

KY Medicaid Physician Fee Schedule 2024 Revised 4.4.2024



Notes:

- **Red indicates new codes or changes for the most current revision date.**
- "R" in PA column indicates Prior Auth is required
- Codes listed on the lab fee schedule that begin with a P or Q are currently non-covered for physicians
- Codes listed as "\$0.00" pay 45% of billed amount (PT-86 Radiology and X-ray are reimbursed at 60%) not to exceed provider's usual and customary charge
- **UB modifier to be used for Certified Community Health Worker (CHW) services. Rendering must be Physician, APRN, or Physician Assistant**
- **See Preventive Fee Schedule for immunizations and administration of immunizations.**
- **Path codes billed by OP Hosp will be reimbursed at rates from the Physician Fee Schedule**
- **See Physician Adminstered Drug List (PAD) for injectables. Any injectable not payable on PAD are listed on this fee schedule**
- The Anesthesia Base 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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*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 00100 | ANES FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY | | * | * | | | 5.00 | |
| 00102 | ANES FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP | | * | * | | | 6.00 | |
| 00103 | ANES FOR RECONSTRUCTIVE PROCED OF EYELID | | * | * | | | 5.00 | |
| 00104 | ANES FOR ELECTROCONVULSIVE THERAPY | | * | * | | | 4.00 | |
| 00120 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR ,INC BIOPSY | | * | * | | | 5.00 | |
| 00124 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR,OTOSCOPY | | * | * | | | 4.00 | |
| 00126 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR, TYMPANOTOMY | | * | * | | | 4.00 | |
| 00140 | ANES FOR PROC ON EYE; NOT OTHERWISE SPECIFIED | | * | * | | | 5.00 | |
| 00142 | ANES FOR PROCEDURES ON EYE; LENS SURGERY | | * | * | | | 6.00 | |
| 00144 | ANES FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT | | * | * | | | 6.00 | |
| 00145 | ANES FOR PROCEDURES ON EYE; VITREORETINAL SURGERY | | * | * | | | 6.00 | |
| 00147 | ANES FOR PROCEDURES ON EYE; IRIDECTOMY | | * | * | | | 6.00 | |
| 00148 | ANES FOR PROCEDURES ON EYE; OPHTHALMOSCOPY | | * | * | | | 4.00 | |
| 00160 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; NOT OTHERISE SPEC. | | * | * | | | 5.00 | |
| 00162 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; RADICAL SURGERY | | * | * | | | 7.00 | |

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|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 00164 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; BIOPSY SOFT TISSUE | | * | * | | | 4.00 | |
| 00170 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; NOT OTHERWISE SPEC | | * | * | | | 5.00 | |
| 00172 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; REPAIR OF CLEFT | | * | * | | | 6.00 | |
| 00174 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; EXCISION OF TUMOR | | * | * | | | 6.00 | |
| 00176 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; RADICAL SURGERY | | * | * | | | 7.00 | |
| 00190 | ANES FOR PROC ON FACIAL BONES OR SKULL; NOT OTHERWISE SPEC | | * | * | | | 5.00 | |
| 00192 | ANES FOR PROC ON FACIAL BONES OR SKULL; RADICAL SURGERY | | * | * | | | 7.00 | |
| 00210 | ANES FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED | | * | * | | | 11.00 | |
| 00211 | ANESTH, CRAN SURG, HEMOTOMA | | * | * | | | 10.00 | |
| 00212 | ANES FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS | | * | * | | | 5.00 | |
| 00214 | ANES FOR INTRACRANIAL PROCEDURES; BURR HOLES | | * | * | | | 9.00 | |
| 00215 | ANES FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY | | * | * | | | 9.00 | |
| 00216 | ANES FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES | | * | * | | | 15.00 | |
| 00218 | ANES FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION | | * | * | | | 13.00 | |
| 00220 | ANES FOR INTRACRANIAL PROC; CEREBROSPINAL FLUID SHUNTING | | * | * | | | 10.00 | |
| 00222 | ANES FOR INTRACRANIAL PROC; ELECTROCOAGULATION OF I C NERVE | | * | * | | | 6.00 | |
| 00300 | ANES FOR ALL PROC ON THE INTEGUMENTARY SYSTEM, | | * | * | | | 5.00 | |
| 00320 | ANES FOR ALL PROC ON ESOPHAGUS, THYROID, LARYNX, ETC | | * | * | | | 6.00 | |
| 00322 | ANES FOR ALL PROC ON ESOPHAGUS, THYROID, AND NEEDLE BIOPSY | | * | * | | | 3.00 | |
| 00326 | ANES FOR ALL PROC ON THE LARYNX , TRACHEA, LESS THAN 1 YR AGE | | * | * | | | 8.00 | |
| 00350 | ANES FOR PROC ON MAJOR VESSELS OF NECK; NOT SPEC | | * | * | | | 10.00 | |
| 00352 | ANES FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATION | | * | * | | | 5.00 | |
| 00400 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM | | * | * | | | 3.00 | |

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|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 00402 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, RECONSTRUCTIVE | | * | * | | | 5.00 | |
| 00404 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, RADICAL BREAST | | * | * | | | 5.00 | |
| 00406 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM , AND NODE DIS. | | * | * | | | 13.00 | |
| 00410 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, WITH CONV. | | * | * | | | 4.00 | |
| 00450 | ANES FOR PROC ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPEC | | * | * | | | 5.00 | |
| 00454 | ANES FOR PROC ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE | | * | * | | | 3.00 | |
| 00470 | ANES FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED | | * | * | | | 6.00 | |
| 00472 | ANES FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE) | | * | * | | | 10.00 | |
| 00474 | ANES FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES | | * | * | | | 13.00 | |
| 00500 | ANES FOR ALL PROCEDURES ON ESOPHAGUS | | * | * | | | 15.00 | |
| 00520 | ANES FOR CLOSED CHEST PROC; (INCLUDING BRONCHOSCOPY) | | * | * | | | 6.00 | |
| 00522 | ANES FOR CLOSED CHEST PROC; NEEDLE BIOPSY OF PLEURA | | * | * | | | 4.00 | |
| 00524 | ANES FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS | | * | * | | | 4.00 | |
| 00528 | ANES FOR CLOSED CHEST PROC; MEDIASTINOSCOPY AND DIAG | | * | * | | | 8.00 | |
| 00529 | ANES FOR CLOSED CHEST PROC; MEDIAS AND DIAG, LUNG VENT | | * | * | | | 11.00 | |
| 00530 | ANES FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION | | * | * | | | 4.00 | |
| 00532 | ANES ACCESS TO CENTRAL VENOUS CIRCULATION | | * | * | | | 4.00 | |
| 00534 | ANES FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING | | * | * | | | 7.00 | |
| 00537 | ANES FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES | | * | * | | | 10.00 | |
| 00539 | ANES FOR TRACHEOBRONCHIAL RECONSTRUCTION | | * | * | | | 18.00 | |
| 00540 | ANES FOR THORACOTOMY PROC INV LUNGS, PLEURA, ETC | | * | * | | | 12.00 | |
| 00541 | ANES FOR THORACOTOMY PROC INV LUNGS, ETC WITH VENT | | * | * | | | 15.00 | |
| 00542 | ANES FOR THORACOTOMY PROC, DECORTICATION | | * | * | | | 15.00 | |
| 00546 | ANES FOR THORACOTOMY PROC, THORACOPLASTY | | * | * | | | 15.00 | |
| 00548 | ANES FOR THORACOTOMY PROC, INTRA-THORACIC | | * | * | | | 17.00 | |
| 00550 | ANES FOR STERNAL DEBRIDEMENT | | * | * | | | 10.00 | |
| 00560 | ANES FOR PROC ON HEART, GREAT VESSELS; W/O OXYGENATOR | | * | * | | | 15.00 | |

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|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 00561 | ANES FOR PROC ON HEART, GREAT VESSELS; WITH OXYG, UNDER AGE 1 | | * | * | | | 25.00 | |
| 00562 | ANES FOR PROC ON HEART, GREAT VESSELS; WITH OXYG, OVER AGE 1 | | * | * | | | 20.00 | |
| 00563 | ANES FOR PROC HEART, GREAT VESSELS;WITH HCA | | * | * | | | 25.00 | |
| 00566 | ANES FOR DIRECT COR ARTERY BYPASS GRAFTING WITHOUT PUMP | | * | * | | | 25.00 | |
| 00567 | ANESTH, CABG W/PUMP | | * | * | | | 18.00 | |
| 00580 | ANES FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT | | * | * | | | 20.00 | |
| 00600 | ANES FOR PROC ON CERVICAL SPINE AND CORD; NOT O/W SPEC | | * | * | | | 10.00 | |
| 00604 | ANES FOR PROC ON CERVICAL SPINE AND CORD;SIT POSITION | | * | * | | | 13.00 | |
| 00620 | ANES FOR PROC ON THORACIC SPINE AND CORD; NOT OTHERWISE | | * | * | | | 10.00 | |
| 00625 | ANES FOR PROC ON THORACIC SPINE AND CORD; NOT USING ONE LUNG VENTILATION | | * | * | | | 13.00 | |
| 00626 | ANES FOR PROC ON THORACIC SPINE AND CORD; USING ONE LUNG VENTILATION | | * | * | | | 15.00 | |
| 00630 | ANES FOR PROC IN LUMBAR REGION; NOT OTHERWISE SPECIFIED | | * | * | | | 8.00 | |
| 00632 | ANES FOR PROC IN LUMBAR REGION; LUMBAR SYMPATHECTOMY | | * | * | | | 7.00 | |
| 00635 | ANES FOR PROC IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC | | * | * | | | 4.00 | |
| 00640 | ANES FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES | | * | * | | | 3.00 | |
| 00670 | ANES FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES | | * | * | | | 13.00 | |
| 00700 | ANES FOR PROC UPPER ANTERIOR ABDOMINAL WALL | | * | * | | | 4.00 | |
| 00702 | ANES FOR PROC ON UPPER ANTERIOR ABD WALL; PERC LIVER BIOPSY | | * | * | | | 4.00 | |
| 00730 | ANES FOR PROC ON UPPER POSTERIOR ABDOMINAL WALL | | * | * | | | 5.00 | |
| 00731 | ANES UPR GI NDSC PX NOS | | * | * | | | 5.00 | Added Effective 1/1/2018 |
| 00732 | ANES UPR GI NDSC PX ERCP | | * | * | | | 6.00 | Added Effective 1/1/2018 |
| 00750 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS | | * | * | | | 4.00 | |
| 00752 | ANES FOR HERNIA REPAIRS IN UPPER ABD; LUMBAR AND VENTRAL | | * | * | | | 6.00 | |
| 00754 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE | | * | * | | | 7.00 | |

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|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 00756 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABD REPAIR | | * | * | | | 7.00 | |
| 00770 | ANES FOR ALL PROC ON MAJOR ABD BLOOD VESSELS | | * | * | | | 15.00 | |
| 00790 | ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC LAP | | * | * | | | 7.00 | |
| 00792 | ANES FOR INTRAPERITONEAL PROC ; HEPATECTOMY | | * | * | | | 13.00 | |
| 00794 | ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC WHIPPLE | | * | * | | | 8.00 | |
| 00796 | ANES FOR INTRAPERITONEAL PROC IN UP ABD INC LIVER TRANS | | * | * | | | 30.00 | |
| 00797 | ANES FOR INTRAPERITONEAL PROC IN UP ABD INC GASTRIC BYPASS | | * | * | | | 11.00 | |
| 00800 | ANES FOR PROC ON LOW ANTE ABD WALL; NOS | | * | * | | | 4.00 | |
| 00802 | ANES FOR PROC ON LOW ANTE ABD WALL; PANNICULECTOMY | | * | * | | | 5.00 | |
| 00811 | ANES LWR INTST NDSC NOS | | * | * | | | 4.00 | Added Effective 1/1/2018 |
| 00812 | ANES LWR INTST SCR COLSC | | * | * | | | 3.00 | Added Effective 1/1/2018 |
| 00813 | ANES UPR LWR GI NDSC PX | | * | * | | | 3.00 | Added Effective 1/1/2018 |
| 00820 | ANES FOR PROC ON LOWER POSTERIOR ABDOMINAL WALL | | * | * | | | 5.00 | |
| 00830 | ANES FOR HERNIA REPAIRS IN LOWER ABD; NOS | | * | * | | | 4.00 | |
| 00832 | ANES FOR HERNIA REPAIRS IN LOWER ABD; VENTRAL AND INCISIONAL | | * | * | | | 6.00 | |
| 00834 | ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS | | * | * | | | 5.00 | |
| 00836 | ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS | | * | * | | | 6.00 | |
| 00840 | ANES FOR INTRAPERITONEAL PROC IN LOWER ABD INC LAP | | * | * | | | 6.00 | |
| 00842 | ANES FOR AMINOCENTESIS | | * | * | | | 4.00 | |
| 00844 | ANES FOR ABDOMINOPERINEAL RESECTION | | * | * | | | 7.00 | |
| 00846 | ANES FOR RADICAL HYSTERECTOMY | | * | * | | | 8.00 | |
| 00848 | ANES FOR PELVIC EXENTERATION | | * | * | | | 8.00 | |
| 00851 | ANES FOR TUBAL LIGATION/TRANSECTION | | * | * | | | 6.00 | |
| 00860 | ANES FOR EXTRAPERITONEAL PROCEDURES LOWER ABD | | * | * | | | 6.00 | |
| 00862 | ANES FOR RENAL PROCEDURES | | * | * | | | 7.00 | |
| 00864 | ANES FOR TOTAL CYSTECTOMY | | * | * | | | 8.00 | |
| 00865 | ANES FOR RADICAL PROSTATECTOMY | | * | * | | | 7.00 | |
| 00866 | ANES FOR ADRENALECTOMY | | * | * | | | 10.00 | |
| 00868 | ANES FOR RENAL TRANSPLANT | | * | * | | | 10.00 | |
| 00870 | ANES FOR CYSTOLITHOTOMY | | * | * | | | 5.00 | |
| 00872 | ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | | * | * | | | 7.00 | |
| 00873 | ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; W/O WATER | | * | * | | | 5.00 | |
| 00880 | ANES FOR PROC MAJOR LOWER ABD VESSELS; NOS | | * | * | | | 15.00 | |

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|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 00882 | ANES FOR PROC ON MAJOR LOW ABD VESSELS; INFERIOR VENA CAVA | | * | * | | | 10.00 | |
| 00902 | ANES FOR; ANORECTAL PROCEDURE | | * | * | | | 5.00 | |
| 00904 | ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE | | * | * | | | 7.00 | |
| 00906 | ANESTHESIA FOR; VULVECTOMY | | * | * | | | 4.00 | |
| 00908 | ANESTHESIA FOR; PERINEAL PROSTATECTOMY | | * | * | | | 6.00 | |
| 00910 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY NOS; | | * | * | | | 3.00 | |
| 00912 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; TUMOR | | * | * | | | 5.00 | |
| 00914 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; PROSTATE | | * | * | | | 5.00 | |
| 00916 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY;BLEEDING | | * | * | | | 5.00 | |
| 00918 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; UR CAL | | * | * | | | 5.00 | |
| 00920 | ANES FOR PROC ON MALE GENITALIA INC OPEN URETHRAL NOS | | * | * | | | 3.00 | |
| 00921 | ANES FOR PROC ON MALE GENITALIA ; VASCETOMY | | * | * | | | 3.00 | |
| 00922 | ANES PROC ON MALE GENITALIA; SEMINAL VESICLES | | * | * | | | 6.00 | |
| 00924 | ANES FOR PROC ON MALE GENITALIA INC UNDECENDED TESTIS | | * | * | | | 4.00 | |
| 00926 | ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ING | | * | * | | | 4.00 | |
| 00928 | ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ABD | | * | * | | | 6.00 | |
| 00930 | ANES FOR PROC ON MALE GENITALIA ; ORCHIPEXY | | * | * | | | 4.00 | |
| 00932 | ANES FOR PROC ON MALE GENITALIA ; AMPUTATION OF PENIS | | * | * | | | 4.00 | |
| 00934 | ANES FOR PROC ON MALE GENITALIA ; | | * | * | | | 6.00 | |
| 00936 | ANES FOR PROC ON MALE GENITALIA; AMP WITH LYMPHADECTOMY | | * | * | | | 8.00 | |
| 00938 | ANES FOR PROC ON MALE GENITALIA ; PENIAL PROTHESIS | | * | * | | | 4.00 | |
| 00940 | ANES FOR VAG PROC INC BIOPSY OF LABIA,VAGINA,NOS | | * | * | | | 3.00 | |
| 00942 | ANES FOR VAGINAL PROC; COLPOTOMY ETC | | * | * | | | 4.00 | |
| 00944 | ANES FOR VAG HYSTERECTOMY | | * | * | | | 6.00 | |
| 00948 | ANES FOR VAG PROC CERVICAL CERLAGE | | * | * | | | 4.00 | |
| 00950 | ANES FOR VAG PROC INC; CULDOSCOPY | | * | * | | | 5.00 | |
| 00952 | ANES FOR VAG PROC; HYSTEROSCOPY | | * | * | | | 4.00 | |
| 01112 | ANESFOR BONE MARROW ASPIRATION AND/OR BIOPSY | | * | * | | | 5.00 | |
| 01120 | ANESTHESIA FOR PROCEDURES ON BONY PELVIS | | * | * | | | 6.00 | |
| 01130 | ANESTHESIA BODY CAST APPLICATION OR REVISION | | * | * | | | 3.00 | |
| 01140 | ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION | | * | * | | | 15.00 | |
| 01150 | ANES FOR RADICAL PROC FOR TUMOR OF PELVIS; EXCEPT HINDQUAR | | * | * | | | 10.00 | |

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|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 01160 | ANES FOR CLOSED PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT | | * | * | | | 4.00 | |
| 01170 | ANES FOR OPEN PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT | | * | * | | | 8.00 | |
| 01173 | ANES FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS | | * | * | | | 12.00 | |
| 01180 | ANES FOR OBTURATOR NEURECTOMY; EXTRAPELVIC | | * | * | | | 3.00 | |
| 01190 | ANES FOR OBTURATOR NEURECTOMY; INTRAPELVIC | | * | * | | | 4.00 | |
| 01200 | ANES FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT | | * | * | | | 4.00 | |
| 01202 | ANES FOR ARTHROSCOPIC PROCEDURES HIP JOINT | | * | * | | | 4.00 | |
| 01210 | ANES FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS | | * | * | | | 6.00 | |
| 01212 | ANES FOR OPEN PROC INVOLVING HIP JOINT; HIP DISARTICULATION | | * | * | | | 10.00 | |
| 01214 | ANES FOR OPEN PROC INVOLVING HIP JOINT; TOTAL HIP ARTHROPLSTY | | * | * | | | 8.00 | |
| 01215 | ANES FOR OPEN PROC INVOLVING HIP JOINT; REVISION OF TOTAL | | * | * | | | 10.00 | |
| 01220 | ANES FOR ALL CLOSED PROC INVOLVING UPPER 2/3 OF FEMUR | | * | * | | | 4.00 | |
| 01230 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; NOS | | * | * | | | 6.00 | |
| 01232 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION | | * | * | | | 5.00 | |
| 01234 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; RADICAL | | * | * | | | 8.00 | |
| 01250 | ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA | | * | * | | | 4.00 | |
| 01260 | ANES FOR ALL PROC INVOLVING VEINS OF UPPER LEG, INC EXP | | * | * | | | 3.00 | |
| 01270 | ANES FOR PROC INVOLVING ARTERIES OF UPPER LEG, INC BYPASS | | * | * | | | 8.00 | |
| 01272 | ANES FOR PROC INVOLVING ARTERIES FEMORAL ARTERY LIG | | * | * | | | 4.00 | |
| 01274 | ANES FOR PROC INVOLVING ARTERIES OF UP LEG, INC EMB | | * | * | | | 6.00 | |
| 01320 | ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA | | * | * | | | 4.00 | |
| 01340 | ANES FOR ALL CLOSED PROC ON LOWER 1/3 FEMUR | | * | * | | | 4.00 | |
| 01360 | ANES FOR ALL OPEN PROC ON LOWER 1/3 OF FEMUR | | * | * | | | 5.00 | |
| 01380 | ANES FOR ALL CLOSED PROC ON KNEE JOINT | | * | * | | | 3.00 | |
| 01382 | ANES FOR DIAGNOSTIC ARTHROSCOPIC PROC OF KNEE JOINT | | * | * | | | 3.00 | |
| 01390 | ANES FOR ALL CLOSED PROC ON UP ENDS OF TIBIA, FIBULA, PATELLA | | * | * | | | 3.00 | |
| 01392 | ANES FOR ALL OPEN PROC ON UPPER ENDS OF TIBIA, FIBULA, PATELLA | | * | * | | | 4.00 | |
| 01400 | ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT;NOS | | * | * | | | 4.00 | |

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|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 01402 | ANES FOR OPEN OR SURG ARTH PROC ON KNEE JOINT; TOT KNEE | | * | * | | | 7.00 | |
| 01404 | ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT; DISART | | * | * | | | 5.00 | |
| 01420 | ANES FOR ALL CAST APPLICATIONS, NOS | | * | * | | | 3.00 | |
| 01430 | ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; NOS | | * | * | | | 3.00 | |
| 01432 | ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; AVS | | * | * | | | 6.00 | |
| 01440 | ANES FOR PROC ON ARTERIES OF KNEE AND POPLITEAL AREA; NOS | | * | * | | | 8.00 | |
| 01442 | ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; W/O GRAFT | | * | * | | | 8.00 | |
| 01444 | ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; POPL | | * | * | | | 8.00 | |
| 01462 | ANES FOR ALL CLOSED PROC ON LOWER LEG, ANKLE, AND FOOT | | * | * | | | 3.00 | |
| 01464 | ANES FOR ARTHROSCOPIC PROC OF ANKLE AND/OR FOOT | | * | * | | | 3.00 | |
| 01470 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA; NOS | | * | * | | | 3.00 | |
| 01472 | ANES FOR PROC ON NERVES, MUSCLES, ETC; ACHILLIES TENDON | | * | * | | | 5.00 | |
| 01474 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L | | * | * | | | 5.00 | |
| 01480 | ANES FOR OPEN PROC ON BONES OF LOWR LEG, ANKLE, AND FOOT; NOS | | * | * | | | 3.00 | |
| 01482 | ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT; | | * | * | | | 4.00 | |
| 01484 | ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT; | | * | * | | | 4.00 | |
| 01486 | ANES FOR OPEN PROC ON BONES; TOTAL ANKLE REPLACEMENT | | * | * | | | 7.00 | |
| 01490 | ANES FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR | | * | * | | | 3.00 | |
| 01500 | ANES FOR PROC ON ARTERIES OF LOWER LEG, INC BYPASS NOS | | * | * | | | 8.00 | |
| 01502 | ANES FOR PROC ON ARTERIES OF LOWER LEG, INC EMB | | * | * | | | 6.00 | |
| 01520 | ANES FOR PROC ON VEINS OF LOWER LEG; NOS | | * | * | | | 3.00 | |
| 01522 | ANES FOR PROC ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, | | * | * | | | 5.00 | |
| 01610 | ANES FOR ALL PROC ON NERVES, MUSCLES, ETC; SHOULDER | | * | * | | | 5.00 | |
| 01620 | ANES FOR ALL CLOSED PROC ON HUMERAL HEAD AND NECK, | | * | * | | | 4.00 | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 01622 | ANES FOR DIAG ARTHROSCOPIC PROC OF SHOULDER JOINT | | * | * | | | 4.00 | |
| 01630 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC ON HUMERAL HEAD | | * | * | | | 5.00 | |
| 01634 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;SHOULDER | | * | * | | | 9.00 | |
| 01636 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;AMP | | * | * | | | 15.00 | |
| 01638 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;REPLACE | | * | * | | | 10.00 | |
| 01650 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; NOS | | * | * | | | 6.00 | |
| 01652 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; | | * | * | | | 10.00 | |
| 01654 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; BYPASS | | * | * | | | 8.00 | |
| 01656 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; AX BYPASS | | * | * | | | 10.00 | |
| 01670 | ANES FOR ALL PROC ON VEINS OF SHOULDER AND AXILLA | | * | * | | | 4.00 | |
| 01680 | ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOS | | * | * | | | 3.00 | |
| 01682 | ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER | | * | * | | | 4.00 | |
| 01710 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; ARM NOS | | * | * | | | 3.00 | |
| 01712 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS;;TENOTOMY | | * | * | | | 5.00 | |
| 01714 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENOPLASTY | | * | * | | | 5.00 | |
| 01716 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENODESIS | | * | * | | | 5.00 | |
| 01730 | ANES FOR ALL CLOSED PROC ON HUMERUS AND ELBOW | | * | * | | | 3.00 | |
| 01732 | ANES FOR DIAG ARTHROSCOPIC PROC ELBOW JOINT | | * | * | | | 3.00 | |
| 01740 | ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW;NOS | | * | * | | | 4.00 | |
| 01742 | ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW; OSTEOTOMY | | * | * | | | 5.00 | |
| 01744 | ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW; REPAIR | | * | * | | | 5.00 | |
| 01756 | ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW; | | * | * | | | 6.00 | |
| 01758 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW; | | * | * | | | 5.00 | |
| 01760 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW; | | * | * | | | 7.00 | |
| 01770 | ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; NOS | | * | * | | | 6.00 | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 01772 | ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECT | | * | * | | | 6.00 | |
| 01780 | ANES FOR PROC ON VEINS OF UPPER ARM AND ELBOW; NOS | | * | * | | | 3.00 | |
| 01782 | ANES FOR PROC ON VEINS OF UP ARM AND ELBOW; PHLEBORRHAPY | | * | * | | | 4.00 | |
| 01810 | ANES ALL PROC ON NERVES, MUSCLES ETC; HAND | | * | * | | | 3.00 | |
| 01820 | ANES FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND B | | * | * | | | 3.00 | |
| 01829 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST | | * | * | | | 3.00 | |
| 01830 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON | | * | * | | | 3.00 | |
| 01832 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON | | * | * | | | 6.00 | |
| 01840 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT | | * | * | | | 6.00 | |
| 01842 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; | | * | * | | | 6.00 | |
| 01844 | ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYS | | * | * | | | 6.00 | |
| 01850 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT | | * | * | | | 3.00 | |
| 01852 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; | | * | * | | | 4.00 | |
| 01860 | ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR R | | * | * | | | 3.00 | |
| 01916 | ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY | | * | * | | | 5.00 | |
| 01920 | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY | | * | * | | | 7.00 | |
| 01922 | ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY | | * | * | | | 7.00 | |
| 01924 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 6.00 | |
| 01925 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 8.00 | |
| 01926 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 10.00 | |
| 01930 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 5.00 | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 01931 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 7.00 | |
| 01932 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 7.00 | |
| 01933 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | * | * | | | 8.00 | |
| 01937 | ANES DRG/ASPIR CRV/THRC | | * | * | | | 4.00 | Added 1/1/2022 |
| 01938 | ANES DRG/ASPIR LMBR/SAC | | * | * | | | 4.00 | Added 1/1/2022 |
| 01939 | ANES NULYT AGT CRV/THRC | | * | * | | | 4.00 | Added 1/1/2022 |
| 01940 | ANES NULYT AGT LMBR/SAC | | * | * | | | 4.00 | Added 1/1/2022 |
| 01941 | ANES NEUROMD/NTRVRT CRV/THRC | | * | * | | | 5.00 | Added 1/1/2022 |
| 01942 | ANES NEUROMD/NTRVRT LMBR/SAC | | * | * | | | 5.00 | Added 1/1/2022 |
| 01951 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | * | * | | | 3.00 | |
| 01952 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | * | * | | | 5.00 | |
| 01953 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | * | * | | | 1.00 | |
| 01958 | ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE | | * | * | | | 5.00 | |
| 01960 | ANESTHESIA FOR VAGINAL DELIVERY ONLY | | \$215.00 | \$215.00 | | | 5.00 | |
| 01961 | ANESTHESIA FOR CESAREAN DELIVERY ONLY | | \$335.00 | \$335.00 | | | 7.00 | |
| 01962 | ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY | | * | * | | | 8.00 | |
| 01963 | ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ | | * | * | | | 10.00 | |
| 01965 | ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES | | * | * | | | 4.00 | |
| 01966 | ANESTHESIA FOR INDUCED ABORTION PROCEDURES | | * | * | | | 4.00 | |
| 01967 | NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THI | | \$350.00 | \$350.00 | | | 5.00 | |
| 01968 | ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR | | \$25.00 | \$25.00 | | | 3.00 | |
| 01969 | ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR | | \$25.00 | \$25.00 | | | 5.00 | |
| 01990 | PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIE | | * | * | | | 7.00 | |
| 01991 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (| | * | * | | | 3.00 | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 01992 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (| | * | * | | | 5.00 | |
| 01996 | HOSP MANAGE CONT DRUG ADMIN | | \$87.06 | \$87.06 | | | 3.00 | Updated Effective 01/01/2020 |
| 01999 | UNLISTED ANESTHESIA PROCEDURE(S) | R | \$0.00 | \$0.00 | | | | |
| 10004 | FNA BX W/O IMG GDN EA ADDL | | \$35.29 | \$41.55 | | | | Effective 1/1/2019 |
| 10005 | FNA BX W/US GDN 1ST LES | | \$59.76 | \$98.66 | | | | Effective 1/1/2019 |
| 10006 | FNA BX W/US GDN EA ADDL | | \$40.72 | \$48.03 | | | | Effective 1/1/2019 |
| 10007 | FNA BX W/FLUOR GDN 1ST LES | | \$76.60 | \$217.33 | | | | Effective 1/1/2019 |
| 10008 | FNA BX W/FLUOR GDN EA ADDL | | \$49.94 | \$123.04 | | | | Effective 1/1/2019 |
| 10009 | FNA BX W/CT GDN 1ST LES | | \$93.03 | \$353.34 | | | | Effective 1/1/2019 |
| 10010 | FNA BX W/CT GDN EA ADDL | | \$67.99 | \$213.94 | | | | Effective 1/1/2019 |
| 10011 | FNA BX W/MR GDN 1ST LES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 10012 | FNA BX W/MR GDN EA ADDL | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 10021 | FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE | | \$65.38 | \$65.38 | \$12.88 | \$52.50 | | |
| 10030 | GUIDE CATHET FLUID DRAINAGE | | \$125.74 | \$581.61 | | | | |
| 10035 | PLACEMENT OF SOFT TISSUE INCLUDING IMAGING GUIDANCE: FIRST LESION | R | \$70.75 | \$398.81 | | | | Added Effective 1/1/2016 |
| 10036 | EACH ADDITIONAL LESION | R | \$35.62 | \$344.28 | | | | Added Effective 1/1/2016 |
| 10040 | ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MIL | | \$44.34 | \$48.63 | | | | |
| 10060 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI | | \$39.74 | \$45.64 | | | | |
| 10061 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI | | \$82.81 | \$91.40 | | | | |
| 10080 | INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE | | \$55.46 | \$62.16 | | | | |
| 10081 | INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED | | \$89.20 | \$104.08 | | | | |
| 10120 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE | | \$42.30 | \$48.47 | | | | |
| 10121 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATE | | \$93.79 | \$107.20 | | | | |
| 10140 | INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION | | \$51.08 | \$57.52 | | | | |
| 10160 | PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST | | \$40.06 | \$45.15 | | | | |
| 10180 | INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION | | \$97.09 | \$97.09 | | | | |
| 11000 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD | | \$33.04 | \$38.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 11001 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL | | \$17.18 | \$20.66 | | | | |
| 11004 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | \$422.77 | \$422.77 | | | | |
| 11005 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | \$574.70 | \$574.70 | | | | |
| 11006 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | \$531.05 | \$531.05 | | | | |
| 11008 | REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING | | \$215.69 | \$215.69 | | | | |
| 11010 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | \$237.46 | \$237.46 | | | | |
| 11011 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | \$283.02 | \$283.02 | | | | |
| 11012 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | \$393.35 | \$393.35 | | | | |
| 11042 | DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE | | \$48.18 | \$48.18 | | | | |
| 11043 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE | | \$110.51 | \$110.51 | | | | |
| 11044 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE | | \$154.45 | \$154.45 | | | | |
| 11045 | DEB SUBQ TISSUE ADD-ON | | \$15.73 | \$27.00 | | | | |
| 11046 | DEBRIDEMENT, SUBCUTANEOUS TISSUE, EACH ADDTL 20 SQ CM, USE IN CONJUCTION W/PROC 11043 | | \$33.23 | \$46.88 | | | | |
| 11047 | DEBRIDEMENT, SUBCUTANEOUS TISSUE, EACH ADDTL 20 SQ CM, USE IN CONJUCTIONS W/PROC 11044 | | \$57.86 | \$77.14 | | | | |
| 11055 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | \$14.74 | \$14.74 | | | | |
| 11056 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | \$20.76 | \$20.76 | | | | |
| 11057 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | \$22.12 | \$22.12 | | | | |
| 11102 | TANGNTL BX SKIN SINGLE LES | | \$31.95 | \$75.29 | | | | Effective 1/1/2019 |
| 11103 | TANGNTL BX SKIN EA SEP/ADDL | | \$18.49 | \$40.69 | | | | Effective 1/1/2019 |
| 11104 | PUNCH BX SKIN SINGLE LESION | | \$40.09 | \$94.66 | | | | Effective 1/1/2019 |
| 11105 | PUNCH BX SKIN EA SEP/ADDL | | \$21.86 | \$46.66 | | | | Effective 1/1/2019 |
| 11106 | INCAL BX SKN SINGLE LES | | \$48.77 | \$114.57 | | | | Effective 1/1/2019 |
| 11107 | INCAL BX SKN EA SEP/ADDL | | \$26.08 | \$55.06 | | | | Effective 1/1/2019 |
| 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AN | | \$26.99 | \$32.75 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANEOUS TAGS, ANY AREA; EACH | | \$10.40 | \$12.68 | | | | |
| 11300 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | \$23.29 | \$30.40 | | | | |
| 11301 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | \$35.39 | \$44.37 | | | | |
| 11302 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | \$44.93 | \$56.87 | | | | |
| 11303 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | \$58.76 | \$76.99 | | | | |
| 11305 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | \$27.85 | \$34.82 | | | | |
| 11306 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | \$40.27 | \$49.79 | | | | |
| 11307 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | \$48.49 | \$61.09 | | | | |
| 11308 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | \$64.28 | \$83.06 | | | | |
| 11310 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | \$32.13 | \$41.39 | | | | |
| 11311 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | \$44.15 | \$55.55 | | | | |
| 11312 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | \$52.91 | \$67.93 | | | | |
| 11313 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | \$71.16 | \$91.15 | | | | |
| 11400 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$33.56 | \$40.67 | | | | |
| 11401 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$47.71 | \$56.69 | | | | |
| 11402 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$59.90 | \$71.83 | | | | |
| 11403 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$73.72 | \$89.41 | | | | |
| 11404 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$85.73 | \$104.23 | | | | |
| 11406 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$137.96 | \$137.96 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 11420 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$37.83 | \$44.80 | | | | |
| 11421 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$54.65 | \$64.17 | | | | |
| 11422 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$65.21 | \$77.82 | | | | |
| 11423 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$83.42 | \$100.99 | | | | |
| 11424 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$97.94 | \$116.58 | | | | |
| 11426 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | \$165.58 | \$165.58 | | | | |
| 11440 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$42.99 | \$52.24 | | | | |
| 11441 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$59.12 | \$70.52 | | | | |
| 11442 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$71.10 | \$86.12 | | | | |
| 11443 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$94.69 | \$114.13 | | | | |
| 11444 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$122.00 | \$141.72 | | | | |
| 11446 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | \$158.53 | \$182.40 | | | | |
| 11450 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W | | \$158.28 | \$158.28 | | | | |
| 11451 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W | | \$200.47 | \$200.47 | | | | |
| 11462 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W | | \$142.64 | \$142.64 | | | | |
| 11463 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W | | \$173.41 | \$173.41 | | | | |
| 11470 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, | | \$176.46 | \$176.46 | | | | |
| 11471 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, | | \$202.65 | \$202.65 | | | | |
| 11600 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$57.49 | \$72.65 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Outpat Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 11601 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$76.72 | \$95.36 | | | | |
| 11602 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$88.16 | \$112.56 | | | | |
| 11603 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$102.77 | \$132.94 | | | | |
| 11604 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$115.29 | \$150.03 | | | | |
| 11606 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | \$194.50 | \$194.50 | | | | |
| 11620 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$58.74 | \$76.71 | | | | |
| 11621 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$83.70 | \$107.17 | | | | |
| 11622 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$101.32 | \$130.82 | | | | |
| 11623 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$125.18 | \$159.78 | | | | |
| 11624 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$150.01 | \$193.05 | | | | |
| 11626 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | \$227.10 | \$227.10 | | | | |
| 11640 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | \$69.20 | \$91.33 | | | | |
| 11641 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | \$102.53 | \$130.56 | | | | |
| 11642 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | \$124.56 | \$159.03 | | | | |
| 11643 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | \$148.41 | \$188.77 | | | | |
