		$134.96	$134.96	$98.95	$36.01		
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		$152.64	$152.64	$115.48	$37.15		
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		$172.79	$172.79	$129.09	$43.70		
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		$204.31	$204.31	$159.75	$44.56		
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE P		$30.15	$30.15	$20.53	$9.62		
78351	BONE MINERAL DUAL PHOTON		$14.39	$14.39				
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78414	NON-IMAGING HEART FUNCTION		$0.00	$0.00	$0.00	$19.88		
78428	CARDIAC SHUNT DETECTION		$94.83	$94.83	$61.07	$33.76		
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		$71.93	$71.93	$50.15	$21.79		
78451	NUCLEAR MEDICINE STUDY OF VESSELS OF HEART USING DRUGS OR EXERCISE SINGLE STUDY	R	$161.53	$161.53	$109.91	$51.61		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78452	MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR REST REINJECTION	R	$273.49	$273.49	$212.49	$61.00		
78453	MYCARDIAL PERFUSION IMAGING, PLANAR SINGLE STUDY, AT REST OR STRESS	R	$139.95	$139.95	$102.51	$37.43		
78454	MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR REST REINJECTION	R	$135.88	$135.88	$86.18	$49.70		
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		$147.47	$147.47	$109.71	$37.76		
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		$105.19	$105.19	$71.99	$33.20		
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL		$147.15	$147.15	$108.56	$38.60		
78459	HEART MUSCLE IMAGING (PET)	R	$0.00	$0.00	$0.00	$63.20		
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	R	$101.23	$101.23	$71.19	$30.05		
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FI	R	$133.30	$133.30	$98.95	$34.35		
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WI	R	$180.80	$180.80	$141.35	$39.45		
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT	R	$191.34	$191.34	$149.08	$42.26		
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL	R	$285.99	$285.99	$222.99	$63.00		
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STU	R	$183.61	$183.61	$141.35	$42.26		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE	R	$275.58	$275.58	$212.58	$63.00		
78491	HEART IMAGE (PET) SINGLE	R	$0.00	$0.00	$0.00	$64.09		
78492	HEART IMAGE (PET) MULTIPLE	R	$0.00	$0.00	$0.00	$81.00		
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MO	R	$0.00	$199.31	$154.53	$44.78		
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST,	R	$0.00	$68.73	$48.21	$20.51		
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78579	PULMONARY VENTILATION IMAGING (AEROSOL OR GAS)		$133.85	$133.85	$132.03	$20.18		
78580	PULMONARY PERFUSION IMAGING, PARTICULATE		$124.86	$124.86	$92.81	$32.05		
78582	PULMONARY VENTILATION(EG, AEROSOL OR GAS) AND PERFUSION IMAGING		$247.10	$247.10	$236.77	$43.61		
78597	QUANTITIVE DIFFERENTIAL PULMONARY PERFUSION , INCLUDING IMAGING WHEN PERFORMED		$151.45	$151.45	$141.53	$29.97		
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION(AEROSOL OR GAS) INCLUDING IMAGING WHEN PERFORMED		$231.79	$231.79	$229.35	$34.12		
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		$96.90	$96.90	$77.89	$19.00		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		$114.14	$114.14	$91.76	$22.37		
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		$114.99	$114.99	$91.76	$23.23		
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		$132.09	$132.09	$104.56	$27.53		
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		$229.63	$229.63	$177.11	$52.52		
78608	NUCLEAR MEDICINE STUDY BRAIN WITH METABOLIC EVALUATION	R	$60.65	$60.65	$0.00	$62.60		
78609	NUCLEAR MEDICINE STUDY BRAIN WITH BLOOD CIRCULATION EVALUATION	R	$62.66	$62.66	$0.00	$65.57		
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		$55.71	$55.71	$42.66	$13.04		
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		$165.76	$165.76	$136.28	$29.48		
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		$95.18	$95.18	$68.80	$26.38		
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		$117.48	$117.48	$92.81	$24.67		
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER		$198.62	$198.62	$159.75	$38.86		
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION		$151.74	$151.74	$125.36	$26.38		
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	R	$80.57	$80.57	$57.34	$23.23		
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78700	KIDNEY IMAGING; STATIC ONLY		$101.45	$101.45	$82.16	$19.30		
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		$117.04	$117.04	$96.03	$21.01		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT		$161.13	$161.13	$120.82	$40.31		
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH		$163.76	$163.76	$116.60	$47.16		
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH		$169.52	$169.52	$116.60	$52.92		
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		$188.38	$188.38	$159.75	$28.63		
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY		$64.71	$64.71	$48.27	$16.44		
78730	URINARY BLADDER RESIDUAL STUDY		$54.81	$54.81	$39.47	$15.34		
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)		$82.01	$82.01	$57.34	$24.67		
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		$117.32	$117.32	$86.42	$30.90		
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	R	$120.15	$120.15	$91.76	$28.39		
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	R	$148.46	$148.46	$114.41	$34.05		
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	R	$186.77	$186.77	$149.61	$37.15		
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	R	$223.67	$223.67	$177.11	$46.56		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	R	$158.04	$158.04	$116.73	$41.31		
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	R	$123.25	$123.25	$91.76	$31.49		
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	R	$210.78	$210.78	$173.89	$36.89		
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC	R	$223.67	$223.67	$177.11	$46.56		
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL		$36.49	$36.49				
78811	PET IMAGE LTD AREA	R	$0.00	$0.00	$0.00	$67.65		
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-T	R	$0.00	$0.00	$0.00	$76.95		
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY	R	$0.00	$0.00	$0.00	$62.19		
78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	$0.00	$0.00	$0.00	$68.12		
78815	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	$0.00	$0.00	$0.00	$75.24		
78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY	R	$0.00	$0.00	$0.00	$77.02		
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	$0.00	$0.00	$0.00	$0.00		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	R	$141.27	$141.27	$70.48	$70.79		
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	R	$147.80	$147.80	$70.48	$77.32		
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	R	$156.85	$156.85	$71.19	$85.67		
79300	NUCLR RX INTERSTIT COLLOID	R	$0.00	$0.00	$0.00	$73.28		
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY	R	$203.02	$203.02	$112.58	$90.44		
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	R	$156.85	$156.85	$71.19	$85.67		
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRAT	R	$166.24	$166.24	$71.00	$95.24		
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
80050	GENERAL HEALTH PANEL		$48.45	$48.45				
80055	OBSTETRIC PANEL		$0.00	$0.00				
80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S		$15.54	$15.80				
80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOST		$53.21	$53.98				
81099	UNLISTED URINALYSIS PROCEDURE	R	$0.00	$0.00				
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE		$47.43	$47.43				
84999	UNLISTED CHEMISTRY PROCEDURE	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPO		$18.61	$18.61		$18.61		
85097	BONE MARROW, SMEAR INTERPRETATION		$38.90	$66.01				
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE		$0.00	$0.00				
86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION		$37.61	$39.16				
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION		$37.87	$39.93				
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDA		$38.13	$39.93				
86485	SKIN TEST; CANDIDA		$5.68	$5.68				
86486	SKIN TEST, NOS ANTIGEN		$4.45	$4.45				
86490	SKIN TEST; COCCIDIOIDOMYCOSIS		$7.99	$7.99				
86510	SKIN TEST; HISTOPLASMOSIS		$8.76	$8.76				
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL		$6.95	$6.95				
86849	UNLISTED IMMUNOLOGY PROCEDURE		$110.00	$110.00				
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE		$47.17	$47.17				
86860	RBC ANTIBODY ELUTION		$0.00	$0.00				
86870	RBC ANTIBODY IDENTIFICATION		$0.00	$0.00				
86890	AUTOLOGOUS BLOOD PROCESS		$0.00	$0.00				
86891	AUTOLOGOUS BLOOD OP SALVAGE		$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN		$26.06	$26.06				
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL		$0.00	$0.00				
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE		$0.00	$0.00				
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE		$21.18	$21.18				
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE		$31.00	$31.00				
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC		$0.00	$0.00				
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT		$31.13	$31.13				
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)		$0.00	$0.00				
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUT		$0.00	$0.00				
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI		$50.00	$50.00				
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY		$0.00	$0.00				
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT		$0.00	$0.00				
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	R	$0.00	$0.00				
87999	UNLISTED MICROBIOLOGY PROCEDURE	R	$0.00	$0.00				
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN		$35.44	$35.44	$6.87	$22.81		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN		$30.28	$30.28	$7.47	$22.81		
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG,		$34.15	$34.15	$11.08	$23.07		
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRET		$87.65	$87.65	$38.80	$48.26		
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION, URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN, MANUAL		$398.47	$398.47	$352.78	$45.69		
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION, URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN, USING COMPUTER-ASSISTED TECHNOLOGY		$336.46	$336.46	$295.81	$40.65		
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)		$14.95	$14.95	$4.64	$10.31		
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING		$18.02	$18.02				
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION		$36.56	$36.56	$16.25	$20.31		
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND		$36.81	$36.81	$16.50	$20.31		
88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER		$45.06	$45.06	$13.15	$31.91		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTO		$44.34	$44.34	$19.08	$25.25		
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND		$97.13	$97.13	$44.59	$52.54		
88177	IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME SITE. USE IN CONJUNCTION WITH PROCEDURE 88172		$24.33	$24.33	$5.64	$18.69		
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS		$62.64	$62.64	$30.18	$32.46		
88184	FLOWCYTOMETRY/TC 1 MARKER		$34.20	$34.20				inadvertently omitted from previous fee schedules
88185	FLOWCYTOMETRY/TC ADD-ON		$16.85	$16.85				inadvertently omitted from previous fee schedules
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS		$52.09	$52.09				
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS		$64.95	$64.95				
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS		$85.56	$85.56				
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT		$23.66	$23.66				
88299	UNLISTED CYTOGENETIC STUDY	R	$0.00	$0.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY		$12.35	$12.35	$8.51	$3.84		
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION		$34.49	$34.49	$29.54	$4.95		
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION		$43.71	$43.71	$35.41	$8.30		
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION		$61.81	$61.81	$29.66	$32.15		
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION		$152.38	$152.38	$91.80	$60.58		
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION		$232.59	$232.59	$126.69	$105.90		
