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Physician Fee Schedule 2019

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### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red;

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

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<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

Note:
2019 Codes in Red; Codes ended dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.
Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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**Physician Fee Schedule 2019**

**Note:**

- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- R" in PA column indicates Prior Auth is required
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- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

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

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Physician Fee Schedule 2019

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<td>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</td>
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<td>Base Unit Value</td>
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<td>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</td>
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<td>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)</td>
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<td>Base Unit Value</td>
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<td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK</td>
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<td>TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WAL</td>
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Physician Fee Schedule 2019  

Note:  

2019 Codes in Red;  
Codes end dated 12/31/18 are in green  
Refer to CPT book for descriptions  
R" in PA column indicates Prior Auth is required  
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service  
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.  

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.  
Codes listed on the lab fee schedule that begin with a 'P' or 'Q' are currently non-covered for physicians  

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<td>15760</td>
<td>GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA),</td>
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<tr>
<td>15770</td>
<td>GRAFT; DERMA-FAT-FASCIA</td>
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<td>15777</td>
<td>IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE</td>
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<td>REINFORCEMENT (EG, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY</td>
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<td>15780</td>
<td>DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIFORMITY)</td>
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<td>15781</td>
<td>DERMABRASION; SEGMENTAL, FACE</td>
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<td>15782</td>
<td>DERMABRASION; REGIONAL, OTHER THAN FACE</td>
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<td>15783</td>
<td>DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)</td>
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<td>ABRASION; SINGLE LESION (EG, KERATOSES, SCAR)</td>
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<td>ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE</td>
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<td>15788</td>
<td>CHEMICAL PEEL, FACIAL; EPIDERMEROSIS</td>
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<td>BLEPHAROPLASTY, LOWER EYELID</td>
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<td>15821</td>
<td>BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED</td>
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<td>BLEPHAROPLASTY, UPPER EYELID</td>
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<td>BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID</td>
<td>R</td>
<td>$416.75</td>
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<td>RHYTIDECTOMY; FOREHEAD</td>
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<td>$504.16</td>
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<td>RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)</td>
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<td>$735.05</td>
<td>$735.05</td>
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<td>RHYTIDECTOMY; GLABELLAR FROWN LINES</td>
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<td>$448.87</td>
<td>$448.87</td>
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<td>15828</td>
<td>RHYTIDECTOMY; CHEEK, CHIN, AND NECK</td>
<td>R</td>
<td>$821.68</td>
<td>$821.68</td>
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<td>15829</td>
<td>RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP</td>
<td>R</td>
<td>$895.01</td>
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<td>EXCISE EXCESS SKIN, ABDOMEN</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
<td>R</td>
<td>$576.57</td>
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<td>$488.07</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
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<td>$539.59</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
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<td>$441.40</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
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<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY)</td>
<td>R</td>
<td>$338.37</td>
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<td>Base Unit Value</td>
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<td>15840</td>
<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAIN)</td>
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<td>$831.97</td>
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<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAIN)</td>
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<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL</td>
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<td>GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER</td>
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<td>15850</td>
<td>REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON</td>
<td></td>
<td>$33.52</td>
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<td>15851</td>
<td>REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON</td>
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<td>15852</td>
<td>DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)</td>
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<td>INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW</td>
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<td>$99.50</td>
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<td>15876</td>
<td>SUCTION ASSISTED LIPECTOMY; HEAD AND NECK</td>
<td>R</td>
<td>$144.85</td>
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<td>15877</td>
<td>SUCTION ASSISTED LIPECTOMY; TRUNK</td>
<td>R</td>
<td>$144.85</td>
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<tr>
<td>15878</td>
<td>SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY</td>
<td>R</td>
<td>$144.85</td>
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<tr>
<td>15879</td>
<td>SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY</td>
<td>R</td>
<td>$144.85</td>
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<td>EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE</td>
<td></td>
<td>$310.70</td>
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<td>EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSU</td>
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<td>$458.39</td>
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<td>15931</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE</td>
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<td>$330.52</td>
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<td>15933</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY</td>
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<td>$503.23</td>
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<td>EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY</td>
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<td>$571.06</td>
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<td>15935</td>
<td>EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN</td>
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<td>$739.57</td>
<td>$739.57</td>
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<td>EXCISION, ISCHIAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN</td>
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<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY</td>
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<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY</td>
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<td>Proc Code</td>
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<td>Inpat. Rate (Facility)</td>
<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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<td>EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE, WITH</td>
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<td>EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR</td>
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<td>EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR</td>
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<td>UNLISTED Procedure, EXCISION PRESSURE ULCER</td>
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<td>16000</td>
<td>INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMEN</td>
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<td>$36.23</td>
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<td>DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR</td>
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<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG)</td>
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<td>DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER)</td>
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</tbody>
</table>
### Physician Fee Schedule 2019

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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>17107</td>
<td>DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (E.G. LASER)</td>
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<tr>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
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<th>Base Unit Value</th>
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<td>19120</td>
<td>EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR,</td>
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<td>BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS,</td>
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<tbody>
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<td>INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUD</td>
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<td>REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN</td>
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<td>MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVIC)</td>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes ending dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

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<table>
<thead>
<tr>
<th>Proc Code</th>
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<th>Inpat. Rate (Facility)</th>
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<th>Base Unit Value</th>
<th>Notes</th>
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<td>BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST</td>
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### Physician Fee Schedule 2019

**Note:**

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</table>
### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**

Codes end dated 12/31/18 are in **green**

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>Base Unit Value</th>
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<td>REDUCTION FOREHEAD; CONTOURING ONLY</td>
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</table>
### Physician Fee Schedule 2019

**Note:**

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<td>RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIB)</td>
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<td>RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX</td>
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<td>RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT</td>
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</tbody>
</table>
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<td>OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRFT, ALLOGRAFT, OR</td>
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<td>$608.54</td>
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<td>GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT</td>
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<td>GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES</td>
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<td>GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING G</td>
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Physician Fee Schedule 2019

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<th>Notes</th>
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### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red:**
  - Codes ending dated 12/31/18 are in green
  - Refer to CPT book for descriptions

- R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
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**Physician Fee Schedule 2019**

**Note:**

2019 Codes in Red; Codes end dated 12/31/18 are in green. Refer to CPT book for descriptions. R" in PA column indicates Prior Auth is required. Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service. The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range. Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians.

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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Physician Fee Schedule 2019

Note:

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Refer to CPT book for descriptions

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<th>Inpat. Rate (Facility)</th>
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<th>Notes</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
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Refer to CPT book for descriptions

R* in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service.

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Physician Fee Schedule 2019

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</table>
## Physician Fee Schedule 2019

**Note:**

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Physician Fee Schedule 2019

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### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red:**
- **Codes ending dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.
- Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
- Codes listed on the lab fee schedule that begin with a "P" or "Q" are currently non-covered for physicians

### Table of Procedures

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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<th>Notes</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

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Refer to CPT book for descriptions

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### Physician Fee Schedule 2019

**Note:**

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<th>Proc Code</th>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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<th>Base Unit Value</th>
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</table>
Physician Fee Schedule 2019

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<th>Notes</th>
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### Physician Fee Schedule 2019

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### Physician Fee Schedule 2019

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<tr>
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<th>Inpat. Rate (Facility)</th>
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Physician Fee Schedule 2019

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**Physician Fee Schedule 2019**

**Note:**

2019 Codes in Red; Codes ended dated 12/31/18 are in green

Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service.