| 11644 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | \$187.14 | \$234.21 | | | | |
| 11646 | EXCISION, MALIGNANT LESION INCLUDING MARGIN | | \$302.11 | \$302.11 | | | | |
| 11719 | TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER | | \$9.61 | \$9.61 | | | | |
| 11720 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE | | \$18.20 | \$18.20 | | | | |
| 11721 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE | | \$30.70 | \$30.70 | | | | |
| 11730 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE | | \$40.17 | \$46.20 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 11732 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL N | | \$14.99 | \$18.34 | | | | |
| 11740 | EVACUATION OF SUBUNGUAL HEMATOMA | | \$17.06 | \$22.29 | | | | |
| 11750 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR | | \$81.49 | \$109.65 | | | | |
| 11755 | BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPPONYCHIUM, PROXIMAL AND | | \$67.91 | \$67.91 | | | | |
| 11760 | REPAIR OF NAIL BED | | \$59.55 | \$72.03 | | | | |
| 11762 | RECONSTRUCTION OF NAIL BED WITH GRAFT | | \$123.63 | \$158.10 | | | | |
| 11765 | WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL) | | \$26.83 | \$33.67 | | | | |
| 11770 | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE | | \$157.43 | \$157.43 | | | | |
| 11771 | EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE | | \$294.71 | \$294.71 | | | | |
| 11772 | EXCISION PILONIDAL CYST OR SINUS; COMPLICATED | | \$340.45 | \$340.45 | | | | |
| 11900 | INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS | | \$19.10 | \$22.45 | | | | |
| 11901 | INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS | | \$29.70 | \$35.20 | | | | |
| 11954 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 C | R | \$88.88 | \$88.88 | | | | |
| 11960 | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSE | R | \$420.53 | \$420.53 | | | | |
| 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS | R | \$462.51 | \$462.51 | | | | |
| 11971 | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS | | \$125.92 | \$125.92 | | | | |
| 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | | \$93.85 | \$93.85 | | | | |
| 11980 | SUBCUTANEOUS HORMONE PELLET IMPLANTATION | | \$51.38 | \$74.97 | | | | |
| 11981 | INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | \$61.32 | \$86.88 | | | | |
| 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | \$73.80 | \$99.36 | | | | |
| 11983 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | \$136.79 | \$162.35 | | | | |
| 12001 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$64.92 | \$64.92 | | | | |
| 12002 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$76.00 | \$76.00 | | | | |
| 12004 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$97.27 | \$97.27 | | | | |
| 12005 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$125.29 | \$125.29 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 12006 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$158.58 | \$158.58 | | | | |
| 12007 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | \$172.32 | \$172.32 | | | | |
| 12011 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$71.48 | \$71.48 | | | | |
| 12013 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$86.50 | \$86.50 | | | | |
| 12014 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$105.07 | \$105.07 | | | | |
| 12015 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$138.99 | \$138.99 | | | | |
| 12016 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$179.09 | \$179.09 | | | | |
| 12017 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$234.40 | \$234.40 | | | | |
| 12018 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | \$310.60 | \$310.60 | | | | |
| 12020 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE | | \$111.70 | \$111.70 | | | | |
| 12021 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING | | \$63.51 | \$71.83 | | | | |
| 12031 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$72.98 | \$82.63 | | | | |
| 12032 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$87.52 | \$101.60 | | | | |
| 12034 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$127.29 | \$127.29 | | | | |
| 12035 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$156.27 | \$156.27 | | | | |
| 12036 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$188.59 | \$188.59 | | | | |
| 12037 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | \$230.11 | \$230.11 | | | | |
| 12041 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$81.29 | \$92.55 | | | | |
| 12042 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$97.54 | \$113.23 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 12044 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$138.25 | \$138.25 | | | | |
| 12045 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$168.06 | \$168.06 | | | | |
| 12046 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$207.87 | \$207.87 | | | | |
| 12047 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | \$256.41 | \$256.41 | | | | |
| 12051 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$86.99 | \$100.53 | | | | |
| 12052 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$102.93 | \$122.64 | | | | |
| 12053 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$141.42 | \$141.42 | | | | |
| 12054 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$175.87 | \$175.87 | | | | |
| 12055 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$224.42 | \$224.42 | | | | |
| 12056 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$292.06 | \$292.06 | | | | |
| 12057 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | \$334.48 | \$334.48 | | | | |
| 13100 | REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM | | \$108.53 | \$123.82 | | | | |
| 13101 | REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM | | \$146.56 | \$174.45 | | | | |
| 13102 | REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY | | \$56.01 | \$56.01 | | | | |
| 13120 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM | | \$117.60 | \$135.71 | | | | |
| 13121 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM | | \$169.15 | \$204.69 | | | | |
| 13122 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LES | | \$65.12 | \$65.12 | | | | |
| 13131 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | \$141.89 | \$168.44 | | | | |
| 13132 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | \$195.52 | \$256.80 | | | | |
| 13133 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | \$96.50 | \$96.50 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 13150 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS | | \$163.13 | \$163.13 | | | | |
| 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM | | \$170.47 | \$203.33 | | | | |
| 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM | | \$269.60 | \$338.40 | | | | |
| 13153 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM | | \$106.06 | \$106.06 | | | | |
| 13160 | SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLI | | \$383.05 | \$383.05 | | | | |
| 14000 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR L | | \$214.30 | \$260.03 | | | | |
| 14001 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO | | \$374.16 | \$374.16 | | | | |
| 14020 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE | | \$321.74 | \$321.74 | | | | |
| 14021 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE | | \$464.35 | \$464.35 | | | | |
| 14040 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU | | \$317.27 | \$408.06 | | | | |
| 14041 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU | | \$445.61 | \$551.29 | | | | |
| 14060 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR | | \$469.36 | \$469.36 | | | | |
| 14061 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR | | \$506.64 | \$647.32 | | | | |
| 14301 | ADJ TISSUE TRANSFER OR REARRANGEMENTM ANY AREA | R | \$647.04 | \$758.80 | | | | |
| 14302 | EACH ADD'L 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY | R | \$169.02 | \$169.02 | | | | |
| 14350 | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE | | \$453.88 | \$453.88 | | | | |
| 15002 | WOUND PREP, CH/INF, TRK/ARM/LEG FIRST 100 SQ CM | | \$159.39 | \$222.05 | | | | |
| 15003 | WOUND PREP, CH/INF, ADDITIONAL 100 CM | | \$32.93 | \$49.17 | | | | |
| 15004 | WOUND PREP, CH/INF, F/N/HF/G FIRST 100 SQ CM | | \$197.59 | \$268.62 | | | | |
| 15005 | WOUND PREP, F/N/HF/G, ADDITIONAL 100 CM | | \$65.86 | \$84.13 | | | | |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS | | \$94.39 | \$182.17 | | | | |
| 15050 | PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, O | | \$169.74 | \$169.74 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 15100 | SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, | | \$379.61 | \$379.61 | | | | |
| 15101 | SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C | | \$101.14 | \$101.14 | | | | |
| 15110 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ON | | \$494.92 | \$588.82 | | | | |
| 15111 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR | | \$81.78 | \$94.54 | | | | |
| 15115 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | \$508.90 | \$556.87 | | | | |
| 15116 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | \$111.30 | \$123.04 | | | | |
| 15120 | SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR | | \$453.31 | \$453.31 | | | | |
| 15121 | SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR | | \$169.28 | \$169.28 | | | | |
| 15130 | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE | | \$485.17 | \$295.10 | | | | |
| 15131 | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC | | \$66.27 | \$77.25 | | | | |
| 15135 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | \$551.35 | \$596.00 | | | | |
| 15136 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | \$66.78 | \$72.39 | | | | |
| 15150 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM | | \$439.14 | \$490.68 | | | | |
| 15151 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 S | | \$88.28 | \$100.02 | | | | |
| 15152 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONA | | \$110.29 | \$123.05 | | | | |
| 15155 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | \$472.33 | \$494.27 | | | | |
| 15156 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | \$122.56 | \$130.72 | | | | |
| 15157 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | \$133.56 | \$144.53 | | | | |
| 15200 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR | | \$346.44 | \$346.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 15201 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR | | \$95.94 | \$95.94 | | | | |
| 15220 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC | | \$368.20 | \$368.20 | | | | |
| 15221 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC | | \$89.72 | \$89.72 | | | | |
| 15240 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, | | \$432.19 | \$432.19 | | | | |
| 15241 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, | | \$132.51 | \$132.51 | | | | |
| 15260 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO | | \$504.67 | \$504.67 | | | | |
| 15261 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO | | \$156.46 | \$156.46 | | | | |
| 15271 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA | | \$70.24 | \$113.14 | | | | |
| 15272 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA | | \$14.02 | \$21.51 | | | | |
| 15273 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA | | \$167.13 | \$233.28 | | | | |
| 15274 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA | | \$35.62 | \$55.00 | | | | |
| 15275 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA | | \$81.60 | \$121.92 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 15276 | EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$20.14 | \$26.86 | | | | |
| 15277 | APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF | | \$173.89 | \$236.17 | | | | |
| 15278 | EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$44.11 | \$65.05 | | | | |
| 15570 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK | | \$308.10 | \$308.10 | | | | |
| 15572 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, | | \$301.00 | \$301.00 | | | | |
| 15574 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHE | | \$298.15 | \$298.15 | | | | |
| 15576 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELID | | \$223.56 | \$223.56 | | | | |
| 15600 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK | | \$138.59 | \$138.59 | | | | |
| 15610 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, AR | | \$159.93 | \$159.93 | | | | |
| 15620 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, | | \$192.10 | \$192.10 | | | | |
| 15630 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, | | \$214.02 | \$214.02 | | | | |
| 15650 | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WAL | | \$252.45 | \$252.45 | | | | |
| 15730 | MDFC FLAP W/PRSRV VASC PEDCL | | \$724.17 | \$1,189.45 | | | | Added Effective 1/1/2018 |
| 15731 | FOREHEAD FLAP W/VASC PEDICLE | | \$681.51 | \$746.71 | | | | |
| 15733 | MUSC MYOQ/FSCQ FLP H&N PEDCL | | \$827.58 | \$827.58 | | | | Added Effective 1/1/2018 |
| 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK | | \$1,073.37 | \$1,073.37 | | | | |
| 15736 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY | | \$955.95 | \$955.95 | | | | |
| 15738 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY | | \$721.17 | \$721.17 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 15740 | FLAP; ISLAND PEDICLE | | \$595.34 | \$595.34 | | | | |
| 15750 | FLAP; NEUROVASCULAR PEDICLE | | \$681.45 | \$681.45 | | | | |
| 15756 | FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS | | \$1,862.68 | \$1,862.68 | | | | |
| 15757 | FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS | | \$1,862.68 | \$1,862.68 | | | | |
| 15758 | FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS | | \$1,862.68 | \$1,862.68 | | | | |
| 15760 | GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), | | \$465.47 | \$465.47 | | | | |
| 15769 | GRFG AUTOL SOFT TISS DIR EXC | | \$379.72 | \$379.72 | | | | Added Effective 01/01/2020 |
| 15770 | GRAFT; DERMA-FAT-FASCIA | | \$424.18 | \$424.18 | | | | |
| 15771 | GRFG AUTOL FAT LIPO 50 CC/< | | \$377.28 | \$449.66 | | | | Added Effective 01/01/2020 |
| 15772 | GRFG AUTOL FAT LIPO EA ADDL | | \$113.13 | \$142.96 | | | | Added Effective 01/01/2020 |
| 15773 | GRFG AUTOL FAT LIPO 25 CC/< | | \$381.50 | \$453.88 | | | | Added Effective 01/01/2020 |
| 15774 | GFRG AUTOL FAT LIPO EA ADDL | | \$108.73 | \$138.56 | | | | Added Effective 01/01/2020 |
| 15777 | IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK)(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$170.66 | \$170.66 | | | | |
| 15778 | IMPL ABSRB MSH/PRSTH DLY CLS | | \$322.74 | \$322.74 | | | | |
| 15780 | DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI | R | \$221.16 | \$241.68 | | | | |
| 15781 | DERMABRASION; SEGMENTAL, FACE | R | \$197.07 | \$247.63 | | | | |
| 15782 | DERMABRASION; REGIONAL, OTHER THAN FACE | R | \$142.07 | \$158.03 | | | | |
| 15783 | DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL) | R | \$151.50 | \$176.31 | | | | |
| 15786 | ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR) | | \$67.87 | \$76.19 | | | | |
| 15787 | ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADD | | \$13.50 | \$16.58 | | | | |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | | \$100.13 | \$100.13 | | | | |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | | \$180.23 | \$180.23 | | | | |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL | | \$65.39 | \$65.39 | | | | |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | | \$117.62 | \$117.62 | | | | |
| 15819 | CERVICOPLASTY | | \$496.26 | \$496.26 | | | | |
| 15820 | BLEPHAROPLASTY, LOWER EYELID; | R | \$321.09 | \$321.09 | | | | |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD | R | \$358.36 | \$358.36 | | | | |
| 15822 | BLEPHAROPLASTY, UPPER EYELID; | R | \$285.62 | \$285.62 | | | | |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | R | \$416.75 | \$416.75 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 15824 | RHYTIDECTOMY; FOREHEAD | R | \$504.16 | \$504.16 | | | | |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP) | R | \$735.05 | \$735.05 | | | | |
| 15826 | RHYTIDECTOMY; GLABELLAR FROWN LINES | R | \$448.87 | \$448.87 | | | | |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND NECK | R | \$821.68 | \$821.68 | | | | |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP | R | \$895.01 | \$895.01 | | | | |
| 15830 | EXCISE EXCESS SKIN, ADBOMEN | R | \$818.54 | \$818.54 | | | | |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$576.57 | \$576.57 | | | | |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$488.07 | \$488.07 | | | | |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$520.36 | \$520.36 | | | | |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$539.59 | \$539.59 | | | | |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$441.40 | \$441.40 | | | | |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$417.88 | \$417.88 | | | | |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$374.40 | \$374.40 | | | | |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | \$338.37 | \$338.37 | | | | |
| 15840 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINI | | \$831.97 | \$831.97 | | | | |
| 15841 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINI | | \$1,151.32 | \$1,151.32 | | | | |
| 15842 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL | | \$1,898.74 | \$1,898.74 | | | | |
| 15845 | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER | | \$812.98 | \$812.98 | | | | |
| 15851 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON | | \$29.99 | \$34.01 | | | | |
| 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LO | | \$32.84 | \$38.74 | | | | |
| 15853 | REMOVAL SUTR/STAPL XREQ ANES | | \$8.81 | \$8.81 | | | | |
| 15854 | REMOVAL SUTR&STAPL XREQ ANES | | \$12.43 | \$12.43 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 15860 | INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW | | \$99.50 | \$99.50 | | | | |
| 15876 | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK | R | \$144.85 | \$144.85 | | | | |
| 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK | R | \$144.85 | \$144.85 | | | | |
| 15878 | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY | R | \$144.85 | \$144.85 | | | | |
| 15879 | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY | R | \$144.85 | \$144.85 | | | | |
| 15920 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SU | | \$310.70 | \$310.70 | | | | |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSU | | \$458.39 | \$458.39 | | | | |
| 15931 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | \$330.52 | \$330.52 | | | | |
| 15933 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | \$503.23 | \$503.23 | | | | |
| 15934 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | \$571.06 | \$571.06 | | | | |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOM | | \$739.57 | \$739.57 | | | | |
| 15936 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN | | \$657.15 | \$657.15 | | | | |
| 15937 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN | | \$807.05 | \$807.05 | | | | |
| 15940 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | \$353.28 | \$353.28 | | | | |
| 15941 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | \$520.71 | \$520.71 | | | | |
| 15944 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | \$591.31 | \$591.31 | | | | |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTO | | \$681.75 | \$681.75 | | | | |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR M | | \$1,105.54 | \$1,105.54 | | | | |
| 15950 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; | | \$294.07 | \$294.07 | | | | |
| 15951 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTEC | | \$524.40 | \$524.40 | | | | |
| 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | \$523.25 | \$523.25 | | | | |
| 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH | | \$623.21 | \$623.21 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Outpat Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 15956 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | | \$951.66 | \$951.66 | | | | |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | | \$975.57 | \$975.57 | | | | |
| 15999 | UNLISTED PROCEDURE, EXCISION PRESSURE ULCER | R | \$0.00 | \$0.00 | | | | |
| 16000 | INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMEN | | \$31.54 | \$36.23 | | | | |
| 16020 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | \$28.76 | \$33.32 | | | | |
| 16025 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | \$61.54 | \$67.57 | | | | |
| 16030 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | \$76.93 | \$76.93 | | | | |
| 16035 | ESCHAROTOMY; INITIAL INCISION | | \$191.61 | \$191.61 | | | | |
| 16036 | ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO | | \$64.19 | \$64.19 | | | | |
| 17000 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | \$43.54 | \$43.54 | | | | |
| 17003 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | \$7.92 | \$7.92 | | | | |
| 17004 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | \$143.35 | \$143.35 | | | | |
| 17106 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | \$163.48 | \$189.36 | | | | |
| 17107 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | \$324.95 | \$374.57 | | | | |
| 17108 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | \$651.15 | \$651.15 | | | | |
| 17110 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | \$22.23 | \$27.60 | | | | |
| 17111 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | \$43.22 | \$43.22 | | | | |
| 17250 | CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR | | \$20.20 | \$24.76 | | | | |
| 17260 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$42.82 | \$57.97 | | | | |
| 17261 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$54.42 | \$73.06 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 17262 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$73.19 | \$97.60 | | | | |
| 17263 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$86.34 | \$116.51 | | | | |
| 17264 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$96.51 | \$131.25 | | | | |
| 17266 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$120.81 | \$162.52 | | | | |
| 17270 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$58.15 | \$76.12 | | | | |
| 17271 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$69.61 | \$93.08 | | | | |
| 17272 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$84.59 | \$114.10 | | | | |
| 17273 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$99.36 | \$133.96 | | | | |
| 17274 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$125.36 | \$168.41 | | | | |
| 17276 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$150.56 | \$196.29 | | | | |
| 17280 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$58.64 | \$80.77 | | | | |
| 17281 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$81.41 | \$109.44 | | | | |
| 17282 | DESTRUCTION, MALIGNANT LESION | | \$98.45 | \$132.91 | | | | |
| 17283 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$123.17 | \$163.54 | | | | |
| 17284 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$147.82 | \$194.89 | | | | |
| 17286 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | \$201.33 | \$259.27 | | | | |
| 17311 | MOHS, 1 STAGE, H//HF/G | | \$264.71 | \$458.27 | | | | |
| 17312 | MOHS, ADDITIONAL STAGE | | \$140.90 | \$273.83 | | | | |
| 17313 | MOHS, 1 STAGE, T/A/L | | \$237.41 | \$418.03 | | | | |
| 17314 | MOHS, ADDITIONAL STAGE, T/A/L | | \$130.45 | \$253.73 | | | | |
| 17315 | MOHS SURG, ADDITIONAL BLOCK | | \$36.96 | \$54.98 | | | | |
| 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE | | \$25.66 | \$29.42 | | | | |
| 17360 | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID) | | \$45.19 | \$48.81 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE | R | \$0.00 | \$0.00 | | | | |
| 19000 | PUNCTURE ASPIRATION OF CYST OF BREAST; | | \$31.45 | \$36.54 | | | | |
| 19001 | PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST | | \$16.76 | \$19.98 | | | | |
| 19020 | MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP | | \$143.24 | \$143.24 | | | | |
| 19030 | INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM | | \$59.01 | \$59.01 | | | | |
| 19081 | BX BREAST 1ST LESION STRTCTC | | \$145.68 | \$502.98 | | | | |
| 19082 | BX BREAST ADD LESION STRTCTC | | \$69.99 | \$403.48 | | | | |
| 19083 | BX BREAST 1ST LESION US IMAG | | \$136.63 | \$499.10 | | | | |
| 19084 | BX BREAST ADD LESION US IMAG | | \$65.79 | \$397.73 | | | | |
| 19085 | BX BREAST 1ST LESION MR IMAG | | \$159.63 | \$752.11 | | | | |
| 19086 | BX BREAST ADD LESION MR IMAG | | \$72.71 | \$596.88 | | | | |
| 19100 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANC | | \$49.01 | \$57.59 | | | | |
| 19101 | BIOPSY OF BREAST; OPEN, INCISIONAL | | \$165.54 | \$165.54 | | | | |
| 19102 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE | | \$78.40 | \$177.78 | | | | |
| 19103 | BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING | | \$92.41 | \$349.76 | | | | |
| 19105 | ABLATION, CRYOSURGERY OF FIBROADENOMA | | \$139.21 | \$1,278.99 | | | | |
| 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS | | \$200.15 | \$200.15 | | | | |
| 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | | \$174.56 | \$174.56 | | | | |
| 19120 | EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, | | \$263.73 | \$263.73 | | | | |
| 19125 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF | | \$264.02 | \$264.02 | | | | |
| 19126 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF | | \$132.40 | \$132.40 | | | | |
| 19260 | EXCISION OF CHEST WALL TUMOR INCLUDING RIBS | | \$568.89 | \$568.89 | | | | |
| 19271 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI | | \$942.37 | \$942.37 | | | | |
| 19272 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI | | \$971.48 | \$971.48 | | | | |
| 19281 | PERQ DEVICE BREAST 1ST IMAG | | \$82.85 | \$184.53 | | | | |
| 19282 | PERQ DEVICE BREAST EA IMAG | | \$39.93 | \$126.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 19283 | PERQ DEV BREAST 1ST STRTCTC | | \$83.62 | \$208.59 | | | | |
| 19284 | PERQ DEV BREAST ADD STRTCTC | | \$40.19 | \$151.44 | | | | |
| 19285 | PERQ DEV BREAST 1ST US IMAG | | \$70.93 | \$346.99 | | | | |
| 19286 | PERQ DEV BREAST ADD US IMA | | \$34.45 | \$289.03 | | | | |
| 19287 | PERQ DEV BREAST 1ST MR GUIDE | | \$113.64 | \$639.89 | | | | |
| 19288 | PERQ DEV BREAST ADD MR GUIDE | | \$51.57 | \$507.70 | | | | |
| 19294 | PREP TUM CAV IORT PRTL MAST | | \$130.59 | \$130.59 | | | | Added Effective 1/1/2018 |
| 19300 | REMOVAL OF EXTRA BREAST TISSUE | | \$256.03 | \$353.44 | | | | |
| 19301 | MASTECTOMY PARTIAL REMOVAL OF BREAST | | \$281.70 | \$281.70 | | | | |
| 19302 | MASTECTOMY WITH AXILLARY LYMPHADENECTOMY | | \$604.90 | \$604.90 | | | | |
| 19303 | MASTECTOMY, SIMPLE, COMPLETE | | \$621.09 | \$621.09 | | | | |
| 19304 | MASTECTOMY, SUBCUTANEOUS | | \$373.04 | \$373.04 | | | | |
| 19305 | MASTECTOMY, RADICAL, W/PEC MUSCLES, AXILLARY LYMPH NODES | | \$748.26 | \$748.26 | | | | |
| 19306 | MASTECTOMY, RADICAL, W/PEC MUSCLES, AXILLARY AND INTERNAL MAMM LYMPH NODES | | \$778.05 | \$778.05 | | | | |
| 19307 | MASTECTOMY, MODIFIED RADICAL | | \$782.45 | \$782.45 | | | | |
| 19316 | MASTOPEXY | R | \$698.93 | \$698.93 | | | | |
| 19318 | REDUCTION MAMMAPLASTY | R | \$829.81 | \$829.81 | | | | |
| 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT | R | \$421.12 | \$421.12 | | | | |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | R | \$274.70 | \$274.70 | | | | |
| 19330 | REMOVAL OF MAMMARY IMPLANT MATERIAL | | \$332.98 | \$332.98 | | | | |
| 19340 | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTO | R | \$453.06 | \$453.06 | | | | |
| 19342 | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY | R | \$651.49 | \$651.49 | | | | |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | | \$464.34 | \$464.34 | | | | |
| 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, | R | \$874.10 | \$874.10 | | | | |
| 19361 | BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP | R | \$1,157.11 | \$1,157.11 | | | | |
| 19364 | BREAST RECONSTRUCTION WITH FREE FLAP | R | \$1,344.26 | \$1,344.26 | | | | |
| 19367 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | \$1,359.87 | \$1,359.87 | | | | |
| 19368 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | \$1,548.26 | \$1,548.26 | | | | |
| 19369 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | \$1,475.78 | \$1,475.78 | | | | |
| 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST | R | \$417.12 | \$417.12 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | R | \$508.98 | \$508.98 | | | | |
| 19380 | REVISION OF RECONSTRUCTED BREAST | | \$508.91 | \$508.91 | | | | |
| 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT | R | \$113.32 | \$113.32 | | | | |
| 19499 | UNLISTED PROCEDURE, BREAST | R | \$250.00 | \$325.00 | | | | |
| 20100 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK | | \$440.26 | \$440.26 | | | | |
| 20101 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST | | \$139.13 | \$139.13 | | | | |
| 20102 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/B | | \$170.42 | \$170.42 | | | | |
| 20103 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY | | \$229.30 | \$229.30 | | | | |
| 20150 | EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRA | | \$743.56 | \$743.56 | | | | |
| 20200 | BIOPSY, MUSCLE; SUPERFICIAL | | \$77.26 | \$77.26 | | | | |
| 20205 | BIOPSY, MUSCLE; DEEP | | \$127.40 | \$127.40 | | | | |
| 20206 | BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE | | \$58.20 | \$58.20 | | | | |
| 20220 | BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPIN | | \$74.59 | \$74.59 | | | | |
| 20225 | BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) | | \$125.78 | \$125.78 | | | | |
| 20240 | BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, | | \$144.88 | \$144.88 | | | | |
| 20245 | BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR) | | \$214.70 | \$214.70 | | | | |
| 20250 | BIOPSY, VERTEBRAL BODY, OPEN; THORACIC | | \$290.31 | \$290.31 | | | | |
| 20251 | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL | | \$330.41 | \$330.41 | | | | |
| 20500 | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) | | \$40.43 | \$45.25 | | | | |
| 20501 | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) | | \$30.83 | \$30.83 | | | | |
| 20520 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE | | \$64.28 | \$73.81 | | | | |
| 20525 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATE | | \$162.61 | \$162.61 | | | | |
| 20526 | INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL | | \$36.32 | \$46.38 | | | | |
| 20527 | INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD | | \$47.66 | \$60.07 | | | | |
| 20550 | INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLAN | | \$31.93 | \$53.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 20551 | INJECTION(S); SINGLE TENDON ORIGIN/INSERTION | | \$36.32 | \$46.38 | | | | |
| 20552 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S) | | \$36.32 | \$46.38 | | | | |
| 20553 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCL | | \$36.32 | \$46.38 | | | | |
| 20555 | PLACE NDL MUSC/TIS FOR RT | | \$255.46 | \$255.46 | | | | |
| 20560 | NDL INSJ W/O NJX 1 OR 2 MUSC | | \$13.20 | \$20.20 | | | | Added Effective 01/01/2020 |
| 20561 | NDL INSJ W/O NJX 3+ MUSC | | \$19.92 | \$30.03 | | | | Added Effective 01/01/2020 |
| 20600 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, | | \$26.88 | \$33.19 | | | | |
| 20604 | ASPIRATION AND/OR INJECTION OF SMALL JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE | | \$37.30 | \$56.19 | | | | Added Effective 1/1/2015 |
| 20605 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BUR | | \$27.20 | \$33.24 | | | | |
| 20606 | ASPIRATION AND/OR INJECTION OF INTERMEDIATE JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE | | \$42.59 | \$62.25 | | | | Added effective 1/1/2015 |
| 20610 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, | | \$50.81 | \$50.81 | | | | |
| 20611 | ASPIRATION AND/OR INJECTION OF MAJOR JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE | | \$49.84 | \$71.57 | | | | Added effective 1/1/2015 |
| 20612 | ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION | | \$28.90 | \$41.49 | | | | |
| 20615 | ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST | | \$73.47 | \$80.04 | | | | |
| 20650 | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUD | | \$93.11 | \$93.11 | | | | |
| 20660 | APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDIN | | \$120.60 | \$120.60 | | | | |
| 20661 | APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL | | \$243.55 | \$243.55 | | | | |
| 20662 | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC | | \$362.42 | \$362.42 | | | | |
| 20663 | APPLICATION OF HALO, INCL REMOVAL; FEMORAL | | \$286.12 | \$286.12 | | | | |
| 20664 | APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED | | \$346.60 | \$346.60 | | | | |
| 20665 | REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN | | \$52.08 | \$52.08 | | | | |
| 20670 | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARA | | \$62.19 | \$72.11 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 20680 | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAI | | \$197.08 | \$197.08 | | | | |
| 20690 | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, | | \$215.55 | \$215.55 | | | | |
| 20692 | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), | | \$357.51 | \$357.51 | | | | |
| 20693 | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESI | | \$236.03 | \$236.03 | | | | |
| 20694 | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM | | \$191.50 | \$191.50 | | | | |
| 20696 | APPLICATION OF MULTIPLANE (PINS OR WIRES) | | \$834.91 | \$834.91 | | | | |
| 20697 | EXCHANGE (IE, REMOVAL & REPLACEMENT) OF STRUT | | \$981.78 | \$981.78 | | | | |
| 20700 | MNL PREP&INSJ DP RX DLVR DEV | | \$67.81 | \$67.81 | | | | Added Effective 01/01/2020 |
| 20701 | RMVL DEEP RX DELIVERY DEVICE | | \$50.63 | \$50.63 | | | | Added Effective 01/01/2020 |
| 20702 | MNL PREP&INSJ IMED RX DEV | | \$112.82 | \$112.82 | | | | Added Effective 01/01/2020 |
| 20703 | RMVL IMED RX DELIVERY DEVICE | | \$80.92 | \$80.92 | | | | Added Effective 01/01/2020 |
| 20704 | MNL PREP&INSJ I-ARTIC RX DEV | | \$117.53 | \$117.53 | | | | Added Effective 01/01/2020 |
| 20705 | RMVL I-ARTIC RX DELIVERY DEV | | \$96.75 | \$96.75 | | | | Added Effective 01/01/2020 |
| 20802 | REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOI | | \$2,322.48 | \$2,322.48 | | | | |
| 20805 | REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT | | \$2,842.59 | \$2,842.59 | | | | |
| 20808 | REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS), | | \$3,534.17 | \$3,534.17 | | | | |
| 20816 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOI | | \$1,742.19 | \$1,742.19 | | | | |
| 20822 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS | | \$1,440.23 | \$1,440.23 | | | | |
| 20824 | REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMP | | \$1,742.19 | \$1,742.19 | | | | |
| 20827 | REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTA | | \$1,480.85 | \$1,480.85 | | | | |
| 20838 | REPLANTATION, FOOT, COMPLETE AMPUTATION | | \$2,322.48 | \$2,322.48 | | | | |
| 20900 | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON) | | \$233.63 | \$233.63 | | | | |
| 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE | | \$349.98 | \$349.98 | | | | |
| 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | | \$170.97 | \$170.97 | | | | |
| 20912 | CARTILAGE GRAFT; NASAL SEPTUM | | \$316.70 | \$316.70 | | | | |