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SUR		$12.57	$12.57	$2.57	$10.00		
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC		$71.03	$71.03	$50.97	$20.06		
88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC		$51.43	$51.43	$42.55	$8.88		
88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC		$38.47	$38.47	$18.83	$19.65		
88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME		$52.13	$52.13	$30.18	$21.95		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE		$52.09	$53.13				
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF		$88.10	$88.10	$33.80	$54.30		
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WIT		$87.31	$87.31				
88329	PATHOLOGY CONSULTATION DURING SURGERY;		$28.04	$29.85				
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN		$65.92	$65.92	$20.10	$45.83		
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WI		$30.37	$30.37	$5.92	$24.45		
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC		$65.23	$65.23	$15.07	$50.16		
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC		$33.85	$33.85	$9.19	$24.66		
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBOD		$71.97	$71.97	$40.25	$31.71		
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD		$55.43	$55.43	$20.63	$34.79		
88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD		$64.20	$64.20	$30.44	$33.76		
88348	ELECTRON MICROSCOPY; DIAGNOSTIC		$182.50	$182.50	$116.88	$65.62		
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE		$144.26	$144.26	$67.33	$76.93		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88356	MORPHOMETRIC ANALYSIS; NERVE		$195.20	$195.20	$70.94	$124.26		
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)		$133.68	$133.68	$18.28	$115.41		
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST		$78.85	$78.85	$32.67	$46.18		
88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST		$99.02	$99.06	$58.34	$40.67		
88362	NERVE TEASING PREPARATIONS		$131.79	$131.79	$42.55	$89.24		
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL TISSUE(S) FOR MOLECULAR ANAYLSIS		$14.84	$33.23				
88365	IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE		$64.41	$64.41	$26.57	$37.84		
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE; USING COMPUTER-ASSIST TECH		$223.71	$223.71	$170.60	$53.11		
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE; MANUAL		$133.95	$133.95	$75.55	$58.40		
88380	MICRODISSECTION LASER		$143.23	$143.23	$94.35	$64.98		
88381	MICRODISSECTION MANUAL		$125.85	$125.85	$96.43	$44.21		
88387	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; EACH TISSUE PREPARATION		$29.69	$29.69	$5.55	$24.14		
88388	TISS EX MOLECUL STUDY ADD-ON		$24.52	$24.52	$7.12	$19.58		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA		$49.98	$133.93				
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCED		$0.00	$0.00				
89230	SWEAT COLLECTION BY IONTOPHORESIS		$0.00	$0.00				
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	R	$0.00	$0.00				
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)		$12.17	$12.17				
89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL)		$16.96	$16.96				
89325	SPERM ANTIBODIES		$15.10	$15.10				
90384	RH IG FULL-DOSE IM					$3.30		
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE					$3.30		
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE					$3.30		
90460	IM ADMIN 1ST/ONLY COMPONENT			$14.95				
90461	IM ADMIN EACH ADDL COMPONENT			$8.75				
90471	IMMUNIZATION ADMIN			$17.07				
90472	IMMUNIZATION ADMIN EACH ADD			$8.75				
90473	IMMUNE ADMIN ORAL/NASAL			$17.07				
90474	IMMUNE ADMIN ORAL/NASAL ADDL			$8.75				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN		$0.00	$0.00				Added effective 1/1/2015
90632	HEP A VACCINE ADULT IM			$51.55		$3.30		
90633	HEP A VACC PED/ADOL DOSAGE-2 DOSE			$29.55		$3.30		
90634	HEP A VACC PED/ADOL 3 DOSE			$29.55		$3.30		
90636	HEP A/HEP B VACC ADULT IM			$92.50		$3.30		
90644	MENINGOCCL HIB VAC 4 DOSE IM			$115.18				
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE)			$26.21		$3.30		
90646	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER USE			$23.60		$3.30		
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDU			$22.77		$3.30		
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE			$26.21		$3.30		
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT			$141.38		$3.30		
90650	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE			$128.75				
90651	VACCINE FOR HUMAN PAPILLOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE		$0.00	$0.00				Added effective 1/1/2015
90654	FLU VACCINE NO PRESERV ID			$18.92		$3.30		
90655	FLU VAC NO PRSV 3 VAL 6-35 M			$17.24		$3.30		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90656	FLU VACCINE NO PRESERV 3 & >			$12.40		$3.30		
90657	FLU VACCINE, 3 YRS, IM			$6.02		$3.30		
90658	FLU VACCINE 3 YRS & > IM			$14.35		$3.30		
90660	FLU VACCINE, NASAL			$21.70		$3.30		
90661	FLU VACC CELL CULT PRSV FREE			$20.66		$3.30		
90662	FLU VACC PRSV FREE INC ANTIG			$31.82		$3.30		
90669	PNEUMOCOCCAL VACC, PED <5			$95.49		$3.30		
90670	PNEUMOCOCCAL VACC 13 VAL IM			$145.11		$3.30		
90672	FLU VACCINE 4 VALENT NASAL			$24.60		$3.30		
90673	FLU VACC RIV3 NO PRESERV			$36.48				
90680	ROTOVIRUS VACC 3 DOSE ORAL			$75.20		$3.30		
90681	ROTAVIRUS VACC 2 DOSE ORAL			$106.57		$3.30		
90685	FLU VAC NO PRSV 4 VAL 6-35 M			$23.23		$3.30		
90686	FLU VAC NO PRSV 4 VAL 3 YRS+			$19.41		$3.30		
90688	FLU VACC 4 VAL 3 YRS PLUS IM			$15.90		$3.30		
90696	DTAP-IPV VACC 4-6 YR IM			$48.00		$3.30		
90698	DTAP-HIB-IP VACCINE, IM			$70.72		$3.30		
90700	DTAP VACCINE, < 7 YRS, IM			$23.47		$3.30		
90702	DT VACCINE < 7 YRS IM			$23.47		$3.30		
90703	TETANUS VACCINE, IM			$39.37		$3.30		
90707	MMR VACCINE, SC			$56.14		$3.30		
90710	MMRV VACCINE, SC			$157.64		$3.30		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90713	POLIOVIRUS, IPV, SC/IM			$27.44		$3.30		
90714	TD VACCINE NO PRSRV 7/> IM			$19.30		$3.30		
90715	TDAP VACCINE 7 YRS/> IM			$31.84		$3.30		
90716	CHICKEN POX VACCINE SC			$94.14		$3.30		
90720	DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE AND					$3.30		
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOP					$3.30		
90723	DTAP-HEP B-IPV VACCINE, IM			$70.72		$3.30		
90725	CHOLERA VACCINE FOR INJECTABLE USE					$3.30		
90732	PNEUMOCOCCAL VACCINE 23 VAL IM			$72.35		$3.30		
90733	MENINGOCOCCAL VACCINE, SC			$106.49		$3.30		
90734	MENINGOCOCCAL VACCINE IM			$117.41		$3.30		
90736	ZOSTER VACC, SC			$165.69		$3.30		
90740	HEPB VACC ILL PAT 3 DOSE IM			$119.42		$3.30		
90743	HEP B VACC, ADOL, 2 DOSE, IM			$24.22		$3.30		
90744	HEP B VACC PED/ADOL 3 DOSE IM			$24.22		$3.30		
90746	HEP B VACC ADULT 3 DOSE IM			$59.71		$3.30		
90747	HEP B VACC ILL PAT 4 DOSE IM			$119.42		$3.30		
90748	HEP B/HIB VACCINE IM			$43.56		$3.30		
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADD		$3.91	$3.91				
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION		$96.82	$122.40				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MED SERV		$100.14	$102.72				
90832	PSYCHOTHERAPY, 30 MINUTES WITH PT AND/OR FAM MEM		$40.75	$51.08				
90833	PSYCHOTHERAPY, 30 MIN WITH PT AND/OR FAM MEM W/E&M		$34.04	$34.29				
90834	PSYCHOTHERAPY, 45 MIN WITH PAT AND/OR FAMILY MEMBER		$61.18	$66.61				
90836	PSYCHOTHERAPY, 45 MIN WITH PAT AND/OR FAM W/E&M		$55.70	$55.70				
90837	PSYCHOTHERAPY, 60 MIN WITH PATIENT AND/OR FAMILY		$92.26	$97.68				
90838	PSYCHOTHERAPY, 60 MIN WITH PAT AND/OR FAM MEM W/E&M		$89.42	$89.68				
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MIN		$97.63	$98.33				
90840	EACH ADDITIONAL 30 MIN		$32.85	$33.02				
90845	PSYCHOANALYSIS		$67.22	$67.69				*From 1/1/14 to 6/27/14 use 54.35 for inpatient and outpatient rates; For 6/28/14 on, use rates listed in columns;
90846	FAMILY PSYCHOTHERAPY W/O PATIENT		$75.73	$76.19				*From 1/1/14 to 6/27/14 use 56.93 for inpatient and 54.04 for outpatient For 6/28/14 on, use rates listed in columns;

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)		$78.18	$78.65				*From 1/1/14 to 6/27/14 use 67.26 for inpatient and 64.82 for outpatient For 6/28/14 on, use rates listed in columns;
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY		$22.10	$24.44				*From 1/1/14 to 6/27/14 use 20.52 for inpatient and 24.08 for outpatient For 6/28/14 on, use rates listed in columns;
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)		$18.82	$19.29				*From 1/1/14 to 6/27/14 use 17.85 for inpatient and 17.85 for outpatient For 6/28/14 on, use rates listed in columns;
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG		$96.43	$96.43				
90869	TRANSCRANIAL MAGNETIC STIMULATION TREATMENT		$96.31	$329.41				Inavertly left off fee schedule
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)		$71.86	$71.86				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN		$42.22	$42.22				
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN		$65.71	$65.71				
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	R	$0.00	$0.00				
90901	BIOFEEDBACK TRAINING BY ANY MODALITY		$19.78	$19.78				
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTE		$99.96	$99.96				
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION		$78.19	$78.19				
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOU		$137.37	$137.37				
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND		$55.62	$55.62	$32.72	$22.90		
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,		$73.57	$73.57				
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,		$122.84	$122.84				
90951	ESRD RELATED SERVICES MONTHLY FOR PATIENTS < 2		$781.51	$781.51				
90952	ESRD SERV 2-3 VSTS P MO <2		$0.00	$0.00				
90953	ESRD SERV 1 VISIT P MO <2		$0.00	$0.00				
90954	ESRD RELATED SERVICES MONTLY FOR PATIENTS 2-11		$653.63	$653.63				
90955	ESRD RELATED SERVICES MONTLY WITH 2-3		$361.08	$361.08				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90956	ESRD RELATED SERVICES MONTLY WITH 1		$239.73	$239.73				
90957	ESRD RELATED SERVICES MONTHLY FOR PATIENTS 12-19		$522.49	$522.49				
90958	ESRD RELATED SERVICES MONTLY WITH 2-3		$346.84	$346.84				
90959	ESRD RELATED SERVICES MONTLY WITH 1		$221.93	$221.93				
90960	ESRD RELATED SERVICES MONTHLY FOR PATIENTS >20		$227.27	$227.27				
90961	ESRD RELATED SERVICES MONTLY WITH 2-3		$181.88	$181.88				
90962	ESRD RELATED SERVICES MONTLY WITH 1		$129.06	$129.06				
90963	ESRD RELATED SERVICES FOR HOME DIALYSIS PATIENTS<2		$417.16	$417.16				
90964	ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 2-11		$363.75	$363.75				
90965	ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 12-19		$346.55	$346.55				
90966	ESRD RELATED SERVICES FOR HOME DIALYSIS PTS >20		$179.21	$179.21				
90967	ESRD RELATED SERVICES FOR DIALYSIS < FULL MONTH		$15.43	$15.43				
90968	ESRD RELATED SERVICES FOR DIALYSIS < MONTH,AGE 2-11		$12.46	$12.46				
90969	ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE12-19		$12.16	$12.16				
90970	ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE >20		$6.23	$6.23				
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MOD		$394.96	$394.96				
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)		$120.91	$120.91				
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	R	$0.00	$0.00				
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR		$113.70	$113.70	$22.38	$91.32		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
91013	ESOPHAGEAL MOTILITY STUDY WITH INTERPRETATION AND REPORT; WITH STIMULATION OR PERFUSION DURING 2-DIMINSIONAL DATA STUDY. LIST SEPERATELY IN ADDITION TO PRIMARY PROCEDURE.		$20.18	$20.18	$11.57	$8.60		
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES		$126.89	$126.89	$21.04	$105.85		
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY		$158.62	$158.62	$101.07	$57.55		
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS		$51.45	$51.45	$6.12	$45.33		
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH		$165.59	$165.59	$126.58	$39.01		
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMET		$325.86	$325.86	$262.84	$63.02		
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH		$106.65	$106.65	$67.64	$39.01		
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH		$92.39	$92.39	$48.25	$44.14		