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
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<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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### Physician Fee Schedule 2019

#### Note:

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# Physician Fee Schedule 2019

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<td>PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER T</td>
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### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
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<th>Inpat. Rate (Facility)</th>
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Physician Fee Schedule 2019

Note:

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<th>Base Unit Value</th>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes end dated 12/31/18 are in **green**
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
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Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
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<th>Base Unit Value</th>
<th>Notes</th>
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<td>EPiphyseal Arrest by Epiphyseodesis or Stapling, Greater Trochanter of</td>
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<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR</td>
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<td>CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT</td>
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Physician Fee Schedule 2019

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<td>OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN</td>
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<td>FUSION SACROILIAC JOINT THROUGH THE SKIN OR MINIMALLY INVASIVE USING IMAGE GUIDANCE</td>
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<td>ARTHRODESIS, SYMPHYSESIS PUBIS (INCLUDING OBTAINING GRAFT)</td>
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<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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<td>ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTER</td>
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<td>INTERPELVIALDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)</td>
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<td>DISARTICULATION OF HIP</td>
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<td>UNLISTED PROCEDURE, PELVIS OR HIP JOINT</td>
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<td>27303</td>
<td>INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG.,</td>
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<td>FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN</td>
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<td>ARTHROTONY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BO</td>
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<td>BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL</td>
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<td>EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS</td>
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<td>EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULA</td>
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</table>
Physician Fee Schedule 2019

Note:

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<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>27329</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF TH</td>
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<tr>
<td>27330</td>
<td>ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY</td>
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<td>ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF L</td>
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<td>ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE:</td>
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<td>ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE:</td>
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<td>ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING</td>
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<td>EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)</td>
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<td>EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE</td>
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<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;</td>
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<td>27356</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLO</td>
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<td>$504.85</td>
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</table>
### Physician Fee Schedule 2019

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<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTO</td>
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<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTE</td>
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<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE</td>
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<td>INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY</td>
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<td>TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON</td>
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<td>LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON</td>
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<th>Base Unit Value</th>
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<td>27397</td>
<td>TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS</td>
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<td>TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGERS TYPE)</td>
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<td>ARTHROTOMY WITH MENISCUS REPAIR, KNEE</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red; Codes ended dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

<table>
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<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
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### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red;**
- **Codes end dated 12/31/18 are in green**
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**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

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<tr>
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## Physician Fee Schedule 2019

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Refer to CPT book for descriptions

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### Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- **R** in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service.

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

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

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<th>Procedure Description</th>
<th>PA Ind</th>
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<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
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Physician Fee Schedule 2019

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<th>Proc Code</th>
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Note:
2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.
Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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Physician Fee Schedule 2019

Note:

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Refer to CPT book for descriptions

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### Physician Fee Schedule 2019

**Note:**

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# Physician Fee Schedule 2019

**Note:**

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</table>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
<td>Notes</td>
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<td>LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OST)</td>
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<td>SINUSOTOMY, MAXILLARY (ANTROTOMY), RADICAL (CALDWELL-LUC) WITHOUT REMO</td>
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</table>
Physician Fee Schedule 2019

Note:

- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- R” in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
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<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH</td>
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Physician Fee Schedule 2019

Note:

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<td>Tech. Comp.</td>
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<td>Base Unit Value</td>
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<td>Tech. Comp.</td>
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<td>Base Unit Value</td>
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### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**

Codes ended dated 12/31/18 are in **green**

Refer to CPT book for descriptions

R” in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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Physician Fee Schedule 2019

Note:

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</table>
## Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**
Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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### Physician Fee Schedule 2019

**Note:**
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<td>THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL</td>
<td></td>
<td>$757.99</td>
<td>$757.99</td>
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<tr>
<td>32661</td>
<td>THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR M</td>
<td></td>
<td>$656.49</td>
<td>$656.49</td>
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<tr>
<td>32662</td>
<td>THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M</td>
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<td>$919.29</td>
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<td>32663</td>
<td>THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL</td>
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<td>$1,049.94</td>
<td>$1,049.94</td>
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<td>32664</td>
<td>THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY</td>
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<td>THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (Heller Type)</td>
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<td>WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL</td>
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<td>$707.35</td>
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<td>WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)</td>
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<td>32670</td>
<td>WITH REMOVAL OF TWO LOBES (BILOBECTOMY)</td>
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<td>WITH REMOVAL OF LUNG (PNEUMONECTOMY)</td>
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<th>Base Unit Value</th>
<th>Notes</th>
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<tr>
<td>32672</td>
<td>WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME REDUCTION (LVRS) UNILATERAL INCLUDES ANY PLEURAL PROCEDURE, WHEN PERFORMED</td>
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<td>32673</td>
<td>WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL</td>
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<td>32674</td>
<td>WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>32701</td>
<td>THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC</td>
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<td>32800</td>
<td>REPAIR LUNG HERNIA THROUGH CHEST WALL</td>
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<td>32810</td>
<td>CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGET)</td>
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<tr>
<td>32815</td>
<td>OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA</td>
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<td>$1,098.67</td>
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<tr>
<td>32820</td>
<td>MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)</td>
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<td>$1,169.03</td>
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<tr>
<td>32851</td>
<td>LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS</td>
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<td>32852</td>
<td>LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS</td>
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<td>$1,992.98</td>
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<tr>
<td>32853</td>
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<tr>
<td>32854</td>
<td>LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH</td>
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<tr>
<td>32855</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T</td>
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<tr>
<td>32866</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER</td>
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<td>32900</td>
<td>RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES</td>
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<td>32905</td>
<td>THORACOPLASTY, SCHEME TYPE OR EXTRAPLEURAL (ALL STAGES);</td>
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<td>$966.82</td>
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</tr>
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</table>
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<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>32906</td>
<td>THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE</td>
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<td>$1,223.12</td>
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<tr>
<td>32940</td>
<td>PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE</td>
<td>$879.78</td>
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<td>32960</td>
<td>PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR</td>
<td>$82.10</td>
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<tr>
<td>32994</td>
<td>ABLATE PULM TUMOR PERQ CRYBL</td>
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<td>32997</td>
<td>TOTAL LUNG LAVAGE (UNILATERAL)</td>
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<tr>
<td>32998</td>
<td>ABLATION THERAPY FOR PULMONARY TUMOR</td>
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<tr>
<td>32999</td>
<td>UNLISTED PROCEDURE, LUNGS AND PLEURA</td>
<td>R $0.00</td>
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<td>PERICARDIOCENTESIS; SUBSEQUENT</td>
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<tr>
<td>33020</td>
<td>PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)</td>
<td>$742.02</td>
<td>$742.02</td>
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<tr>
<td>33025</td>
<td>CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE</td>
<td>$757.99</td>
<td>$757.99</td>
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<tr>
<td>33030</td>
<td>PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>$1,146.74</td>
<td>$1,146.74</td>
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<tr>
<td>33031</td>
<td>PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS</td>
<td>$992.45</td>
<td>$992.45</td>
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<tr>
<td>33050</td>
<td>EXCISION OF PERICARDIAL CYST OR TUMOR</td>
<td>$656.49</td>
<td>$656.49</td>
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<td>33120</td>
<td>EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS</td>
<td>$1,562.79</td>
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<tr>
<td>33130</td>
<td>RESECTION OF EXTERNAL CARDIAC TUMOR</td>
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</tbody>
</table>
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</tr>
</thead>
<tbody>
<tr>
<td>33140</td>
<td>TRANSMYOCARDIAL LASER REvascularization, BY thoracotomy; (separate)</td>
<td>$962.45</td>
<td>$962.45</td>
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<tr>
<td>33141</td>
<td>TRANSMYOCARDIAL LASER REvascularization, BY thoracotomy; performed at</td>
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<td>33202</td>
<td>insertion epicardial electrode, open incision</td>
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<tr>
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<td>insertion or replacement of permanent pacemaker with transvenous</td>
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<td>insertion or replacement of temporary transvenous dual chamber pacing</td>
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<td>33212</td>
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<tr>
<td>33213</td>
<td>insertion or replacement of pacemaker pulse generator only; dual cha</td>
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<td>upgrade of implanted pacemaker system, conversion of single chamber sy</td>
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<td>repositioning of previously implanted transvenous pacemaker or pacing</td>
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<td>insertion of a transvenous electrode; single chamber (one electrode)</td>
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<th>Notes</th>
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<tr>
<td>33217</td>
<td>INSERTION OF A TRANSVENOUS ELECTRODE; DUAL CHAMBER (TWO ELECTRODES)</td>
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<td>33218</td>
<td>REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT</td>
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<td>REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACE</td>
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<td>WITH EXISTING MULTIPLE LEADS</td>
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<td>33222</td>
<td>REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER</td>
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<td>REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING</td>
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<td>33224</td>
<td>INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC</td>
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<td>INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC</td>
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<td>$329.30</td>
<td>$329.30</td>
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### Physician Fee Schedule 2019