| 20920 | FASCIA LATA GRAFT; BY STRIPPER | | \$260.46 | \$260.46 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET | | \$312.24 | \$312.24 | | | | |
| 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS) | | \$344.07 | \$344.07 | | | | |
| 20926 | TISSUE GRAFTS, OTHER (EG, PARATENON,FAT,DERMIS) | | \$226.54 | \$226.54 | | | | |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED | | \$230.58 | \$230.58 | | | | |
| 20931 | ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL | | \$106.32 | \$106.32 | | | | |
| 20932 | OSTEOART ALGRFT W/SURF & B1 | | \$578.90 | \$578.90 | | | | Effective 1/1/2019 |
| 20933 | HEMICRT INTRCLRY ALGRFT PRTL | | \$531.03 | \$531.03 | | | | Effective 1/1/2019 |
| 20933 | HEMICRT INTRCLRY ALGRFT PRTL | | \$531.03 | \$531.03 | | | | Effective 1/1/2019 |
| 20934 | INTERCALARY ALGRFT COMPL | | \$578.61 | \$578.61 | | | | Effective 1/1/2019 |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCA | | \$351.05 | \$351.05 | | | | |
| 20937 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); | | \$163.91 | \$163.91 | | | | |
| 20938 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); | | \$177.29 | \$177.29 | | | | |
| 20939 | BONE MARROW ASPIR BONE GRFG | | \$53.54 | \$53.54 | | | | Added Effective 1/1/2018 |
| 20950 | MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVIC | | \$70.34 | \$70.34 | | | | |
| 20955 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA | | \$2,206.66 | \$2,206.66 | | | | |
| 20956 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST | | \$1,887.34 | \$1,887.34 | | | | |
| 20957 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | | \$1,955.28 | \$1,955.28 | | | | |
| 20962 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CR | | \$2,163.55 | \$2,163.55 | | | | |
| 20969 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN IL | | \$2,470.78 | \$2,470.78 | | | | |
| 20970 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST | | \$2,420.39 | \$2,420.39 | | | | |
| 20972 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | | \$2,439.05 | \$2,439.05 | | | | |
| 20973 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WIT | | \$2,601.34 | \$2,601.34 | | | | |
| 20974 | ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE) | | \$76.94 | \$122.80 | | | | |
| 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE) | | \$179.22 | \$179.22 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE | | \$11.61 | \$11.61 | | | | |
| 20982 | ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, METASTASIS) RADIOFREQUEN | | \$303.62 | \$2,957.32 | | | | |
| 20983 | DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN | | \$320.13 | \$5,101.83 | | | | Added effective 1/1/2015 |
| 20985 | CPTR-ASST DIR MS PX | | \$117.79 | \$117.79 | | | | |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL | R | \$0.00 | \$0.00 | | | | |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT | | \$563.11 | \$563.11 | | | | |
| 21011 | EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBQ,<2CM | | \$177.12 | \$224.33 | | | | |
| 21012 | 2 CM OR GREATER | | \$243.12 | \$243.12 | | | | |
| 21013 | EXCISION, TUMOR, SOFT TISSUE OF FACE & SCALP,SUBFASCIAL <2CM | | \$286.72 | \$350.25 | | | | |
| 21014 | 2 CM OR GREATER | | \$376.05 | \$376.05 | | | | |
| 21015 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FA | | \$341.93 | \$341.93 | | | | |
| 21016 | 2 CM OR GREATER | | \$756.32 | \$756.32 | | | | |
| 21025 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE | | \$212.35 | \$267.87 | | | | |
| 21026 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(| | \$181.84 | \$223.95 | | | | |
| 21029 | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS | | \$354.30 | \$478.09 | | | | |
| 21030 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION A | | \$310.90 | \$310.90 | | | | |
| 21031 | EXCISION OF TORUS MANDIBULARIS | | \$116.11 | \$165.46 | | | | |
| 21032 | EXCISION OF MAXILLARY TORUS PALATINUS | | \$185.84 | \$237.87 | | | | |
| 21034 | EXCISION MALIGNANT TUMOR OF MAXILLA OR ZYGOMA | | \$652.22 | \$652.22 | | | | |
| 21040 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR | | \$101.83 | \$138.84 | | | | |
| 21044 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; | | \$608.25 | \$608.25 | | | | |
| 21045 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION | | \$852.72 | \$852.72 | | | | |
| 21046 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL | | \$668.15 | \$668.15 | | | | |
| 21047 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL | | \$833.04 | \$833.04 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21048 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTE | | \$687.94 | \$687.94 | | | | |
| 21049 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTE | | \$789.70 | \$789.70 | | | | |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | | \$652.45 | \$652.45 | | | | |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE | | \$616.66 | \$616.66 | | | | |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE) | | \$427.35 | \$427.35 | | | | |
| 21073 | MNPJ OF TMJ W/ANESTH | | \$180.10 | \$274.74 | | | | |
| 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS | | \$1,041.93 | \$1,416.50 | | | | |
| 21080 | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS | | \$1,170.47 | \$1,591.30 | | | | |
| 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS | | \$1,066.67 | \$1,450.09 | | | | |
| 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS | | \$972.98 | \$1,322.74 | | | | |
| 21083 | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS | | \$900.10 | \$1,223.71 | | | | |
| 21084 | PREPARE FACE/ORAL PROSTHESIS | | \$1,050.17 | \$1,427.56 | | | | |
| 21085 | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT | | \$419.52 | \$570.39 | | | | |
| 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS | | \$1,162.15 | \$1,579.90 | | | | |
| 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS | | \$1,162.15 | \$1,579.90 | | | | |
| 21088 | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS | R | \$1,162.15 | \$1,579.90 | | | | |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 21100 | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDE | | \$149.65 | \$149.65 | | | | |
| 21110 | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN | | \$232.94 | \$307.10 | | | | |
| 21116 | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY | | \$44.81 | \$44.81 | | | | |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) | | \$245.88 | \$245.88 | | | | |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE | | \$386.48 | \$386.48 | | | | |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE | | \$425.75 | \$425.75 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS | | \$556.56 | \$556.56 | | | | |
| 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL | | \$322.24 | \$322.24 | | | | |
| 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR | | \$540.57 | \$540.57 | | | | |
| 21137 | REDUCTION FOREHEAD; CONTOURING ONLY | R | \$523.00 | \$523.00 | | | | |
| 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL | R | \$650.09 | \$650.09 | | | | |
| 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS W | R | \$746.42 | \$746.42 | | | | |
| 21141 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN | R | \$921.94 | \$921.94 | | | | |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY | R | \$956.18 | \$956.18 | | | | |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME | R | \$994.02 | \$994.02 | | | | |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN | R | \$980.63 | \$980.63 | | | | |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY | R | \$1,014.86 | \$1,014.86 | | | | |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME | R | \$1,052.71 | \$1,052.71 | | | | |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-CO | R | \$1,264.14 | \$1,264.14 | | | | |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFT | R | \$1,415.73 | \$1,415.73 | | | | |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING | R | \$1,516.22 | \$1,516.22 | | | | |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING | R | \$1,718.85 | \$1,718.85 | | | | |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH | R | \$2,123.01 | \$2,123.01 | | | | |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH | R | \$2,325.11 | \$2,325.11 | | | | |
| 21172 | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANC | | \$1,389.65 | \$1,389.65 | | | | |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER | | \$1,668.06 | \$1,668.06 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21179 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM | | \$1,111.76 | \$1,111.76 | | | | |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM | | \$1,264.14 | \$1,264.14 | | | | |
| 21181 | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIB | | \$528.05 | \$528.05 | | | | |
| 21182 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | \$1,590.04 | \$1,590.04 | | | | |
| 21183 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | \$1,725.08 | \$1,725.80 | | | | |
| 21184 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | \$1,920.97 | \$1,920.97 | | | | |
| 21188 | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE | | \$1,111.76 | \$1,111.76 | | | | |
| 21193 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO | R | \$841.41 | \$841.41 | | | | |
| 21194 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO | R | \$975.01 | \$975.01 | | | | |
| 21195 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT | R | \$843.39 | \$843.39 | | | | |
| 21196 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH | R | \$929.86 | \$929.86 | | | | |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL; | R | \$831.81 | \$831.81 | | | | |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT | | \$757.27 | \$757.27 | | | | |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) | R | \$692.92 | \$692.92 | | | | |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR | R | \$608.54 | \$608.54 | | | | |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION | R | \$325.86 | \$325.86 | | | | |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT | | \$476.02 | \$640.17 | | | | |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT) | | \$502.86 | \$675.73 | | | | |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES | | \$614.70 | \$614.70 | | | | |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING G | | \$426.41 | \$426.41 | | | | |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCL | | \$884.99 | \$884.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT | | \$826.81 | \$826.81 | | | | |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT | | \$984.00 | \$984.00 | | | | |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG | | \$752.36 | \$752.36 | | | | |
| 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL | | \$664.60 | \$664.60 | | | | |
| 21246 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE | | \$603.96 | \$603.96 | | | | |
| 21247 | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFT | | \$1,402.11 | \$1,402.11 | | | | |
| 21248 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, | | \$557.82 | \$747.98 | | | | |
| 21249 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, | | \$892.10 | \$1,201.89 | | | | |
| 21255 | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTI | | \$1,035.90 | \$1,035.90 | | | | |
| 21256 | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE | | \$1,002.85 | \$1,002.85 | | | | |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; | | \$1,023.40 | \$1,023.40 | | | | |
| 21261 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; | | \$1,380.57 | \$1,380.57 | | | | |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; W | | \$1,760.80 | \$1,760.80 | | | | |
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE | | \$961.83 | \$961.83 | | | | |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE | | \$1,159.15 | \$1,159.15 | | | | |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL | | \$646.81 | \$646.81 | | | | |
| 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION | | \$578.78 | \$578.78 | | | | |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) | | \$373.17 | \$373.17 | | | | |
| 21282 | LATERAL CANTHOPEXY | | \$236.09 | \$236.09 | | | | |
| 21295 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN | | \$70.87 | \$70.87 | | | | |
| 21296 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN | | \$218.93 | \$218.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 21315 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION | | \$95.02 | \$95.02 | | | | |
| 21320 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION | | \$124.16 | \$124.16 | | | | |
| 21325 | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED | | \$225.63 | \$225.63 | | | | |
| 21330 | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR | | \$341.50 | \$341.50 | | | | |
| 21335 | OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF | | \$550.66 | \$550.66 | | | | |
| 21336 | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | | \$279.32 | \$279.32 | | | | |
| 21337 | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATI | | \$158.82 | \$158.82 | | | | |
| 21338 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION | | \$327.65 | \$327.65 | | | | |
| 21339 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION | | \$429.01 | \$429.01 | | | | |
| 21340 | PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, W | | \$559.74 | \$559.74 | | | | |
| 21343 | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE | | \$627.26 | \$627.26 | | | | |
| 21344 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR W | | \$813.00 | \$813.00 | | | | |
| 21345 | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), W | | \$455.47 | \$455.47 | | | | |
| 21346 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT | | \$568.48 | \$568.48 | | | | |
| 21347 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); | | \$658.94 | \$658.94 | | | | |
| 21348 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT | | \$815.86 | \$815.86 | | | | |
| 21355 | PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC | | \$149.26 | \$149.26 | | | | |
| 21356 | OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPRO | | \$268.52 | \$268.52 | | | | |
| 21360 | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH A | | \$394.12 | \$394.12 | | | | |
| 21365 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER | | \$780.79 | \$780.79 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21366 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER | | \$868.75 | \$868.75 | | | | |
| 21385 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH | | \$535.86 | \$535.86 | | | | |
| 21386 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | \$524.83 | \$524.83 | | | | |
| 21387 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH | | \$489.30 | \$489.30 | | | | |
| 21390 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | \$630.08 | \$630.08 | | | | |
| 21395 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | \$639.31 | \$639.31 | | | | |
| 21400 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPUL | | \$87.36 | \$87.36 | | | | |
| 21401 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATI | | \$166.47 | \$166.47 | | | | |
| 21406 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT | | \$349.92 | \$349.92 | | | | |
| 21407 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT | | \$445.34 | \$445.34 | | | | |
| 21408 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTIN | | \$591.28 | \$591.28 | | | | |
| 21421 | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WIT | | \$320.60 | \$320.60 | | | | |
| 21422 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); | | \$520.06 | \$520.06 | | | | |
| 21423 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); | | \$576.99 | \$576.99 | | | | |
| 21431 | CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING | | \$372.09 | \$372.09 | | | | |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRI | | \$437.94 | \$437.94 | | | | |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | \$1,227.90 | \$1,227.90 | | | | |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | \$874.09 | \$874.09 | | | | |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | \$1,212.58 | \$1,212.58 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 21440 | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE | | \$163.09 | \$163.09 | | | | |
| 21445 | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEP | | \$325.09 | \$325.09 | | | | |
| 21450 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION | | \$164.07 | \$164.07 | | | | |
| 21451 | CLOSED TREATMENT OF MANDIBULAR FRACTURE | | \$307.87 | \$307.87 | | | | |
| 21452 | PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION | | \$95.70 | \$95.70 | | | | |
| 21453 | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION | | \$343.46 | \$343.46 | | | | |
| 21454 | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION | | \$431.41 | \$431.41 | | | | |
| 21461 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION | | \$512.79 | \$512.79 | | | | |
| 21462 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION | | \$615.14 | \$615.14 | | | | |
| 21465 | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE | | \$577.03 | \$577.03 | | | | |
| 21470 | OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL | | \$918.12 | \$918.12 | | | | |
| 21480 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQU | | \$41.01 | \$41.01 | | | | |
| 21485 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, | | \$143.68 | \$173.05 | | | | |
| 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION | | \$507.01 | \$507.01 | | | | |
| 21497 | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE | | \$221.65 | \$221.65 | | | | |
| 21499 | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD | R | \$132.50 | \$172.25 | | | | |
| 21501 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK | | \$158.42 | \$158.42 | | | | |
| 21502 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK | | \$320.39 | \$320.39 | | | | |
| 21510 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR | | \$262.21 | \$262.21 | | | | |
| 21550 | BIOPSY, SOFT TISSUE OF NECK OR THORAX | | \$73.30 | \$84.70 | | | | |
| 21552 | 3 CM OR GREATER | | \$325.14 | \$325.14 | | | | |
| 21554 | 5 CM OR GREATER | | \$535.14 | \$535.14 | | | | |
| 21555 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS | | \$169.01 | \$169.01 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 21556 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, | | \$272.41 | \$272.41 | | | | |
| 21557 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NE | | \$513.43 | \$513.43 | | | | |
| 21558 | 5 CM OR GREATER | | \$1,006.20 | \$1,006.20 | | | | |
| 21600 | EXCISION OF RIB, PARTIAL | | \$326.07 | \$326.07 | | | | |
| 21601 | EXC CHEST WALL TUMOR W/RIBS | | \$938.43 | \$938.43 | | | | Added Effective 01/01/2020 |
| 21602 | EXC CH WAL TUM W/O LYMPHADEC | | \$1,254.02 | \$1,254.02 | | | | Added Effective 01/01/2020 |
| 21603 | EXC CH WAL TUM W/LYMPHADEC | | \$1,389.43 | \$1,389.43 | | | | Added Effective 01/01/2020 |
| 21610 | COSTOTRANVERSECTOMY (SEPARATE PROCEDURE) | | \$407.73 | \$407.73 | | | | |
| 21615 | EXCISION FIRST AND/OR CERVICAL RIB; | | \$584.30 | \$584.30 | | | | |
| 21616 | EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY | | \$557.18 | \$557.18 | | | | |
| 21620 | OSTECTOMY OF STERNUM, PARTIAL | | \$390.85 | \$390.85 | | | | |
| 21627 | STERNAL DEBRIDEMENT | | \$334.61 | \$334.61 | | | | |
| 21630 | RADICAL RESECTION OF STERNUM; | | \$866.80 | \$866.80 | | | | |
| 21632 | RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY | | \$851.16 | \$851.16 | | | | |
| 21685 | HYOID MYOTOMY AND SUSPENSION | | \$673.66 | \$673.66 | | | | |
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | | \$295.09 | \$295.09 | | | | |
| 21705 | DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB | | \$418.39 | \$418.39 | | | | |
| 21720 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHO | | \$275.26 | \$275.26 | | | | |
| 21725 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH | | \$340.00 | \$340.00 | | | | |
| 21740 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN | | \$733.46 | \$733.46 | | | | |
| 21742 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA | | \$653.30 | \$653.30 | | | | |
| 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA | | \$0.00 | \$859.84 | | | | |
| 21750 | CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT | | \$526.84 | \$526.84 | | | | |
| 21811 | OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE | | \$488.16 | \$488.16 | | | | Added effective 1/1/2015 |
| 21812 | OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE | | \$585.49 | \$585.49 | | | | Added effective 1/1/2015 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 21813 | OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE | | \$796.59 | \$796.59 | | | | Added effective 1/1/2015 |
| 21820 | CLOSED TREATMENT OF STERNUM FRACTURE | | \$75.82 | \$75.82 | | | | |
| 21825 | OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION | | \$412.41 | \$412.41 | | | | |
| 21899 | UNLISTED PROCEDURE, NECK OR THORAX | R | \$0.00 | \$0.00 | | | | |
| 21920 | BIOPSY, SOFT TISSUE BACK OR FLANK; SUPERFICIAL | | \$72.25 | \$82.84 | | | | |
| 21925 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP | | \$184.20 | \$184.20 | | | | |
| 21930 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK | | \$277.06 | \$277.06 | | | | |
| 21931 | 3 CM OR GREATER | | \$340.33 | \$340.33 | | | | |
| 21932 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL; LESS THAN 5 CM | | \$488.30 | \$488.30 | | | | |
| 21933 | 5 CM OR GREATER | | \$539.01 | \$539.01 | | | | |
| 21935 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BA | | \$710.71 | \$710.71 | | | | |
| 21936 | 5 CM OR GREATER | | \$1,046.66 | \$1,046.66 | | | | |
| 22010 | I&D P-SPINE C/T/CERV-THOR | | \$600.01 | \$600.01 | | | | |
| 22015 | INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR S | | \$594.70 | \$594.70 | | | | |
| 22100 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | \$496.96 | \$496.96 | | | | |
| 22101 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | \$512.47 | \$512.47 | | | | |
| 22102 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | \$401.07 | \$401.07 | | | | |
| 22103 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | \$137.47 | \$137.47 | | | | |
| 22110 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | \$640.65 | \$640.65 | | | | |
| 22112 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | \$645.24 | \$645.24 | | | | |
| 22114 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | \$562.98 | \$562.98 | | | | |
| 22116 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | \$136.10 | \$136.10 | | | | |
| 22206 | OSTEOTOMY OF SPINE THREE COLUMNS THOR | | \$1,808.68 | \$1,808.68 | | | | |
| 22207 | OSTEOTOMY OF SPINE THREE COLUMNS LUM | | \$1,785.54 | \$1,785.54 | | | | |
| 22208 | OSTEOTOMY OF SPINE THREE COL ONE VERT SEG | | \$458.70 | \$458.70 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 22210 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | \$1,090.52 | \$1,090.52 | | | | |
| 22212 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | \$1,064.81 | \$1,064.81 | | | | |
| 22214 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | \$1,002.69 | \$1,002.69 | | | | |
| 22216 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | \$334.85 | \$334.85 | | | | |
| 22220 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | \$1,101.50 | \$1,101.50 | | | | |
| 22222 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | \$994.71 | \$994.71 | | | | |
| 22224 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | \$1,049.65 | \$1,049.65 | | | | |
| 22226 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | \$334.85 | \$334.85 | | | | |
| 22310 | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, | | \$138.94 | \$138.94 | | | | |
| 22315 | CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIR | | \$414.00 | \$414.00 | | | | |
| 22318 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR | | \$1,087.92 | \$1,087.92 | | | | |
| 22319 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR | | \$1,228.21 | \$1,228.21 | | | | |
| 22325 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | \$760.14 | \$760.14 | | | | |
| 22326 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | \$1,034.65 | \$1,034.65 | | | | |
| 22327 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | \$1,000.18 | \$1,000.18 | | | | |
| 22328 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | \$270.79 | \$270.79 | | | | |
| 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION | | \$91.21 | \$91.21 | | | | |
| 22510 | INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$368.00 | \$1,325.01 | | | | Added effective 1/1/2015 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 22511 | INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$345.25 | \$1,311.06 | | | | Added effective 1/1/2015 |
| 22512 | INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$172.11 | \$734.83 | | | | Added effective 1/1/2015 |
| 22513 | INJECTION OF BONE CEMENT INTO BODY OF MIDDLE SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$435.13 | \$5,426.92 | | | | Added effective 1/1/2015 |
| 22514 | INJECTION OF BONE CEMENT INTO BODY OF LOWER SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$405.26 | \$5,396.27 | | | | Added effective 1/1/2015 |
| 22515 | INJECTION OF BONE CEMENT INTO BODY OF MIDDLE OR LOWER SPINE BONE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | | \$184.24 | \$3,270.54 | | | | Added effective 1/1/2015 |
| 22526 | PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, SINGLE LEVEL | | \$257.02 | \$1,384.12 | | | | |
| 22527 | PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, ADDITIONAL LEVELS | | \$119.74 | \$1,113.91 | | | | |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | \$1,187.65 | \$1,187.65 | | | | |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | \$1,110.00 | \$1,110.00 | | | | |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | \$281.33 | \$281.33 | | | | |
| 22548 | ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 | | \$1,409.34 | \$1,409.34 | | | | |
| 22551 | ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREP, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD | | \$1,517.32 | \$1,517.32 | | | | |
| 22552 | ARTHRODESIS, ANTERIOR INTERBODY, EACH ADDTL INTERSPACE, USE IN CONJUCTION W/PROC 22551 | | \$353.67 | \$353.67 | | | | |
| 22554 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | \$1,122.76 | \$1,122.76 | | | | |
| 22556 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | \$1,321.97 | \$1,321.97 | | | | |
| 22558 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | \$1,245.80 | \$1,245.80 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 22585 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | \$329.71 | \$329.71 | | | | |
| 22586 | ARTHRODESIS, PRE-SCRAL INTERBODY TECHNIQUE | | \$1,228.42 | \$1,228.42 | | | | |
| 22590 | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) | | \$1,234.34 | \$1,234.34 | | | | |
| 22595 | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2) | | \$1,230.22 | \$1,230.22 | | | | |
| 22600 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERV | | \$1,032.47 | \$1,032.47 | | | | |
| 22610 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THOR | | \$975.13 | \$975.13 | | | | |
| 22612 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMB | | \$1,225.89 | \$1,225.89 | | | | |
| 22614 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH | | \$362.87 | \$362.87 | | | | |
| 22630 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/ | | \$1,158.89 | \$1,158.89 | | | | |
| 22632 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/ | | \$307.23 | \$307.23 | | | | |
| 22633 | ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND SEGMENT; LUMBAR | | \$1,471.52 | \$1,471.52 | | | | |
| 22634 | EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$397.96 | \$397.96 | | | | |
| 22800 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP | | \$1,164.44 | \$1,164.44 | | | | |
| 22802 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 | | \$1,744.29 | \$1,744.29 | | | | |
| 22804 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 | | \$1,898.64 | \$1,898.64 | | | | |
| 22808 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 T | | \$1,303.92 | \$1,303.92 | | | | |
| 22810 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 T | | \$1,421.30 | \$1,421.30 | | | | |
| 22812 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 O | | \$1,708.17 | \$1,708.17 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 22818 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR | | \$1,764.05 | \$1,764.05 | | | | |
| 22819 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR | | \$1,896.86 | \$1,896.66 | | | | |
| 22830 | EXPLORATION OF SPINAL FUSION | | \$703.42 | \$703.42 | | | | |
| 22836 | TETHERING OF 7 OR FEWER MIDDLE SPINE BONES | | \$1,456.71 | \$1,456.71 | | | | |
| 22837 | TETHERING OF 8 OR MORE MIDDLE SPINE BONES | | \$1,605.43 | \$1,605.43 | | | | |
| 22838 | REVISION, REPLACEMENT, OR REMOVAL OF MIDDLE SPINE TETHERING | | \$1,626.83 | \$1,626.83 | | | | |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, | | \$368.19 | \$368.19 | | | | |
| 22841 | INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES | | \$218.05 | \$218.05 | | | | |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | \$422.19 | \$422.19 | | | | |
| 22843 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | \$526.56 | \$526.56 | | | | |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | \$643.45 | \$643.45 | | | | |
| 22845 | ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS | | \$350.96 | \$350.96 | | | | |
| 22846 | ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS | | \$486.20 | \$486.20 | | | | |
| 22847 | ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS | | \$540.18 | \$540.18 | | | | |
| 22848 | PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC | | \$352.32 | \$352.32 | | | | |
| 22849 | REINSERTION OF SPINAL FIXATION DEVICE | | \$740.65 | \$740.65 | | | | |
| 22850 | REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD) | | \$545.91 | \$545.91 | | | | |
| 22851 | APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC | | \$394.07 | \$394.07 | | | | |
| 22852 | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION | | \$547.49 | \$547.49 | | | | |
| 22853 | INSJ BIOMECHANICAL DEVICE | | \$211.42 | \$211.42 | | | | Added Effective 1/1/2017 |
| 22854 | INSJ BIOMECHANICAL DEVICE | | \$273.68 | \$273.68 | | | | Added Effective 1/1/2017 |
| 22855 | REMOVAL OF ANTERIOR INSTRUMENTATION | | \$497.49 | \$497.49 | | | | |
| 22856 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) | | \$1,280.26 | \$1,280.26 | | | | |
| 22857 | TOTAL LUMBAR DISC ARTHROPLASTY, ANTERIOR APPROACH | | \$1,089.01 | \$1,089.01 | | | | |
| 22858 | INSERTION OF ARTIFICIAL UPPER SPINE DISC ANTERIOR APPROACH | | \$401.85 | \$401.85 | | | | Added effective 1/1/2015 |
| 22859 | INSJ BIOMECHANICAL DEVICE | | \$273.68 | \$273.68 | | | | Added Effective 1/1/2017 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 22860 | TOT DISC ARTHRP 2NTRSPC LMBR | | \$0.00 | \$0.00 | | | | |
| 22861 | REV INCL REPLACEMENT TOTAL DISC ARTHROPLASTY | | \$1,549.96 | \$1,549.96 | | | | |
| 22862 | REVISE LUMBAR DISC ARTHROPLASTY | | \$1,325.39 | \$1,325.39 | | | | |
| 22864 | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) | | \$1,439.29 | \$1,439.29 | | | | |
| 22865 | REMOVAL TOTAL LUMBAR DISC ARTHROPLASTY | | \$1,290.41 | \$1,290.41 | | | | |
| 22867 | INSJ STABLI DEV W/DCMPRN | | \$782.97 | \$782.97 | | | | Added Effective 1/1/2017 |
| 22868 | INSJ STABLI DEV W/DCMPRN | | \$197.79 | \$197.79 | | | | Added Effective 1/1/2017 |
| 22869 | INSJ STABLI DEV W/O DCMPRN | | \$429.91 | \$429.91 | | | | Added Effective 1/1/2017 |
| 22870 | INSJ STABLI DEV W/O DCMPRN | | \$115.32 | \$115.32 | | | | Added Effective 1/1/2017 |
| 22899 | UNLISTED PROCEDURE, SPINE | R | \$500.00 | \$650.00 | | | | |
| 22900 | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID) | | \$288.34 | \$288.34 | | | | |
| 22901 | 5 CM OR GREATER | | \$481.77 | \$481.77 | | | | |
| 22902 | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBQ; LESS THAN 3 CM | | \$242.39 | \$300.31 | | | | |
| 22903 | 3 CM OR GREATER | | \$318.49 | \$318.49 | | | | |
| 22904 | RADICAL RESECTION OF TUMOR; SOFT TISSUE OF ABD WALL; LESS THAN 5 CM | | \$755.94 | \$755.94 | | | | |
| 22905 | 5 CM OR GREATER | | \$980.19 | \$980.19 | | | | |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM | R | \$800.00 | \$1,040.00 | | | | |
| 23000 | REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN | | \$219.22 | \$219.22 | | | | |
| 23020 | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE) | | \$463.57 | \$463.57 | | | | |
| 23030 | DRAIN SHOULDER LESION | | \$159.17 | \$159.17 | | | | |
| 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA | | \$86.85 | \$93.56 | | | | |
| 23035 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AR | | \$420.98 | \$420.98 | | | | |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR RE | | \$530.55 | \$530.55 | | | | |
| 23044 | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING | | \$401.81 | \$401.81 | | | | |
| 23065 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL | | \$85.62 | \$85.62 | | | | |
| 23066 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP | | \$151.75 | \$151.75 | | | | |
| 23071 | 3 CM OR GREATER | | \$301.88 | \$301.88 | | | | |
| 23073 | 5 CM OR GREATER | | \$500.90 | \$500.90 | | | | |
| 23075 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS | | \$120.77 | \$120.77 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 23076 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR | | \$319.67 | \$319.67 | | | | |
| 23077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF | | \$661.36 | \$661.36 | | | | |
| 23078 | 5 CM OR GREATER | | \$1,020.16 | \$1,020.16 | | | | |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY | | \$388.45 | \$388.45 | | | | |
| 23101 | ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDI | | \$361.45 | \$361.45 | | | | |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOP | | \$534.96 | \$534.96 | | | | |
| 23106 | ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT | | \$309.99 | \$309.99 | | | | |
| 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOU | | \$534.66 | \$534.66 | | | | |
| 23120 | CLAVICULECTOMY; PARTIAL | | \$336.76 | \$336.76 | | | | |
| 23125 | CLAVICULECTOMY; TOTAL | | \$519.74 | \$519.74 | | | | |
| 23130 | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMI | | \$425.13 | \$425.13 | | | | |
| 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | \$318.00 | \$318.00 | | | | |
| 23145 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | \$500.97 | \$500.97 | | | | |
| 23146 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | \$380.20 | \$380.20 | | | | |
| 23150 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS | | \$431.52 | \$431.52 | | | | |
| 23155 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS | | \$550.43 | \$550.43 | | | | |
| 23156 | EXCISION OR CURETTAGE OF BONE CYST | | \$470.04 | \$470.04 | | | | |
| 23170 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE | | \$331.95 | \$331.95 | | | | |
| 23172 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA | | \$339.24 | \$339.24 | | | | |
| 23174 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD T | | \$514.31 | \$514.31 | | | | |
| 23180 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$361.08 | \$361.08 | | | | |
| 23182 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$421.99 | \$421.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 23184 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$525.45 | \$525.45 | | | | |
| 23190 | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) | | \$385.57 | \$385.57 | | | | |