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY		$315.88	$315.88	$276.87	$39.01		
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOS		$36.68	$36.68	$9.61	$27.08		
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY),		$656.41	$656.41	$517.76	$138.65		
91111	ESOPHAGEAL CAPSULE ENDOSCOPY		$584.25	$584.25	$620.70	$46.88		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BA		$311.80	$311.80	$272.53	$39.27		
91122	ANORECTAL MANOMETRY		$103.69	$103.69	$20.16	$83.53		
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;		$9.63	$9.63	$3.35	$6.28		
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TEST		$9.63	$9.63	$3.35	$6.28		
91200	MEASURING THE STIFFNESS IN THE LIVER VIA ELASTOGRAPHY		$27.22	$27.22	$15.50	$11.72		Added effective 1/1/2015
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH		$51.67	$51.67				
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH		$94.51	$94.51				
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		$46.92	$46.92				
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		$69.80	$69.80				
92015	DETERMINATION OF REFRACTIVE STATE		$20.22	$20.22				
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,		$57.64	$57.64				
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,		$45.47	$51.78				
92020	GONIOSCOPY (SEPARATE PROCEDURE)		$14.99	$18.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92025	CORNEAL TOPOGRAPHY		$21.74	$21.74	$8.37	$13.37		
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO		$41.60	$41.60	$13.97	$27.62		
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION		$32.71	$32.71	$18.82	$13.89		
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE.		$27.03	$30.13				
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING.		$78.07	$96.16				
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		$36.45	$36.45	$22.14	$14.31		
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		$48.64	$48.64	$30.81	$17.82		
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		$55.27	$55.27	$35.15	$20.12		
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF		$30.59	$33.94				
92132	DIAGNOSTIC IMAGING OF EYES		$31.75	$31.75	$13.35	$18.40		
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL, OPTIC NERVE		$38.87	$38.87	$13.35	$25.52		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING; RETINA		$38.87	$38.87	$13.35	$25.52		
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL		$56.53	$21.47	$35.06	$21.47		
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU		$18.94	$22.96				
92145	CORNEAL HYSTERESIS DETERMINATION		$11.98	$11.98	$4.89	$7.09		Added effective 1/1/2015
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		$23.54	$29.58				
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		$20.52	$25.89				
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE WITH ANAYLSIS AND REPORT UNDER PHYSICIAN SUPERVISION, UNILATERAL OR BILATERAL		$10.09	$10.09				
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE WITH PHYSICIAN REVIEW, INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL		$26.11	$26.11	$10.98	$15.13		
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT		$27.83	$37.09				
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT		$68.33	$68.33	$28.01	$40.32		
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH		$0.00	$74.62	$26.98	$47.64		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT		$49.01	$49.01	$31.58	$17.44		
92260	OPHTHALMODYNAMOMETRY		$22.64	$29.88				
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR		$32.03	$32.03	$6.39	$25.65		
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT		$42.95	$42.95	$8.53	$34.42		
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT		$54.99	$54.99	$10.95	$44.05		
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT		$15.65	$15.65	$3.22	$12.43		
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT		$23.41	$23.41	$4.80	$18.61		
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR		$13.89	$13.89	$2.95	$10.94		
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W		$53.79	$53.79	$10.95	$42.84		
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W		$46.10	$66.48				
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		$69.74	$69.74				
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		$44.49	$56.56				
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		$53.26	$68.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		$39.53	$51.33				
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL		$33.00	$33.00				
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL		$38.00	$38.00				
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL		$33.00	$33.00				
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL		$39.00	$39.00				
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA		$29.00	$29.00				
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA		$8.40	$16.31				
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA		$77.27	$77.27				
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)		$9.25	$12.74				
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		$33.42	$40.40				
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		$20.41	$24.84				
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY		$10.53	$12.94				
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)		$38.23	$49.63				
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)		$23.66	$29.96				
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)		$18.82	$24.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTI		$30.62	$37.73				
92521	EVALUATION OF SPEECH FLUENCY		$89.06	$89.06				
92522	EVALUATE SPEECH PRODUCTION		$72.62	$72.62				
92523	SPEECH SOUND LANG COMPREHEN		$150.38	$150.38				
92524	BEHAVRAL QUALIT ANALYS VOICE		$75.32	$75.32				
92532	POSITIONAL NYSTAGMUS TEST		$5.83	$5.83				
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT		$6.69	$6.69				
92534	OPTOKINETIC NYSTAGMUS TEST		$2.76	$2.76				
92540	BASIC VESTIBULAR EVALUATION		$80.25	$80.25	$19.29	$67.94		
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WIT		$31.41	$31.41	$6.39	$25.02		
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING		$27.75	$27.75	$7.43	$20.31		
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT		$35.33	$35.33	$11.70	$23.63		
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL		$21.45	$21.45	$5.85	$15.60		
92545	OSCILLATING TRACKING TEST, WITH RECORDING		$18.45	$18.45	$5.85	$12.60		
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING		$23.94	$23.94	$6.65	$17.29		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PR		$15.67	$15.67				
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY		$66.72	$66.72	$39.50	$27.22		
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS		$15.61	$15.61				
92551	SCREENING TEST, PURE TONE, AIR ONLY		$12.24	$12.24				
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY		$12.24	$12.24				
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE		$18.60	$18.60				
92555	SPEECH AUDIOMETRY THRESHOLD;		$10.63	$10.63				
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION		$15.94	$15.94				
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (		$33.50	$33.50				
92558	EVOKED OTOACOUSTIC EMMISSIONS, SCREENING(QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTOACOUSTIC EMMISSIONS) AUTO. ANALYSIS		$0.00	$0.00				
92559	AUDIOMETRIC TESTING OF GROUPS		$22.26	$22.26				
92560	BEKESY AUDIOMETRY; SCREENING		$14.21	$14.21				
92561	BEKESY AUDIOMETRY; DIAGNOSTIC		$19.94	$19.94				
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL		$11.43	$11.43				
92563	TONE DECAY TEST		$10.63	$10.63				
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)		$13.28	$13.28				
92565	STENGER TEST, PURE TONE		$6.07	$11.16				
92567	TYMPANOMETRY (IMPEDANCE TESTING)		$14.87	$14.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92568	ACOUSTIC REFLEX TESTING; THRESHOLD		$10.63	$10.63				
92570	ACOUSTIC IMMITTANCE TESTING, INCL TYMPANOMETRY, ACOUSTIC REFLEX THRESHOLD TESTING & ACOUSTIC REFLEX DECAY TESTING		$22.58	$23.85				
92571	FILTERED SPEECH TEST		$5.93	$10.90				
92572	STAGGERED SPONDAIC WORD TEST		$2.39	$2.39				
92575	SENSORINEURAL ACUITY LEVEL TEST		$4.62	$8.51				
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST		$6.85	$12.48				
92577	STENGER TEST, SPEECH		$11.06	$20.18				
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)		$20.21	$20.21				
92582	CONDITIONING PLAY AUDIOMETRY		$10.95	$20.21				
92583	SELECT PICTURE AUDIOMETRY		$24.99	$24.99				
92584	ELECTROCOCHLEOGRAPHY		$69.37	$69.37				
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI		$109.38	$109.38	$51.34	$58.04		
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI		$50.49	$50.49				
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER		$43.18	$43.18	$36.17	$7.01		
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION		$60.05	$60.05	$40.95	$19.10		
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL		$33.75	$45.00				
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL		$23.75	$65.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92592	HEARING AID CHECK; MONAURAL		$18.75	$25.00				
92593	HEARING AID CHECK; BINAURAL		$18.75	$25.00				
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL		$14.17	$14.17				
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL		$28.34	$28.34				
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS		$16.48	$16.48				
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLE		$62.33	$62.33				
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;		$91.49	$91.49				
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;		$64.26	$64.26				
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH		$61.69	$61.69				
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQU		$42.16	$42.16				
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND		$0.00	$0.00				
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE,		$0.00	$0.00				
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND		$76.32	$76.32				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND		$15.17	$15.17				
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDIN		$41.38	$41.38				
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION		$29.57	$29.57				
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO		$32.14	$32.14				
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID		$51.22	$124.70				
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID		$32.31	$32.57				
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B		$51.22	$97.21				
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B		$28.92	$28.92				
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL		$74.68	$133.52				
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL		$35.96	$35.96				
92618	EACH ADDITIONAL 30 MINUTES (LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE		$26.11	$26.63				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUT		$30.64	$30.64				
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL		$7.93	$7.93				
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING		$30.13	$30.13				
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR		$67.05	$67.05				
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT		$16.91	$16.91				
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS		$0.00	$0.00				
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS		$0.00	$0.00				
92640	AUDITORY BRAINSTEM IMPLANT PROGRAMMING, PER HOUR		$35.77	$35.77				
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	R	$0.00	$0.00				
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIO		$435.20	$435.20				
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHER		$517.11	$517.11				
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRA		$483.06	$483.06				
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY		$540.51	$540.51				
92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF		$482.77	$482.77				
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF		$541.46	$541.46				
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF		$541.46	$541.46				
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)		$176.52	$176.52				
92953	TEMPORARY TRANSCUTANEOUS PACING		$28.10	$28.10				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL		$120.34	$120.34				