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<th>Base Unit Value</th>
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</table>
Physician Fee Schedule 2019

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<td>$1,800.51</td>
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</table>
**Physician Fee Schedule 2019**

*Note:* 2019 Codes in Red; Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions.

R" in PA column indicates Prior Auth is required.

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service.

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<thead>
<tr>
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<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<tbody>
<tr>
<td>33468</td>
<td>TRICUSPID VALVE REPOSITIONING AND Plication FOR EBSTEIN ANOMALY</td>
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<td>33470</td>
<td>VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR</td>
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<td>OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR</td>
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<td>ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR</td>
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<td>33510</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT</td>
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<tr>
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<td>$1,759.16</td>
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<td>CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS</td>
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<td>33611</td>
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<tr>
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<td>REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL</td>
<td>$2,158.45</td>
<td>$2,158.45</td>
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</tr>
</tbody>
</table>
### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:** Codes ended dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

#### Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
- Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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<th>Notes</th>
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<tr>
<td>33615</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE</td>
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<td>33617</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED</td>
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<td>$2,162.85</td>
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Physician Fee Schedule 2019

Note:

*2019 Codes in Red; Codes end dated 12/31/18 are in green*

Refer to CPT book for descriptions.

R" in PA column indicates Prior Auth is required.

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service.

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

*Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.*

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

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<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Inl</th>
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<th>Outpat. Rate (NonFacility)</th>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes ending dated 12/31/18 are in **green**
- Refer to CPT book for descriptions
- **R** in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
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<th>PA Ind</th>
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Physician Fee Schedule 2019

Note:

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## Physician Fee Schedule 2019

### Note:
- 2019 Codes in Red;
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**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

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<thead>
<tr>
<th>Proc Code</th>
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### Physician Fee Schedule 2019

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Physician Fee Schedule 2019

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<th>Prof. Comp</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<tr>
<td>35355</td>
<td>THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL</td>
<td>$929.63</td>
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<td>35361</td>
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<td>REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER</td>
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<td>35400</td>
<td>ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVE</td>
<td>$151.60</td>
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<td>35500</td>
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<tr>
<td>35506</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN</td>
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<tr>
<td>35508</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL</td>
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<td>$1,074.09</td>
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<tr>
<td>35509</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID</td>
<td>$1,092.22</td>
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<tr>
<td>35510</td>
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<td>BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL</td>
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<th>Notes</th>
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<td>BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL</td>
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<td>DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK)</td>
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<td>35539</td>
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<td>35556</td>
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<td>35560</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL</td>
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<td>35563</td>
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<td>35566</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL</td>
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<tr>
<td>35570</td>
<td>BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL</td>
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<tr>
<td>35571</td>
<td>BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, PERONEAL ARTERY OR OTHER D</td>
<td>$1,102.17</td>
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<tr>
<td>35572</td>
<td>HARVEST OF FEMOROPOLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCT</td>
<td>$278.71</td>
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<td>35583</td>
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<td>$1,117.21</td>
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<td>$1,178.19</td>
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<tr>
<td>35600</td>
<td>HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BY</td>
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<td>35623</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR - TIBIAL</td>
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<td>35631</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC</td>
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<td>BYPASS GRAFT, OTHER THAN VEIN, Ilio-Celiac</td>
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<td>BYPASS GRAFT, OTHER THAN VEIN, Ilio-Celiac</td>
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<td>BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLenic TO RENAL ARTE)</td>
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<td>BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC</td>
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<tr>
<td>35642</td>
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<td>$620.57</td>
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<tr>
<td>35646</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL</td>
<td>$1,457.00</td>
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<tr>
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<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL</td>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes ending dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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### Physician Fee Schedule 2019

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<th>Outpat. Rate (NonFacility)</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<td>DRAW BLOOD OFF VENOUS DEVICE</td>
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<td>COLLECT BLOOD FROM PICC</td>
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<td>DECLOT VASCULAR DEVICE</td>
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<td>MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (E.G. FIBRIN SH)</td>
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<td>REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER</td>
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<td>CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY</td>
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<td>PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION</td>
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### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red;

Codes end dated 12/31/18 are in green

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<th>Base Unit Value</th>
<th>Notes</th>
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<tr>
<td>36825</td>
<td>CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS</td>
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<td>REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS O</td>
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</table>
### Physician Fee Schedule 2019

**Note:**

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<td>VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION)</td>
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<td>REVISION OF TRANVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS)</td>
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<td>37184</td>
<td>PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY</td>
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<td>PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY</td>
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<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING</td>
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<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING</td>
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<td>$239.47</td>
<td>$1,764.83</td>
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<td>37191</td>
<td>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</td>
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<td>$194.25</td>
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<th>Notes</th>
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<tr>
<td>37192</td>
<td>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</td>
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<td>37193</td>
<td>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</td>
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<td>37195</td>
<td>THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION</td>
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<td>TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRA</td>
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<td>TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO</td>
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**Physician Fee Schedule 2019**

**Note:**

*2019 Codes in Red; Codes end dated 12/31/18 are in green*

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH</td>
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<tr>
<td></td>
<td>TRANSLUMINAL ANGIOPLASTY</td>
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<td>WITH TRANSLUMINAL ANGIOPLASTY USED IN CONJUNCTION WITH 37220, 37221</td>
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<td>PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL</td>
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<td></td>
<td>(USED IN CONJUNCTION WITH 37221)</td>
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</table>
**Physician Fee Schedule 2019**