| 23195 | RESECTION, HUMERAL HEAD | | \$538.31 | \$538.31 | | | | |
| 23200 | RADICAL RESECTION FOR TUMOR; CLAVICLE | | \$600.82 | \$600.82 | | | | |
| 23210 | RADICAL RESECTION FOR TUMOR; SCAPULA | | \$610.15 | \$610.15 | | | | |
| 23220 | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; | | \$763.09 | \$763.09 | | | | |
| 23330 | REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS | | \$61.90 | \$69.27 | | | | |
| 23331 | REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REM | | \$272.03 | \$272.03 | | | | |
| 23332 | REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) | | \$609.61 | \$609.61 | | | | |
| 23333 | REMOVE SHOULDER FB DEEP | | \$356.13 | \$356.13 | | | | |
| 23334 | SHOULDER PROSTHESIS REMOVAL | | \$844.97 | \$844.97 | | | | |
| 23335 | SHOULDER PROSTHESIS REMOVAL | | \$1,009.28 | \$1,009.28 | | | | |
| 23350 | INJECTION OF DYE FOR X-RAY IMAGING OF SHOULDER JOINT | | \$44.51 | \$44.51 | | | | Effective 1/1/2014 |
| 23397 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE | | \$878.46 | \$878.46 | | | | |
| 23400 | SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS) | | \$685.04 | \$685.04 | | | | |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON | | \$458.82 | \$458.82 | | | | |
| 23406 | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION | | \$593.91 | \$593.91 | | | | |
| 23410 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUT | | \$685.14 | \$685.14 | | | | |
| 23412 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRO | | \$783.46 | \$783.46 | | | | |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY | | \$438.16 | \$438.16 | | | | |
| 23420 | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC | | \$820.33 | \$820.33 | | | | |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS | | \$506.31 | \$506.31 | | | | |
| 23440 | RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS | | \$516.53 | \$516.53 | | | | |
| 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERA | | \$768.61 | \$768.61 | | | | |
| 23455 | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE) | | \$883.62 | \$883.62 | | | | |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK | | \$861.99 | \$861.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 23462 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER | | \$895.08 | \$895.08 | | | | |
| 23465 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BL | | \$878.95 | \$878.95 | | | | |
| 23466 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABI | | \$908.78 | \$908.78 | | | | |
| 23470 | ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY | | \$986.94 | \$986.94 | | | | |
| 23472 | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL | | \$1,143.49 | \$1,143.49 | | | | |
| 23473 | REVISION OF TOTAL SHOULDER ARTHROPLASTY | | \$1,303.07 | \$1,303.07 | | | | |
| 23474 | HUMERAL AND GLENOID COMPONENT | | \$1,407.95 | \$1,407.95 | | | | |
| 23480 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; | | \$511.41 | \$511.41 | | | | |
| 23485 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAF | | \$721.94 | \$721.94 | | | | |
| 23490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$619.00 | \$619.00 | | | | |
| 23491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$791.86 | \$791.86 | | | | |
| 23500 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION | | \$106.58 | \$106.58 | | | | |
| 23505 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION | | \$182.04 | \$182.04 | | | | |
| 23515 | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXT | | \$418.79 | \$418.79 | | | | |
| 23520 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | | \$101.20 | \$101.20 | | | | |
| 23525 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION | | \$159.44 | \$159.44 | | | | |
| 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | \$404.59 | \$404.59 | | | | |
| 23532 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH | | \$445.56 | \$445.56 | | | | |
| 23540 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATIO | | \$107.81 | \$107.81 | | | | |
| 23545 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION | | \$150.24 | \$150.24 | | | | |
| 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | \$458.87 | \$458.87 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 23552 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WIT | | \$453.72 | \$453.72 | | | | |
| 23570 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION | | \$113.29 | \$113.29 | | | | |
| 23575 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITH | | \$198.06 | \$198.06 | | | | |
| 23585 | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH O | | \$484.65 | \$484.65 | | | | |
| 23600 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) | | \$168.93 | \$168.93 | | | | |
| 23605 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) | | \$279.95 | \$279.95 | | | | |
| 23615 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT | | \$576.68 | \$576.68 | | | | |
| 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT | | \$1,268.03 | \$1,268.03 | | | | |
| 23620 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT | | \$115.82 | \$154.45 | | | | |
| 23625 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULA | | \$223.85 | \$223.85 | | | | |
| 23630 | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT | | \$472.76 | \$472.76 | | | | |
| 23650 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT | | \$157.23 | \$157.23 | | | | |
| 23655 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING | | \$214.28 | \$214.28 | | | | |
| 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION | | \$485.34 | \$485.34 | | | | |
| 23665 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUM | | \$224.31 | \$224.31 | | | | |
| 23670 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMER | | \$518.61 | \$518.61 | | | | |
| 23675 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL | | \$284.56 | \$284.56 | | | | |
| 23680 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NE | | \$653.04 | \$653.04 | | | | |
| 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION O | | \$136.80 | \$136.80 | | | | |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT; | | \$893.30 | \$893.30 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 23802 | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAI | | \$862.28 | \$862.28 | | | | |
| 23900 | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER) | | \$935.39 | \$935.39 | | | | |
| 23920 | DISARTICULATION OF SHOULDER; | | \$832.27 | \$832.27 | | | | |
| 23921 | DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION | | \$280.11 | \$280.11 | | | | |
| 23929 | UNLISTED PROCEDURE, SHOULDER | R | \$0.00 | \$0.00 | | | | |
| 23930 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATO | | \$130.59 | \$130.59 | | | | |
| 23931 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA | | \$60.56 | \$70.62 | | | | |
| 23935 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR | | \$307.90 | \$307.90 | | | | |
| 24000 | ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE | | \$373.76 | \$373.76 | | | | |
| 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE | | \$475.23 | \$475.23 | | | | |
| 24065 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL | | \$72.59 | \$83.19 | | | | |
| 24066 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR | | \$227.90 | \$227.90 | | | | |
| 24071 | 3 CM OR GREATER | | \$292.84 | \$292.84 | | | | |
| 24073 | 5 CM OR GREATER | | \$503.58 | \$503.58 | | | | |
| 24075 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | \$172.82 | \$172.82 | | | | |
| 24076 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASC | | \$291.34 | \$291.34 | | | | |
| 24077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UP | | \$636.09 | \$636.09 | | | | |
| 24079 | 5 CM OR GREATER | | \$940.21 | \$940.21 | | | | |
| 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY | | \$267.26 | \$267.26 | | | | |
| 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT | | \$405.99 | \$405.99 | | | | |
| 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY | | \$525.75 | \$525.75 | | | | |
| 24105 | EXCISION, OLECRANON BURSA | | \$217.08 | \$217.08 | | | | |
| 24110 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; | | \$443.66 | \$443.66 | | | | |
| 24115 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTO | | \$498.88 | \$498.88 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 24116 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLO | | \$623.02 | \$623.02 | | | | |
| 24120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | \$371.91 | \$371.91 | | | | |
| 24125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | \$387.26 | \$387.26 | | | | |
| 24126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | \$455.59 | \$455.59 | | | | |
| 24130 | EXCISION, RADIAL HEAD | | \$381.37 | \$381.37 | | | | |
| 24134 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTA | | \$526.72 | \$526.72 | | | | |
| 24136 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR | | \$472.94 | \$472.94 | | | | |
| 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROC | | \$413.12 | \$413.12 | | | | |
| 24140 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$521.64 | \$521.64 | | | | |
| 24145 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$405.08 | \$405.08 | | | | |
| 24147 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$408.94 | \$408.94 | | | | |
| 24149 | RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW | | \$757.93 | \$757.93 | | | | |
| 24150 | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; | | \$796.82 | \$796.82 | | | | |
| 24152 | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; | | \$489.63 | \$489.63 | | | | |
| 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY) | | \$656.14 | \$656.14 | | | | |
| 24160 | IMPLANT REMOVAL; ELBOW JOINT | | \$367.28 | \$367.28 | | | | |
| 24164 | IMPLANT REMOVAL; RADIAL HEAD | | \$340.09 | \$340.09 | | | | |
| 24200 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | \$59.15 | \$66.66 | | | | |
| 24201 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR | | \$220.16 | \$220.16 | | | | |
| 24220 | INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY | | \$53.33 | \$53.33 | | | | |
| 24300 | MANIPULATION, ELBOW, UNDER ANESTHESIA | | \$261.85 | \$261.85 | | | | |
| 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLU | | \$528.76 | \$528.76 | | | | |
| 24305 | TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON | | \$299.76 | \$299.76 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 24310 | TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON | | \$258.63 | \$258.63 | | | | |
| 24320 | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO | | \$571.84 | \$571.84 | | | | |
| 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); | | \$538.54 | \$538.54 | | | | |
| 24331 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR | | \$592.55 | \$592.55 | | | | |
| 24332 | TENOLYSIS, TRICEPS | | \$368.65 | \$368.65 | | | | |
| 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) | | \$437.64 | \$437.64 | | | | |
| 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, | | \$419.10 | \$419.10 | | | | |
| 24342 | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITH | | \$618.43 | \$618.43 | | | | |
| 24343 | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | | \$483.35 | \$483.35 | | | | |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT | | \$732.22 | \$732.22 | | | | |
| 24345 | REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | | \$483.35 | \$483.35 | | | | |
| 24346 | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT | | \$732.22 | \$732.22 | | | | |
| 24357 | REPAIR ELBOW, PERC | | \$323.70 | \$323.70 | | | | |
| 24358 | REPAIR ELBOW W/DEB, OPEN | | \$382.45 | \$382.45 | | | | |
| 24359 | REPAIR ELBOW DEB/ATTCH OPEN | | \$488.66 | \$488.66 | | | | |
| 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL) | | \$808.77 | \$808.77 | | | | |
| 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT | | \$796.91 | \$796.91 | | | | |
| 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCT | | \$618.50 | \$794.72 | | | | |
| 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC | | \$1,225.00 | \$1,225.00 | | | | |
| 24365 | ARTHROPLASTY, RADIAL HEAD; | | \$463.31 | \$463.31 | | | | |
| 24366 | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT | | \$594.53 | \$594.53 | | | | |
| 24370 | REVISION OF TOTAL ELBOW ARTHROPLASTY | | \$1,232.05 | \$1,232.05 | | | | |
| 24371 | HUMERAL AND ULNAR COMPONENT | | \$1,420.54 | \$1,420.54 | | | | |
| 24400 | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION | | \$568.97 | \$568.97 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 24410 | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL S | | \$845.66 | \$845.66 | | | | |
| 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876) | | \$757.28 | \$757.28 | | | | |
| 24430 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSIO | | \$809.82 | \$809.82 | | | | |
| 24435 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT | | \$845.40 | \$845.40 | | | | |
| 24470 | HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS) | | \$488.16 | \$488.16 | | | | |
| 24495 | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION | | \$403.67 | \$403.67 | | | | |
| 24498 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR | | \$649.09 | \$649.09 | | | | |
| 24500 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION | | \$165.20 | \$165.20 | | | | |
| 24505 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR | | \$279.68 | \$279.68 | | | | |
| 24515 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI | | \$616.68 | \$616.68 | | | | |
| 24516 | TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY | | \$616.68 | \$616.68 | | | | |
| 24530 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W | | \$180.26 | \$180.26 | | | | |
| 24535 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W | | \$340.07 | \$340.07 | | | | |
| 24538 | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMER | | \$504.35 | \$504.35 | | | | |
| 24545 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT | | \$589.21 | \$589.21 | | | | |
| 24546 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT | | \$736.23 | \$736.23 | | | | |
| 24560 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; | | \$142.11 | \$142.11 | | | | |
| 24565 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; W | | \$258.83 | \$258.83 | | | | |
| 24566 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL | | \$396.26 | \$396.26 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 24575 | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WIT | | \$529.87 | \$529.87 | | | | |
| 24576 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | | \$144.01 | \$144.01 | | | | |
| 24577 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | | \$282.03 | \$282.03 | | | | |
| 24579 | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH O | | \$575.68 | \$575.68 | | | | |
| 24582 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR | | \$433.08 | \$433.08 | | | | |
| 24586 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB | | \$873.83 | \$873.83 | | | | |
| 24587 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB | | \$839.16 | \$839.16 | | | | |
| 24600 | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA | | \$178.34 | \$178.34 | | | | |
| 24605 | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA | | \$219.48 | \$219.48 | | | | |
| 24615 | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION | | \$542.19 | \$542.19 | | | | |
| 24620 | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW | | \$309.49 | \$309.49 | | | | |
| 24635 | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRA | | \$704.35 | \$704.35 | | | | |
| 24640 | CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, | | \$62.78 | \$62.78 | | | | |
| 24650 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION | | \$97.17 | \$127.35 | | | | |
| 24655 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION | | \$214.03 | \$214.03 | | | | |
| 24665 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN | | \$444.59 | \$444.59 | | | | |
| 24666 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN | | \$574.62 | \$574.62 | | | | |
| 24670 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); | | \$128.99 | \$128.99 | | | | |
| 24675 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); | | \$239.90 | \$239.90 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 24685 | OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WIT | | \$502.59 | \$502.59 | | | | |
| 24800 | ARTHRODESIS, ELBOW JOINT; LOCAL | | \$637.15 | \$637.15 | | | | |
| 24802 | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GR | | \$750.35 | \$750.35 | | | | |
| 24900 | AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE | | \$496.82 | \$496.82 | | | | |
| 24920 | AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine) | | \$465.76 | \$465.76 | | | | |
| 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION | | \$380.36 | \$380.36 | | | | |
| 24930 | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION | | \$523.13 | \$523.13 | | | | |
| 24931 | AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT | | \$687.92 | \$687.92 | | | | |
| 24935 | STUMP ELONGATION, UPPER EXTREMITY | | \$843.56 | \$843.56 | | | | |
| 24940 | CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE | | \$1,079.77 | \$1,079.77 | | | | |
| 24999 | UNLISTED PROCEDURE, HUMERUS OR ELBOW | R | \$0.00 | \$0.00 | | | | |
| 25000 | INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE) | | \$214.64 | \$214.64 | | | | |
| 25001 | INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS) | | \$219.51 | \$219.51 | | | | |
| 25020 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR | | \$298.24 | \$298.24 | | | | |
| 25023 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR | | \$515.01 | \$515.01 | | | | |
| 25024 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | | \$514.28 | \$514.28 | | | | |
| 25025 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | | \$834.78 | \$834.78 | | | | |
| 25028 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA | | \$207.20 | \$207.20 | | | | |
| 25031 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA | | \$134.33 | \$134.33 | | | | |
| 25035 | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS O | | \$393.94 | \$393.94 | | | | |
| 25040 | ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE | | \$368.45 | \$368.45 | | | | |
| 25065 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL | | \$82.38 | \$92.43 | | | | |
| 25066 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR | | \$160.21 | \$160.21 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25071 | 3 CM OR GREATER | | \$306.72 | \$306.72 | | | | |
| 25073 | 3 CM OR GREATER | | \$381.76 | \$381.76 | | | | |
| 25075 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOU | | \$173.66 | \$173.66 | | | | |
| 25076 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFA | | \$257.37 | \$257.37 | | | | |
| 25077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO | | \$539.46 | \$539.46 | | | | |
| 25078 | 3 CM OR GREATER | | \$820.00 | \$820.00 | | | | |
| 25085 | CAPSULOTOMY, WRIST (EG, CONTRACTURE) | | \$291.70 | \$291.70 | | | | |
| 25100 | ARTHROTOMY, WRIST JOINT; WITH BIOPSY | | \$252.39 | \$252.39 | | | | |
| 25101 | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPS | | \$304.28 | \$304.28 | | | | |
| 25105 | ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY | | \$382.77 | \$382.77 | | | | |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR | | \$336.08 | \$336.08 | | | | |
| 25109 | EXCISE TENDON, FOREARM/WRIST | | \$355.42 | \$355.42 | | | | |
| 25110 | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST | | \$197.49 | \$197.49 | | | | |
| 25111 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY | | \$194.80 | \$194.80 | | | | |
| 25112 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT | | \$244.34 | \$244.34 | | | | |
| 25115 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS | | \$405.09 | \$405.09 | | | | |
| 25116 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS | | \$441.64 | \$441.64 | | | | |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; | | \$286.47 | \$286.47 | | | | |
| 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH | | \$391.23 | \$391.23 | | | | |
| 25120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | \$370.11 | \$370.11 | | | | |
| 25125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | \$415.90 | \$415.90 | | | | |
| 25126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | \$418.82 | \$418.82 | | | | |
| 25130 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; | | \$278.27 | \$278.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25135 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI | | \$363.10 | \$363.10 | | | | |
| 25136 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI | | \$314.46 | \$314.46 | | | | |
| 25145 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR | | \$353.00 | \$353.00 | | | | |
| 25150 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B | | \$398.61 | \$398.61 | | | | |
| 25151 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B | | \$380.31 | \$380.31 | | | | |
| 25170 | RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA | | \$605.92 | \$605.92 | | | | |
| 25210 | CARPECTOMY; ONE BONE | | \$313.19 | \$313.19 | | | | |
| 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW | | \$484.46 | \$484.46 | | | | |
| 25230 | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE) | | \$312.66 | \$312.66 | | | | |
| 25240 | EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED | | \$307.13 | \$307.13 | | | | |
| 25246 | INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY | | \$57.17 | \$57.17 | | | | |
| 25248 | EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST | | \$213.01 | \$213.01 | | | | |
| 25250 | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) | | \$358.28 | \$358.28 | | | | |
| 25251 | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST | | \$521.50 | \$521.50 | | | | |
| 25259 | MANIPULATION, WRIST, UNDER ANESTHESIA | | \$259.01 | \$259.01 | | | | |
| 25260 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGL | | \$357.69 | \$357.69 | | | | |
| 25263 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SIN | | \$396.05 | \$396.05 | | | | |
| 25265 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WIT | | \$526.90 | \$526.90 | | | | |
| 25270 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SIN | | \$271.04 | \$271.04 | | | | |
| 25272 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, | | \$303.46 | \$303.46 | | | | |
| 25274 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, W | | \$452.68 | \$452.68 | | | | |
| 25275 | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT | | \$466.73 | \$466.73 | | | | |
| 25280 | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR | | \$330.08 | \$330.08 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25290 | TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGL | | \$223.81 | \$223.81 | | | | |
| 25295 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EA | | \$278.13 | \$278.13 | | | | |
| 25300 | TENODESIS AT WRIST; FLEXORS OF FINGERS | | \$474.57 | \$474.57 | | | | |
| 25301 | TENODESIS AT WRIST; EXTENSORS OF FINGERS | | \$447.65 | \$447.65 | | | | |
| 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR | | \$445.30 | \$445.30 | | | | |
| 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR | | \$502.92 | \$502.92 | | | | |
| 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO | | \$526.04 | \$526.04 | | | | |
| 25316 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO | | \$664.19 | \$664.19 | | | | |
| 25320 | CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAM | | \$556.11 | \$556.11 | | | | |
| 25332 | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT | | \$624.59 | \$624.59 | | | | |
| 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) | | \$699.29 | \$699.29 | | | | |
| 25337 | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL | | \$544.67 | \$544.67 | | | | |
| 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD | | \$476.23 | \$476.23 | | | | |
| 25355 | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD | | \$561.05 | \$561.05 | | | | |
| 25360 | OSTEOTOMY; ULNA | | \$427.21 | \$427.21 | | | | |
| 25365 | OSTEOTOMY; RADIUS AND ULNA | | \$655.95 | \$655.95 | | | | |
| 25370 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD | | \$724.18 | \$724.18 | | | | |
| 25375 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD | | \$740.06 | \$740.06 | | | | |
| 25390 | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING | | \$562.05 | \$562.05 | | | | |
| 25391 | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT | | \$722.77 | \$722.77 | | | | |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876) | | \$766.17 | \$766.17 | | | | |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT | | \$874.73 | \$874.73 | | | | |
| 25394 | OSTEOPLASTY, CARPAL BONE, SHORTENING | | \$545.64 | \$545.64 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, | | \$633.90 | \$633.90 | | | | |
| 25405 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUD | | \$777.76 | \$777.76 | | | | |
| 25415 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, | | \$723.86 | \$723.86 | | | | |
| 25420 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLU | | \$899.81 | \$899.81 | | | | |
| 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA | | \$732.87 | \$732.87 | | | | |
| 25426 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA | | \$803.92 | \$803.92 | | | | |
| 25430 | INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE) | | \$482.06 | \$482.06 | | | | |
| 25431 | REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULA | | \$480.17 | \$480.17 | | | | |
| 25440 | REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT | | \$571.15 | \$571.15 | | | | |
| 25441 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS | | \$710.37 | \$710.37 | | | | |
| 25442 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA | | \$522.42 | \$522.42 | | | | |
| 25443 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR) | | \$578.44 | \$578.44 | | | | |
| 25444 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE | | \$624.53 | \$624.53 | | | | |
| 25445 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM | | \$591.68 | \$591.68 | | | | |
| 25446 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR | | \$1,072.90 | \$1,072.90 | | | | |
| 25447 | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS | | \$586.06 | \$586.06 | | | | |
| 25449 | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT | | \$642.82 | \$642.82 | | | | |
| 25450 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA | | \$450.05 | \$450.05 | | | | |
| 25455 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULN | | \$536.62 | \$536.62 | | | | |
| 25490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$535.20 | \$535.20 | | | | |
| 25491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$560.22 | \$560.22 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25492 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$689.90 | \$689.90 | | | | |
| 25500 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION | | \$105.78 | \$137.03 | | | | |
| 25505 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION | | \$253.69 | \$253.69 | | | | |
| 25515 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR | | \$487.53 | \$487.53 | | | | |
| 25520 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF | | \$353.15 | \$353.15 | | | | |
| 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA | | \$686.56 | \$686.56 | | | | |
| 25526 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA | | \$729.72 | \$729.72 | | | | |
| 25530 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION | | \$98.15 | \$130.88 | | | | |
| 25535 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION | | \$252.95 | \$252.95 | | | | |
| 25545 | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR | | \$477.49 | \$477.49 | | | | |
| 25560 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULA | | \$134.64 | \$134.64 | | | | |
| 25565 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATIO | | \$297.23 | \$297.23 | | | | |
| 25574 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR | | \$426.04 | \$426.04 | | | | |
| 25575 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR | | \$606.91 | \$606.91 | | | | |
| 25600 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) | | \$194.55 | \$194.55 | | | | |
| 25605 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) | | \$385.15 | \$385.15 | | | | |
| 25606 | TREAT FX, DISTAL RADIAL | | \$478.57 | \$478.57 | | | | |
| 25607 | TREAT FX, RADIAL EXTRA-ARTICULAR | | \$487.92 | \$487.92 | | | | |
| 25608 | TREAT FX, RADIAL INTRA-ARTICULAR | | \$559.34 | \$559.34 | | | | |
| 25609 | TREAT FX, RADIAL W/INTERNAL FIXATION 3 OR MORE FRAGMENTS | | \$714.87 | \$714.87 | | | | |
| 25622 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT | | \$109.90 | \$140.48 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25624 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPUL | | \$188.66 | \$237.88 | | | | |
| 25628 | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOU | | \$448.60 | \$448.60 | | | | |
| 25630 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID) | | \$116.77 | \$146.14 | | | | |
| 25635 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID) | | \$179.28 | \$224.34 | | | | |
| 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID) | | \$403.26 | \$403.26 | | | | |
| 25650 | CLOSED TREATMENT OF ULNAR STYLOID FRACTURE | | \$128.64 | \$164.31 | | | | |
| 25651 | PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE | | \$285.82 | \$285.82 | | | | |
| 25652 | OPEN TREATMENT OF ULNAR STYLOID FRACTURE | | \$421.07 | \$421.07 | | | | |
| 25660 | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MOR | | \$188.06 | \$188.06 | | | | |
| 25670 | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE | | \$437.78 | \$437.78 | | | | |
| 25671 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION | | \$346.81 | \$346.81 | | | | |
| 25675 | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION | | \$199.70 | \$199.70 | | | | |
| 25676 | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC | | \$444.85 | \$444.85 | | | | |
| 25680 | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | | \$239.40 | \$239.40 | | | | |
| 25685 | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | | \$541.60 | \$541.60 | | | | |
| 25690 | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION | | \$300.31 | \$300.31 | | | | |
| 25695 | OPEN TREATMENT OF LUNATE DISLOCATION | | \$450.24 | \$450.24 | | | | |
| 25800 | ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL | | \$607.42 | \$607.42 | | | | |
| 25805 | ARTHRODESIS, WRIST; WITH SLIDING GRAFT | | \$705.61 | \$705.61 | | | | |
| 25810 | ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING | | \$673.41 | \$673.41 | | | | |
| 25820 | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR | | \$484.46 | \$484.46 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 25825 | ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | \$596.29 | \$596.29 | | | | |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, | | \$544.67 | \$544.67 | | | | |
| 25900 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; | | \$460.88 | \$460.88 | | | | |
| 25905 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTI | | \$465.13 | \$465.13 | | | | |
| 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCA | | \$391.58 | \$391.58 | | | | |
| 25909 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION | | \$420.22 | \$420.22 | | | | |
| 25915 | KRUKENBERG PROCEDURE | | \$974.92 | \$974.92 | | | | |
| 25920 | DISARTICULATION THROUGH WRIST; | | \$454.30 | \$454.30 | | | | |
| 25922 | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION | | \$377.88 | \$377.88 | | | | |
| 25924 | DISARTICULATION THROUGH WRIST; RE-AMPUTATION | | \$461.74 | \$461.74 | | | | |
| 25927 | TRANSMETACARPAL AMPUTATION; | | \$441.03 | \$441.03 | | | | |
| 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION | | \$359.68 | \$359.68 | | | | |
| 25931 | TRANSMETACARPAL AMPUTATION; RE-AMPUTATION | | \$359.32 | \$359.32 | | | | |
| 25999 | UNLISTED PROCEDURE, FOREARM OR WRIST | R | \$0.00 | \$0.00 | | | | |
| 26010 | DRAINAGE OF FINGER ABSCESS; SIMPLE | | \$51.37 | \$57.81 | | | | |
| 26011 | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) | | \$109.93 | \$109.93 | | | | |
| 26020 | DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH | | \$232.75 | \$232.75 | | | | |
| 26025 | DRAINAGE OF PALMAR BURSA; SINGLE, BURSA | | \$266.20 | \$266.20 | | | | |
| 26030 | DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA | | \$334.78 | \$334.78 | | | | |
| 26034 | INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCE | | \$294.74 | \$294.74 | | | | |
| 26035 | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN) | | \$405.47 | \$405.47 | | | | |
| 26037 | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) | | \$392.38 | \$392.38 | | | | |
| 26040 | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS | | \$179.29 | \$179.29 | | | | |
| 26045 | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL | | \$303.87 | \$303.87 | | | | |
| 26055 | TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER) | | \$176.70 | \$176.70 | | | | |
| 26060 | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT | | \$113.96 | \$113.96 | | | | |
| 26070 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | \$145.23 | \$182.24 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26075 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | \$217.39 | \$217.39 | | | | |
| 26080 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | \$207.53 | \$207.53 | | | | |
| 26100 | ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH | | \$195.01 | \$195.01 | | | | |
| 26105 | ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH | | \$233.18 | \$233.18 | | | | |
| 26110 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH | | \$190.51 | \$190.51 | | | | |
| 26111 | 1.5 CM OR GREATER | | \$297.01 | \$297.01 | | | | |
| 26113 | 1.5 CM OR GREATER | | \$390.87 | \$390.87 | | | | |
| 26115 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE | | \$170.16 | \$170.16 | | | | |
| 26116 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE | | \$266.87 | \$266.87 | | | | |
| 26117 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HA | | \$399.89 | \$399.89 | | | | |
| 26118 | 3 CM OR GREATER | | \$767.50 | \$767.50 | | | | |
| 26121 | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE | | \$506.63 | \$506.63 | | | | |
| 26123 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO | | \$534.78 | \$534.78 | | | | |
| 26125 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO | | \$216.48 | \$216.48 | | | | |
| 26130 | SYNOVECTOMY, CARPOMETACARPAL JOINT | | \$305.81 | \$305.81 | | | | |
| 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND | | \$346.00 | \$346.00 | | | | |
| 26140 | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR | | \$308.78 | \$308.78 | | | | |
| 26145 | SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, | | \$322.71 | \$322.71 | | | | |
| 26160 | EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS | | \$159.98 | \$159.98 | | | | |
| 26170 | EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH | | \$222.41 | \$222.41 | | | | |
| 26180 | EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON | | \$271.53 | \$271.53 | | | | |
| 26185 | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE) | | \$263.33 | \$263.33 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26200 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; | | \$291.71 | \$291.71 | | | | |
| 26205 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH | | \$409.14 | \$409.14 | | | | |
| 26210 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE | | \$265.99 | \$265.99 | | | | |