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL		$179.74	$179.74				
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL		$206.32	$206.32				
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL		$83.65	$83.65				
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN		$134.01	$134.01				
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT		$148.34	$148.34				
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE		$376.10	$376.10				
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION		$219.11	$219.11				
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC		$200.09	$200.09	$118.96	$81.13		
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC		$124.47	$124.47	$59.61	$64.86		
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE		$941.65	$941.65				
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE		$956.46	$956.46				
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE		$750.43	$750.43				
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASH		$799.78	$799.78				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92993	CATHETER BASED ENLARGEMENT OF OPENING BETWEEN TWO UPPER HEART CHAMBERS		$850.00	$865.00				
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE		$716.27	$716.27				
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH		$281.67	$281.67				
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA		$21.79	$21.79				
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY,		$12.26	$12.26				
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION		$9.52	$9.52				
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI		$89.95	$89.95				
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI		$24.39	$24.39				
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI		$45.83	$45.83				
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI		$19.72	$19.72				
93024	ERGONOVINE PROVOCATION TEST		$108.58	$108.58	$30.89	$77.70		
93025	MICROVOLT T-WAVE ASSESS		$139.31	$139.31	$124.91	$32.64		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT		$12.15	$12.15				
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AN		$4.00	$4.00				
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY		$8.16	$8.16				
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		$128.20	$128.20				
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		$33.84	$33.84				
93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		$59.68	$59.68				
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		$34.69	$34.69				
93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY		$21.07	$21.07				
93229	WEARABLE MOBILE CARCIOVASULAR TELE TECH SUP		$0.00	$0.00				
93260	PROGRAMMING DEVICE EVALUATION OF HEART MONITORING SYSTEM WITH ADJUSTMENT OF PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT		$52.04	$52.04	$16.28	$35.76		Added effective 1/1/2015
93261	EVALUATION OF DEFIBRILLATOR WITH ANALYSIS, REVIEW, AND REPORT		$47.48	$47.48	$16.28	$31.20		Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO		$126.73	$126.73	$99.53	$27.20		
93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO		$33.84	$33.84				
93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO		$65.69	$65.69				
93272	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO		$27.20	$27.20				
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG		$56.22	$56.22	$32.42	$23.80		
93279	PROGRAMMING DEVICE EVALUATION		$47.18	$47.18	$17.21	$29.97		
93280	DUAL LEAD PACEMAKER SYSTEM		$54.30	$54.30	$18.69	$35.61		
93281	MULTIPLE LEAD PACEMAKER SYSTEM		$63.49	$63.49	$21.96	$41.53		
93282	SINGLE LEAD IMPLANTABLE CARDIOVERTER		$59.04	$59.04	$19.58	$39.46		
93283	DUAL LEAD IMPLANTABLE CARDIOVERTER		$71.50	$71.50	$22.55	$48.95		
93284	MULTIPLE LEAD IMPLANTABLE CARDIOVERTER		$83.67	$83.67	$25.52	$58.15		
93285	IMPLANTABLE LOOP RECORDER		$39.76	$39.76	$15.43	$24.33		
93286	PER-PROCEDURAL DEVICE EVALUATION AND PROGRAM		$22.55	$22.55	$10.09	$12.46		
93287	SINGLE, DUAL, OR MULT LEAD IMPLANTABLE		$29.67	$29.67	$11.57	$18.10		
93288	INTERROGATION DEVICE EVAL (IN PERSON) WITH PHYS		$35.60	$35.60	$15.73	$19.87		
93289	SINGLE, DUAL, OR MULT LEAD IMPLANTABLE		$54.59	$54.59	$18.69	$35.90		
93290	IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM		$26.41	$26.41	$8.90	$17.51		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93291	IMPLANTABLE LOOP RECORDER SYSTEM		$34.12	$34.12	$13.94	$20.18		
93292	WEARABLE DEFIBRILLATOR SYSTEM		$30.86	$30.86	$10.98	$19.88		
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER		$53.11	$53.11	$38.57	$14.54		
93294	INTERROGATION DEVICE EVALUATIONS(S) (REMOTE)		$30.26	$30.26				
93295	SINGLE,DUAL, OR MULT LEAD IMPLANTABLE CARDIOVERTER		$54.59	$54.59				
93296	SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYS		$29.97	$29.97				
93297	INTERROGATION DEVICE EVALUATION(S), REMOTE) UP TO 30		$21.07	$21.07				
93298	IMPLANTABLE LOOP RECORDER SYSTEM		$24.33	$24.33				
93299	ICM/ILR REMOTE TECH SERV		$0.00	$0.00				
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPL		$166.87	$166.87	$101.44	$65.42		
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLO		$91.46	$91.46	$51.10	$40.35		
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME (2D)		$220.15	$220.15	$161.11	$59.04		
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2		$157.16	$157.16	$105.26	$51.90		
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2		$88.03	$88.03	$53.02	$35.01		
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION		$189.77	$189.77	$104.58	$85.19		
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION		$47.30	$47.30				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION		$151.88	$151.88	$104.58	$47.30		
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES;		$218.65	$218.65	$100.84	$117.81		
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES;		$46.10	$46.10				
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMA		$172.29	$172.29	$100.84	$71.45		
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLU		$203.83	$203.83	$109.26	$94.56		
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC		$72.12	$72.12	$46.88	$25.24		
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC		$40.60	$40.60	$30.62	$9.98		
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY		$83.23	$83.23	$79.86	$3.37		
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2		$126.08	$126.08	$48.46	$77.62		
93351	INCLUDING PERFORMANCE OF CONTINUOUS		$227.87	$227.87	$0.00	$0.00		
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT		$31.75	$31.75				
93355	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION		$183.32	$183.32				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASURMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT		$666.68	$666.68	$537.03	$129.66		
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION		$740.27	$740.27	$512.99	$227.27		
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION		$968.73	$968.73	$670.84	$297.89		
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY		$763.41	$763.41	$534.36	$229.05		
93455	WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY		$890.69	$890.69	$626.33	$264.36		
93456	WITH RIGHT HEART CATHETERIZATION		$955.37	$955.37	$662.23	$293.14		
93457	WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY AND RIGHT HEART CATHETERIZATION		$1,082.66	$1,082.66	$753.91	$328.74		
93458	WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY		$921.25	$921.25	$641.76	$279.49		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93459	WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) WITH BYPASS GRAFT ANGRIOGRAPHY		$1,017.38	$1,017.38	$702.88	$314.50		
93460	WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY		$1,088.89	$1,088.89	$738.49	$350.40		
93461	WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) WITH BYPASS GRAFT ANGIOGRAPHY		$1,247.62	$1,247.62	$861.02	$386.60		
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE		$178.02	$178.02				
93463	PHARMACOLOGIC AGENT ADMINISTRATION, INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE, DURING, AFTER, AND REPEAT PHARMCOLOGIC AGENT ADMINISTRATION		$94.35	$94.35				
93464	PHYSIOLOGIC EXERCISE STUDY INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE AND AFTER		$220.15	$220.15	$137.08	$83.08		
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR		$143.62	$143.62				
93505	ENDOMYOCARDIAL BIOPSY		$276.95	$276.95	$55.07	$221.88		
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES		$668.63	$668.63	$445.27	$223.36		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART		$1,663.32	$1,663.32	$1,272.51	$390.81		
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART		$1,723.23	$1,723.23	$1,238.55	$484.67		
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART		$1,512.60	$1,512.60	$1,238.55	$274.05		
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING		$71.16	$71.16	$15.11	$56.05		
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING		$33.67	$33.67	$9.02	$24.65		
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENTIAL HEART CATHETERIZATION		$48.96	$48.96				
93564	FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS OR ARTERIAL BYPASS GRAFT(S), WHETHER NATIVE OR USED FOR BYPASS TO ONE OR MORE CORONARY ARTERIES DURING CONGENTIAL HEART CATHETERIZATION		$49.85	$49.85				
93565	FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY		$37.68	$37.68				
93566	FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRICAL ANGIOGRAPHY		$37.68	$147.76				
93567	FOR SUPRAVALVULAR AORTOGRAPHY		$42.43	$121.94				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93568	FOR PULMONARY ANGIOPGRAPHY		$38.57	$133.52				
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		$198.80	$198.80	$127.92	$70.87		
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		$182.19	$182.19	$125.29	$56.90		
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICA		$736.30	$736.30				
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL		$985.59	$985.59				
93582	PERQ TRANSCATH CLOSURE PDA		$543.81	$543.81				
93583	PERQ TRANSCATH SEPTAL REDUXN		$605.33	$605.33				
93600	BUNDLE OF HIS RECORDING		$194.02	$194.02	$53.29	$140.73		
93602	INTRA-ATRIAL RECORDING		$143.46	$143.46	$30.37	$113.08		
93603	RIGHT VENTRICULAR RECORDING		$170.67	$170.67	$45.83	$124.84		
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WI		$479.37	$479.37	$74.09	$405.29		
93610	INTRA-ATRIAL PACING		$191.74	$191.74	$37.03	$154.71		
93612	INTRAVENTRICULAR PACING		$199.73	$199.73	$44.22	$155.51		
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY		$286.47	$286.47				
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR		$47.46	$47.46	$8.53	$38.92		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR		$90.68	$90.68	$8.53	$82.14		
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING		$390.33	$390.33	$108.19	$282.14		
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING A		$697.01	$697.01	$209.99	$487.01		
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND		$969.71	$969.71	$243.64	$726.07		
93621	ELECTROPHYSIOLOGY EVALUATION		$0.00	$0.00	$0.00	$102.06		
93622	ELECTROPHYSIOLOGY EVALUATION		$0.00	$0.00	$0.00	$150.72		
93623	STIMULATION PACING HEART					$139.15		
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST		$280.54	$280.54	$54.09	$226.44		
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCAL		$567.97	$567.97	$174.18	$393.79		
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING		$438.49	$438.49	$195.12	$243.37		
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING		$571.97	$571.97	$195.12	$376.85		
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING		$521.07	$521.07	$195.12	$325.95		
93644	EVALUATION IMPLANTABLE DEFIBRILLATOR		$230.29	$230.29	$77.31	$152.98		Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION,		$701.98	$701.98				
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION		$657.32	$657.32				
93654	WITH TREATMENT OF VENTRICULAR TACHYCARDIA OR		$877.11	$877.11				
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECH		$328.68	$328.68				
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION		$877.43	$877.43				
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER AB		$328.90	$328.90				
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH		$125.57	$125.57	$43.61	$81.96		