**Note:**

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<tr>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>37225</td>
<td>REVASCULARIZATION WITH AThERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL</td>
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<td>$565.21</td>
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<tr>
<td>37226</td>
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<td>$465.52</td>
<td>$7,862.85</td>
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<td>37227</td>
<td>REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND AThERECTOMY, INCLUDES ANGIOPLASTY WITHIN SAME VESSEL</td>
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<td>$12,699.65</td>
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<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY</td>
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<td>$4,736.52</td>
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<td>REVASCULARIZATION WITH AThERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL</td>
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<td>37230</td>
<td>REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL</td>
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<td>$7,317.51</td>
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<td>37231</td>
<td>REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND AThERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL</td>
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<td>$11,741.01</td>
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<tr>
<td>37232</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USE IN CONJUNCTION WITH 37228-37231</td>
<td></td>
<td>$185.44</td>
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<td>REVASCULARIZATION WITH AThERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUTION WITH 37229-37231</td>
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<td>$304.71</td>
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</table>
### Physician Fee Schedule 2019

**Note:**
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
</tr>
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<tbody>
<tr>
<td>37234</td>
<td>REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUNCTION WITH 37230, 37231</td>
<td>$253.98</td>
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<td>37235</td>
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<td>OPEN/PERQ PLACE STENT 1ST</td>
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<td>37605</td>
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<td>LIGATION OR BIPSY, TEMPORAL ARTERY</td>
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### Medical Procedures

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<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM</td>
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<tr>
<td>37735</td>
<td>LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENO</td>
<td>$555.02</td>
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<tr>
<td>37760</td>
<td>LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH</td>
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<td>$528.06</td>
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<tr>
<td>37761</td>
<td>LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING US GUIDANCE, WHEN PERFORMED, 1 LEG</td>
<td>$426.59</td>
<td>$426.59</td>
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<tr>
<td>37765</td>
<td>STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISION</td>
<td>$340.01</td>
<td>$340.01</td>
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<tr>
<td>37766</td>
<td>STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISI</td>
<td>$414.34</td>
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### Physician Fee Schedule 2019

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<th>Notes</th>
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<tr>
<td>37780</td>
<td>LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPPLITEAL JUNC</td>
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<td>$162.49</td>
<td>$162.49</td>
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<td>37785</td>
<td>LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L</td>
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<td>$135.12</td>
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<td>37788</td>
<td>PENILE REvascularization, ARTERY, WITH OR WITHOUT VEIN GRAFT</td>
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<td>$1,067.94</td>
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<tr>
<td>37790</td>
<td>PENILE VENOus OCclusive PROCEDURE</td>
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<td>38100</td>
<td>SPLENectomy; TOTAL (SEPARATE PROCEDURE)</td>
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<td>SPLENectomy; PARTIAL (SEPARATE PROCEDURE)</td>
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<td>38102</td>
<td>SPLENectomy; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH</td>
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<td>REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL</td>
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<td>LAPAROSCOPY, SURGICAL, SPLENectomy</td>
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<td>$683.05</td>
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<td>38200</td>
<td>INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY</td>
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<td>38205</td>
<td>BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA</td>
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<td>$60.14</td>
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<tr>
<td>38206</td>
<td>BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA</td>
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<td>38207</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVA</td>
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<td>38208</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF</td>
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</table>
## Physician Fee Schedule 2019

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<th>Base Unit Value</th>
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<tr>
<td>38209</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF</td>
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<td>38210</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL</td>
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<td>38211</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL</td>
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<td>38214</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU</td>
<td>$41.58</td>
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<tr>
<td>38215</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL</td>
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<td>38220</td>
<td>BONE MARROW; ASPIRATION ONLY</td>
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<td>BONE MARROW; BIOPSY, NEEDLE OR TROCAR</td>
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<td>38222</td>
<td>DX BONE MARROW BX &amp; ASPIR</td>
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<td>Added Effective 1/1/2018</td>
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<tr>
<td>38230</td>
<td>BONE MARROW HARVESTING FOR TRANSPLANTATION</td>
<td>$172.39</td>
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<td>AUTOLOGOUS</td>
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<tr>
<td>38240</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;</td>
<td>$124.92</td>
<td>$124.92</td>
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<tr>
<td>38241</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;</td>
<td>$123.60</td>
<td>$123.60</td>
<td>$123.60</td>
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<tr>
<td>38242</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;</td>
<td>$68.50</td>
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<td>38243</td>
<td>HPC BOOST</td>
<td>$94.02</td>
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<tr>
<td>38300</td>
<td>DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE</td>
<td>$53.64</td>
<td>$61.42</td>
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<tr>
<td>38305</td>
<td>DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE</td>
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<tr>
<td>38308</td>
<td>LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS</td>
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<tr>
<td>38380</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH</td>
<td>$329.17</td>
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<tr>
<td>38381</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH</td>
<td>$594.28</td>
<td>$594.28</td>
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<tr>
<td>38382</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH</td>
<td>$428.41</td>
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<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL</td>
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<td>BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG. CERVIX)</td>
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<td>$67.62</td>
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<tr>
<td>38510</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)</td>
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<td>38520</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH</td>
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<td>38525</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)</td>
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<td>38530</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)</td>
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<td>38531</td>
<td>OPEN BX/EXC INGUINOFOEM NODES</td>
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Effective 1/1/2019
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<td>EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP</td>
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<td>38555</td>
<td>EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCU</td>
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<td>LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND</td>
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<td>38570</td>
<td>LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPS)</td>
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<td>38571</td>
<td>LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY</td>
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<tr>
<td>38572</td>
<td>LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND</td>
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<td>LAP'S PELVIC LYMPHADEC</td>
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<td>Rate updated 1/1/2018</td>
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<td>38720</td>
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<td>CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)</td>
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<td>38740</td>
<td>AXILLARY LYMPHADENECTOMY; SUPERFICIAL</td>
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<td>Prof. Comp.</td>
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<td>INTRAOPERATIVE IDENTIFICATION OF SENTINEL LYMPH NODE(S), INCLUDES INJECTION OF NON-RADIOACTIVE DYE, USE IN CONJUNCTION WITH 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38542, 38740, 38745</td>
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<th>Notes</th>
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<td>REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH</td>
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<td>40510</td>
<td>EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE</td>
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<td>REPAIR LIP, FULL THICKNESS; VERMILION ONLY</td>
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<td>REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX</td>
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<td>DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE</td>
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<td>DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED</td>
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<td>40819</td>
<td>EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUECTOMY, FRENUECTOMY)</td>
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<td>DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHOD</td>
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Physician Fee Schedule 2019

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<td>GLOSSECTOMY; HEMIGLOSSECTOMY</td>
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<td>GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION</td>
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<td>GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT</td>
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<td>41145</td>
<td>GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH</td>
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<td>41150</td>
<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND</td>
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<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH</td>
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<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIB</td>
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<td>FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)</td>
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<td>FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)</td>
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<td>REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT</td>
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<td>41806</td>
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<td>OPERCULECTOMY, EXCISION PERICORONAL TISSUES</td>
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<td>EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES</td>
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<td>EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES</td>
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<tr>
<td>41825</td>
<td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR</td>
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<th>Proc Code</th>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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</table>
Physician Fee Schedule 2019

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<th>Notes</th>
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<tr>
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</table>
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### Proc Code | Procedure Description |
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<tbody>
<tr>
<td>42950</td>
<td>PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)</td>
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<td>PHARYNGOESOPHAGEAL REPAIR</td>
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<td>PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)</td>
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<td>CRICOPHARYNGEAL MYOTOMY</td>
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<td>EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMI</td>
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</table>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- **Codes ended dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<td>ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
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<th>Base Unit Value</th>
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<td>DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA</td>
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<td>GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOASTRIC LACERAT</td>
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<td>PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATI</td>
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<td>EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH</td>
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### Physician Fee Schedule 2019