| 26215 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE | | \$371.53 | \$371.53 | | | | |
| 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$305.92 | \$305.92 | | | | |
| 26235 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$299.88 | \$299.88 | | | | |
| 26236 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$264.82 | \$264.82 | | | | |
| 26250 | RADICAL RESECTION, METACARPAL (EG, TUMOR); | | \$399.97 | \$399.97 | | | | |
| 26260 | RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); | | \$375.04 | \$375.04 | | | | |
| 26262 | RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR) | | \$304.62 | \$304.62 | | | | |
| 26320 | REMOVAL OF IMPLANT FROM FINGER OR HAND | | \$218.54 | \$218.54 | | | | |
| 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT | | \$196.88 | \$196.88 | | | | |
| 26341 | MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD) POST ENZYME INJECTION (EG, COLLAGENASE), SINGE CORD | | \$58.80 | \$77.15 | | | | |
| 26350 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN | | \$347.03 | \$347.03 | | | | |
| 26352 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN | | \$416.79 | \$416.79 | | | | |
| 26356 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | \$430.39 | \$430.39 | | | | |
| 26357 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | \$444.85 | \$444.85 | | | | |
| 26358 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | \$484.34 | \$484.34 | | | | |
| 26370 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | \$404.33 | \$404.33 | | | | |
| 26372 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | \$442.01 | \$442.01 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26373 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | \$435.77 | \$435.77 | | | | |
| 26390 | EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED | | \$499.29 | \$499.29 | | | | |
| 26392 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR | | \$548.24 | \$548.24 | | | | |
| 26410 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAF | | \$228.87 | \$228.87 | | | | |
| 26412 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT | | \$358.19 | \$358.19 | | | | |
| 26415 | EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DE | | \$439.13 | \$439.13 | | | | |
| 26416 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLU | | \$531.86 | \$531.86 | | | | |
| 26418 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GR | | \$228.32 | \$228.32 | | | | |
| 26420 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT | | \$362.59 | \$362.59 | | | | |
| 26426 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE | | \$367.20 | \$367.20 | | | | |
| 26428 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE | | \$374.29 | \$374.29 | | | | |
| 26432 | CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT | | \$168.20 | \$210.44 | | | | |
| 26433 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT | | \$251.12 | \$251.12 | | | | |
| 26434 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT | | \$323.37 | \$323.37 | | | | |
| 26437 | REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON | | \$287.42 | \$287.42 | | | | |
| 26440 | TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON | | \$249.77 | \$249.77 | | | | |
| 26442 | TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON | | \$283.72 | \$283.72 | | | | |
| 26445 | TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON | | \$222.36 | \$222.36 | | | | |
| 26449 | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH T | | \$360.23 | \$360.23 | | | | |
| 26450 | TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON | | \$173.78 | \$173.78 | | | | |
| 26455 | TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON | | \$161.71 | \$161.71 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26460 | TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON | | \$151.14 | \$151.14 | | | | |
| 26471 | TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT | | \$290.45 | \$290.45 | | | | |
| 26474 | TENODESIS; OF DISTAL JOINT, EACH JOINT | | \$292.70 | \$292.70 | | | | |
| 26476 | LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | | \$230.79 | \$230.79 | | | | |
| 26477 | SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | | \$270.60 | \$270.60 | | | | |
| 26478 | LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | | \$297.74 | \$297.74 | | | | |
| 26479 | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | | \$325.94 | \$325.94 | | | | |
| 26480 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA | | \$392.56 | \$392.56 | | | | |
| 26483 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA | | \$492.94 | \$492.94 | | | | |
| 26485 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, E | | \$414.21 | \$414.21 | | | | |
| 26489 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCL | | \$367.68 | \$367.68 | | | | |
| 26490 | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON | | \$474.77 | \$474.77 | | | | |
| 26492 | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), | | \$533.17 | \$533.17 | | | | |
| 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER | | \$461.37 | \$461.37 | | | | |
| 26496 | OPPONENSPLASTY; OTHER METHODS | | \$540.41 | \$540.41 | | | | |
| 26497 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGE | | \$517.14 | \$517.14 | | | | |
| 26498 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS | | \$763.14 | \$763.14 | | | | |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS | | \$489.42 | \$489.42 | | | | |
| 26500 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPA | | \$274.57 | \$274.57 | | | | |
| 26502 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL G | | \$362.21 | \$362.21 | | | | |
| 26508 | RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE) | | \$293.42 | \$293.42 | | | | |
| 26510 | CROSS INTRINSIC TRANSFER, EACH TENDON | | \$275.43 | \$275.43 | | | | |
| 26516 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT | | \$325.93 | \$325.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26517 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS | | \$464.24 | \$464.24 | | | | |
| 26518 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS | | \$454.56 | \$454.56 | | | | |
| 26520 | CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT | | \$284.43 | \$284.43 | | | | |
| 26525 | CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT | | \$260.59 | \$260.59 | | | | |
| 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT | | \$346.27 | \$346.27 | | | | |
| 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH | | \$427.47 | \$427.47 | | | | |
| 26535 | ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT | | \$289.16 | \$289.16 | | | | |
| 26536 | ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOI | | \$400.12 | \$400.12 | | | | |
| 26540 | REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL | | \$382.25 | \$382.25 | | | | |
| 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE | | \$516.12 | \$516.12 | | | | |
| 26542 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE | | \$362.86 | \$362.86 | | | | |
| 26545 | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, | | \$354.93 | \$354.93 | | | | |
| 26546 | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAF | | \$486.30 | \$486.30 | | | | |
| 26548 | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT | | \$402.90 | \$402.90 | | | | |
| 26550 | POLLICIZATION OF A DIGIT | | \$1,219.54 | \$1,219.54 | | | | |
| 26551 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-A | | \$2,534.05 | \$2,534.05 | | | | |
| 26553 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT | | \$2,516.42 | \$2,516.42 | | | | |
| 26554 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT | | \$3,002.47 | \$3,002.47 | | | | |
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS | | \$948.75 | \$948.75 | | | | |
| 26556 | TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS | | \$2,559.25 | \$2,559.25 | | | | |
| 26560 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS | | \$294.23 | \$294.23 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26561 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND | | \$584.46 | \$584.46 | | | | |
| 26562 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVI | | \$585.00 | \$585.00 | | | | |
| 26565 | OSTEOTOMY; METACARPAL, EACH | | \$366.02 | \$366.02 | | | | |
| 26567 | OSTEOTOMY; PHALANX OF FINGER, EACH | | \$322.69 | \$322.69 | | | | |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX | | \$506.52 | \$506.52 | | | | |
| 26580 | REPAIR CLEFT HAND | | \$1,039.76 | \$1,039.76 | | | | |
| 26587 | RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE | | \$425.75 | \$425.75 | | | | |
| 26590 | REPAIR MACRODACTYLIA, EACH DIGIT | | \$1,023.89 | \$1,023.89 | | | | |
| 26591 | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | | \$156.00 | \$156.00 | | | | |
| 26593 | RELEASE, INTRINSIC MUSCLES HAND, EACH MUSCLE | | \$271.01 | \$271.01 | | | | |
| 26596 | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES | | \$507.34 | \$507.34 | | | | |
| 26600 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, | | \$79.11 | \$99.76 | | | | |
| 26605 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EA | | \$117.81 | \$148.52 | | | | |
| 26607 | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTER | | \$259.31 | \$259.31 | | | | |
| 26608 | PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE | | \$259.31 | \$259.31 | | | | |
| 26615 | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNA | | \$302.06 | \$302.06 | | | | |
| 26641 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULAT | | \$142.92 | \$142.92 | | | | |
| 26645 | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNE | | \$191.15 | \$191.15 | | | | |
| 26650 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION | | \$284.20 | \$284.20 | | | | |
| 26665 | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT | | \$407.39 | \$407.39 | | | | |
| 26670 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT | | \$132.06 | \$132.06 | | | | |
| 26675 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT | | \$261.27 | \$261.27 | | | | |
| 26676 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER T | | \$301.86 | \$301.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26685 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; WITH | | \$368.51 | \$368.51 | | | | |
| 26686 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPL | | \$414.01 | \$414.01 | | | | |
| 26700 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH | | \$129.91 | \$129.91 | | | | |
| 26705 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH | | \$171.38 | \$171.38 | | | | |
| 26706 | PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SIN | | \$288.12 | \$288.12 | | | | |
| 26715 | OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WIT | | \$287.61 | \$287.61 | | | | |
| 26720 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL | | \$64.17 | \$78.92 | | | | |
| 26725 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL | | \$119.55 | \$140.21 | | | | |
| 26727 | PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, | | \$219.32 | \$219.32 | | | | |
| 26735 | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALAN | | \$282.71 | \$282.71 | | | | |
| 26740 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL | | \$72.56 | \$88.11 | | | | |
| 26742 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL | | \$169.45 | \$169.45 | | | | |
| 26746 | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR | | \$309.70 | \$309.70 | | | | |
| 26750 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHO | | \$71.64 | \$71.64 | | | | |
| 26755 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH | | \$119.76 | \$119.76 | | | | |
| 26756 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER O | | \$181.93 | \$181.93 | | | | |
| 26765 | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR | | \$200.83 | \$200.83 | | | | |
| 26770 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | | \$107.13 | \$107.13 | | | | |
| 26775 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | | \$137.44 | \$137.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 26776 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, | | \$199.27 | \$199.27 | | | | |
| 26785 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT | | \$211.05 | \$211.05 | | | | |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING | | \$433.93 | \$433.93 | | | | |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL | | \$389.03 | \$389.03 | | | | |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL | | \$490.83 | \$490.83 | | | | |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; | | \$409.15 | \$409.15 | | | | |
| 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WIT | | \$467.85 | \$467.85 | | | | |
| 26850 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT | | \$335.44 | \$335.44 | | | | |
| 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT | | \$411.59 | \$411.59 | | | | |
| 26860 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | \$263.61 | \$263.61 | | | | |
| 26861 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | \$121.32 | \$121.32 | | | | |
| 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | \$366.22 | \$366.22 | | | | |
| 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | \$218.68 | \$218.68 | | | | |
| 26910 | AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, | | \$371.69 | \$371.69 | | | | |
| 26951 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN | | \$218.29 | \$218.29 | | | | |
| 26952 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN | | \$300.70 | \$300.70 | | | | |
| 26989 | UNLISTED PROCEDURE, HANDS OR FINGERS | R | \$750.00 | \$975.00 | | | | |
| 26990 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMAT | | \$293.90 | \$293.90 | | | | |
| 26991 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA | | \$233.12 | \$233.12 | | | | |
| 26992 | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR B | | \$606.57 | \$606.57 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27000 | TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE) | | \$210.09 | \$210.09 | | | | |
| 27001 | TENOTOMY, ADDUCTOR OF HIP, OPEN | | \$297.94 | \$297.94 | | | | |
| 27003 | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY | | \$399.44 | \$399.44 | | | | |
| 27005 | TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE) | | \$367.60 | \$367.60 | | | | |
| 27006 | TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE) | | \$421.93 | \$421.93 | | | | |
| 27025 | FASCIOTOMY, HIP OR THIGH, ANY TYPE | | \$487.07 | \$487.07 | | | | |
| 27027 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | \$663.42 | \$663.42 | | | | |
| 27030 | ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION) | | \$706.27 | \$706.27 | | | | |
| 27033 | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN | | \$717.21 | \$717.21 | | | | |
| 27035 | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRA | | \$833.09 | \$833.09 | | | | |
| 27036 | CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTO | | \$686.12 | \$686.12 | | | | |
| 27040 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL | | \$117.64 | \$117.64 | | | | |
| 27041 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR | | \$356.96 | \$356.96 | | | | |
| 27043 | 3 CM OR GREATER | | \$339.82 | \$339.82 | | | | |
| 27045 | 5 CM OR GREATER | | \$540.47 | \$540.47 | | | | |
| 27047 | EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE | | \$268.57 | \$268.57 | | | | |
| 27048 | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR | | \$303.32 | \$303.32 | | | | |
| 27049 | RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, | | \$684.79 | \$684.79 | | | | |
| 27050 | ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT | | \$259.53 | \$259.53 | | | | |
| 27052 | ARTHROTOMY, WITH BIOPSY; HIP JOINT | | \$385.51 | \$385.51 | | | | |
| 27054 | ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT | | \$538.64 | \$538.64 | | | | |
| 27057 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | \$730.18 | \$730.18 | | | | |
| 27059 | 5 CM OR GREATER | | \$1,330.50 | \$1,330.50 | | | | |
| 27060 | EXCISION; ISCHIAL BURSA | | \$260.73 | \$260.73 | | | | |
| 27062 | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION | | \$269.55 | \$269.55 | | | | |
| 27065 | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, | | \$317.93 | \$317.93 | | | | |
| 27066 | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT | | \$512.56 | \$512.56 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27067 | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARA | | \$729.74 | \$729.74 | | | | |
| 27070 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR | | \$509.26 | \$509.26 | | | | |
| 27071 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR | | \$563.40 | \$563.40 | | | | |
| 27075 | RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR | | \$884.64 | \$884.64 | | | | |
| 27076 | RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, | | \$1,028.62 | \$1,028.62 | | | | |
| 27077 | RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL | | \$1,212.53 | \$1,212.53 | | | | |
| 27078 | RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATE | | \$635.36 | \$635.36 | | | | |
| 27080 | COCCYGECTOMY, PRIMARY | | \$314.55 | \$314.55 | | | | |
| 27086 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE | | \$62.88 | \$70.66 | | | | |
| 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCU | | \$346.72 | \$346.72 | | | | |
| 27090 | REMOVAL HIP PROSTHESIS;(SEPARATE PROCEDURE) | | \$631.41 | \$631.41 | | | | |
| 27091 | REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS | | \$1,209.08 | \$1,209.08 | | | | |
| 27093 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA | | \$62.81 | \$62.81 | | | | |
| 27095 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA | | \$72.12 | \$72.12 | | | | |
| 27096 | INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/ OR | | \$292.09 | \$292.09 | | | | |
| 27097 | RELEASE OR RECESSION, HAMSTRING, PROXIMAL | | \$474.51 | \$474.51 | | | | |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM | | \$474.51 | \$474.51 | | | | |
| 27100 | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCI | | \$550.66 | \$550.66 | | | | |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSIO | | \$521.44 | \$521.44 | | | | |
| 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR | | \$696.28 | \$696.28 | | | | |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK | | \$687.72 | \$687.72 | | | | |
| 27120 | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE) | | \$1,039.27 | \$1,039.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE) | | \$934.97 | \$934.97 | | | | |
| 27125 | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR | | \$914.33 | \$914.33 | | | | |
| 27130 | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (| | \$1,300.74 | \$1,300.74 | | | | |
| 27132 | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR | | \$1,488.80 | \$1,488.80 | | | | |
| 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT | | \$1,707.39 | \$1,707.39 | | | | |
| 27137 | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR | | \$1,306.01 | \$1,306.01 | | | | |
| 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WI | | \$1,316.66 | \$1,316.66 | | | | |
| 27140 | OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCED | | \$673.33 | \$673.33 | | | | |
| 27146 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; | | \$727.22 | \$727.22 | | | | |
| 27147 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION O | | \$1,038.09 | \$1,038.09 | | | | |
| 27151 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM | | \$1,090.69 | \$1,090.69 | | | | |
| 27156 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM | | \$1,157.78 | \$1,157.78 | | | | |
| 27158 | OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION) | | \$982.04 | \$982.04 | | | | |
| 27161 | OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE) | | \$885.97 | \$885.97 | | | | |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR | | \$988.81 | \$988.81 | | | | |
| 27170 | BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC A | | \$941.76 | \$941.76 | | | | |
| 27175 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION | | \$248.47 | \$248.47 | | | | |
| 27176 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, | | \$639.54 | \$639.54 | | | | |
| 27177 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNIN | | \$785.90 | \$785.90 | | | | |
| 27178 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH | | \$633.96 | \$633.96 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 27179 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NE | | \$686.56 | \$686.56 | | | | |
| 27181 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL | | \$809.87 | \$809.87 | | | | |
| 27185 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF | | \$338.99 | \$338.99 | | | | |
| 27187 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$867.48 | \$867.48 | | | | |
| 27197 | CLSD TX PELVIC RING FX | | \$92.27 | \$92.27 | | | | Added Effective 1/1/2017 |
| 27198 | CLSD TX PELVIC RING FX | | \$237.92 | \$237.92 | | | | Added Effective 1/1/2017 |
| 27200 | CLOSED TREATMENT OF COCCYGEAL FRACTURE | | \$95.74 | \$95.74 | | | | |
| 27202 | OPEN TREATMENT OF COCCYGEAL FRACTURE | | \$377.90 | \$377.90 | | | | |
| 27215 | OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING | | \$654.55 | \$654.55 | | | | |
| 27216 | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/O | | \$548.05 | \$548.05 | | | | |
| 27217 | OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTER | | \$833.92 | \$833.92 | | | | |
| 27218 | OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTE | | \$999.41 | \$999.41 | | | | |
| 27220 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT | | \$284.16 | \$284.16 | | | | |
| 27222 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULA | | \$517.20 | \$517.20 | | | | |
| 27226 | OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH | | \$893.24 | \$893.24 | | | | |
| 27227 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERI | | \$1,057.74 | \$1,057.74 | | | | |
| 27228 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTER | | \$1,138.10 | \$1,138.10 | | | | |
| 27230 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT | | \$243.73 | \$243.73 | | | | |
| 27232 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH | | \$549.82 | \$549.82 | | | | |
| 27235 | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK | | \$764.73 | \$764.73 | | | | |
| 27236 | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXAT | | \$934.33 | \$934.33 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27238 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT | | \$297.43 | \$297.43 | | | | |
| 27240 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT | | \$616.02 | \$616.02 | | | | |
| 27244 | TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE | | \$921.94 | \$921.94 | | | | |
| 27245 | TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE | | \$1,050.17 | \$1,050.17 | | | | |
| 27246 | CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATIO | | \$246.32 | \$246.32 | | | | |
| 27248 | OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTER | | \$670.98 | \$670.98 | | | | |
| 27250 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA | | \$281.65 | \$281.65 | | | | |
| 27252 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA | | \$410.81 | \$410.81 | | | | |
| 27253 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATIO | | \$755.25 | \$755.25 | | | | |
| 27254 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND | | \$923.80 | \$923.80 | | | | |
| 27256 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING | | \$167.12 | \$167.12 | | | | |
| 27257 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING | | \$283.09 | \$283.09 | | | | |
| 27258 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN | | \$845.48 | \$845.48 | | | | |
| 27259 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN | | \$1,058.92 | \$1,058.92 | | | | |
| 27265 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHE | | \$269.66 | \$269.66 | | | | |
| 27266 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIO | | \$363.44 | \$363.44 | | | | |
| 27267 | CLTX THIGH FX W/O MNP | | \$316.58 | \$316.58 | | | | |
| 27268 | CLTX THIGH FX W/MNPJ | | \$391.05 | \$391.05 | | | | |
| 27269 | OPTX THIGH FX | | \$936.68 | \$936.68 | | | | |
| 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA | | \$116.40 | \$116.40 | | | | |
| 27278 | FUSION OF PELVIC JOINT INCLUDING JOINT IMPLANT USING IMAGING GUIDANCE | | \$394.61 | \$9,515.34 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 27279 | FUSION SACROILIAC JOINT THROUGH THE SKIN OR MINIMALLY INVASIVE USING IMAGE GUIDANCE | | \$446.94 | \$446.94 | | | | Added effective 1/1/2015 |
| 27280 | ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT) | | \$659.38 | \$659.38 | | | | |
| 27282 | ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT) | | \$592.89 | \$592.89 | | | | |
| 27284 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); | | \$905.58 | \$905.58 | | | | |
| 27286 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTER | | \$921.83 | \$921.83 | | | | |
| 27290 | INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION) | | \$1,431.65 | \$1,431.65 | | | | |
| 27295 | DISARTICULATION OF HIP | | \$1,023.55 | \$1,023.55 | | | | |
| 27299 | UNLISTED PROCEDURE, PELVIS OR HIP JOINT | R | \$800.00 | \$1,040.00 | | | | |
| 27301 | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE | | \$250.59 | \$250.59 | | | | |
| 27303 | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, | | \$406.16 | \$406.16 | | | | |
| 27305 | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN | | \$277.49 | \$277.49 | | | | |
| 27306 | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE | | \$186.45 | \$186.45 | | | | |
| 27307 | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS | | \$247.92 | \$247.92 | | | | |
| 27310 | ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BO | | \$536.56 | \$536.56 | | | | |
| 27323 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL | | \$93.71 | \$105.91 | | | | |
| 27324 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR | | \$214.40 | \$214.40 | | | | |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE | | \$360.70 | \$360.70 | | | | |
| 27326 | NEURECTOMY, POPLITEAL | | \$339.94 | \$339.94 | | | | |
| 27327 | EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS | | \$197.91 | \$197.91 | | | | |
| 27328 | EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULA | | \$282.72 | \$282.72 | | | | |
| 27329 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF TH | | \$710.04 | \$710.04 | | | | |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY | | \$328.59 | \$328.59 | | | | |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF L | | \$386.98 | \$386.98 | | | | |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; | | \$541.94 | \$541.94 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 27333 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; | | \$502.73 | \$502.73 | | | | |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR | | \$549.34 | \$549.34 | | | | |
| 27335 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING | | \$634.91 | \$634.91 | | | | |
| 27337 | 3 CM OR GREATER | | \$302.46 | \$302.46 | | | | |
| 27339 | 5 CM OR GREATER | | \$545.82 | \$545.82 | | | | |
| 27340 | EXCISION, PREPATELLAR BURSA | | \$233.36 | \$233.36 | | | | |
| 27345 | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST) | | \$339.30 | \$339.30 | | | | |
| 27347 | EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE | | \$247.34 | \$247.34 | | | | |
| 27350 | PATELLECTOMY OR HEMIPATELLECTOMY | | \$509.69 | \$509.69 | | | | |
| 27355 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; | | \$440.36 | \$440.36 | | | | |
| 27356 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLO | | \$504.85 | \$504.85 | | | | |
| 27357 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTO | | \$553.36 | \$553.36 | | | | |
| 27358 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTE | | \$278.62 | \$278.62 | | | | |
| 27360 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$534.45 | \$534.45 | | | | |
| 27364 | 5 CM OR GREATER | | \$1,143.19 | \$1,143.19 | | | | |
| 27365 | RADICAL RESECTION TUMOR, BONE, FEMUR OR KNEE | | \$839.06 | \$839.06 | | | | |
| 27369 | NJX CNTRST KNE ARTHG/CT/MRI | | \$33.13 | \$108.58 | | | | Effective 1/1/2019 |
| 27372 | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA | | \$245.99 | \$245.99 | | | | |
| 27380 | SUTURE OF INFRAPATELLAR TENDON; PRIMARY | | \$438.86 | \$438.86 | | | | |
| 27381 | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FA | | \$629.97 | \$629.97 | | | | |
| 27385 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY | | \$482.00 | \$482.00 | | | | |
| 27386 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC | | \$667.97 | \$667.97 | | | | |
| 27390 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON | | \$277.69 | \$277.69 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27391 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG | | \$362.97 | \$362.97 | | | | |
| 27392 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL | | \$486.83 | \$486.83 | | | | |
| 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON | | \$349.27 | \$349.27 | | | | |
| 27394 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG | | \$410.40 | \$410.40 | | | | |
| 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL | | \$642.79 | \$642.79 | | | | |
| 27396 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON | | \$431.42 | \$431.42 | | | | |
| 27397 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS | | \$547.19 | \$547.19 | | | | |
| 27400 | TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE | | \$490.30 | \$490.30 | | | | |
| 27403 | ARTHROTOMY WITH MENISCUS REPAIR, KNEE | | \$499.63 | \$499.63 | | | | |
| 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL | | \$547.23 | \$547.23 | | | | |
| 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE | | \$549.42 | \$549.42 | | | | |
| 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND | | \$811.53 | \$811.53 | | | | |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE | | \$1,179.03 | \$1,179.03 | | | | |
| 27415 | OSTEOCHONDRAL KNEE AUTOGRAFT OPEN | | \$980.98 | \$980.98 | | | | |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | | \$733.15 | \$733.15 | | | | |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE) | | \$661.14 | \$661.14 | | | | |
| 27420 | RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE) | | \$605.55 | \$605.55 | | | | |
| 27422 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/O | | \$618.60 | \$618.60 | | | | |
| 27424 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY | | \$627.11 | \$627.11 | | | | |
| 27425 | LATERAL RETINACULAR RELEASE, OPEN | | \$347.40 | \$347.40 | | | | |
| 27427 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR | | \$607.63 | \$607.63 | | | | |
| 27428 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN | | \$745.89 | \$745.89 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27429 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN | | \$694.76 | \$694.76 | | | | |
| 27430 | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE) | | \$549.25 | \$549.25 | | | | |
| 27435 | CAPSULOTOMY,POSTERIOR CAPSULAR RELEASE,KNEE | | \$472.48 | \$472.48 | | | | |
| 27437 | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS | | \$530.59 | \$530.59 | | | | |
| 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS | | \$706.12 | \$706.12 | | | | |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; | | \$646.80 | \$646.80 | | | | |
| 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL | | \$569.70 | \$569.70 | | | | |
| 27442 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; | | \$783.21 | \$783.21 | | | | |
| 27443 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRID | | \$729.37 | \$729.37 | | | | |
| 27445 | ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE) | | \$1,145.96 | \$1,145.96 | | | | |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT | | \$1,051.39 | \$1,051.39 | | | | |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMEN | | \$1,373.97 | \$1,373.97 | | | | |
| 27448 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION | | \$696.75 | \$696.75 | | | | |
| 27450 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION | | \$839.20 | \$839.20 | | | | |
| 27454 | OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL S | | \$849.38 | \$849.38 | | | | |
| 27455 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY | | \$721.93 | \$721.93 | | | | |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY | | \$778.46 | \$778.46 | | | | |
| 27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876) | | \$753.67 | \$753.67 | | | | |
| 27466 | OSTEOPLASTY, FEMUR; LENGTHENING | | \$857.88 | \$857.88 | | | | |
| 27468 | OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL | | \$1,036.42 | \$1,036.42 | | | | |
| 27470 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT | | \$945.17 | \$945.17 | | | | |
| 27472 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILI | | \$1,090.97 | \$1,090.97 | | | | |
| 27475 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR | | \$476.44 | \$476.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27477 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, | | \$655.92 | \$655.92 | | | | |
| 27479 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL F | | \$715.27 | \$715.27 | | | | |
| 27485 | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, | | \$487.59 | \$487.59 | | | | |
| 27486 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE | | \$1,162.27 | \$1,162.27 | | | | |
| 27487 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORA | | \$1,526.10 | \$1,526.10 | | | | |
| 27488 | REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRY | | \$921.03 | \$921.03 | | | | |
| 27495 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$959.83 | \$959.83 | | | | |
| 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O | | \$278.87 | \$278.87 | | | | |
| 27497 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O | | \$341.46 | \$341.46 | | | | |
| 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; | | \$389.33 | \$389.33 | | | | |
| 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WI | | \$448.36 | \$448.36 | | | | |
| 27500 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION | | \$320.26 | \$320.26 | | | | |
| 27501 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI | | \$320.26 | \$320.26 | | | | |
| 27502 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR | | \$514.18 | \$514.18 | | | | |
| 27503 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI | | \$514.18 | \$514.18 | | | | |
| 27506 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL | | \$959.33 | \$959.33 | | | | |
| 27507 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI | | \$868.96 | \$868.96 | | | | |
| 27508 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL | | \$281.86 | \$281.86 | | | | |
| 27509 | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL | | \$327.64 | \$327.64 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Outpat Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27510 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL | | \$449.73 | \$449.73 | | | | |
| 27511 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH | | \$858.15 | \$858.15 | | | | |
| 27513 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH | | \$984.28 | \$984.28 | | | | |
| 27514 | OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL COND | | \$953.10 | \$953.10 | | | | |
| 27516 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT | | \$290.90 | \$290.90 | | | | |
| 27517 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH | | \$481.47 | \$481.47 | | | | |
| 27519 | OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOU | | \$795.44 | \$795.44 | | | | |