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTI		$219.37	$219.37	$104.55	$114.82		
93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION		$36.51	$36.51				
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL		$25.35	$25.53	$18.58	$6.95		
93702	LYMPHEDEMA ASSESSMENT FOR EXTRACELLULAR FLUID ANALYSIS		$82.77	$82.77				Added effective 1/1/2015
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES		$334.27	$334.27	$108.19	$226.08		
93740	TEMPERATURE GRADIENT STUDIES		$17.74	$17.74	$4.27	$13.47		
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	R	$0.00	$0.00	$0.00	$0.00		
93750	INTERROGATION OF FENTRICULAR ASSIST DEVICE, IN PERSON, W/PHYSICIAN ANALYSIS OF DEVICE PARAMETERS		$34.88	$39.47				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93770	DETERMINATION OF VENOUS PRESSURE		$10.55	$10.55	$0.80	$9.74		
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		$54.62	$54.62				
93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		$6.75	$9.00				
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		$35.70	$35.70				
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE		$29.93	$29.93				
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT		$2.06	$8.77				
93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINU		$3.09	$11.61				
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY		$167.80	$167.80	$144.36	$23.44		
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY		$89.06	$89.06	$69.62	$19.44		
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUD		$158.82	$158.82	$118.76	$40.06		
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY		$105.85	$105.85	$79.42	$26.43		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT		$177.44	$177.44	$130.03	$47.41		
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT		$174.12	$174.12	$126.71	$47.41		
93895	EVALUATION OF THICKNESS OF COMMON CAROTID ARTERY (NECK) BOTH SIDES		$0.00	$0.00	$0.00	$0.00		Added effective 1/1/2015
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,		$48.97	$48.97	$32.91	$16.06		
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,		$91.18	$91.18	$62.11	$29.07		
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST		$100.05	$100.05	$67.66	$32.39		
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM		$133.93	$133.93	$105.47	$28.45		
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;		$89.54	$89.54	$70.40	$19.15		
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM		$137.03	$137.03	$111.86	$25.17		
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;		$91.19	$91.19	$74.39	$16.80		
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERA		$54.85	$54.85	$31.05	$23.80		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND		$171.77	$171.77	$145.38	$26.39		
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND		$98.98	$98.98	$77.81	$21.18		
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC		$197.61	$197.61	$132.31	$65.30		
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC		$132.20	$132.20	$88.46	$43.74		
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS		$139.39	$139.39	$108.64	$30.75		
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS		$92.86	$92.86	$72.25	$20.61		
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS;		$175.65	$175.65	$98.55	$77.10		
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS;		$121.33	$121.33	$91.09	$30.24		
93982	ANEURYSM PRESSURE SENS STUDY		$32.93	$32.93				
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF		$83.31	$83.31	$70.40	$12.92		
94002	VENTILATION MANAGEMENT, INPATIENT, INITIAL DAY		$68.19	$68.19				
94003	VENTILATION MANAGEMENT, INPATIENT, SUBSEQUENT DAY		$49.33	$49.33				
94004	VENTILATION MANAGEMENT, NURSING FACILITY, PER DAY		$35.89	$35.89				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,		$24.44	$24.44	$11.46	$12.98		
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE		$74.48	$74.48				
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE		$114.60	$114.60				
94013	MEASUREMENT OF LUNG VOLUMES IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE		$24.15	$24.15				
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INC		$12.62	$12.62				
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME;		$4.89	$4.89				
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND		$45.35	$45.35	$25.33	$20.02		
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIO		$68.24	$68.24	$39.71	$28.53		
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)		$9.08	$9.08	$2.39	$6.69		
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION		$14.15	$14.15	$6.92	$7.23		
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCE		$10.96	$10.96	$3.73	$7.23		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94375	RESPIRATORY FLOW VOLUME LOOP		$28.04	$28.04	$13.07	$14.97		
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)		$37.01	$37.01	$9.50	$27.50		
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)		$29.31	$29.31	$10.65	$18.66		
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN		$36.26	$36.26	$24.25	$12.01		
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN		$51.43	$51.43	$35.99	$15.45		
94610	INTRAPULMONARY SURFACTANT THROUGH ENDOTRACHEAL TUBE		$48.89	$48.89				
94620	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR		$84.45	$84.45	$38.64	$45.81		
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2		$0.00	$73.32	$40.03	$33.29		
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY		$11.19	$11.19				
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA		$43.41	$43.41				
94644	CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, FIRST HOUR		$23.85	$23.85				
94645	CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, SUBSEQ. HOUR		$9.13	$9.13				
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND		$42.80	$42.80				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEM		$30.83	$30.83				
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL		$14.38	$14.38				
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO		$15.97	$15.97				
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO		$9.85	$9.85				
94669	MECHANICAL CHEST WALL OSCILL		$30.89	$30.89				
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE		$32.05	$32.05	$14.84	$17.21		
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE		$52.38	$52.38	$38.56	$13.81		
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDUR		$18.05	$18.05	$14.65	$3.40		
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND , WHEN PERFORMED, AIRWAY RESISTANCE.		$41.50	$41.50	$36.20	$10.68		
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND , WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES.		$32.75	$32.75	$26.11	$10.68		
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY		$32.75	$32.75	$26.11	$10.68		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) LIST SEPARAELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.		$41.01	$41.01	$39.46	$7.12		
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE		$30.47	$30.47	$15.72	$14.75		
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE		$7.19	$7.19				
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE		$18.62	$18.62				
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS		$31.40	$31.40				
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER		$19.27	$19.27	$9.72	$9.55		
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO		$207.47	$207.47	$77.76	$129.71		
94775	PED HOME APNEA REC HK-UP		$0.00	$0.00				
94776	PED HOME APNEA REC DOWNLD		$0.00	$0.00				
94777	PED HOME APNEA REC REPORT		$0.00	$0.00				
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND RECORDING OF PULSE OXIMETRY, HEART RATE, RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; 60 MINUTES		$19.15	$39.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94781	EACH ADDITIONAL 30 MINUTES (LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		$6.67	$15.46				
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	R	$0.00	$0.00	$0.00	$0.00		
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS		$2.82	$2.82				
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION		$12.43	$12.43				
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS		$3.02	$65.30				
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS		$5.81	$22.60				
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE		$4.10	$4.10				
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH		$4.00	$4.00				
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED T		$6.14	$6.14				
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)		$5.34	$5.34				
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)		$6.68	$6.68				
95056	PHOTO TESTS		$2.52	$4.80				
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS		$9.34	$9.34				
95065	DIRECT NASAL MUCOUS MEMBRANE TEST		$2.79	$5.34				
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		$58.69	$58.69				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		$75.05	$75.05				
95076	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST		$58.54	$92.66				
95079	EACH ADDITIONAL 60 MIN OF TESTING		$54.05	$66.20				
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI		$10.54	$10.54				
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI		$13.37	$13.37				
95144	PREPARATION AND PROVISION OF SINGLE-DOSE VIALS OF ALLERGEN ANTIGENS FOR ALLERGY IMMUNOTHERAPY		$2.47	$8.41				
95145	PREPARATION AND PROVISION OF SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		$2.47	$10.47				
95146	PREPARATION AND PROVISION OF 2 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		$2.47	$13.27				
95147	PREPARATION AND PROVISION OF 3 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		$2.47	$14.76				
95148	PREPARATION AND PROVISION OF 4 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		$2.47	$16.84				
95149	PREPARATION AND PROVISION OF 5 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		$2.47	$22.45				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95165	PREPARATION AND PROVISION OF SINGLE OR MULTIPLE ANTIGENS FOR ALLERGEN IMMUNOTHERAPY		$2.73	$7.15				
95170	PREPARATION AND PROVISION OF WHOLE BODY EXTRACT OF BITING INSECT OR ARTHROPOD ANTIGENS		$2.47	$8.67				
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR		$82.99	$100.00				
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID		$37.42	$37.42	$37.42	$0.00		
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID		$20.79	$20.79				
95782	YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE		$816.85	$816.85	$712.58	$104.27		
95783	YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE		$855.64	$855.64	$741.97	$113.67		
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS AND SLEEP TIME		$179.50	$179.50	$128.77	$50.74		
95801	MINIMUM OF HEART RATE, OXYGEN SATURATION, AND RESPIRATORY ANYALYSIS		$84.56	$84.56	$39.76	$44.80		
95803	ACTIGRAPHY TESTING		$128.09	$128.09	$105.92	$38.27		
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDIN	R	$213.89	$213.89	$142.00	$71.89		
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT	R	$246.64	$246.64	$130.92	$115.72		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT	R	$299.68	$299.68	$180.64	$119.04		
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP	R	$328.73	$328.73	$180.64	$148.09		
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	R	$542.42	$542.42	$412.30	$130.12		
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	R	$597.83	$597.83	$458.16	$139.67		
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES		$84.96	$84.96	$38.88	$46.07		
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR		$104.03	$104.03	$38.88	$65.15		
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY		$173.06	$173.06	$131.80	$41.27		
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP		$189.58	$189.58	$148.32	$41.27		
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY		$97.22	$97.22	$49.54	$47.68		
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY		$49.70	$49.70	$11.46	$38.24		
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING		$119.60	$119.60	$62.60	$57.00		
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)		$199.26	$199.26	$4.24	$195.02		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGR		$72.51	$72.51				