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<th>Notes</th>
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<td>GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL, INCLUDING LAVAGE IF PERFORMED</td>
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</table>
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<th>Notes</th>
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<tbody>
<tr>
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<td>GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, INCLUDES DRUG ADMIN.</td>
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</table>
Physician Fee Schedule 2019

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<th>Base Unit Value</th>
<th>Notes</th>
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### 2019 Codes in Red:
Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>Base Unit Value</td>
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<td>Base Unit Value</td>
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</table>
## Physician Fee Schedule 2019

### Note:
- **2019 Codes in Red**:
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Notes:
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<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

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<th>Tech. Comp.</th>
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<th>Base Unit Value</th>
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<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (Non-Facility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<th>Notes</th>
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Note:
2019 Codes in Red; Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a 'P' or 'Q' are currently non-covered for physicians.
### Physician Fee Schedule 2019

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## Physician Fee Schedule 2019

**Note:**

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<td>Prof. Comp.</td>
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<td>ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY</td>
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<td>$110.81</td>
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<td>ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY,</td>
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<tr>
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<td>REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERI</td>
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<td>$951.53</td>
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<td>$1,154.58</td>
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</table>
### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red:**
  - Codes end dated 12/31/18 are in **green**
- Refer to CPT book for descriptions
- **R** in **PA column** indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.
- Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
- Codes listed on the lab fee schedule that begin with a **P or Q** are currently non-covered for physicians

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<tr>
<td>46740</td>
<td>REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS</td>
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<td>REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS</td>
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<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM</td>
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</table>

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Codes listed on the lab fee schedule that begin with a **P or Q** are currently non-covered for physicians.
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY</td>
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<td>LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER</td>
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<td>47140</td>
<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LE</td>
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<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO</td>
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</tbody>
</table>
Physician Fee Schedule 2019

Note:

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Refer to CPT book for descriptions

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<tr>
<td>47147</td>
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<td>47300</td>
<td>MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER</td>
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Physician Fee Schedule 2019

Note:

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R” in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
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<td>INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER</td>
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</table>
Physician Fee Schedule 2019

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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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</table>
### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red; Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

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<tr>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS, OPEN</td>
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</tbody>
</table>
### Physician Fee Schedule 2019

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<tr>
<td>49061</td>
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<tr>
<td>49062</td>
<td>DRAINAGE OF EXTRAPERITONEAL Lymphocele To Peritoneal Cavity, OPEN</td>
<td>$554.88</td>
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<td>ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC) WITHOUT IMAGING GUIDANCE</td>
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<td>WITH IMAGING GUIDANCE</td>
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<td>49180</td>
<td>BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE</td>
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<td>LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT</td>
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</table>
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<td>LAPAROSCOPY, SURGICAL, W/REVISION OF PREV PLACED INTRAPERITONEAL CATH</td>
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<td>LAPARASCOPY WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGING GUIDANCE. USE IN CONJUNCTION WITH LAPAROSCOPIC ABDOMINAL, PELVIC, OR RETROPERITONEAL PROCEDURES.</td>
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<td>INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDUR)</td>
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<td>$654.89</td>
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<td>49418</td>
<td>LAPAROSCOPY WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS)</td>
<td>$604.46</td>
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<td>REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR</td>
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<td>49505</td>
<td>REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE</td>
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<td>REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE</td>
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<td>REPAIR INGUINAL HERNIA, SLIDING, ANY AGE</td>
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<td>IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HER</td>
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### Proc Code | Procedure Description                                                                 | PA Ind | Inpat. Rate (Facility) | Outpat. Rate (NonFacility) | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes
---|---|---|---|---|---|---|---|---
50100 | TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE) |       | $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 INCLUDING |       | $860.66 | $860.66 |   |   |   |   
50225 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING |       | $1,039.88 | $1,039.88 |   |   |   |   
50230 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING |       | $1,141.54 | $1,141.54 |   |   |   |   
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, INCLUDING |       | $862.75 | $862.75 |   |   |   |   
50280 | EXCISION OR LINEROOFING OF CYST(S) OF KIDNEY |       | $748.77 | $748.77 |   |   |   |   
50290 | EXCISION OF PERINEPHRIC CYST |       | $668.54 | $668.54 |   |   |   |   

**Note:**

- **2019 Codes in Red:**
  - Codes ending dated 12/31/18 are in green
  - Refer to CPT book for descriptions
  - R" in PA column indicates Prior Auth is required
  - Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
  - The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

Codes listed on the lab fee schedule that begin with a 'P' or 'Q' are currently non-covered for physicians.
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<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>$553.19</td>
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<td>50320</td>
<td>DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DON</td>
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<td>Base Unit Value</td>
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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
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<td>Base Unit Value</td>
<td>Notes</td>
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<td>Effective 1/1/2019</td>
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<tr>
<td>50500</td>
<td>NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY</td>
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<td>$781.23</td>
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<tr>
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<td>CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL</td>
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<td>$990.76</td>
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<td>LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA</td>
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</tbody>
</table>
Physician Fee Schedule 2019

Note:

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Refer to CPT book for descriptions

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<th>Procedure Description</th>
<th>PA Ind</th>
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</table>
Physician Fee Schedule 2019

Note:

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

| Proc Code | Procedure Description                                                                 | PA Ind | Inpat. Rate (Facility) | Outpat. Rate (NonFacility) | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes
|-----------|---------------------------------------------------------------------------------------|--------|------------------------|----------------------------|-------------|-------------|----------------|--------
| 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                 |                            |             |             |                |        
| 50693     | PLACEMENT OF URETERAL STENT, PERCUTANEOUS/DIAGNOSTIC NEPHROSTOGRAM/ PRE-EXISTING NEPHROSTOMY TRACT | $178.66 | $791.57                |                            |             |             |                | Added Effective 1/1/2016 
| 50694     | NEW ACCESS WITHOUT SEPARATE NEPHROSTOMY CATHETER                                       | $231.14 | $674.85                |                            |             |             |                | Added Effective 1/1/2016 
| 50695     | NEW ACCESS WITH SEPARATE NEPHROSTOMY CATHETER                                         | $293.14 | $1,068.01              |                            |             |             |                | Added Effective 1/1/2016 
| 50700     | URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)                             |        |                        |                            |             |             |                |        
| 50705     | URETERAL EMBOLIZATION OR OCCUSION, INCLUDING IMAGING GUIDANCE                          | $165.33 | $1,265.41              |                            |             |             |                | Added Effective 1/1/2016 
| 50706     | BALLON DILATION URETERAL STRicture, INCLUDING IMAGING                                  | $153.84 | $574.78                |                            |             |             |                | Added Effective 1/1/2016 
| 50715     | URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITON                | $854.13 | $854.13                |                            |             |             |                |        
| 50722     | URETEROLYSIS FOR OVARIAN VEIN SYNDROME                                                | $768.05 | $768.05                |                            |             |             |                |        
| 50725     | URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINAR                 | $868.09 | $868.09                |                            |             |             |                |        
| 50727     | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);                       |        |                        |                            |             |             |                |        
| 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                |                            |             |             |                |        