| 27520 | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION | | \$130.34 | \$171.11 | | | | |
| 27524 | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PAR | | \$592.67 | \$592.67 | | | | |
| 27530 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT | | \$198.37 | \$198.37 | | | | |
| 27532 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHO | | \$374.29 | \$374.29 | | | | |
| 27535 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WI | | \$663.23 | \$663.23 | | | | |
| 27536 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WIT | | \$785.01 | \$785.01 | | | | |
| 27538 | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(| | \$238.94 | \$238.94 | | | | |
| 27540 | OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) | | \$699.25 | \$699.25 | | | | |
| 27550 | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA | | \$239.95 | \$239.95 | | | | |
| 27552 | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA | | \$321.73 | \$321.73 | | | | |
| 27556 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | \$777.38 | \$777.38 | | | | |
| 27557 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | \$914.27 | \$914.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27558 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | \$942.15 | \$942.15 | | | | |
| 27560 | CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA | | \$149.05 | \$149.05 | | | | |
| 27562 | CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA | | \$318.21 | \$318.21 | | | | |
| 27566 | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOT | | \$661.22 | \$661.22 | | | | |
| 27570 | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICAT | | \$102.53 | \$102.53 | | | | |
| 27580 | ARTHRODESIS, KNEE, ANY TECHNIQUE | | \$843.06 | \$843.06 | | | | |
| 27590 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; | | \$588.56 | \$588.56 | | | | |
| 27591 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQ | | \$692.38 | \$692.38 | | | | |
| 27592 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLLOTIN | | \$513.40 | \$513.40 | | | | |
| 27594 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR | | \$299.29 | \$299.29 | | | | |
| 27596 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION | | \$514.76 | \$514.76 | | | | |
| 27598 | DISARTICULATION AT KNEE | | \$593.07 | \$593.07 | | | | |
| 27599 | UNLISTED PROCEDURE, FEMUR OR KNEE | R | \$0.00 | \$0.00 | | | | |
| 27600 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON | | \$253.78 | \$253.78 | | | | |
| 27601 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY | | \$253.07 | \$253.07 | | | | |
| 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | | \$321.89 | \$321.89 | | | | |
| 27603 | INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA | | \$203.20 | \$203.20 | | | | |
| 27604 | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA | | \$141.20 | \$154.88 | | | | |
| 27605 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL | | \$117.80 | \$117.80 | | | | |
| 27606 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL | | \$178.93 | \$178.93 | | | | |
| 27607 | INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE | | \$391.88 | \$391.88 | | | | |
| 27610 | ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE | | \$440.07 | \$440.07 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27612 | ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLE | | \$428.17 | \$428.17 | | | | |
| 27613 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL | | \$73.62 | \$82.61 | | | | |
| 27614 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR | | \$225.08 | \$225.08 | | | | |
| 27615 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LE | | \$601.21 | \$601.21 | | | | |
| 27616 | 5 CM OR GREATER | | \$932.31 | \$932.31 | | | | |
| 27618 | EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE | | \$209.06 | \$209.06 | | | | |
| 27619 | EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | | \$361.22 | \$361.22 | | | | |
| 27620 | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT | | \$352.03 | \$352.03 | | | | |
| 27625 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; | | \$495.71 | \$495.71 | | | | |
| 27626 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY | | \$570.79 | \$570.79 | | | | |
| 27630 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), | | \$230.77 | \$230.77 | | | | |
| 27632 | 3 CM OR GREATER | | \$299.06 | \$299.06 | | | | |
| 27634 | 5 CM OR GREATER | | \$489.38 | \$489.38 | | | | |
| 27635 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; | | \$460.42 | \$460.42 | | | | |
| 27637 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W | | \$529.40 | \$529.40 | | | | |
| 27638 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W | | \$572.56 | \$572.56 | | | | |
| 27640 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$600.87 | \$600.87 | | | | |
| 27641 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | \$465.23 | \$465.23 | | | | |
| 27645 | RADICAL RESECTION OF TUMOR, BONE; TIBIA | | \$745.89 | \$745.89 | | | | |
| 27646 | RADICAL RESECTION OF TUMOR, BONE; FIBULA | | \$672.91 | \$672.91 | | | | |
| 27647 | RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS | | \$628.62 | \$628.62 | | | | |
| 27648 | INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY | | \$43.33 | \$43.33 | | | | |
| 27650 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; | | \$541.27 | \$541.27 | | | | |
| 27652 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH | | \$599.41 | \$599.41 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27654 | REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT | | \$607.33 | \$607.33 | | | | |
| 27656 | REPAIR, FASCIAL DEFECT OF LEG | | \$224.89 | \$224.89 | | | | |
| 27658 | REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | | \$257.68 | \$257.68 | | | | |
| 27659 | REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TEN | | \$362.62 | \$362.62 | | | | |
| 27664 | REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | | \$231.16 | \$231.16 | | | | |
| 27665 | REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH T | | \$301.18 | \$301.18 | | | | |
| 27675 | REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY | | \$393.45 | \$393.45 | | | | |
| 27676 | REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY | | \$461.41 | \$461.41 | | | | |
| 27680 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH T | | \$282.90 | \$282.90 | | | | |
| 27681 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDO | | \$367.65 | \$367.65 | | | | |
| 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPA | | \$291.10 | \$291.10 | | | | |
| 27686 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS | | \$401.17 | \$401.17 | | | | |
| 27687 | GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE) | | \$336.01 | \$336.01 | | | | |
| 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | \$439.55 | \$439.55 | | | | |
| 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | \$512.94 | \$512.94 | | | | |
| 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | \$116.37 | \$116.37 | | | | |
| 27695 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL | | \$419.72 | \$419.72 | | | | |
| 27696 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS | | \$444.08 | \$444.08 | | | | |
| 27698 | REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-J | | \$609.90 | \$609.90 | | | | |
| 27700 | ARTHROPLASTY, ANKLE; | | \$589.09 | \$589.09 | | | | |
| 27702 | ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE) | | \$901.83 | \$901.83 | | | | |
| 27703 | ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE | | \$850.54 | \$850.54 | | | | |
| 27704 | REMOVAL OF ANKLE IMPLANT | | \$391.73 | \$391.73 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27705 | OSTEOTOMY; TIBIA | | \$613.41 | \$613.41 | | | | |
| 27707 | OSTEOTOMY; FIBULA | | \$255.46 | \$255.46 | | | | |
| 27709 | OSTEOTOMY; TIBIA AND FIBULA | | \$634.02 | \$634.02 | | | | |
| 27712 | OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIE | | \$680.93 | \$680.93 | | | | |
| 27715 | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING | | \$764.49 | \$764.49 | | | | |
| 27720 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION | | \$750.69 | \$750.69 | | | | |
| 27722 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT | | \$641.91 | \$641.91 | | | | |
| 27724 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT | | \$840.83 | \$840.83 | | | | |
| 27725 | REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY | | \$640.88 | \$640.88 | | | | |
| 27726 | REPAIR FIBULA NONUNION | | \$691.61 | \$691.61 | | | | |
| 27727 | REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA | | \$674.54 | \$674.54 | | | | |
| 27730 | ARREST, EPIPHYSEAL (EIPHYSIODESIS), OPEN; DISTAL TIBIA | | \$318.59 | \$318.59 | | | | |
| 27732 | ARREST, EPIPHYSEAL (EIPHYSIODESIS), OPEN; DISTAL FIBULA | | \$297.49 | \$297.49 | | | | |
| 27734 | ARREST, EPIPHYSEAL (EIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA | | \$463.65 | \$463.65 | | | | |
| 27740 | ARREST, EPIPHYSEAL (EIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN | | \$514.03 | \$514.03 | | | | |
| 27742 | ARREST, EPIPHYSEAL (EIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN | | \$571.33 | \$571.33 | | | | |
| 27745 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | \$549.90 | \$549.90 | | | | |
| 27750 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR | | \$189.78 | \$189.78 | | | | |
| 27752 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR | | \$307.62 | \$307.62 | | | | |
| 27756 | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHO | | \$413.30 | \$413.30 | | | | |
| 27758 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRAC | | \$723.37 | \$723.37 | | | | |
| 27759 | TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) | | \$792.21 | \$792.21 | | | | |
| 27760 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION | | \$126.05 | \$160.65 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27762 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH | | \$243.12 | \$243.12 | | | | |
| 27766 | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL | | \$465.01 | \$465.01 | | | | |
| 27767 | CLTX POST ANKLE FX W/O MNP | | \$191.37 | \$190.48 | | | | |
| 27768 | CLTX POST ANKLE FX W/MNP | | \$299.37 | \$299.37 | | | | |
| 27769 | OPTX POST ANKLE FX | | \$520.12 | \$520.12 | | | | |
| 27780 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPUL | | \$105.22 | \$131.64 | | | | |
| 27781 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATI | | \$223.39 | \$223.39 | | | | |
| 27784 | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT | | \$360.34 | \$360.34 | | | | |
| 27786 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHO | | \$121.08 | \$154.88 | | | | |
| 27788 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH | | \$180.71 | \$224.57 | | | | |
| 27792 | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR | | \$432.95 | \$432.95 | | | | |
| 27808 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT | | \$161.48 | \$161.48 | | | | |
| 27810 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT | | \$296.33 | \$296.33 | | | | |
| 27814 | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL | | \$596.72 | \$596.72 | | | | |
| 27816 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION | | \$185.96 | \$185.96 | | | | |
| 27818 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION | | \$349.43 | \$349.43 | | | | |
| 27822 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA | | \$579.67 | \$579.67 | | | | |
| 27823 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA | | \$712.71 | \$712.71 | | | | |
| 27824 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI | | \$185.96 | \$185.96 | | | | |
| 27825 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI | | \$349.43 | \$349.43 | | | | |
| 27826 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | \$518.51 | \$518.51 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27827 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | \$650.27 | \$650.27 | | | | |
| 27828 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | \$754.67 | \$754.67 | | | | |
| 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, | | \$343.29 | \$343.29 | | | | |
| 27830 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT | | \$201.05 | \$201.05 | | | | |
| 27831 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING | | \$246.38 | \$246.38 | | | | |
| 27832 | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WIT | | \$349.40 | \$349.40 | | | | |
| 27840 | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA | | \$180.56 | \$180.56 | | | | |
| 27842 | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR | | \$235.65 | \$235.65 | | | | |
| 27846 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL | | \$528.96 | \$528.96 | | | | |
| 27848 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL | | \$562.95 | \$562.95 | | | | |
| 27860 | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION O | | \$110.07 | \$110.07 | | | | |
| 27870 | ARTHRODESIS, ANKLE, OPEN | | \$717.51 | \$717.51 | | | | |
| 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL | | \$489.23 | \$489.23 | | | | |
| 27880 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; | | \$576.79 | \$576.79 | | | | |
| 27881 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECH | | \$655.20 | \$655.20 | | | | |
| 27882 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLLOTINE) | | \$460.79 | \$460.79 | | | | |
| 27884 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR | | \$322.35 | \$322.35 | | | | |
| 27886 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION | | \$469.89 | \$469.89 | | | | |
| 27888 | AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIR | | \$549.92 | \$549.92 | | | | |
| 27889 | ANKLE DISARTICULATION | | \$522.58 | \$522.58 | | | | |
| 27892 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON | | \$283.42 | \$283.42 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 27893 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH | | \$282.71 | \$282.71 | | | | |
| 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | | \$351.52 | \$351.52 | | | | |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKLE | R | \$0.00 | \$0.00 | | | | |
| 28001 | INCISION AND DRAINAGE, BURSA, FOOT | | \$86.83 | \$93.80 | | | | |
| 28002 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH | | \$178.70 | \$178.70 | | | | |
| 28003 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH | | \$281.06 | \$328.00 | | | | |
| 28005 | INCISION, BONE CORTEX, FOOT | | \$348.73 | \$348.73 | | | | |
| 28008 | FASCIOTOMY, FOOT AND/OR TOE | | \$201.88 | \$201.88 | | | | |
| 28010 | TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON | | \$143.72 | \$192.26 | | | | |
| 28011 | TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS | | \$145.44 | \$169.17 | | | | |
| 28020 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | \$271.01 | \$271.01 | | | | |
| 28022 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | \$173.68 | \$210.43 | | | | |
| 28024 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | \$158.78 | \$190.83 | | | | |
| 28035 | RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION) | | \$329.36 | \$329.36 | | | | |
| 28039 | 1.5 CM OR GREATER | | \$249.62 | \$342.75 | | | | |
| 28041 | 1.5 CM OR GREATER | | \$328.28 | \$328.28 | | | | |
| 28043 | EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE | | \$151.32 | \$151.32 | | | | |
| 28045 | EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR | | \$249.07 | \$249.07 | | | | |
| 28046 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO | | \$438.82 | \$438.82 | | | | |
| 28047 | 3 CM OR GREATER | | \$700.21 | \$700.21 | | | | |
| 28050 | ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT | | \$232.96 | \$232.96 | | | | |
| 28052 | ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT | | \$170.25 | \$221.48 | | | | |
| 28054 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT | | \$161.08 | \$161.08 | | | | |
| 28055 | NEURECTOMY, FOOT | | \$289.13 | \$289.13 | | | | |
| 28060 | FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE) | | \$274.25 | \$274.25 | | | | |
| 28062 | FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE) | | \$393.07 | \$393.07 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28070 | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH | | \$270.62 | \$270.62 | | | | |
| 28072 | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH | | \$223.07 | \$223.07 | | | | |
| 28080 | EXCISION, INTERDIGITAL NEUROMA, SINGLE, EACH | | \$213.41 | \$213.41 | | | | |
| 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR | | \$227.49 | \$227.49 | | | | |
| 28088 | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR | | \$213.04 | \$213.04 | | | | |
| 28090 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING | | \$213.05 | \$213.05 | | | | |
| 28092 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING | | \$162.93 | \$162.93 | | | | |
| 28100 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | \$294.03 | \$294.03 | | | | |
| 28102 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | \$418.62 | \$418.62 | | | | |
| 28103 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | \$346.23 | \$346.23 | | | | |
| 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | \$270.65 | \$270.65 | | | | |
| 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | \$389.17 | \$389.17 | | | | |
| 28107 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | \$293.43 | \$293.43 | | | | |
| 28108 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT | | \$183.23 | \$239.55 | | | | |
| 28110 | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPAR | | \$214.91 | \$214.91 | | | | |
| 28111 | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD | | \$287.13 | \$287.13 | | | | |
| 28112 | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR | | \$241.27 | \$241.27 | | | | |
| 28113 | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD | | \$250.77 | \$250.77 | | | | |
| 28114 | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXI | | \$490.56 | \$490.56 | | | | |
| 28116 | OSTECTOMY, EXCISION OF TARSAL COALITION | | \$341.88 | \$341.88 | | | | |
| 28118 | OSTECTOMY, CALCANEUS; | | \$332.34 | \$332.34 | | | | |
| 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEAS | | \$309.41 | \$309.41 | | | | |
| 28120 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | \$292.60 | \$292.60 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28122 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | \$327.54 | \$327.54 | | | | |
| 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | \$192.93 | \$248.05 | | | | |
| 28126 | RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE | | \$161.60 | \$214.97 | | | | |
| 28130 | TALECTOMY (ASTRAGALECTOMY) | | \$425.03 | \$425.03 | | | | |
| 28140 | METATARSECTOMY | | \$336.56 | \$336.56 | | | | |
| 28150 | PHALANGECTOMY, TOE, EACH TOE | | \$209.86 | \$209.86 | | | | |
| 28153 | RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE | | \$162.03 | \$215.53 | | | | |
| 28160 | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END | | \$169.83 | \$225.08 | | | | |
| 28171 | RADICAL RESECTION OF TUMOR, BONE; TARSAL | | \$499.19 | \$499.19 | | | | |
| 28173 | RADICAL RESECTION OF TUMOR, BONE; METATARSAL | | \$411.97 | \$411.97 | | | | |
| 28175 | RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE | | \$322.43 | \$322.43 | | | | |
| 28190 | REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS | | \$64.23 | \$71.21 | | | | |
| 28192 | REMOVAL OF FOREIGN BODY, FOOT; DEEP | | \$189.89 | \$189.89 | | | | |
| 28193 | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED | | \$230.75 | \$230.75 | | | | |
| 28200 | REPAIR OF FOOT TENDON | | \$278.45 | \$278.45 | | | | |
| 28202 | REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON | | \$362.03 | \$362.03 | | | | |
| 28208 | REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON | | \$202.78 | \$202.78 | | | | |
| 28210 | REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON | | \$339.38 | \$339.38 | | | | |
| 28220 | TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON | | \$187.65 | \$239.55 | | | | |
| 28222 | TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS | | \$258.42 | \$344.25 | | | | |
| 28225 | TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON | | \$170.00 | \$170.00 | | | | |
| 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS | | \$225.67 | \$225.67 | | | | |
| 28230 | TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEP | | \$155.31 | \$187.90 | | | | |
| 28232 | TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE) | | \$120.76 | \$142.22 | | | | |
| 28234 | TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON | | \$117.53 | \$138.05 | | | | |
| 28238 | RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF | | \$427.90 | \$427.90 | | | | |
| 28240 | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE | | \$183.61 | \$183.61 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 28250 | DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPAR | | \$297.86 | \$297.86 | | | | |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE) | | \$350.56 | \$350.56 | | | | |
| 28261 | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING | | \$434.36 | \$434.36 | | | | |
| 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSUL | | \$712.14 | \$712.14 | | | | |
| 28264 | CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE) | | \$572.41 | \$572.41 | | | | |
| 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, E | | \$175.25 | \$210.52 | | | | |
| 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE) | | \$139.42 | \$166.78 | | | | |
| 28280 | SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE) | | \$211.50 | \$211.50 | | | | |
| 28285 | CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL | | \$256.09 | \$256.09 | | | | |
| 28286 | CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MOR | | \$234.66 | \$234.66 | | | | |
| 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH | | \$220.48 | \$220.48 | | | | |
| 28289 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR | | \$284.76 | \$284.76 | | | | |
| 28291 | CORRJ HALUX RIGDUS W/IMPLT | | \$387.61 | \$577.34 | | | | Added Effective 1/1/2017 |
| 28292 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KE | | \$390.18 | \$390.18 | | | | |
| 28295 | CORRECTION HALLUX VALGUS | | \$430.82 | \$734.39 | | | | Added Effective 1/1/2017 |
| 28296 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI | | \$515.11 | \$515.11 | | | | |
| 28297 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; | | \$522.44 | \$522.44 | | | | |
| 28298 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY | | \$478.31 | \$478.31 | | | | |
| 28299 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY | | \$546.46 | \$546.46 | | | | |
| 28300 | OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR | | \$461.69 | \$461.69 | | | | |
| 28302 | OSTEOTOMY; TALUS | | \$533.57 | \$533.57 | | | | |
| 28304 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; | | \$444.15 | \$444.15 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28305 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT | | \$582.37 | \$582.37 | | | | |
| 28306 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | \$301.55 | \$301.55 | | | | |
| 28307 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | \$353.15 | \$353.15 | | | | |
| 28308 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | \$314.66 | \$314.66 | | | | |
| 28309 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | \$467.67 | \$467.67 | | | | |
| 28310 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHAL | | \$270.53 | \$270.53 | | | | |
| 28312 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANG | | \$259.13 | \$259.13 | | | | |
| 28313 | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY | | \$181.38 | \$215.85 | | | | |
| 28315 | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE) | | \$258.67 | \$258.67 | | | | |
| 28320 | REPAIR, NONUNION OR MALUNION; TARSAL BONES | | \$515.16 | \$515.16 | | | | |
| 28322 | REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT | | \$373.52 | \$373.52 | | | | |
| 28340 | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION | | \$385.24 | \$385.24 | | | | |
| 28341 | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION | | \$459.42 | \$459.42 | | | | |
| 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY | | \$227.97 | \$227.97 | | | | |
| 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EAC | | \$322.94 | \$322.94 | | | | |
| 28360 | RECONSTRUCTION, CLEFT FOOT | | \$733.33 | \$733.33 | | | | |
| 28400 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION | | \$103.17 | \$137.63 | | | | |
| 28405 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION | | \$244.29 | \$244.29 | | | | |
| 28406 | PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATIO | | \$356.72 | \$356.72 | | | | |
| 28415 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE | | \$665.39 | \$665.39 | | | | |
| 28420 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE | | \$795.33 | \$795.33 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28430 | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION | | \$98.87 | \$131.73 | | | | |
| 28435 | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION | | \$197.64 | \$197.64 | | | | |
| 28436 | PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION | | \$258.02 | \$258.02 | | | | |
| 28445 | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL | | \$527.69 | \$527.69 | | | | |
| 28446 | OSTEOCHONDRAL TALUS AUTOGRFT | | \$899.30 | \$899.30 | | | | |
| 28450 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOU | | \$83.09 | \$108.17 | | | | |
| 28455 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH | | \$128.60 | \$162.66 | | | | |
| 28456 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS A | | \$140.25 | \$140.25 | | | | |
| 28465 | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W | | \$360.48 | \$360.48 | | | | |
| 28470 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH | | \$81.37 | \$105.51 | | | | |
| 28475 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH | | \$119.07 | \$150.45 | | | | |
| 28476 | PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATI | | \$193.76 | \$193.76 | | | | |
| 28485 | OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXT | | \$295.92 | \$295.92 | | | | |
| 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT | | \$44.14 | \$56.21 | | | | |
| 28495 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH | | \$61.61 | \$76.63 | | | | |
| 28496 | PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALA | | \$127.02 | \$127.02 | | | | |
| 28505 | OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WI | | \$194.82 | \$194.82 | | | | |
| 28510 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T | | \$43.76 | \$55.70 | | | | |
| 28515 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T | | \$57.60 | \$72.62 | | | | |
| 28525 | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE | | \$152.68 | \$152.68 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28530 | CLOSED TREATMENT OF SESAMOID FRACTURE | | \$45.48 | \$58.89 | | | | |
| 28531 | OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION | | \$117.99 | \$117.99 | | | | |
| 28540 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WI | | \$64.96 | \$73.01 | | | | |
| 28545 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; | | \$102.80 | \$102.80 | | | | |
| 28546 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN | | \$169.23 | \$169.23 | | | | |
| 28555 | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR | | \$338.77 | \$338.77 | | | | |
| 28570 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | \$71.23 | \$92.55 | | | | |
| 28575 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | \$169.89 | \$169.89 | | | | |
| 28576 | PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH | | \$194.54 | \$194.54 | | | | |
| 28585 | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN | | \$365.30 | \$365.30 | | | | |
| 28600 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHE | | \$62.71 | \$71.83 | | | | |
| 28605 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANEST | | \$139.89 | \$139.89 | | | | |
| 28606 | PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, W | | \$238.43 | \$238.43 | | | | |
| 28615 | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT | | \$302.23 | \$302.23 | | | | |
| 28630 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT | | \$64.90 | \$78.72 | | | | |
| 28635 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING | | \$78.40 | \$97.84 | | | | |
| 28636 | PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATIO | | \$157.22 | \$157.22 | | | | |
| 28645 | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHO | | \$212.34 | \$212.34 | | | | |
| 28660 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHE | | \$52.98 | \$52.98 | | | | |
| 28665 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST | | \$70.69 | \$83.83 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 28666 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W | | \$150.28 | \$150.28 | | | | |
| 28675 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT | | \$169.07 | \$169.07 | | | | |
| 28705 | ARTHRODESIS; PANTALAR | | \$879.94 | \$879.94 | | | | |
| 28715 | ARTHRODESIS; TRIPLE | | \$734.04 | \$734.04 | | | | |
| 28725 | ARTHRODESIS; SUBTALAR | | \$606.86 | \$606.86 | | | | |
| 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; | | \$564.51 | \$564.51 | | | | |
| 28735 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WIT | | \$590.56 | \$590.56 | | | | |
| 28737 | ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL | | \$526.23 | \$526.23 | | | | |
| 28740 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT | | \$337.29 | \$337.29 | | | | |
| 28750 | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT | | \$302.59 | \$302.59 | | | | |
| 28755 | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT | | \$241.37 | \$241.37 | | | | |
| 28760 | ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSA | | \$321.14 | \$321.14 | | | | |
| 28800 | AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE) | | \$423.54 | \$423.54 | | | | |
| 28805 | AMPUTATION, FOOT; TRANSMETATARSAL | | \$420.46 | \$420.46 | | | | |
| 28810 | AMPUTATION, METATARSAL, WITH TOE, SINGLE | | \$285.37 | \$285.37 | | | | |
| 28820 | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT | | \$184.84 | \$184.84 | | | | |
| 28825 | AMPUTATION, TOE; INTERPHALANGEAL JOINT | | \$166.18 | \$166.18 | | | | |
| 28890 | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQU | | \$161.86 | \$254.74 | | | | |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOES | R | \$0.00 | \$0.00 | | | | |
| 29000 | APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION) | | \$120.75 | \$120.75 | | | | |
| 29010 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY | | \$131.20 | \$131.20 | | | | |
| 29015 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD | | \$109.98 | \$141.23 | | | | |
| 29035 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; | | \$85.87 | \$112.02 | | | | |
| 29040 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TY | | \$126.61 | \$126.61 | | | | |
| 29044 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH | | \$126.53 | \$126.53 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 29046 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS | | \$139.28 | \$139.28 | | | | |
| 29049 | APPLICATION, CAST; FIGURE-OF-EIGHT | | \$33.21 | \$38.84 | | | | |
| 29055 | APPLICATION, CAST; SHOULDER SPICA | | \$88.55 | \$88.55 | | | | |
| 29058 | APPLICATION, CAST; PLASTER VELPEAU | | \$58.06 | \$58.06 | | | | |
| 29065 | APPLICATION, CAST; SHOULDER TO HAND (LONG ARM) | | \$39.42 | \$50.15 | | | | |
| 29075 | APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM) | | \$33.21 | \$41.39 | | | | |
| 29085 | APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET) | | \$34.18 | \$40.88 | | | | |
| 29086 | APPLICATION, CAST; FINGER (EG, CONTRACTURE) | | \$32.50 | \$40.50 | | | | |
| 29105 | APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND) | | \$34.18 | \$40.88 | | | | |
| 29125 | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC | | \$23.49 | \$28.45 | | | | |
| 29126 | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC | | \$29.42 | \$34.78 | | | | |
| 29130 | APPLICATION OF FINGER SPLINT; STATIC | | \$17.44 | \$19.72 | | | | |
| 29131 | APPLICATION OF FINGER SPLINT; DYNAMIC | | \$22.83 | \$28.06 | | | | |
| 29200 | STRAPPING; THORAX | | \$23.42 | \$27.04 | | | | |
| 29240 | STRAPPING; SHOULDER (EG, VELPEAU) | | \$28.80 | \$28.80 | | | | |
| 29260 | STRAPPING; ELBOW OR WRIST | | \$19.95 | \$23.04 | | | | |
| 29280 | STRAPPING; HAND OR FINGER | | \$18.27 | \$21.08 | | | | |
| 29305 | APPLICATION OF HIP SPICA CAST; ONE LEG | | \$117.53 | \$117.53 | | | | |
| 29325 | APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS | | \$126.92 | \$126.92 | | | | |
| 29345 | APPLICATION OF LONG LEG CAST (THIGH TO TOES); | | \$58.65 | \$72.33 | | | | |
| 29355 | APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYP | | \$63.78 | \$78.53 | | | | |
| 29358 | APPLICATION OF LONG LEG CAST BRACE | | \$74.66 | \$99.33 | | | | |
| 29365 | APPLICATION OF CYLINDER CAST (THIGH TO ANKLE) | | \$49.56 | \$61.09 | | | | |
| 29405 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); | | \$38.75 | \$49.34 | | | | |
| 29425 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULAT | | \$46.05 | \$59.06 | | | | |
| 29435 | APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST | | \$54.82 | \$70.65 | | | | |
| 29440 | ADDING WALKER TO PREVIOUSLY APPLIED CAST | | \$20.54 | \$23.62 | | | | |
| 29445 | APPLICATION OF RIGID TOTAL CONTACT LEG CAST | | \$104.63 | \$104.63 | | | | |
| 29450 | APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHO | | \$36.13 | \$41.36 | | | | |
| 29505 | APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES) | | \$37.24 | \$37.24 | | | | |
| 29515 | APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT) | | \$29.18 | \$35.49 | | | | |
| 29520 | STRAPPING; HIP | | \$21.40 | \$26.23 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 29530 | STRAPPING; KNEE | | \$22.63 | \$27.33 | | | | |
| 29540 | STRAPPING; ANKLE AND/OR FOOT | | \$19.72 | \$23.74 | | | | |
| 29550 | STRAPPING; TOES | | \$18.28 | \$22.03 | | | | |
| 29580 | STRAPPING; UNNA BOOT | | \$28.29 | \$38.89 | | | | |
| 29581 | APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION | | \$24.28 | \$62.81 | | | | |
| 29582 | THIGH AND LEG, INCLUDING ANKLE AND FOOT, WHEN PERFORMED | | \$12.63 | \$53.98 | | | | |
| 29584 | UPPER ARM, FOREARM, HAND, AND FINGERS | | \$12.63 | \$53.98 | | | | |
| 29700 | REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST | | \$31.33 | \$35.62 | | | | |
| 29705 | REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST | | \$38.77 | \$43.47 | | | | |
| 29710 | REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET | | \$47.06 | \$53.09 | | | | |
| 29720 | REPAIR OF SPICA, BODY CAST OR JACKET | | \$24.01 | \$27.09 | | | | |
| 29730 | WINDOWING OF CAST | | \$26.47 | \$29.95 | | | | |
| 29740 | WEDGING OF CAST (EXCEPT CLUBFOOT CASTS) | | \$39.42 | \$44.52 | | | | |
| 29750 | WEDGING OF CLUBFOOT CAST | | \$45.38 | \$52.08 | | | | |
| 29799 | UNLISTED PROCEDURE, CASTING OR STRAPPING | R | \$43.50 | \$56.55 | | | | |
| 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, | | \$273.67 | \$273.67 | | | | |
| 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL | | \$544.32 | \$544.32 | | | | |
| 29805 | ARTHROSCOPY, SHOULDER, DIAGNOSTIC | | \$273.62 | \$273.62 | | | | |
| 29806 | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY | | \$756.24 | \$756.24 | | | | |
| 29807 | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION | | \$735.75 | \$735.75 | | | | |