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY		$12.83	$16.72				
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR		$12.35	$15.70				
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT		$20.10	$25.20				
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT		$27.24	$35.43				
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH		$11.92	$15.14				
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI		$8.07	$10.08				
95857	TENSILON TEST FOR MYASTHENIA GRAVIS		$23.23	$29.93				
95860	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPI		$59.59	$59.59	$10.38	$49.21		
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARAS		$101.92	$101.92	$20.23	$81.68		
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED		$120.94	$120.94	$25.57	$95.36		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED		$157.49	$157.49	$48.76	$108.73		
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX		$86.43	$86.43	$18.13	$68.30		
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM		$59.07	$59.07	$5.88	$53.19		
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL		$50.69	$50.69	$15.72	$34.96		
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL		$99.16	$99.16	$18.92	$80.24		
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR		$26.29	$26.29	$5.85	$20.44		
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR		$25.56	$25.56	$5.65	$19.91		
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIV		$80.22	$80.22	$16.50	$63.71		
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATI		$21.20	$21.20	$5.62	$15.28		
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVAT		$21.45	$21.45	$5.62	$15.83		
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR		$57.84	$57.84	$11.65	$46.19		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PREFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.		$43.35	$43.35	$33.23	$15.43		
95886	COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS. LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE		$69.00	$69.00	$35.01	$41.24		
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLES DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY. LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.		$61.24	$61.24	$35.60	$32.34		
95905	MOTOR/SENS NRVE CONDUCT TEST		$51.25	$51.25	$56.37	$2.37		
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES		$74.60	$74.60	$32.46	$42.14		
95908	3-4 STUDIES		$92.10	$92.10	$39.17	$52.93		
95909	5-6 STUDIES		$110.35	$110.35	$47.12	$63.23		
95910	7-8 STUDIES		$145.32	$145.32	$60.78	$84.54		
95911	9-10 STUDIES		$175.90	$175.90	$70.53	$105.37		
95912	11-12 STUDIES		$206.48	$206.48	$79.79	$126.68		
95913	13 OR MORE STUDIES		$239.30	$239.30	$89.29	$150.02		
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION		$0.00	$31.71	$10.01	$21.70		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC		$0.00	$33.33	$10.01	$23.32		
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE		$0.00	$31.71	$10.01	$21.70		
95924	COMBINED PARASYMPATHETIC AND SYMPATHETIC ADREN		$116.71	$116.71	$46.22	$70.49		
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY		$59.26	$59.26	$25.04	$34.23		
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY		$59.26	$59.26	$25.04	$34.23		
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY		$59.26	$59.26	$25.04	$34.23		
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);		$123.90	$123.90	$61.25	$62.64		
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);		$128.74	$128.74	$66.10	$62.64		
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERB		$33.75	$33.75	$6.95	$26.80		
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING		$53.27	$53.27	$21.57	$31.70		
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI		$39.96	$39.96	$9.31	$30.65		
95938	IN UPPER AND LOWER LIMBS		$226.88	$226.88	$219.85	$37.98		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95939	IN UPPER AND LOWER LIMBS		$357.61	$357.61	$303.52	$99.99		
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MON		$25.71	$25.71				
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES		$0.00	$0.00	$0.00	$0.00		
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE F		$253.35	$253.35	$174.15	$79.19		
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI		$363.89	$363.89	$209.48	$154.41		
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED		$299.42	$299.42	$174.15	$125.26		
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE		$140.92	$140.92	$13.53	$127.39		
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID		$114.71	$114.71	$54.77	$59.94		
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI		$307.44	$307.44	$174.15	$133.28		
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIK		$122.82	$122.82	$46.61	$76.21		
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING		$268.50	$268.50	$47.93	$220.58		
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO		$163.62	$163.62	$35.20	$128.42		
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO		$170.67	$170.67	$35.20	$135.46		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS					$317.58		
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE					$45.80		
95967	MEASUREMENT AND RECORDING OF EXTERNALLY EVOKED BRAIN PROCESSING FUNCTION USING MAGNETIC FIELDS					$157.25		
95970	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM		$17.56	$17.56				
95971	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED SIMPLE SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY, FIRST HOUR		$32.30	$31.43				
95972	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY, FIRST HOUR		$62.88	$63.68				
95973	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY		$38.89	$38.55				
95974	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX CRANIAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY, FIRST HOUR		$113.51	$116.88				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95975	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX CRANIAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY		$21.88	$21.88				
95978	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX DEEP BRAIN NEUROSTIMULATOR GENERATOR SYSTEM, FIRST HOUR		$141.68	$157.75				
95979	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX DEEP BRAIN NEUROSTIMULATOR GENERATOR SYSTEM ADDON		$68.34	$72.93				
95980	IO ANAL GAST N-STIM INIT		$26.57	$29.52				
95981	IO ANAL GAST N-STIM SUBSQ		$13.05	$22.55				
95982	IO GA N-STIM SUBSQ W/REPROG		$26.11	$34.71				
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG		$39.59	$39.59				
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG		$28.60	$62.00				
95992	REPOSITIONING MANEUVERS FOR TREATMENT OF VERTIGO, PER DAY		$30.26	$33.53				
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	R	$0.00	$0.00				
96020	FUNCTIONAL BRAIN MAPPING					$124.86		

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF		$72.56	$73.07				
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF		$19.43	$31.93				
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF		$19.99	$21.01				
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE		$49.92	$49.92				
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, E		$32.19	$32.19				
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAG		$49.92	$49.92				
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN		$76.18	$81.03				
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT		$75.92	$95.32				
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT		$25.83	$47.01				
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINIST		$19.99	$34.53				
96125	COGNITIVE TEST BY HC PRO		$66.16	$77.74				
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT		$3.86	$3.86				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96150	HEALTH AND BEHAVIOR ASSESSMENT EACH 15 MINUTES		$15.52	$15.75				From 1/1/14 to 6/27/14 use 14.51 for Inpat rate and 14.73 for outpat rate. For 6/27/14 on use rates listed
96151	HEALTH AND BEHAVIOR RE-ASSESSMENT EACH 15 MINUTES		$14.98	$15.21				From 1/1/14 to 6/27/14 use for 14.00 Inpat rate and 14.22 for outpat rate. For 6/27/14 on use rates listed
96152	HEALTH AND BEHAVIOR INTERVENTION, INDIVIDUAL EACH 15 MINUTES		$17.99	$18.24				
96153	HEALTH AND BEHAVIOR INTERVENTION, GROUP EACH 15 MINUTES		$3.99	$4.25				
96360	INTRAVENOUS INFUSION, HYDRATION, INITIAL, 31 MIN		$45.40	$45.40				
96361	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION		$13.05	$13.05				
96365	THER/PROPH/DIAG IV INF, INIT		$55.19	$55.19				
96366	THER/PROPH/DIAG IV INF, ADD ON		$17.51	$17.51				
96367	TX/PROPH/DG ADDL SEQ IV INF		$27.00	$27.00				
96368	THER/DIAG CONCURRENT INF		$16.32	$16.32				
96369	SC THER INFUSION, UP TO 1 HR		$122.54	$122.54				
96370	SC THER INFUSION, ADDL 1 HR		$13.05	$13.05				
96371	SC THER INFUSION, RESET PUMP		$60.82	$60.82				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96372	THER/PROPH/DIAG INJ, SC/IM		$18.10	$18.10				
96373	THER/PROPH/DIAG INJ, IA		$14.54	$14.54				
96374	THER/PROPH/DIAG INJ, IV PUSH		$44.51	$44.51				
96375	TX/PRO/DX INJ NEW DRUG ADD ON		$18.99	$18.99				
96379	THER/PROP/DIAG INJ/INF PROC		$0.00	$0.00				
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMON		$56.43	$56.43				
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL		$35.81	$35.81				
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS		$23.22	$118.26				
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS		$37.64	$135.36				
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR IN		$103.07	$103.07				
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIO		$59.17	$59.17				
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 H		$139.44	$139.44				
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH		$31.66	$31.66				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATIO		$150.81	$150.81				
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH		$68.92	$68.92				
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE		$96.79	$96.79				
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO		$160.12	$160.12				
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH		$69.61	$69.61				
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITI		$157.18	$157.18				
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDI		$120.30	$307.75				
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER		$18.69	$154.58				
96450	CHEMOTHERAPY ADMINISTRATION INTO SPINAL CANAL REQUIRING SPINAL TAP		$88.60	$248.87				
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP		$121.52	$121.52				
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG		$97.03	$97.03				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS		$23.68	$23.68				
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANE		$43.14	$154.45				
96549	UNLISTED CHEMOTHERAPY PROCEDURE	R	$0.00	$0.00				
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY		$94.17	$94.17				
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO		$56.77	$56.77				
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO		$30.57	$30.57				
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)		$10.92	$10.92				
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR		$15.72	$15.72				
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)		$18.11	$18.11				
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE		$37.03	$37.03				
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA	R	$47.00	$109.44				
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM T	R	$47.83	$112.07				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ	R	$85.67	$156.07				
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	R	$0.00	$0.00				
97001	PHYSICAL THERAPY EVALUATION		$46.27	$46.27				
97002	PHYSICAL THERAPY RE-EVALUATION		$18.56	$18.56				
97003	OCCUPATIONAL THERAPY EVALUATION		$47.16	$47.16				
97004	OCCUPATIONAL THERAPY RE-EVALUATION		$18.56	$18.56				
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS		$9.35	$9.35				
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL		$12.92	$12.92				
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION		$11.13	$11.13				
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES		$12.47	$12.47				
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH		$10.39	$10.39				