<table>
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<tr>
<th>Proc Code</th>
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<td>CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL</td>
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<td>DRAIN BLADDER BY NEEDLE</td>
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<td>DRAIN BLADDER WITH CATH INSERTION</td>
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Physician Fee Schedule 2019

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<td>CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE</td>
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<th>Notes</th>
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<td>Notes</td>
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<td>CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED</td>
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<td>CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)</td>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
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<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
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<th>Inpat. Rate (Facility)</th>
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### Physician Fee Schedule 2019

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<tr>
<th>Proc Code</th>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
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## Physician Fee Schedule 2019

### Note:
- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
- R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>PA Ind</th>
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<th>Outpat. Rate (NonFacility)</th>
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<td>54111</td>
<td>EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LE</td>
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<th>Base Unit Value</th>
<th>Notes</th>
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<td>LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS</td>
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<td>54163</td>
<td>REPAIR INCOMPLETE CIRCUMCISION</td>
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<td>54205</td>
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<td>54231</td>
<td>DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACT</td>
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<td>INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, Papave)</td>
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</table>
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<th>Notes</th>
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<tr>
<td>54300</td>
<td>PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (E.G. HYPOSPADIS)</td>
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<td>54304</td>
<td>PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAG</td>
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<td>54308</td>
<td>URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY)</td>
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<td>54312</td>
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<td>54316</td>
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<td>ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING</td>
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<td>ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION T</td>
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<tr>
<td>54340</td>
<td>REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRicture, DIVERTICU</td>
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<td>$428.03</td>
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</tbody>
</table>
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<tr>
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<td>PLASTIC OPERATION ON PENIS FOR CORRECT ANGULATION</td>
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<td>PLASTIC OPERATION OF PENIS FOR INJURY</td>
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<td>54450</td>
<td>FORESKIN MANIPULATION INCLUDING LYYSIS OF PREPUTIAL ADHESIONS AND STRET</td>
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<td>BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

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

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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>Base Unit Value</td>
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## Physician Fee Schedule 2019

### Note:

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<td>57287</td>
<td>REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHEIC)</td>
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<td>SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
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<td>PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORMARPHY</td>
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<tr>
<td>57291</td>
<td>CONSTRUCTION OF ARTIFICIAL Vagina; WITHOUT GRAFT</td>
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<td>$391.32</td>
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<td>57292</td>
<td>CONSTRUCTION OF ARTIFICIAL Vagina; WITH GRAFT</td>
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<td>$571.32</td>
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<td>REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR</td>
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Physician Fee Schedule 2019

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<th>Prof. Comp.</th>
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<td>57335</td>
<td>VAGINOPLASTY FOR INTERSEX STATE</td>
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<td>Rate updated 1/1/2018</td>
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<td>COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;</td>
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<td>REPAIR PARAVAG DEFECT, LAP</td>
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<td>57425</td>
<td>LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)</td>
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<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(Y)</td>
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<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(Y)</td>
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<td>$110.50</td>
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<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCER</td>
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<td>$78.21</td>
<td>$104.42</td>
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<td>57460</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP</td>
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<td>$121.31</td>
<td>$148.40</td>
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</table>
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<th>Notes</th>
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<td>57461</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP</td>
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<td>$144.83</td>
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<td>57500</td>
<td>BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT</td>
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<td>57505</td>
<td>ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)</td>
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<td>$43.59</td>
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<td>57510</td>
<td>CAUTERY OF CERVIX; ELECTRO OR THERMAL</td>
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<td>CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT</td>
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<td>CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL</td>
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<td>TRACHECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)</td>
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<td>RADICAL TRACHECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND</td>
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<td>57545</td>
<td>EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH, WITH PELVIC FLOOR REPA</td>
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<td>57550</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;</td>
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<td>57555</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR</td>
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<td>57556</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELI</td>
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<td>CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL</td>
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<td>TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH</td>
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<td>DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)</td>
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<td>ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING</td>
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<td>ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY</td>
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<td>DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)</td>
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<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL</td>
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<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL</td>
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<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMUR</td>
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<td>58150</td>
<td>TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO</td>
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<td>$695.52</td>
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<td>TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO</td>
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<td>$798.27</td>
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<td>SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR</td>
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<td>$578.91</td>
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<td>58200</td>
<td>TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH</td>
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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
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<td>Base Unit Value</td>
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<td>RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE</td>
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<td>PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL</td>
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<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF</td>
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<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF</td>
<td>R</td>
<td>$700.47</td>
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<td>58275</td>
<td>VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;</td>
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<td>$762.47</td>
<td>$762.47</td>
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<tr>
<td>58280</td>
<td>VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR O</td>
<td>R</td>
<td>$758.60</td>
<td>$758.60</td>
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<td>58285</td>
<td>VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)</td>
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<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;</td>
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<tr>
<td>58291</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL</td>
<td>R</td>
<td>$900.96</td>
<td>$900.96</td>
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<tr>
<td>58292</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL</td>
<td>R</td>
<td>$954.57</td>
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## 2019 Codes in Red:
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH</td>
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<td>$992.02</td>
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<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR O</td>
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<td>$878.82</td>
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<td>INSERTION OF INTRAUTERINE DEVICE (IUD)</td>
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<td>$59.25</td>
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<td>58301</td>
<td>REMOVAL OF INTRAUTERINE DEVICE (IUD)</td>
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<td>58340</td>
<td>CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SA</td>
<td>R</td>
<td>$43.05</td>
<td>$43.05</td>
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<tr>
<td>58345</td>
<td>TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AN</td>
<td>R</td>
<td>$238.84</td>
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<td>INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY</td>
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<td>58350</td>
<td>CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS</td>
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<td>ENDOMETRIAL ABLATION, THERMAL, WITHOUT Hysteroscopic guidance</td>
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<td>$162.96</td>
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<td>ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRI</td>
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<tr>
<td>58400</td>
<td>UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT</td>
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<td>$345.55</td>
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<td>58410</td>
<td>UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT</td>
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<td>HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)</td>
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<td>$324.11</td>
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<td>HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)</td>
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<td>Outpat. Rate (NonFacility)</td>
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<td>58541</td>
<td>LAPAROSCOPY, SURGICAL, Hysterectomy Uterus less than 250G</td>
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<td>58542</td>
<td>LAPAROSCOPY, SURGICAL, Hyst w/Removal of Tubes Uterus less than 250G</td>
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<td>$684.88</td>
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<tr>
<td>58543</td>
<td>LAPAROSCOPY, SURGICAL, Hysterectomy Uterus greater than 250G</td>
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<td>$696.59</td>
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<tr>
<td>58544</td>
<td>LAPAROSCOPY, SURGICAL, Hyst w/Removal of Tubes Uterus greater than 250G</td>
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<td>58545</td>
<td>LAPAROSCOPY, SURGICAL, Myomectomy, Excision; 1 to 4 Intramural Myomas</td>
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<td>$657.30</td>
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<td>58546</td>
<td>LAPAROSCOPY, SURGICAL, Myomectomy, Excision; 5 or more Intramural Myom</td>
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<td>$829.93</td>
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<td>58550</td>
<td>LAPAROSCOPY SURGICAL, WITH VAGINAL Hysterectomy, FOR UTERUS 250 Grams</td>
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<td>$649.94</td>
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<td>LAPAROSCOPY SURGICAL, WITH VAGINAL Hysterectomy, FOR UTERUS 250 Grams</td>
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<td>58553</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL Hysterectomy, FOR UTERUS Greater T</td>
<td>R</td>
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<td>58554</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL Hysterectomy, FOR UTERUS Greater T</td>
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<td>HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)</td>
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<td>58558</td>
<td>HYSTEROSCOPY, SURGICAL, WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR</td>
<td>R</td>
<td>$213.26</td>
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<td>Non facility rate changed effective 12/1/18</td>
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<td>58559</td>
<td>HYSTEROSCOPY, SURGICAL, WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY M ETH)</td>
<td>R</td>
<td>$273.34</td>
<td>$273.34</td>
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</tbody>
</table>
### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red; Codes end dated 12/31/18 are in green