| 29819 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN | | \$508.71 | \$508.71 | | | | |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL | | \$475.75 | \$475.75 | | | | |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE | | \$524.59 | \$524.59 | | | | |
| 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED | | \$496.95 | \$496.95 | | | | |
| 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE | | \$557.11 | \$557.11 | | | | |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTA | | \$459.49 | \$459.49 | | | | |
| 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS | | \$516.49 | \$516.49 | | | | |
| 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WI | | \$610.22 | \$610.22 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR | | \$787.23 | \$787.23 | | | | |
| 29828 | ARTHIROSCOPY BICEPS TENIDESIS | | \$692.79 | \$692.79 | | | | |
| 29830 | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR | | \$328.06 | \$328.06 | | | | |
| 29834 | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BO | | \$359.84 | \$359.84 | | | | |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | | \$371.54 | \$371.54 | | | | |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE | | \$432.76 | \$432.76 | | | | |
| 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED | | \$394.61 | \$394.61 | | | | |
| 29838 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE | | \$434.52 | \$434.52 | | | | |
| 29840 | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR | | \$259.53 | \$259.53 | | | | |
| 29843 | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | \$344.27 | \$344.27 | | | | |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | | \$355.54 | \$355.54 | | | | |
| 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE | | \$431.08 | \$431.08 | | | | |
| 29846 | ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR | | \$473.77 | \$473.77 | | | | |
| 29847 | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTAB | | \$408.77 | \$408.77 | | | | |
| 29848 | ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT | | \$236.88 | \$236.88 | | | | |
| 29850 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR | | \$412.51 | \$549.17 | | | | |
| 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR | | \$699.25 | \$699.25 | | | | |
| 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU | | \$637.41 | \$637.41 | | | | |
| 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU | | \$748.91 | \$748.91 | | | | |
| 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | | \$375.33 | \$375.33 | | | | |
| 29861 | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | \$547.74 | \$547.74 | | | | |
| 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CART | | \$601.41 | \$601.41 | | | | |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY | | \$552.29 | \$552.29 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLA | | \$763.08 | \$763.08 | | | | |
| 29867 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY | | \$913.20 | \$913.20 | | | | |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHRO | | \$1,240.49 | \$1,240.49 | | | | |
| 29870 | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARA | | \$268.33 | \$268.33 | | | | |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | \$389.48 | \$389.48 | | | | |
| 29873 | ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE | | \$360.23 | \$360.23 | | | | |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY | | \$469.26 | \$469.26 | | | | |
| 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF | | \$431.23 | \$431.23 | | | | |
| 29876 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTME | | \$525.51 | \$525.51 | | | | |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAG | | \$493.05 | \$493.05 | | | | |
| 29879 | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPL | | \$538.89 | \$538.89 | | | | |
| 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, | | \$568.94 | \$568.94 | | | | |
| 29881 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, | | \$519.01 | \$519.01 | | | | |
| 29882 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL) | | \$570.66 | \$570.66 | | | | |
| 29883 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL) | | \$641.12 | \$641.12 | | | | |
| 29884 | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT | | \$478.61 | \$478.61 | | | | |
| 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WI | | \$506.78 | \$506.78 | | | | |
| 29886 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE | | \$418.82 | \$418.82 | | | | |
| 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE | | \$575.48 | \$575.48 | | | | |
| 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION | | \$922.93 | \$922.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 29889 | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATIO | | \$631.75 | \$631.75 | | | | |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALU | | \$513.66 | \$513.66 | | | | |
| 29892 | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESIO | | \$530.95 | \$530.95 | | | | |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | | \$295.86 | \$295.86 | | | | |
| 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH | | \$478.37 | \$478.37 | | | | |
| 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | \$464.84 | \$464.84 | | | | |
| 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | \$483.71 | \$483.71 | | | | |
| 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | \$557.77 | \$557.77 | | | | |
| 29899 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH | | \$722.91 | \$722.91 | | | | |
| 29900 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL | | \$325.00 | \$325.00 | | | | |
| 29901 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT | | \$358.76 | \$358.76 | | | | |
| 29902 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF | | \$385.42 | \$385.42 | | | | |
| 29904 | SUBTALAR ARTHO W/FB RMVL | | \$464.04 | \$464.04 | | | | |
| 29905 | SUBTALAR ARTHRO W/SYNOVECTOMY | | \$499.64 | \$499.64 | | | | |
| 29906 | SUBTALAR ARTHRO W/DEB | | \$526.35 | \$526.35 | | | | |
| 29907 | SUBTALAR ARTHRO W/FUSION | | \$645.92 | \$645.92 | | | | |
| 29914 | ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY | | \$899.59 | \$899.59 | | | | |
| 29915 | ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY | | \$916.51 | \$916.51 | | | | |
| 29916 | ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR | | \$916.51 | \$916.51 | | | | |
| 29999 | UNLISTED PROCEDURE, ARTHROSCOPY | R | \$0.00 | \$0.00 | | | | |
| 30000 | DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH | | \$49.49 | \$57.27 | | | | |
| 30020 | DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM | | \$50.00 | \$58.05 | | | | |
| 30100 | BIOPSY, INTRANASAL | | \$38.78 | \$48.03 | | | | |
| 30110 | EXCISION, NASAL POLYP(S), SIMPLE | | \$67.06 | \$84.36 | | | | |
| 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE | | \$207.37 | \$207.37 | | | | |
| 30117 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPRO | | \$173.50 | \$173.50 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 30118 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPRO | | \$508.04 | \$508.04 | | | | |
| 30120 | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA | R | \$351.88 | \$351.88 | | | | |
| 30124 | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS | | \$109.89 | \$127.86 | | | | |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE | | \$365.84 | \$365.84 | | | | |
| 30130 | EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD | | \$141.94 | \$141.94 | | | | |
| 30140 | SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHO | | \$186.05 | \$186.05 | | | | |
| 30150 | RHINECTOMY; PARTIAL | | \$487.26 | \$487.26 | | | | |
| 30160 | RHINECTOMY; TOTAL | | \$610.09 | \$610.09 | | | | |
| 30200 | INJECTION INTO TURBINATE(S), THERAPEUTIC | | \$33.78 | \$33.78 | | | | |
| 30210 | DISPLACEMENT THERAPY (PROETZ TYPE) | | \$34.44 | \$37.93 | | | | |
| 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON) | | \$67.86 | \$88.11 | | | | |
| 30300 | REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE | | \$36.43 | \$42.60 | | | | |
| 30310 | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA | | \$103.87 | \$103.87 | | | | |
| 30320 | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY | | \$254.33 | \$254.33 | | | | |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF | R | \$571.59 | \$571.59 | | | | |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, | R | \$802.40 | \$802.40 | | | | |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR | R | \$982.73 | \$982.73 | | | | |
| 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK | R | \$376.86 | \$376.86 | | | | |
| 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOM | R | \$629.04 | \$629.04 | | | | |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES | R | \$853.53 | \$853.53 | | | | |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/ | | \$530.91 | \$530.91 | | | | |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/ | R | \$1,062.64 | \$1,062.64 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 30465 | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NA | | \$590.90 | \$590.90 | | | | |
| 30468 | RPR NSL VLV COLLAPSE W/IMPLT | | \$136.05 | \$2,306.48 | | | | Added Effective 01/01/2021 |
| 30469 | RPR NSL VLV COLLAPSE W/RMDLG | | \$125.20 | \$1,965.79 | | | | |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, | | \$376.62 | \$376.62 | | | | |
| 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL | | \$413.74 | \$413.74 | | | | |
| 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE | | \$632.63 | \$632.63 | | | | |
| 30560 | LYSIS INTRANASAL SYNECHIA | | \$44.34 | \$51.72 | | | | |
| 30580 | REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLU | | \$422.43 | \$422.43 | | | | |
| 30600 | REPAIR FISTULA; ORONASAL | | \$282.11 | \$282.11 | | | | |
| 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING G | | \$380.02 | \$380.02 | | | | |
| 30630 | REPAIR NASAL SEPTAL PERFORATIONS | | \$385.04 | \$385.04 | | | | |
| 30801 | CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR | | \$37.45 | \$43.75 | | | | |
| 30802 | CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR | | \$85.99 | \$85.99 | | | | |
| 30901 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PAC | | \$44.47 | \$51.98 | | | | |
| 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR | | \$69.93 | \$69.93 | | | | |
| 30905 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR | | \$109.95 | \$109.95 | | | | |
| 30906 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR | | \$103.53 | \$103.53 | | | | |
| 30915 | LIGATION ARTERIES; ETHMOIDAL | | \$342.59 | \$342.59 | | | | |
| 30920 | LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL | | \$506.86 | \$506.86 | | | | |
| 30930 | FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC | | \$56.49 | \$56.49 | | | | |
| 30999 | UNLISTED PROCEDURE, NOSE | R | \$112.50 | \$150.00 | | | | |
| 31000 | LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OST | | \$39.26 | \$45.03 | | | | |
| 31002 | LAVAGE BY CANNULATION; SPHENOID SINUS | | \$61.96 | \$68.13 | | | | |
| 31020 | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL | | \$160.85 | \$160.85 | | | | |
| 31030 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMO | | \$377.27 | \$377.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 31032 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL | | \$420.07 | \$420.07 | | | | |
| 31040 | PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH | | \$494.04 | \$494.04 | | | | |
| 31050 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; | | \$324.18 | \$324.18 | | | | |
| 31051 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING O | | \$439.45 | \$439.45 | | | | |
| 31070 | SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION) | | \$256.49 | \$256.49 | | | | |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, | | \$560.10 | \$560.10 | | | | |
| 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCIS | | \$589.10 | \$589.10 | | | | |
| 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL | | \$658.46 | \$658.46 | | | | |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISIO | | \$808.43 | \$808.43 | | | | |
| 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCI | | \$855.14 | \$855.14 | | | | |
| 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCI | | \$671.03 | \$671.03 | | | | |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL | | \$667.23 | \$667.23 | | | | |
| 31090 | SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, | | \$608.96 | \$608.96 | | | | |
| 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR | | \$272.91 | \$272.91 | | | | |
| 31201 | ETHMOIDECTOMY; INTRANASAL, TOTAL | | \$438.35 | \$438.35 | | | | |
| 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL | | \$518.23 | \$518.23 | | | | |
| 31225 | MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION | | \$1,024.73 | \$1,024.73 | | | | |
| 31230 | MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC) | | \$1,261.34 | \$1,261.34 | | | | |
| 31231 | NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDU | | \$72.67 | \$72.67 | | | | |
| 31233 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFE | | \$106.31 | \$199.96 | | | | Updated Effective 01/01/2020 |
| 31235 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCT | | \$125.95 | \$228.42 | | | | Updated Effective 01/01/2020 |
| 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEME | | \$144.86 | \$144.86 | | | | |
| 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE | | \$162.52 | \$218.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY | | \$569.91 | \$569.91 | | | | |
| 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION | | \$175.16 | \$175.16 | | | | |
| 31241 | NSL/SINS NDSC W/ARTERY LIG | | \$355.09 | \$355.09 | | | | Added Effective 1/1/2018 |
| 31242 | DESTRUCTION OF NASAL NERVE BY HEAT USING AN ENDOSCOPE | | \$133.10 | \$1,963.91 | | | | |
| 31243 | DESTRUCTION OF NASAL NERVE BY FREEZING USING AN ENDOSCOPE | | \$133.10 | \$1,906.66 | | | | |
| 31253 | NSL/SINS NDSC TOTAL | | \$398.20 | \$398.20 | | | | Added Effective 1/1/2018 |
| 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR | | \$312.80 | \$312.80 | | | | |
| 31255 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR A | | \$470.91 | \$470.91 | | | | |
| 31256 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; | | \$207.62 | \$207.62 | | | | |
| 31257 | NSL/SINS NDSC TOT W/SPHENDT | | \$354.45 | \$354.45 | | | | Added Effective 1/1/2018 |
| 31259 | NSL/SINS NDSC SPHN TISS RMVL | | \$375.75 | \$375.75 | | | | Added Effective 1/1/2018 |
| 31267 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOV | | \$320.18 | \$320.18 | | | | |
| 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH O | | \$457.67 | \$457.67 | | | | |
| 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; | | \$265.20 | \$265.20 | | | | |
| 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF T | | \$310.52 | \$310.52 | | | | |
| 31290 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE | | \$863.15 | \$863.15 | | | | |
| 31291 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE | | \$906.69 | \$906.69 | | | | |
| 31292 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL | | \$786.12 | \$786.12 | | | | Updated Effective 01/01/2020 |
| 31293 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR | | \$850.35 | \$850.35 | | | | Updated Effective 01/01/2020 |
| 31294 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION | | \$974.74 | \$974.74 | | | | Updated Effective 01/01/2020 |
| 31295 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM | | \$125.55 | \$1,397.22 | | | | Updated Effective 01/01/2020 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 31296 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM | | \$143.11 | \$1,417.38 | | | | Updated Effective 01/01/2020 |
| 31297 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM | | \$114.36 | \$1,385.52 | | | | Updated Effective 01/01/2020 |
| 31298 | NSL/SINS NDSC W/SINS DILAT | | \$204.23 | \$2,662.75 | | | | Updated Effective 01/01/2020 |
| 31299 | UNLISTED PROCEDURE, ACCESSORY SINUSES | R | \$0.00 | \$0.00 | | | | |
| 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR | | \$731.38 | \$731.38 | | | | |
| 31360 | LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION | | \$1,018.21 | \$1,018.21 | | | | |
| 31365 | LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION | | \$1,443.84 | \$1,443.84 | | | | |
| 31367 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION | | \$1,064.49 | \$1,064.49 | | | | |
| 31368 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION | | \$1,488.14 | \$1,488.14 | | | | |
| 31370 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL | | \$1,049.34 | \$1,049.34 | | | | |
| 31375 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL | | \$978.80 | \$978.80 | | | | |
| 31380 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL | | \$1,051.75 | \$1,051.75 | | | | |
| 31382 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL | | \$1,016.87 | \$1,016.87 | | | | |
| 31390 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUC | | \$1,445.36 | \$1,445.36 | | | | |
| 31395 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTIO | | \$1,774.98 | \$1,774.98 | | | | |
| 31400 | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH | | \$497.44 | \$497.44 | | | | |
| 31420 | EPIGLOTTIDECTOMY | | \$502.98 | \$502.98 | | | | |
| 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE | | \$102.35 | \$102.35 | | | | |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | | \$36.33 | \$36.33 | | | | |
| 31505 | LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE) | | \$24.88 | \$30.65 | | | | |
| 31510 | LARYNGOSCOPY, INDIRECT; WITH BIOPSY | | \$72.79 | \$72.79 | | | | |
| 31511 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY | | \$91.56 | \$91.56 | | | | |
| 31512 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION | | \$113.61 | \$113.61 | | | | |
| 31513 | LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION | | \$142.74 | \$142.74 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 31515 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION | | \$86.53 | \$86.53 | | | | |
| 31520 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN | | \$123.48 | \$123.48 | | | | |
| 31525 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT | | \$112.27 | \$141.77 | | | | |
| 31526 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH | | \$172.89 | \$172.89 | | | | |
| 31527 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF | | \$183.44 | \$183.44 | | | | |
| 31528 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INIT | | \$148.18 | \$148.18 | | | | |
| 31529 | LARYNGOSCOPY DIRECT | | \$150.70 | \$150.70 | | | | |
| 31530 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; | | \$206.31 | \$206.31 | | | | |
| 31531 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERA | | \$252.24 | \$252.24 | | | | |
| 31535 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; | | \$211.22 | \$211.22 | | | | |
| 31536 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOP | | \$216.25 | \$216.25 | | | | |
| 31540 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP | | \$277.90 | \$277.90 | | | | |
| 31541 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP | | \$244.99 | \$244.99 | | | | |
| 31545 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP | | \$285.05 | \$285.05 | | | | |
| 31546 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP | | \$435.71 | \$435.71 | | | | |
| 31551 | LARYNGOPLASTY LARYNGEAL STEN | | \$1,132.05 | \$1,132.05 | | | | Added Effective 1/1/2017 |
| 31552 | LARYNGOPLASTY LARYNGEAL STEN | | \$1,140.36 | \$1,140.36 | | | | Added Effective 1/1/2017 |
| 31553 | LARYNGOPLASTY LARYNGEAL STEN | | \$1,242.13 | \$1,242.13 | | | | Added Effective 1/1/2017 |
| 31554 | LARYNGOPLASTY LARYNGEAL STEN | | \$1,303.99 | \$1,303.99 | | | | Added Effective 1/1/2017 |
| 31560 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; | | \$306.45 | \$306.45 | | | | |
| 31561 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING | | \$338.20 | \$338.20 | | | | |
| 31570 | LARYNGOSCOPY, DIRECTC; | | \$194.52 | \$260.91 | | | | |
| 31571 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; | | \$241.02 | \$241.02 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 31572 | LARGSC W/LASER DSTRJ LES | | \$145.61 | \$377.97 | | | | Added Effective 1/1/2017 |
| 31573 | LARGSC W/THER INJECTION | | \$119.98 | \$203.94 | | | | Added Effective 1/1/2017 |
| 31574 | LARGSC W/NJX AUGMENTATION | | \$119.98 | \$766.12 | | | | Added Effective 1/1/2017 |
| 31575 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC | | \$58.04 | \$58.04 | | | | |
| 31576 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY | | \$133.42 | \$133.42 | | | | |
| 31577 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY | | \$166.23 | \$166.23 | | | | |
| 31578 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION | | \$192.36 | \$192.36 | | | | |
| 31579 | LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY | | \$103.88 | \$135.13 | | | | |
| 31580 | LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND | | \$740.60 | \$740.60 | | | | |
| 31584 | LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE | | \$916.59 | \$916.59 | | | | |
| 31587 | LARYNGOPLASTY, CRICOID SPLIT | | \$446.74 | \$446.74 | | | | |
| 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE | | \$356.18 | \$356.18 | | | | |
| 31591 | LARYNGOPLASTY MEDIALIZATION | | \$821.93 | \$821.93 | | | | Added Effective 1/1/2017 |
| 31592 | CRICOTRACHEAL RESECTION | | \$1,340.46 | \$1,340.46 | | | | Added Effective 1/1/2017 |
| 31599 | UNLISTED PROCEDURE, LARYNX | R | \$354.50 | \$460.85 | | | | |
| 31600 | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); | | \$230.38 | \$230.38 | | | | |
| 31601 | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS | | \$281.53 | \$281.53 | | | | |
| 31603 | TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL | | \$251.27 | \$251.27 | | | | |
| 31605 | TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE | | \$229.58 | \$229.58 | | | | |
| 31610 | TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS | | \$432.19 | \$432.19 | | | | |
| 31611 | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF | | \$345.87 | \$345.87 | | | | |
| 31612 | TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR | | \$61.00 | \$61.00 | | | | |
| 31613 | TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION | | \$190.50 | \$190.50 | | | | |
| 31614 | TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION | | \$377.81 | \$377.81 | | | | |
| 31615 | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION | | \$118.98 | \$118.98 | | | | |
| 31622 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$186.18 | \$186.18 | | | | |
| 31623 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$127.23 | \$181.17 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 31624 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$128.64 | \$182.84 | | | | |
| 31625 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$210.12 | \$210.12 | | | | |
| 31626 | WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE | | \$161.11 | \$310.89 | | | | |
| 31627 | WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION | | \$78.26 | \$829.71 | | | | |
| 31628 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$251.92 | \$251.92 | | | | |
| 31629 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$222.75 | \$222.75 | | | | |
| 31630 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$224.02 | \$224.02 | | | | |
| 31631 | BRONCHOSCOPY, RIGID OR FLEXIBLE, | | \$245.57 | \$245.57 | | | | |
| 31632 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$41.99 | \$53.30 | | | | |
| 31633 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$52.65 | \$65.75 | | | | |
| 31634 | BRONCHOSCOPY WITH BALLON OCCLUSION | | \$180.39 | \$1,575.18 | | | | |
| 31635 | BRONCHOSCOPY, RIGID OR FLEXIBLE | | \$242.37 | \$242.37 | | | | |
| 31636 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$180.52 | \$180.52 | | | | |
| 31637 | BRONCHOSCOPY, RIGID OR FLEXIBLE | | \$64.53 | \$64.53 | | | | |
| 31638 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$200.75 | \$200.75 | | | | |
| 31640 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | \$295.88 | \$295.88 | | | | |
| 31641 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF | | \$341.25 | \$341.25 | | | | |
| 31643 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR | | \$148.43 | \$161.39 | | | | |
| 31645 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF | | \$197.11 | \$197.11 | | | | |
| 31646 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC | | \$168.45 | \$168.45 | | | | |
| 31652 | WITH EBUS (ULTRASOUND) GUIDED TRANSTRACHEAL /TRANSBRONCHIAL ONE OR TWO MEDIASTINAL LUMPH NODES | | \$191.54 | \$681.82 | | | | Added Effective 1/1/2016 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 31653 | WITH EBUS (ULTRASOUND) GUIDED TRANSTRACHEAL /TRANSBRONCHIAL THREE OR MORE MEDIA TINAL LYMPH NODES | | \$211.44 | \$725.26 | | | | Added Effective 1/1/2016 |
| 31654 | WITH TRANSENDOSCOPIC ENDOBRONCHIAL DURING BRONCHOSCOPIC DIAGNOSTIC THERAPEUTIC INTERVENTION(S) | | \$55.47 | \$84.97 | | | | Added Effective 1/1/2016 |
| 31717 | CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY | | \$83.25 | \$83.25 | | | | |
| 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | | \$53.14 | \$53.14 | | | | |
| 31725 | CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERS | | \$98.98 | \$98.98 | | | | |
| 31730 | TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STEN | | \$155.47 | \$155.47 | | | | |
| 31750 | TRACHEOPLASTY; CERVICAL | | \$530.22 | \$530.22 | | | | |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE | | \$822.78 | \$822.78 | | | | |
| 31760 | TRACHEOPLASTY; INTRATHORACIC | | \$967.85 | \$967.85 | | | | |
| 31766 | CARINAL RECONSTRUCTION | | \$1,366.42 | \$1,366.42 | | | | |
| 31770 | BRONCHOPLASTY; GRAFT REPAIR | | \$1,075.36 | \$1,075.36 | | | | |
| 31775 | BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS | | \$1,135.69 | \$1,135.69 | | | | |
| 31780 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL | | \$988.97 | \$988.97 | | | | |
| 31781 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC | | \$1,151.86 | \$1,151.86 | | | | |
| 31785 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL | | \$741.29 | \$741.29 | | | | |
| 31786 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC | | \$1,072.57 | \$1,072.57 | | | | |
| 31800 | SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL | | \$348.55 | \$348.55 | | | | |
| 31805 | SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC | | \$667.09 | \$667.09 | | | | |
| 31820 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR | | \$227.51 | \$227.51 | | | | |
| 31825 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA | | \$333.36 | \$333.36 | | | | |
| 31830 | REVISION OF TRACHEOSTOMY SCAR | | \$233.38 | \$233.38 | | | | |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BRONCHI | R | \$0.00 | \$0.00 | | | | |
| 32035 | THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA | | \$403.89 | \$403.89 | | | | |
| 32036 | THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA | | \$445.15 | \$445.15 | | | | |
| 32096 | THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATES(S) (EG. WEDGE, INCISIONAL), UNILATERAL | | \$656.11 | \$656.11 | | | | |
| 32097 | THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG. WEDGE, INCISIONAL), UNILATERAL | | \$656.11 | \$656.11 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 32098 | THORACOTOMY, WITH BIOPSY(IES) OF PLEURA | | \$616.63 | \$616.63 | | | | |
| 32100 | THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY | | \$648.00 | \$648.00 | | | | |
| 32110 | THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR | | \$702.64 | \$702.64 | | | | |
| 32120 | THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS | | \$577.55 | \$577.55 | | | | |
| 32124 | THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS | | \$667.86 | \$667.86 | | | | |
| 32140 | THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL | | \$746.82 | \$746.82 | | | | |
| 32141 | THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT | | \$777.66 | \$777.66 | | | | |
| 32150 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI | | \$690.63 | \$690.63 | | | | |
| 32151 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY | | \$643.16 | \$643.16 | | | | |
| 32160 | THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE | | \$491.04 | \$491.04 | | | | |
| 32200 | PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST | | \$591.80 | \$591.80 | | | | |
| 32201 | PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST | | \$201.98 | \$201.98 | | | | |
| 32215 | PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX | | \$530.98 | \$530.98 | | | | |
| 32220 | DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL | | \$1,014.23 | \$1,014.23 | | | | |
| 32225 | DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL | | \$728.03 | \$728.03 | | | | |
| 32310 | PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE) | | \$716.82 | \$716.82 | | | | |
| 32320 | DECORTICATION AND PARIETAL PLEURECTOMY | | \$1,130.02 | \$1,130.02 | | | | |
| 32400 | BIOPSY, PLEURA; PERCUTANEOUS NEEDLE | | \$94.26 | \$94.26 | | | | |
| 32405 | BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE | | \$117.87 | \$117.87 | | | | |
| 32408 | CORE NDL BX LNG/MED PERQ | | \$123.66 | \$738.33 | | | | Added Effective 01/01/2021 |
| 32440 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; | | \$1,146.00 | \$1,146.00 | | | | |
| 32442 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRA | | \$1,290.43 | \$1,290.43 | | | | |
| 32445 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL | | \$1,328.82 | \$1,328.82 | | | | |
| 32480 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOM | | \$1,110.19 | \$1,110.19 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 32482 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOM | | \$1,082.51 | \$1,082.51 | | | | |
| 32484 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT | | \$1,111.27 | \$1,111.27 | | | | |
| 32486 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL | | \$1,189.69 | \$1,189.69 | | | | |
| 32488 | REMOVAL OF LUNG, OTHER THAN | | \$1,276.17 | \$1,276.17 | | | | |
| 32491 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF | | \$1,083.94 | \$1,083.94 | | | | |
| 32501 | RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFO | | \$270.23 | \$270.23 | | | | |
| 32503 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W | | \$1,388.84 | \$1,388.84 | | | | |
| 32504 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W | | \$1,590.47 | \$1,590.47 | | | | |
| 32505 | THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL | | \$757.06 | \$757.06 | | | | |
| 32506 | WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$128.37 | \$128.37 | | | | |
| 32507 | WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$128.37 | \$128.37 | | | | |
| 32540 | EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY) | | \$753.39 | \$753.39 | | | | |
| 32550 | INSET PLEURAL CATH | | \$180.99 | \$580.35 | | | | |
| 32551 | INSERTION OF CHEST TUBE | | \$139.15 | \$139.15 | | | | |
| 32552 | REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER W/CUFF | | \$118.88 | \$133.43 | | | | |
| 32553 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD THERAPY GUIDANCE | | \$154.55 | \$419.41 | | | | |
| 32554 | THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION | | \$73.02 | \$684.72 | | | | |
| 32555 | WITH IMAGING GUIDANCE | | \$91.46 | \$442.92 | | | | |
| 32556 | PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION | | \$100.34 | \$466.79 | | | | |
| 32557 | WITH IMAGING GUIDANCE | | \$132.93 | \$851.61 | | | | |
| 32560 | TREAT LUNG LINING CHEMICALLY | | \$89.01 | \$221.93 | | | | |
| 32561 | INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS | | \$54.42 | \$69.98 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 32562 | SUBSEQUENT DAY | | \$48.70 | \$62.22 | | | | |
| 32601 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE | | \$267.14 | \$267.14 | | | | |
| 32604 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH B | | \$376.99 | \$376.99 | | | | |
| 32606 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH | | \$365.84 | \$365.84 | | | | |
| 32607 | THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATES(S) (EG, WEDGE, INCISIONAL), UNILATERAL | | \$251.88 | \$251.88 | | | | |
| 32608 | WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULES(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL | | \$309.51 | \$309.51 | | | | |
| 32609 | WITH BIOPSY(IES) OF PLEURA | | \$213.57 | \$213.57 | | | | |
| 32650 | THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL) | | \$530.98 | \$530.98 | | | | |
| 32651 | THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION | | \$728.03 | \$728.03 | | | | |
| 32652 | THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING | | \$1,014.23 | \$1,014.23 | | | | |
| 32653 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR F | | \$690.63 | \$690.63 | | | | |
| 32654 | THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE | | \$702.64 | \$702.64 | | | | |
| 32655 | THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING A | | \$785.87 | \$785.87 | | | | |
| 32656 | THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY | | \$770.74 | \$770.74 | | | | |
| 32658 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM | | \$742.02 | \$742.02 | | | | |
| 32659 | THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL | | \$757.99 | \$757.99 | | | | |
| 32661 | THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR M | | \$656.49 | \$656.49 | | | | |
| 32662 | THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M | | \$919.29 | \$919.29 | | | | |
| 32663 | THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL | | \$1,049.94 | \$1,049.94 | | | | |
| 32664 | THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY | | \$733.08 | \$733.08 | | | | |
| 32665 | THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE) | | \$880.74 | \$880.74 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 32666 | WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL | | \$707.35 | \$707.35 | | | | |
| 32667 | WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$128.37 | \$128.37 | | | | |
| 32668 | WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$129.08 | \$129.08 | | | | |
| 32669 | WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY) | | \$1,091.92 | \$1,091.92 | | | | |
| 32670 | WITH REMOVAL OF TWO LOBES (BILOBECTOMY) | | \$1,304.16 | \$1,304.16 | | | | |
| 32671 | WITH REMOVAL OF LUNG (PNEUMONECTOMY) | | \$1,448.08 | \$1,448.08 | | | | |
| 32672 | WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME REDUCTION (LVRS) UNILATERAL INCLUDES ANY PLEURAL PROCEDURE, WHEN PERFORMED | | \$1,237.88 | \$1,237.88 | | | | |
| 32673 | WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL | | \$976.84 | \$976.84 | | | | |
| 32674 | WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$176.04 | \$176.04 | | | | |
| 32701 | THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC | | \$177.96 | \$177.96 | | | | |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL | | \$615.54 | \$615.54 | | | | |
| 32810 | CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGET | | \$543.35 | \$543.35 | | | | |
| 32815 | OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA | | \$1,098.67 | \$1,098.67 | | | | |
| 32820 | MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC) | | \$1,169.03 | \$1,169.03 | | | | |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS | | \$1,837.68 | \$1,837.68 | | | | |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS | | \$1,992.98 | \$1,992.98 | | | | |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT | | \$2,297.38 | \$2,297.38 | | | | |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH | | \$2,452.91 | \$2,452.91 | | | | |