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL		$12.92	$12.92				
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWA		$9.35	$9.35				
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED		$8.81	$8.81				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET		$11.21	$11.21				
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION		$11.33	$11.33				
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15		$11.87	$11.87				
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 1		$9.09	$9.09				
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MI		$9.36	$9.36				
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15		$17.27	$17.27				
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	R	$15.68	$15.68				
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC		$20.90	$20.90				
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCUL		$21.66	$21.66				
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THE		$18.76	$18.76				
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINI		$14.93	$14.93				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE,		$13.46	$13.46				
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	R	$0.00	$0.00				
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP		$13.89	$17.52				
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)		$13.77	$13.77				
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PRO		$21.61	$21.61				
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM		$14.98	$18.85				
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO		$14.98	$20.40				
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD		$14.73	$14.73				
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN		$12.38	$12.38				
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI		$35.34	$35.34				
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI		$45.19	$45.19				
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT		$8.26	$8.26				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
97605	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA LESS THAN 50 SQUARE CENTIMETERS, PER SESSION		$21.77	$32.36				
97606	NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS, PER SESSION		$23.91	$29.07				
97607	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS PER SESSION		$0.00	$0.00				Added effective 1/1/2015
97608	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS		$0.00	$0.00				Added effective 1/1/2015
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER DAY		$0.00	$0.00				
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO		$20.37	$20.37				
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING		$19.23	$22.80				
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES		$18.72	$21.01				
97762	C/O FOR ORTHOTIC/PROSTH USE		$34.30	$34.30				
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	R	$0.00	$0.00				
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI		$11.87	$11.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,		$11.87	$11.87				
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI		$4.64	$4.64				
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVO		$20.40	$20.40				
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS		$30.53	$30.53				
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INV		$36.45	$36.45				
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS		$42.46	$42.46				
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INV		$46.11	$46.11				
98940	CHIROPRACTIC MANIPULATIVE TREATMENT, 1-2 SPINAL REGIONS		$17.06	$20.68				
98941	CHIROPRACTIC MANIPULATIVE TREATMENT, 3 TO 4 SPINAL REGIONS		$25.08	$26.45				
98942	CHIROPRACTIC MANIPULATIVE TREATMENT, 5 SPINAL REGIONS		$33.23	$32.78				
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE RE		$0.00	$19.24				
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE			$25.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	R	$0.00	$1.00				
99100	SPECIAL ANESTHESIA SERVICES < ONE YEAR AND >THAN 70		$25.00	$25.00				
99148	MOD CS DIFF PHYS < 5 YRS		$0.00	$0.00				
99149	MOD CS DIFF PHYS 5 YRS +		$0.00	$0.00				
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR		$100.19	$100.19				
99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL		$15.64	$15.64	$12.37	$3.27		
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL		$45.00	$60.00				
99174	OCULAR PHOTOSCREENING		$21.93	$21.93				
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED		$38.10	$38.10				
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER		$116.13	$116.13				
99184	INITIATION OF LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE		$187.45	$187.45				Added effective 1/1/2015
99188	APPLICATION OF TOPICAL FLUORIDE		$0.00	$0.00				Added effective 1/1/2015
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); EACH HOUR		$88.74	$88.74				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 45 MINUTES		$54.76	$54.76				
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 30 MINUTES		$40.41	$40.41				
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)		$11.99	$11.99				
99201	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 10 MINUTES		$20.92	$29.66				
99202	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 20 MINUTES		$39.73	$53.00				
99203	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 30 MINUTES		$60.57	$79.04				
99204	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 45 MINUTES		$102.79	$112.27				
99205	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 60 MINUTES		$131.98	$143.29				
99211	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 5 MINUTES		$7.48	$16.98				
99212	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 10 MINUTES		$20.41	$31.08				
99213	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 15 MINUTES		$40.36	$42.63				
99214	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 25 MINUTES		$61.98	$67.10				
99215	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 40 MINUTES		$87.17	$98.39				
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED		$53.44	$53.44				
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$51.39	$51.39				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$85.09	$85.09				
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$119.51	$119.51				
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		$51.66	$51.66				
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		$85.60	$85.60				
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		$119.25	$119.25				
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		$24.33	$24.33				
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		$43.02	$43.02				
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		$64.38	$64.38				
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$25.89	$25.89				
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$42.24	$42.24				
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		$60.07	$60.07				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM		$102.79	$102.79				
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM		$135.67	$135.67				
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM		$169.32	$169.32				
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS		$53.44	$53.44				
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES		$72.89	$72.89				
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES		$26.20	$36.55				
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES		$54.91	$67.83				
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES		$76.53	$90.43				
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES		$121.37	$128.22				
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES		$150.75	$166.18				
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		$35.76	$35.76				
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		$55.73	$55.73				
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		$74.75	$74.75				
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		$107.50	$107.50				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		$148.20	$148.20				
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		$15.97	$15.97				
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		$24.71	$24.71				
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		$47.40	$47.40				
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		$74.05	$74.05				
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI		$116.04	$116.04				
99288	DIRECT ADVANCED LIFE SUPPORT		$0.00	$0.00				
99291	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT, FIRST HOUR		$157.68	$215.02				
99292	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENTADDL 30 MIN		$88.74	$96.75				
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM		$49.40	$49.40				
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM		$65.66	$65.66				
99306	NURSING FACILITY CARE INIT		$130.50	$130.50				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99307	NURSING FAC CARE SUBSEQ		$34.42	$34.42				
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		$42.19	$42.19				
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		$59.51	$59.51				
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		$74.49	$74.49				
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS		$46.70	$46.70				
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES		$81.26	$81.26				
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FAC		$74.50	$74.50				
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		$45.98	$45.98				
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		$67.35	$67.35				
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		$93.42	$93.42				
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		$128.47	$128.47				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		$159.03	$159.03				
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		$35.60	$35.60				
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		$56.37	$56.37				
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		$86.93	$86.93				
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		$127.87	$127.87				
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		$74.38	$74.38				
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		$98.05	$98.05				
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		$128.50	$128.50				
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		$171.60	$171.60				
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		$203.79	$203.79				
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		$53.11	$53.11				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		$78.48	$78.48				
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		$115.76	$115.76				
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		$167.27	$167.27				
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE FIRST HOUR		$72.83	$71.96				
99355	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE EACH 30 MINUTES BEYOND FIRST HOUR		$71.54	$70.67				
99356	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE FIRST HOUR		$68.88	$68.88				
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT		$67.00	$67.00				
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION INFANT YOUNGER THAN 1 YEAR		$60.43	$78.58				
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 1-4		$64.38	$89.90				
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 - 11		$68.26	$89.90				
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12-17		$80.42	$101.22				
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 18-39		$77.60	$95.21				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 40-64		$93.99	$116.70				
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 YEARS AND OLDER		$101.40	$127.40				
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN 1 YEAR		$55.17	$67.57				
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1-4		$60.43	$78.58				
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5-11		$60.43	$78.58				
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12-17		$68.26	$89.90				
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39		$70.22	$84.80				
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64		$76.54	$100.83				
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 65 YEARS AND OLDER		$81.19	$106.26				