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<th>Base Unit Value</th>
<th>Notes</th>
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<td>HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEP</td>
<td></td>
<td>$302.82</td>
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<td>HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA</td>
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<td>58562</td>
<td>HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY</td>
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<td>$213.72</td>
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<td>HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL)</td>
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<td>58565</td>
<td>HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO I</td>
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<td>TLH FOR UTERUS 250G OR LESS</td>
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<td>TLH W/T/O 250G OR LESS</td>
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<tr>
<td>58572</td>
<td>TLH, UTERUS OVER 250G</td>
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<td>$886.24</td>
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<td>TLH W/T/O UTERUS OVER 250G</td>
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<td>$999.29</td>
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<tr>
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<td>LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL</td>
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<td>$271.75</td>
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<td>LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF</td>
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<td>58615</td>
<td>OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING)</td>
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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
<td>Notes</td>
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<td>LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OvariOL)</td>
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<td>LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR)</td>
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<td>LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE</td>
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<td>LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG. BAND,)</td>
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<td>LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY</td>
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<td>LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)</td>
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<td>TUBOTUBAL ANASTOMOSIS</td>
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<td>Prof. Comp.</td>
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<td>FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI)</td>
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</table>
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<th>Base Unit Value</th>
<th>Notes</th>
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<td>FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS)</td>
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<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT</td>
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<td>INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE)</td>
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<td>EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN</td>
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</table>
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<td>59409</td>
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<tr>
<td>59614</td>
<td>VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO)</td>
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<tr>
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<td>TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY</td>
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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes end dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td></td>
<td>$955.26</td>
<td>$955.26</td>
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<td>BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG</td>
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<td>INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYST</td>
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<td>$575.91</td>
<td>$575.91</td>
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<td>61253</td>
<td>BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL</td>
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### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red; Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R” in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
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<th>PA Ind</th>
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<td>61316</td>
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<td>61450</td>
<td>CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION O</td>
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</table>
Physician Fee Schedule 2019

Note:

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<th>Base Unit Value</th>
<th>Notes</th>
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<td>EXCISION, INTRA AND EXCRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, F1)</td>
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<td>$1,353.06</td>
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</table>
### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes end dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

**Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.**

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

<table>
<thead>
<tr>
<th>Proc Code</th>
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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI)</td>
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</table>
**Physician Fee Schedule 2019**

**Note:**

2019 Codes in Red;

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
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Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

- **2019 Codes in Red:**
- Codes ending dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment = 1 time unit.

PLEASE USE LAB FEE SCHEDULE FOR COVERED CODES NOT LISTED BELOW IN THE 80000-89249 RANGE.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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Note:

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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
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<tr>
<th>Proc Code</th>
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Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<thead>
<tr>
<th>Proc Code</th>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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End dated 12/31/2018
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</table>
Physician Fee Schedule 2019

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### Physician Fee Schedule 2019

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- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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## Physician Fee Schedule 2019

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<th>Notes</th>
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### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red**;

Codes end dated 12/31/18 are in **green**

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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Physician Fee Schedule 2019

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## Physician Fee Schedule 2019

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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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</table>
### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**

Codes end dated 12/31/18 are in **green**

Refer to CPT book for descriptions

*R* in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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Physician Fee Schedule 2019

Note:
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<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESI</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
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Refer to CPT book for descriptions
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Physician Fee Schedule 2019

Note:
2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a 'P' or 'Q' are currently non-covered for physicians.

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>67311</td>
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</table>
### Physician Fee Schedule 2019

**Note:**
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<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<td>STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT</td>
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<td>Base Unit Value</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R” in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
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Physician Fee Schedule 2019

Note:

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<th>Base Unit Value</th>
<th>Notes</th>
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### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red;**

Codes ending dated 12/31/18 are in **green**

Refer to CPT book for descriptions

R” in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
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**Physician Fee Schedule 2019**

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**Physician Fee Schedule 2019**

**Note:**

**2019 Codes in Red;**

Codes ending dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)</td>
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## Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- Codes end dated 12/31/18 are in **green**
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### Proc Code | Procedure Description | PA Ind | Inpat. Rate (Facility) | Outpat. Rate (NonFacility) | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes
---|---|---|---|---|---|---|---|---
69650 | STAPES MOBILIZATION | | $630.81 | $630.81 | | | |
69660 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINU | | $785.43 | $785.43 | | | |
69661 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINU | | $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 | TYPHOMATIC 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 PERCUTANEOUS | | $651.98 | $651.98 | | | |
69715 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS | | $827.24 | $827.24 | | | |
69717 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED | | $673.16 | $673.16 | | | |
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 | | | |
Physician Fee Schedule 2019

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<tr>
<td>69725</td>
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<tr>
<td>69910</td>
<td>LABYRINTHECTOMY; WITH MASTOIDECTOMY</td>
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<tr>
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<td>COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY</td>
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<td>TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)</td>
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<tr>
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<td>MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST</td>
<td>$162.90</td>
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</tbody>
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<tr>
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<td>MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETAT</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

Codes end dated 12/31/18 are in green

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Physician Fee Schedule 2019

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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Physician Fee Schedule 2019

Note:

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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>$243.19</td>
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<td>$293.22</td>
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</table>
**Physician Fee Schedule 2019**

**Note:**

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<th>Prof. Comp.</th>
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<tr>
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<td>$110.39</td>
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### Physician Fee Schedule 2019

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<td>$72.95</td>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

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<tr>
<th>Proc Code</th>
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<th>Prof. Comp.</th>
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### Physician Fee Schedule 2019

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<th>Base Unit Value</th>
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Physician Fee Schedule 2019

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<td>73721</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY</td>
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<td>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH</td>
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Physician Fee Schedule 2019

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<tr>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST</td>
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<td>$302.74</td>
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<td>PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL</td>
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<tr>
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<td>$75.63</td>
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<tr>
<td>74249</td>
<td>RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,</td>
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<td>$108.76</td>
<td>$108.76</td>
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</table>
## Physician Fee Schedule 2019

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<th>Notes</th>
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<td>74250</td>
<td>RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM</td>
<td>$55.36</td>
<td>$55.36</td>
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<td>CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; W/O CONTRAST MATERIAL</td>
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<td>WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES</td>
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<td>THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION O</td>
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<td>$86.82</td>
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<td>74329</td>
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<td>COMBINED ENDOSSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCT</td>
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Physician Fee Schedule 2019

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<td>UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;</td>
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Physician Fee Schedule 2019

Note:

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</table>
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<td>TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVIS</td>
<td>$708.07</td>
<td>$708.07</td>
<td>$651.89</td>
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<td>ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCAT</td>
<td>$99.46</td>
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<td>$28.52</td>
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<td>$70.35</td>
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<td>$51.36</td>
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<td>$0.00</td>
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<td>PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF</td>
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<td>PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCUL</td>
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### Physician Fee Schedule 2019