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES			$52.03				
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	R	$0.00	$0.00				
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY		$45.99	$45.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEME		$51.92	$75.36				
99462	SUBSEQUENT HOSPITAL CARE PER DAY		$24.63	$24.63				
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY		$61.12	$61.12				
99464	ATTENDANCE AT DELIVERY (WHEN REQ BY DEL PHY)		$57.26	$57.26				
99465	DELIVERY/BIRTHING ROOM RESUSCITATION		$119.57	$119.57				
99466	CRITICAL CARE SERVICES DELIVERED BY A PHY		$190.18	$190.18				
99467	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY		$94.05	$94.05				
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY		$707.33	$707.33				
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE		$308.57	$308.57				
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY		$636.72	$636.72				
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER		$313.91	$313.91				
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY		$441.19	$441.19				
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY,		$261.99	$261.99				
99477	INT DAY HOSP NEONATE CARE		$275.93	$275.93				
99478	SUBSEQUENT INTENSIVE CARE, PER DAY		$113.34	$113.34				
99479	SUBSEQUENT INTENSIVE CARE, PER DAY		$98.50	$98.50				
99480	SUBSEQUENT INTENSIVE CARE, PER DAY		$94.65	$94.65				
99485	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFAC		$60.50	$60.50				
99486	EACH ADDITIONAL 30 MIN		$52.68	$52.68				
99490	CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH		$26.00	$33.25				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99497	ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL		$0.00	$0.00				Added effective 1/1/2015
99498	ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL		$0.00	$0.00				Added effective 1/1/2015
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	R		$1,400.00				POS 11 to pay $1,400 effective 1/1/2011
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH			$15.00				
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH			$15.00				
D9220	DENTAL ANESTHISIA (CPSR - PHYSICIANS SPECIAL RATE)			$150.00				
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK		$255.86	$255.86				
G0121	COLON CA SCRN NOT HI RSK IND			$297.76				
G0127	TRIM NAIL(S)		$19.88	$19.88				
G0202	SCREENING MAMMOGRAPHY, DIGITAL, BILATERIAL		$91.56	$91.56	$66.30	$25.26		
G0204	DIAGNOSTIC MAMMOGRAPHY, DIGITAL, BILATERIAL		$99.65	$99.65	$68.35	$31.30		
G0206	DIAGNOSTIC MAMMOGRAPHY, DIGITAL, UNILATERIAL		$80.34	$80.34	$55.04	$25.26		
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MON		$21.28	$21.28				
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA		$94.27	$94.27				
G6001	ECHO GUIDANCE RADIOTHERAPY		$39.39	$39.39	$15.76	$23.63		Added effective 1/1/2015
G6002	STEREOSCOPIC X-RAY GUIDANCE		$55.74	$55.74	$39.56	$16.18		Added effective 1/1/2015
G6003	RADIATION TREATMENT DELIVERY		$116.92	$116.92				Added effective 1/1/2015
G6004	RADIATION TREATMENT DELIVERY		$90.53	$90.53				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
G6005	RADIATION TREATMENT DELIVERY		$101.14	$101.14				Added effective 1/1/2015
G6006	RADIATION TREATMENT DELIVERY		$100.62	$100.62				Added effective 1/1/2015
G6007	RADIATION TREATMENT DELIVERY		$186.00	$186.00				Added effective 1/1/2015
G6008	RADIATION TREATMENT DELIVERY		$125.20	$125.20				Added effective 1/1/2015
G6009	RADIATION TREATMENT DELIVERY		$138.65	$138.65				Added effective 1/1/2015
G6010	RADIATION TREATMENT DELIVERY		$138.65	$138.65				Added effective 1/1/2015
G6011	RADIATION TREATMENT DELIVERY		$198.93	$198.93				Added effective 1/1/2015
G6012	RADIATION TREATMENT DELIVERY		$164.78	$164.78				Added effective 1/1/2015
G6013	RADIATION TREATMENT DELIVERY		$185.48	$185.48				Added effective 1/1/2015
G6014	RADIATION TREATMENT DELIVERY		$185.48	$185.48				Added effective 1/1/2015
G6015	RADIATION TX DELIVERY IMRT		$289.42	$289.42				Added effective 1/1/2015
G6016	DELIVERY COMP IMRT		$288.71	$288.71				Added effective 1/1/2015
G6017	INTRAFRACTION TRACK MOTION		$0.00	$0.00				Added effective 1/1/2015
G6018	ILEOSCOPY W/STENT		$128.24	$128.24				Added effective 1/1/2015
G6019	COLONOSCOPY LESION REMOVAL		$217.83	$386.26				Added effective 1/1/2015
G6020	COLONOSCOPY W/STENT		$210.62	$210.62				Added effective 1/1/2015
G6021	UNLISTED PX SMALL INTESTINE		$0.00	$0.00				Added effective 1/1/2015
G6022	SIGMOIDOSCOPY W/ABLATE TUMR		$144.25	$258.08				Added effective 1/1/2015
G6023	SIGMOIDOSCOPY W/STENT		$134.68	$134.68				Added effective 1/1/2015
G6024	LESION REMOVAL COLONOSCOPY		$261.80	$428.16				Added effective 1/1/2015
G6025	COLONOSCOPY W/STENT		$267.55	$267.55				Added effective 1/1/2015
G6027	ANOSCOPY HRA W/SPEC COLLECT		$0.00	$0.00				Added effective 1/1/2015

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
G6028	ANOSCOPY HRA W/BIOPSY		$0.00	$0.00				Added effective 1/1/2015
J0696	INJ, CEFTRIAXONE SODIUM, PER 250 MG			$14.78				
J1380	INJ, ESTRADIOL VALERATE, UP TO 10 MG			$0.51				
J7300	INTRAUTERINE COPPER CONTRACEPTIVE			$775.95				Increas effective 1/1/2015
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG			$702.34				
J7302	LEVONORGESTREL-RE, IU CONTRACEPTIVE SYSTEM, 52 MG			$810.00				Increas effective 1/1/2015
J7303	CONTRACEPTIVE SUPPLY, HORMONE VAGINAL RING, EACH			$0.00				
J7307	ETONOGESTREL IMPLAN SYSTEM			$810.00				Increas effective 1/1/2015
J7321	HYALGAN/SUPARTZ INJ PER DOSE			$130.50				
J7323	EUFLEXXA INJ PER DOSE			$131.21				
J7324	ORTHOVISC INJI PER DOSE			$225.00				
J9000	DOXORUBICIN HCL, 10 MG			$11.84				
J9010	ALEMTUZUMAB, 10 MG			$553.77				
J9015	ALDESLEUKIN, PER SINGLE USE VIAL			$730.35				
J9017	ARSENIC TRIOXIDE, 1MG			$36.00				
J9020	ASPARAGINASE, 10,000 UNITS			$59.32				
J9031	BCG (INTRAVESICAL) PER INSTILLATION			$152.19				
J9040	BLEOMYCIN SULFATE, 15 UNITS			$219.80				
J9041	INJECTION, BORTEZOMIB, 0.1 MG			$31.27				
J9050	CARMUSTINE, 100 MG			$147.14				
J9060	CISPLATIN, POWDER OR S0LUTION, PER 10 MG			$26.87				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
J9065	INJECTION, CLADRIBINE, PER 1 MG			$48.60				
J9070	CYCLOPHOSPHAMIDE, 100 MG			$2.75				
J9098	CYTARABINE LIPOSOME, 10 MG			$380.34				
J9100	CYTARABINE, 100 MG			$4.03				
J9130	DACARBAZINE, 100 MG			$12.02				
J9150	DAUNORUBICIN, 10 MG			$74.57				
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG			$61.20				
J9160	DENILEUKIN DIFTITOX, 300 MCG			$1,374.30				
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG			$5.57				
J9178	INJECTION, EPIRUBICIN HCL, 2 MG			$26.97				
J9181	ETOPOSIDE, 10 MG			$4.15				
J9185	FLUDARABINE PHOSPHATE, 50 MG			$330.32				
J9190	FLUOROURACIL, 500 MG			$3.38				
J9200	FLOXURIDINE, 500 MG			$131.40				
J9201	GEMCITABINE HCL, 200 MG			$122.67				
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG			$422.99				
J9206	IRINOTECAN, 20 MG			$148.41				
J9208	IFOSFAMIDE, 1 GM			$148.41				
J9209	MESNA, 200 MG			$33.70				
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG			$397.84				
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG			$4.80				
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS			$33.05				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS			$14.66				
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU			$7.74				
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS			$318.74				
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG			$5,115.60				
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG			$11.38				
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG			$397.99				
J9250	METHOTREXATE SODIUM, 5 MG			$0.34				
J9260	METHOTREXATE SODIUM, 50 MG			$3.75				
J9268	PENTOSTATIN, PER 10 MG			$2,117.34				
J9270	PLICAMYCIN, 2.5 MG			$88.87				
J9280	MITOMYCIN, 5 MG			$77.23				
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG			$326.82				
J9300	GEMTUZUMAB OZOGAMICIN, 5MG			$2,291.65				
J9305	INJECTION, PEMETREXED, 10 MG			$43.87				
J9320	STREPTOZOCIN, 1 GM			$167.63				
J9340	THIOTEPA, 15 MG			$119.99				
J9355	TRASTUZUMAB, 10 MG			$55.71				
J9357	VALRUBICIN, INTRAVESICAL, 200 MG			$498.96				
J9360	VINBLASTINE SULFATE, 1 MG			$2.47				
J9370	VINCRISTINE SULFATE, 1 MG			$22.75				
J9390	VINORELBINE TARTRATE, PER 10 MG			$82.38				
J9395	INJECTION, FULVESTRANT, 25 MG			$84.99				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
J9600	PORFIMER SODIUM, 75 MG			$2,466.63				
Q4101	APILIGRAF, PER SQUARE CM		$28.56	$28.56				
Q4106	DERMAGRAFT, PER SQUARE CM		$34.99	$34.99				
Q4121	THERASKIN		$23.21	$23.21				
Q4131	EPIFIX		$216.23	$216.23				
S8032	**LOW DOSE CT LUNG SCREENING**		**$209.42**	**$209.42**	**159.75**	**49.66**		**Effective 1/01/15 in system**
V2020	FRAMES, PURCHASES		$50.00	$50.00				
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS		$0.00	$50.00				
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER		$0.00	$50.00				
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PE		$0.00	$50.00				
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .1		$0.00	$50.00				
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.		$0.00	$50.00				
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.		$0.00	$50.00				
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OV		$0.00	$50.00				
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0		$0.00	$50.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.		$0.00	$50.00				
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0		$0.00	$50.00				
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVE		$0.00	$50.00				
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.		$0.00	$50.00				
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.		$0.00	$50.00				
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.		$0.00	$50.00				
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER L		$0.00	$50.00				
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION		$0.00	$50.00				
V2118	ANISEIKONIC LENS, SINGLE VISION		$0.00	$50.00				
V2121	LENTICULAR LENS, PER LENS, SINGLE		$0.00	$50.00				
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS		$0.00	$50.00				
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS		$0.00	$50.00				
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS		$0.00	$50.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS		$0.00	$50.00				
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2		$0.00	$50.00				
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO		$0.00	$50.00				
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO		$0.00	$50.00				
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.0		$0.00	$50.00				
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D		$0.00	$50.00				
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH		$0.00	$50.00				
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH		$0.00	$50.00				
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH		$0.00	$50.00				
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP		$0.00	$50.00				
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP		$0.00	$50.00				

Physician Fee Schedule 2015

Note:

2015 Codes in Red;

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 8000-8924 range.

Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

Proc Code	Procedure Description	PA Ind	Inpat. Rate (Facility)	Outpat. Rate (NonFacility)	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP		$0.00	$50.00				
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS		$0.00	$50.00				
V2215	LENTICULAR (MYODISC), PER LENS, BI		$0.00	$50.00				
V2218	ANISEIKONIC, PER LENS, BIFOCAL		$0.00	$50.00				
V2219	BIFOCAL SEG WIDTH OVER 28MM		$0.00	$50.00				
V2220	BIFOCAL ADD OVER 3.25D		$0.00	$50.00				
V2221	LENTICULAR LENS, PER LENS, BIFOCAL		$0.00	$50.00				
V2299	SPECIALTY BIFOCAL (BY REPORT)	R	$0.00	$50.00				
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC		$0.00	$50.00				
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER		$0.00	$50.00				
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE		$0.00	$50.00				
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS		$180.00	$234.00				
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS		$137.50	$178.75				