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2019 Codes in Red; Codes end dated 12/31/18 are in green  
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<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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<td>TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>$311.81</td>
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<td>CINERADIOGRAPHY/VIDEOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED</td>
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<td>CINERADIOGRAPHY/VIDEOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LI)</td>
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<td>$21.33</td>
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</table>
### Physician Fee Schedule 2019

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<th>Base Unit Value</th>
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<tr>
<td>76140</td>
<td>CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT</td>
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<td>$136.95</td>
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<tr>
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<tr>
<td>76510</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERF</td>
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<td>$121.56</td>
<td>$121.56</td>
<td>$57.44</td>
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<tr>
<td>76513</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERS</td>
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<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR</td>
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</tbody>
</table>
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<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

Note:

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Codes ended dated 12/31/18 are in **green**

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<th>Prof. Comp.</th>
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Physician Fee Schedule 2019

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<td>RESPIRATORY MOTION MANAGEMENT SIMULATION</td>
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</table>
### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

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</table>
Physician Fee Schedule 2019

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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<td>RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTI</td>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<tr>
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<td>$167.83</td>
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<td>LESION DIAMETER OVER 2.0 CM OR MULTIPLE LESION</td>
<td>$261.98</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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### Physician Fee Schedule 2019

**Note:**

2019 Codes in Red; End dated 12/31/18 are in green

Refer to CPT book for descriptions.

R" in PA column indicates Prior Auth is required.

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service.

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

**Note:**

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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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Physician Fee Schedule 2019

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<th>Tech. Comp.</th>
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</table>
Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION</td>
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</table>
Physician Fee Schedule 2019

Note:

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<tr>
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<td>CYTOPATHOLOGY, IN SITU HYBRIDIZATION, URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN, USING COMPUTER-ASSISTED TECHNOLOGY</td>
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### Physician Fee Schedule 2019

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### Physician Fee Schedule 2019

**Note:**
- **2019 Codes in Red:**
- **Codes end dated 12/31/18 are in green**
- Refer to CPT book for descriptions
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- The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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</table>
### Physician Fee Schedule 2019

Note:

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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</tbody>
</table>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

"R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
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<th>Outpat. Rate (NonFacility)</th>
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Outpatient only Limit one per 365 days Effective 8/13/2019
Outpatient only. Limit 36 visits
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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### Physician Fee Schedule 2019

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- Refer to CPT book for descriptions
- R" in PA column indicates Prior Auth is required
- Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>Outpat. Rate (NonFacility)</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red; Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

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Physician Fee Schedule 2019

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Physician Fee Schedule 2019

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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLU</td>
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<tr>
<td>DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC</td>
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<td>DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC</td>
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<td>STRESS TTE COMPLETE</td>
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<td>INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION</td>
<td>$183.32</td>
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<td>RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT</td>
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<td>LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>$740.27</td>
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</table>
Physician Fee Schedule 2019

Note:

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

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<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>93453</td>
<td>COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION</td>
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<td>Proc Code</td>
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<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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<td>LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE</td>
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<td>93463</td>
<td>PHARMACOLOGIC AGENT ADMINISTRATION, INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE, DURING, AFTER, AND REPEAT PHARMACOLOGIC AGENT ADMINISTRATION</td>
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</table>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENTIAL HEART CATHETERIZATION</td>
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<td>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</td>
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<td>FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPHY</td>
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## Physician Fee Schedule 2019

**Note:**

*2019 Codes in Red; Codes end dated 12/31/18 are in green*

Refer to CPT book for descriptions

*R* in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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**Note:**

2019 Codes in Red; Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>93971</td>
<td>DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND</td>
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<td>$98.98</td>
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<td>$25.33</td>
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</tbody>
</table>
**Physician Fee Schedule 2019**

**Note:**
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<td>PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR</td>
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<td>$70.98</td>
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<td>Rate updated 1/1/2018</td>
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<td>PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY</td>
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<td>PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE.</td>
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<td>GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES.</td>
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<td>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</td>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

Codes ending dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
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## Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red;**
Codes ending dated 12/31/18 are in green

Refer to CPT book for descriptions

R" in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>PA</th>
<th>Facility</th>
<th>NonFacility</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit</th>
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<td>95872</td>
<td>NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIV</td>
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<td>$5.62</td>
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<td>ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR</td>
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<td>$11.65</td>
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<td>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.</td>
<td></td>
<td>$43.35</td>
<td>$43.35</td>
<td>$33.23</td>
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<td>95886</td>
<td>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</td>
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<td>$69.00</td>
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### Physician Fee Schedule 2019

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<th>Inpat. Rate (Facility)</th>
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<td>MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE F</td>
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<td>$174.15</td>
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Physician Fee Schedule 2019

**Note:**

*2019 Codes in red; Codes end dated 12/31/18 are in green*

Refer to CPT book for descriptions.

*R* in PA column indicates Prior Auth is required.

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service.

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

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<tr>
<th>Proc Code</th>
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<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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</tbody>
</table>
Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

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<thead>
<tr>
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<th>Outpat. Rate (NonFacility)</th>
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<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<td>DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM</td>
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<td>$20.40</td>
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Physician Fee Schedule 2019

Note:

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<th>Base Unit Value</th>
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<td>97799</td>
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Physician Fee Schedule 2019

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<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); EACH HOUR</td>
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<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 45 MINUTES</td>
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<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 30 MINUTES</td>
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### Physician Fee Schedule 2019

**Note:**

- **2019 Codes in Red:**
- Codes ending dated 12/31/18 are in green
- Refer to CPT book for descriptions
- "R" in PA column indicates Prior Auth is required
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Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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</table>
Physician Fee Schedule 2019

Note:

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### Physician Fee Schedule 2019

**Note:**
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<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
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<th>PA Ind</th>
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<th>Base Unit Value</th>
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<td>CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH</td>
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### Physician Fee Schedule 2019

**Note:**

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### Physician Fee Schedule 2019

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</tbody>
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Physician Fee Schedule 2019

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Physician Fee Schedule 2019

Note:

2019 Codes in Red;
Codes end dated 12/31/18 are in green
Refer to CPT book for descriptions
R" in PA column indicates Prior Auth is required
Codes listed as "$0.00" pay 45% of billed amount not to exceed provider's usual and customary charge for the service
The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.
Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians

<table>
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<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
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<th>Base Unit Value</th>
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Physician Fee Schedule 2019

Note:

2019 Codes in Red;

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### Physician Fee Schedule 2019

**Note:**

**2019 Codes in Red:**

Codes end dated 12/31/18 are in green

Refer to CPT book for descriptions

R” in PA column indicates Prior Auth is required

Codes listed as "$0.00" pay 45% of billed amount not to exceed provider’s usual and customary charge for the service

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

Please use lab fee schedule for covered codes not listed below in the 80000-89249 range.

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Procedure Description</th>
<th>PA Ind</th>
<th>Inpat. Rate (Facility)</th>
<th>Outpat. Rate (NonFacility)</th>
<th>Tech. Comp.</th>
<th>Prof. Comp.</th>
<th>Base Unit Value</th>
<th>Notes</th>
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<td>V2208</td>
<td>SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH</td>
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<td>Outpat. Rate (NonFacility)</td>
<td>Tech. Comp.</td>
<td>Prof. Comp.</td>
<td>Base Unit Value</td>
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