| 32855 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T | | \$0.00 | \$0.00 | | | | |
| 32856 | BACKBENCH STANDARD PREPARATION OF CADAVER | | \$0.00 | \$0.00 | | | | |
| 32900 | RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES | | \$799.08 | \$799.08 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 32905 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); | | \$966.82 | \$966.82 | | | | |
| 32906 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE | | \$1,223.12 | \$1,223.12 | | | | |
| 32940 | PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE | | \$879.78 | \$879.78 | | | | |
| 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR | | \$82.10 | \$82.10 | | | | |
| 32994 | ABLATE PULM TUMOR PERQ CRYBL | | \$389.03 | \$4,596.60 | | | | Added Effective 1/1/2018 |
| 32997 | TOTAL LUNG LAVAGE (UNILATERAL) | | \$245.69 | \$245.69 | | | | |
| 32998 | ABLATION THERAPY FOR PULMONARY TUMOR | | \$217.55 | \$1,913.89 | | | | |
| 32999 | UNLISTED PROCEDURE, LUNGS AND PLEURA | R | \$0.00 | \$0.00 | | | | |
| 33010 | PERICARDIOCENTESIS; INITIAL | | \$110.44 | \$110.44 | | | | |
| 33011 | PERICARDIOCENTESIS; SUBSEQUENT | | \$83.53 | \$98.42 | | | | |
| 33015 | TUBE PERICARDIOSTOMY | | \$294.82 | \$294.82 | | | | |
| 33016 | PERICARDIOCENTESIS W/IMAGING | | \$190.73 | \$190.73 | | | | Added Effective 01/01/2020 |
| 33017 | PRCRD DRG 6YR+ W/O CGEN CAR | | \$197.97 | \$197.97 | | | | Added Effective 01/01/2020 |
| 33018 | PRCRD DRG 0-5YR OR W/ANOMLY | | \$226.18 | \$226.18 | | | | Added Effective 01/01/2020 |
| 33019 | PERQ PRCRD DRG INSJ CATH CT | | \$183.27 | \$183.27 | | | | Added Effective 01/01/2020 |
| 33020 | PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE) | | \$742.02 | \$742.02 | | | | |
| 33025 | CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE | | \$757.99 | \$757.99 | | | | |
| 33030 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS | | \$1,146.74 | \$1,146.74 | | | | |
| 33031 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS | | \$992.45 | \$992.45 | | | | |
| 33050 | EXCISION OF PERICARDIAL CYST OR TUMOR | | \$656.49 | \$656.49 | | | | |
| 33120 | EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS | | \$1,562.79 | \$1,562.79 | | | | |
| 33130 | RESECTION OF EXTERNAL CARDIAC TUMOR | | \$989.12 | \$989.12 | | | | |
| 33140 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SEPARATE | | \$962.45 | \$962.45 | | | | |
| 33141 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT | | \$205.14 | \$205.14 | | | | |
| 33202 | INSERTION EPICARDIAL ELECTRODE. OPEN INCISION | | \$579.83 | \$579.83 | | | | |
| 33203 | INSERTION EPICARDIAL ELECTRODE, ENDOSCOPIC APPROACH | | \$595.61 | \$595.61 | | | | |
| 33206 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | \$417.13 | \$417.13 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 33207 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | \$487.60 | \$487.60 | | | | |
| 33208 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | \$505.85 | \$505.85 | | | | |
| 33210 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDI | | \$191.91 | \$191.91 | | | | |
| 33211 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING | | \$194.84 | \$194.84 | | | | |
| 33212 | INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHA | | \$318.56 | \$318.56 | | | | |
| 33213 | INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMB | | \$346.15 | \$346.15 | | | | |
| 33214 | UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SY | | \$388.62 | \$388.62 | | | | |
| 33215 | REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING | | \$227.30 | \$227.30 | | | | |
| 33216 | INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELECTRODE) | | \$296.78 | \$296.78 | | | | |
| 33217 | INSERTION OF A TRANSVENOUS ELECTRODE; DUAL CHAMBER (TWO ELECTRODES) | | \$307.35 | \$307.35 | | | | |
| 33218 | REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT | | \$285.48 | \$285.48 | | | | |
| 33220 | REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACE | | \$287.83 | \$287.83 | | | | |
| 33221 | WITH EXISTING MULTIPLE LEADS | | \$284.52 | \$284.52 | | | | |
| 33222 | REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER | | \$312.11 | \$312.11 | | | | |
| 33223 | REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING | | \$357.60 | \$357.60 | | | | |
| 33224 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC | | \$370.55 | \$370.55 | | | | |
| 33225 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC | | \$329.30 | \$329.30 | | | | |
| 33226 | REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT | | \$356.85 | \$356.85 | | | | |
| 33227 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM | | \$271.44 | \$271.44 | | | | |
| 33228 | DUAL LEAD SYSTEM | | \$283.14 | \$283.14 | | | | |
| 33229 | MULTIPLE LEAD SYSTEM | | \$294.84 | \$294.84 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 33230 | WITH EXISTING DUAL LEADS | | \$306.31 | \$306.31 | | | | |
| 33231 | WITH EXISTING MULTIPLE LEADS | | \$318.01 | \$318.01 | | | | |
| 33233 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR | | \$159.17 | \$159.17 | | | | |
| 33234 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATR | | \$391.36 | \$391.36 | | | | |
| 33235 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM | | \$444.49 | \$444.49 | | | | |
| 33236 | REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM | | \$465.43 | \$465.43 | | | | |
| 33237 | REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM | | \$657.32 | \$657.32 | | | | |
| 33238 | REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY | | \$740.05 | \$740.05 | | | | |
| 33240 | INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR | | \$376.96 | \$376.96 | | | | |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- | | \$155.53 | \$155.53 | | | | |
| 33243 | DEFIBRILLATOR | | \$909.36 | \$909.36 | | | | |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR | | \$524.08 | \$524.08 | | | | |
| 33249 | INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHA | | \$894.41 | \$894.41 | | | | |
| 33250 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY | | \$904.33 | \$904.33 | | | | |
| 33251 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY | | \$1,180.43 | \$1,180.43 | | | | |
| 33254 | OPERATIVE ABLATION OF ATRIA, LIMITED | | \$1,016.17 | \$1,016.17 | | | | |
| 33255 | OPERATIVE ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS | | \$1,225.95 | \$1,225.95 | | | | |
| 33256 | OPERATIVE ABLATION OF ATRIA, WITH CARDIOPULMONARY BYPASS | | \$1,466.00 | \$1,466.00 | | | | |
| 33257 | ABLATE ATRIA, LMTD, ADD-ON | | \$474.42 | \$474.42 | | | | |
| 33258 | ABLATE ATRIA, X10SV, ADD-ON | | \$536.43 | \$536.43 | | | | |
| 33259 | ABLATE ATRIA W/BYPASS ADD-ON | | \$703.77 | \$703.77 | | | | |
| 33261 | OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULM | | \$1,103.05 | \$1,103.05 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 33262 | REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM | | \$295.16 | \$295.16 | | | | |
| 33263 | DUAL LEAD SYSTEM | | \$306.86 | \$306.86 | | | | |
| 33264 | MULTIPLE LEAD SYSTEM | | \$318.56 | \$318.56 | | | | |
| 33265 | ENDOSCOPIC ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS | | \$1,016.17 | \$1,016.17 | | | | |
| 33266 | ENDOSCOPIC ABLATION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONARY BYPASS | | \$1,394.19 | \$1,394.19 | | | | |
| 33267 | EXCL LAA OPEN ANY METHOD | | \$859.95 | \$859.95 | | | | Added 1/1/2022 |
| 33268 | EXCL LAA OPN OTH PX ANY METH | | \$108.01 | \$108.01 | | | | Added 1/1/2022 |
| 33269 | EXCL LAA THRSCP ANY METHOD | | \$679.06 | \$679.06 | | | | Added 1/1/2022 |
| 33270 | INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE | | \$471.19 | \$471.19 | | | | Added effective 1/1/2015 |
| 33271 | INSERTION OF DEFIBRILLATOR ELECTRODE | | \$395.84 | \$395.84 | | | | Added effective 1/1/2015 |
| 33272 | REMOVAL OF DEFIBRILLATOR ELECTRODE | | \$290.94 | \$290.94 | | | | Added effective 1/1/2015 |
| 33273 | REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE | | \$321.92 | \$321.92 | | | | Added effective 1/1/2015 |
| 33274 | TCAT INSJ/RPL PERM LDLS PM | | \$395.51 | \$395.51 | | | | Effective 1/1/2019 |
| 33275 | TCAT RMVL PERM LDLS PM | | \$426.03 | \$426.03 | | | | Updated Effective 01/01/2020 |
| 33276 | INSERTION OF PHRENIC NERVE STIMULATOR GENERATOR AND STIMULATING LEAD(S) | | \$480.63 | \$480.63 | | | | |
| 33277 | INSERTION OF PHRENIC NERVE STIMULATOR SENSING LEAD | | \$253.26 | \$253.26 | | | | |
| 33278 | REMOVAL OF PHRENIC NERVE STIMULATOR GENERATOR AND LEAD(S) | | \$478.78 | \$478.78 | | | | |
| 33279 | REMOVAL OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEAD(S) | | \$288.09 | \$288.09 | | | | |
| 33280 | REMOVAL OF PHRENIC NERVE STIMULATOR PULSE GENERATOR | | \$171.97 | \$171.97 | | | | |
| 33281 | REPOSITIONING OF PHRENIC NERVE STIMULATOR LEAD(S) | | \$311.94 | \$311.94 | | | | |
| 33285 | INSJ SUBQ CAR RHYTHM MNTR | | \$72.42 | \$3,818.63 | | | | Effective 1/1/2019 |
| 33286 | RMVL SUBQ CAR RHYTHM MNTR | | \$71.03 | \$103.92 | | | | Effective 1/1/2019 |
| 33287 | REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR PULSE GENERATOR | | \$321.24 | \$321.24 | | | | |
| 33288 | REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEADS | | \$425.54 | \$425.54 | | | | |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR | | \$267.35 | \$267.35 | | | | Effective 1/1/2019 |
| 33300 | REPAIR OF CARDIAC WOUND; WITHOUT BYPASS | | \$923.41 | \$923.41 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33305 | REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS | | \$1,105.28 | \$1,105.28 | | | | |
| 33310 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR | | \$851.81 | \$851.81 | | | | |
| 33315 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR | | \$1,042.10 | \$1,042.10 | | | | |
| 33320 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMON | | \$891.85 | \$891.85 | | | | |
| 33321 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS | | \$1,220.99 | \$1,220.99 | | | | |
| 33322 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS | | \$1,211.02 | \$1,211.02 | | | | |
| 33330 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR | | \$948.66 | \$948.66 | | | | |
| 33335 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPAS | | \$1,273.92 | \$1,273.92 | | | | |
| 33340 | PERQ CLSR TCAT L ATR APNDGE | | \$648.71 | \$648.71 | | | | Added Effective 1/1/2017 |
| 33361 | TRANSCATHETER AORTIC VALVE REPLACEMENT | | \$1,081.48 | \$1,081.48 | | | | |
| 33362 | OPEN FEMORAL ARTERY APPROACH | | \$1,183.09 | \$1,183.09 | | | | |
| 33363 | OPEN AXILLARY ARTERY APPROACH | | \$1,225.02 | \$1,225.02 | | | | |
| 33364 | OPEN ILIAC ARTERY APPROACH | | \$1,302.70 | \$1,302.70 | | | | |
| 33365 | TRANSAORTIC APPROACH (EG. MEDIAN STERNOTOMY, | | \$1,427.26 | \$1,427.26 | | | | |
| 33366 | TRCATH REPLACE AORTIC VALVE | | \$1,553.22 | \$1,553.22 | | | | |
| 33367 | CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEO | | \$501.76 | \$501.76 | | | | |
| 33368 | CARDIOPULMONARY BYPASS SUPPORT WITH OPEN PERI | | \$608.10 | \$608.10 | | | | |
| 33369 | CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL ART | | \$802.92 | \$802.92 | | | | |
| 33370 | TCAT PLMT&RMVL CEPD PERQ | | \$109.65 | \$109.65 | | | | Added 1/1/2022 |
| 33390 | VALVULOPLASTY AORTIC VALVE | | \$1,552.92 | \$1,552.92 | | | | Added Effective 1/1/2017 |
| 33391 | VALVULOPLASTY AORTIC VALVE | | \$1,840.22 | \$1,840.22 | | | | Added Effective 1/1/2017 |
| 33404 | CONSTRUCTION OF APICAL-AORTIC CONDUIT | | \$1,755.14 | \$1,755.14 | | | | |
| 33405 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETI | | \$1,782.46 | \$1,782.46 | | | | |
| 33406 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT | | \$2,134.09 | \$2,134.09 | | | | |
| 33410 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS | | \$1,638.43 | \$1,638.43 | | | | |
| 33411 | REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONAR | | \$2,108.86 | \$2,108.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33412 | REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARG | | \$2,164.32 | \$2,164.32 | | | | |
| 33413 | REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VA | | \$2,280.46 | \$2,280.46 | | | | |
| 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEM | | \$2,076.87 | \$2,076.87 | | | | |
| 33415 | RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR A | | \$1,681.22 | \$1,681.22 | | | | |
| 33416 | VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC | | \$1,703.51 | \$1,703.51 | | | | |
| 33417 | AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS | | \$1,883.41 | \$1,883.41 | | | | |
| 33418 | REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN | | \$1,503.43 | \$1,503.43 | | | | Added effective 1/1/2015 |
| 33419 | REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN | | \$354.48 | \$354.48 | | | | Added effective 1/1/2015 |
| 33420 | VALVOTOMY, MITRAL VALVE; CLOSED HEART | | \$1,198.26 | \$1,198.26 | | | | |
| 33422 | VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS | | \$1,666.80 | \$1,666.80 | | | | |
| 33425 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; | | \$1,720.74 | \$1,720.74 | | | | |
| 33426 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHE | | \$1,763.15 | \$1,763.15 | | | | |
| 33427 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL | | \$2,025.12 | \$2,025.12 | | | | |
| 33430 | REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS | | \$1,946.50 | \$1,946.50 | | | | |
| 33440 | RPLCMT A-VALVE TLCJ AUTOL PV | | \$2,763.73 | \$2,763.73 | | | | Effective 1/1/2019 |
| 33460 | VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS | | \$1,448.00 | \$1,448.00 | | | | |
| 33463 | VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION | | \$1,729.79 | \$1,729.79 | | | | |
| 33464 | VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION | | \$1,779.97 | \$1,779.97 | | | | |
| 33465 | REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS | | \$1,800.51 | \$1,800.51 | | | | |
| 33468 | TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY | | \$1,911.56 | \$1,911.56 | | | | |
| 33471 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY | | \$1,391.80 | \$1,391.80 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33474 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS | | \$1,452.13 | \$1,452.13 | | | | |
| 33475 | REPLACEMENT, PULMONARY VALVE | | \$1,885.46 | \$1,885.46 | | | | |
| 33476 | RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT | | \$1,592.30 | \$1,592.30 | | | | |
| 33477 | TRANSCATHETER PULMONARY VALVE IMPLANTATION INCLUDING PRE-STENTING VALVE DEL SITE | | \$1,058.75 | \$1,058.75 | | | | Added Effective 1/1/2016 |
| 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR | | \$1,715.16 | \$1,715.16 | | | | |
| 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY | | \$1,809.64 | \$1,809.64 | | | | |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY | | \$1,344.06 | \$1,344.06 | | | | |
| 33508 | ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR | | \$12.53 | \$12.53 | | | | |
| 33509 | NDSC HRV UXTR ART 1 SGM CAB | | \$142.73 | \$142.73 | | | | Added 1/1/2022 |
| 33510 | CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT | | \$1,602.35 | \$1,602.35 | | | | |
| 33511 | CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS | | \$1,759.16 | \$1,759.16 | | | | |
| 33512 | CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS | | \$1,915.68 | \$1,915.68 | | | | |
| 33513 | CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS | | \$2,072.22 | \$2,072.22 | | | | |
| 33514 | CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS | | \$2,228.23 | \$2,228.23 | | | | |
| 33516 | CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS | | \$2,384.48 | \$2,384.48 | | | | |
| 33517 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S | | \$156.27 | \$156.27 | | | | |
| 33518 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T | | \$313.06 | \$313.06 | | | | |
| 33519 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T | | \$469.07 | \$469.07 | | | | |
| 33521 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F | | \$625.88 | \$625.88 | | | | |
| 33522 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F | | \$782.40 | \$782.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 33523 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S | | \$939.21 | \$939.21 | | | | |
| 33530 | REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE | | \$309.50 | \$309.50 | | | | |
| 33533 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT | | \$1,651.21 | \$1,651.21 | | | | |
| 33534 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL | | \$1,856.89 | \$1,856.89 | | | | |
| 33535 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERI | | \$2,062.56 | \$2,062.56 | | | | |
| 33536 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY | | \$2,267.94 | \$2,267.94 | | | | |
| 33542 | MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY) | | \$1,738.27 | \$1,738.27 | | | | |
| 33545 | REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT | | \$2,085.73 | \$2,085.73 | | | | |
| 33548 | SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, | | \$1,763.03 | \$1,763.03 | | | | |
| 33572 | CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING | | \$232.52 | \$232.52 | | | | |
| 33600 | CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR P | | \$1,913.93 | \$1,913.93 | | | | |
| 33602 | CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH | | \$1,749.30 | \$1,749.30 | | | | |
| 33606 | ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE | | \$2,076.87 | \$2,076.87 | | | | |
| 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH | | \$2,098.59 | \$2,098.59 | | | | |
| 33610 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORT | | \$2,076.87 | \$2,076.87 | | | | |
| 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL | | \$2,134.09 | \$2,134.09 | | | | |
| 33612 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL | | \$2,158.45 | \$2,158.45 | | | | |
| 33615 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE | | \$2,112.67 | \$2,112.67 | | | | |
| 33617 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED | | \$2,162.85 | \$2,162.85 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 33619 | REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC | | \$2,422.04 | \$2,422.04 | | | | |
| 33620 | APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS | | \$1,510.20 | \$1,510.20 | | | | |
| 33621 | TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE | | \$810.88 | \$810.88 | | | | |
| 33622 | RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY WITH PALLIATION OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA | | \$3,180.03 | \$3,180.03 | | | | |
| 33641 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WI | | \$1,387.38 | \$1,387.38 | | | | |
| 33645 | DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULM | | \$1,527.33 | \$1,527.33 | | | | |
| 33647 | REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIR | | \$1,894.40 | \$1,894.40 | | | | |
| 33660 | REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM | | \$1,686.70 | \$1,686.70 | | | | |
| 33665 | REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR | | \$1,772.67 | \$1,772.67 | | | | |
| 33670 | REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC | | \$2,134.09 | \$2,134.09 | | | | |
| 33675 | CLOSURE MULT VENTRICULAR SEPTAL DEFECTS | | \$1,610.55 | \$1,610.55 | | | | |
| 33676 | CLOSURE MUTL VENTRICULAR SEPTAL DEFECTS W/ PUL VALVOTOMY | | \$1,660.70 | \$1,660.70 | | | | |
| 33677 | CLOSURE MULT VENTRICULAR SEPTAL DEFECTS W/REMOVAL PUL ARTERY BAND | | \$1,726.47 | \$1,726.47 | | | | |
| 33681 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; | | \$1,862.71 | \$1,862.71 | | | | |
| 33684 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULM | | \$1,919.93 | \$1,919.93 | | | | |
| 33688 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMO | | \$1,948.40 | \$1,948.40 | | | | |
| 33690 | BANDING OF PULMONARY ARTERY | | \$1,234.29 | \$1,234.29 | | | | |
| 33692 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; | | \$2,076.87 | \$2,076.87 | | | | |
| 33694 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH | | \$2,105.63 | \$2,105.63 | | | | |
| 33697 | COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING | | \$2,162.85 | \$2,162.85 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 33702 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; | | \$1,691.78 | \$1,691.78 | | | | |
| 33710 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH RE | | \$1,921.11 | \$1,921.11 | | | | |
| 33720 | REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS | | \$1,691.78 | \$1,691.78 | | | | |
| 33724 | REPAIR VENOUS ANOMALY | | \$1,162.72 | \$1,162.72 | | | | |
| 33726 | REPAIR PUL VENOUS STENOSIS | | \$1,535.66 | \$1,535.66 | | | | |
| 33730 | COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC | | \$2,094.77 | \$2,094.77 | | | | |
| 33732 | REPAIR OF COR TRIATIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF | | \$1,765.34 | \$1,765.34 | | | | |
| 33735 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE | | \$1,393.38 | \$1,393.38 | | | | |
| 33736 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPAS | | \$1,466.15 | \$1,466.15 | | | | |
| 33737 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION | | \$1,408.93 | \$1,408.93 | | | | |
| 33741 | TAS CONGENITAL CAR ANOMAL | | \$615.85 | \$615.85 | | | | Added Effective 01/01/2021 |
| 33745 | TIS CGEN CAR ANOMAL 1ST SHNT | | \$867.67 | \$867.67 | | | | Added Effective 01/01/2021 |
| 33746 | TIS CGEN CAR ANOMAL EA ADDL | | \$342.05 | \$342.05 | | | | Added Effective 01/01/2021 |
| 33750 | SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION) | | \$1,288.28 | \$1,288.28 | | | | |
| 33755 | SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION) | | \$1,298.55 | \$1,298.55 | | | | |
| 33762 | SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATIO | | \$1,298.55 | \$1,298.55 | | | | |
| 33764 | SHUNT; CENTRAL, WITH PROSTHETIC GRAFT | | \$1,298.55 | \$1,298.55 | | | | |
| 33766 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG | | \$1,327.01 | \$1,327.01 | | | | |
| 33767 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS | | \$1,494.91 | \$1,494.91 | | | | |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY | | \$336.31 | \$336.31 | | | | |
| 33770 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL | | \$2,155.51 | \$2,155.51 | | | | |
| 33771 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL | | \$2,191.61 | \$2,191.61 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 33774 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | \$1,829.60 | \$1,829.60 | | | | |
| 33775 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | \$1,865.40 | \$1,865.40 | | | | |
| 33776 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | \$2,034.37 | \$2,034.37 | | | | Updated Effective 01/01/2020 |
| 33777 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | \$1,901.49 | \$1,901.49 | | | | |
| 33778 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | \$2,303.44 | \$2,303.44 | | | | |
| 33779 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | \$2,310.49 | \$2,310.49 | | | | |
| 33780 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | \$2,331.91 | \$2,331.91 | | | | |
| 33781 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | \$2,317.53 | \$2,317.53 | | | | |
| 33782 | AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR | | \$2,255.38 | \$2,255.38 | | | | |
| 33783 | WITH REIMPLANTATION OF 2 OR BOTH CORONARY OSTIA | | \$2,453.91 | \$2,453.91 | | | | |
| 33786 | TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION) | | \$2,191.61 | \$2,191.61 | | | | |
| 33788 | REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY | | \$1,663.68 | \$1,663.68 | | | | |
| 33800 | AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR | | \$885.69 | \$885.69 | | | | |
| 33802 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); | | \$1,184.11 | \$1,184.11 | | | | |
| 33803 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS | | \$1,241.04 | \$1,241.04 | | | | |
| 33813 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY | | \$1,269.79 | \$1,269.79 | | | | |
| 33814 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYP | | \$1,663.32 | \$1,663.32 | | | | |
| 33820 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION | | \$1,155.35 | \$1,155.35 | | | | |
| 33822 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS | | \$1,184.11 | \$1,184.11 | | | | |
| 33824 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER | | \$1,241.04 | \$1,241.04 | | | | |
| 33840 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | \$1,546.80 | \$1,546.80 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 33845 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | \$1,589.94 | \$1,589.94 | | | | |
| 33851 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | \$1,561.18 | \$1,561.18 | | | | |
| 33852 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR | | \$1,632.78 | \$1,632.78 | | | | |
| 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR | | \$2,105.63 | \$2,105.63 | | | | |
| 33858 | AS-AORT GRF F/AORTIC DSJ | | \$2,742.19 | \$2,742.19 | | | | Added Effective 01/01/2020 |
| 33859 | AS-AORT GRF F/DS OTH/THN DSJ | | \$1,967.51 | \$1,967.51 | | | | Added Effective 01/01/2020 |
| 33860 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA | | \$1,997.55 | \$1,997.55 | | | | |
| 33863 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA | | \$2,112.29 | \$2,112.29 | | | | |
| 33864 | ASCENDING AORTIC GRAFT | | \$2,576.54 | \$2,576.54 | | | | |
| 33866 | AORTIC HEMIARCH GRAFT | | \$842.31 | \$842.31 | | | | Effective 1/1/2019 |
| 33870 | TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS | | \$2,491.00 | \$2,491.00 | | | | |
| 33871 | TRANSVRS A-ARCH GRF HYPTRM | | \$2,636.00 | \$2,636.00 | | | | Added Effective 01/01/2020 |
| 33875 | DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS | | \$1,764.53 | \$1,764.53 | | | | |
| 33877 | REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT | | \$2,568.99 | \$2,568.99 | | | | |
| 33880 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | \$1,394.81 | \$1,394.81 | | | | |
| 33881 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | \$1,196.79 | \$1,196.79 | | | | |
| 33883 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | \$882.80 | \$882.80 | | | | |
| 33884 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | \$331.40 | \$331.40 | | | | |
| 33886 | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR | | \$761.26 | \$761.26 | | | | |
| 33889 | OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTI | | \$660.98 | \$660.98 | | | | |
| 33891 | BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL | | \$841.96 | \$841.96 | | | | |
| 33894 | EVASC ST RPR THRC/AA ACRS BR | | \$800.79 | \$800.79 | | | | Added 1/1/2022 |
| 33895 | EVASC ST RPR THRC/AA X CRSG | | \$637.16 | \$637.16 | | | | Added 1/1/2022 |
| 33897 | PERQ TRLUML ANGP NT/RECR COA | | \$474.27 | \$474.27 | | | | Added 1/1/2022 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33900 | PERQ P-ART REVSC 1 NM NT UNI | | \$484.81 | \$484.81 | | | | |
| 33901 | PERQ P-ART REVSC 1 NM NT BI | | \$637.17 | \$637.17 | | | | |
| 33902 | PERQ P-ART REVSC 1 ABNOR UNI | | \$615.61 | \$615.61 | | | | |
| 33903 | PERQ P-ART REVSC 1 ABNOR BI | | \$725.49 | \$725.49 | | | | |
| 33904 | PERQ P-ART REVSC EACH ADDL | | \$243.50 | \$243.50 | | | | |
| 33910 | PULMONARY ARTERY EMBOLLECTOMY; WITH CARDIOPULMONARY BYPASS | | \$1,101.70 | \$1,101.70 | | | | |
| 33915 | PULMONARY ARTERY EMBOLLECTOMY; WITHOUT CARDIOPULMONARY BYPASS | | \$929.18 | \$929.18 | | | | |
| 33916 | PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLLECTOMY, WITH CARDIOPULM | | \$1,263.84 | \$1,263.84 | | | | |
| 33917 | REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GR | | \$1,771.59 | \$1,771.59 | | | | |
| 33920 | REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRU | | \$2,120.01 | \$2,120.01 | | | | |
| 33922 | TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS | | \$1,430.53 | \$1,430.53 | | | | |
| 33924 | LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORM | | \$287.63 | \$287.63 | | | | |
| 33925 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; | | \$1,377.37 | \$1,377.37 | | | | Rate updated 1/1/2018 |
| 33926 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; | | \$1,859.13 | \$1,859.13 | | | | |
| 33927 | IMPLTJ TOT RPLCMT HRT SYS | | \$2,043.74 | \$2,043.74 | | | | Added Effective 1/1/2018 |
| 33928 | RMVL & RPLCMT TOT HRT SYS | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 33929 | RMVL RPLCMT HRT SYS F/TRNSPL | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION) | | \$1,440.00 | \$1,920.00 | | | | |
| 33933 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT P | | \$0.00 | \$0.00 | | | | |
| 33935 | HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY | | \$2,776.05 | \$2,776.05 | | | | |
| 33940 | DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION) | | \$2,250.00 | \$3,000.00 | | | | |
| 33944 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR | | \$0.00 | \$0.00 | | | | |
| 33945 | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY | | \$3,167.39 | \$3,167.39 | | | | |
| 33946 | INITIATION OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP | | \$252.80 | \$252.80 | | | | Added effective 1/1/2015 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33947 | INITIATION OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP | | \$279.23 | \$279.23 | | | | Added effective 1/1/2015 |
| 33948 | DAILY MANAGEMENT OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP | | \$199.74 | \$199.74 | | | | Added effective 1/1/2015 |
| 33949 | DAILY MANAGEMENT OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP | | \$194.37 | \$194.37 | | | | Added effective 1/1/2015 |
| 33951 | INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$360.23 | \$360.23 | | | | Added effective 1/1/2015 |
| 33952 | INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$351.07 | \$351.07 | | | | Added effective 1/1/2015 |
| 33953 | INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$401.94 | \$401.94 | | | | Added effective 1/1/2015 |
| 33954 | INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$392.22 | \$392.22 | | | | Added effective 1/1/2015 |
| 33955 | INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$724.24 | \$724.24 | | | | Added effective 1/1/2015 |
| 33956 | INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$688.02 | \$688.02 | | | | Added effective 1/1/2015 |
| 33957 | REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$160.72 | \$160.72 | | | | Added effective 1/1/2015 |
| 33958 | REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$155.80 | \$155.80 | | | | Added effective 1/1/2015 |
| 33959 | REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$204.20 | \$204.20 | | | | Added effective 1/1/2015 |
| 33962 | REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$192.56 | \$192.56 | | | | Added effective 1/1/2015 |
| 33963 | REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$408.08 | \$408.08 | | | | Added effective 1/1/2015 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 33964 | REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$418.72 | \$418.72 | | | | Added effective 1/1/2015 |
| 33965 | REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$160.72 | \$160.72 | | | | Added effective 1/1/2015 |
| 33966 | REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$193.94 | \$193.94 | | | | Added effective 1/1/2015 |
| 33967 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS | | \$196.92 | \$198.21 | | | | |
| 33968 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS | | \$31.37 | \$31.37 | | | | |
| 33969 | REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$237.02 | \$237.02 | | | | Added effective 1/1/2015 |
| 33970 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL AR | | \$462.75 | \$462.75 | | | | |
| 33971 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMO | | \$279.06 | \$279.06 | | | | |
| 33973 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING | | \$512.93 | \$512.93 | | | | |
| 33974 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA | | \$543.61 | \$543.61 | | | | |
| 33975 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRIC | | \$1,020.70 | \$1,020.70 | | | | |
| 33976 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR | | \$1,390.86 | \$1,390.86 | | | | |
| 33977 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE | | \$893.09 | \$893.09 | | | | |
| 33978 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR | | \$1,020.70 | \$1,020.70 | | | | |
| 33979 | INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SI | | \$955.07 | \$955.07 | | | | |
| 33980 | REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SING | | \$837.56 | \$837.56 | | | | |
| 33981 | REPLACE VAD PUMP EXT | | \$689.75 | \$689.75 | | | | |
| 33982 | REPLACE VAD INTRA W/O BP | | \$1,615.61 | \$1,615.61 | | | | |
| 33983 | REPLACE VAD INTRA W/BP | | \$1,897.00 | \$1,897.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 33984 | REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$233.65 | \$233.65 | | | | Added effective 1/1/2015 |
| 33985 | REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE | | \$446.57 | \$446.57 | | | | Added effective 1/1/2015 |
| 33986 | REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER | | \$426.22 | \$426.22 | | | | Added effective 1/1/2015 |
| 33987 | INCISION OF ARTERY FOR CREATION OF A CHANNEL FOR BLOOD CIRCULATION USING A PUMP | | \$171.04 | \$171.04 | | | | Added effective 1/1/2015 |
| 33988 | INSERTION OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN | | \$635.96 | \$635.96 | | | | Added effective 1/1/2015 |
| 33989 | REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN | | \$404.22 | \$404.22 | | | | Added effective 1/1/2015 |
| 33990 | INSERTION OF VENTRICULAR ASSIST DEVICE | | \$351.64 | \$351.64 | | | | |
| 33991 | BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSSEPTAL | | \$512.51 | \$512.51 | | | | |
| 33992 | REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE | | \$167.66 | \$167.66 | | | | |
| 33993 | REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST | | \$147.21 | \$147.21 | | | | |
| 33995 | INSJ PERQ VAD R HRT VENOUS | | \$294.52 | \$294.52 | | | | Added Effective 01/01/2021 |
| 33997 | RMVL PERQ RIGHT HEART VAD | | \$130.91 | \$130.91 | | | | Added Effective 01/01/2021 |
| 33999 | UNLISTED PROCEDURE, CARDIAC SURGERY | R | \$0.00 | \$0.00 | | | | |
| 34001 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLA | | \$645.42 | \$645.42 | | | | |
| 34051 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, | | \$674.60 | \$674.60 | | | | |
| 34101 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACH | | \$521.42 | \$521.42 | | | | |
| 34111 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR | | \$452.90 | \$452.90 | | | | |
| 34151 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, | | \$825.77 | \$825.77 | | | | |
| 34201 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL | | \$517.89 | \$517.89 | | | | |
| 34203 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; | | \$597.81 | \$597.81 | | | | |
| 34401 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOM | | \$591.79 | \$591.79 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 34421 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE | | \$497.38 | \$497.38 | | | | |
| 34451 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE | | \$724.01 | \$724.01 | | | | |
| 34471 | THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISI | | \$375.12 | \$375.12 | | | | |
| 34490 | THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, B | | \$423.44 | \$423.44 | | | | |
| 34501 | VALVULOPLASTY, FEMORAL VEIN | | \$502.96 | \$502.96 | | | | |
| 34502 | RECONSTRUCTION OF VENA CAVA, ANY METHOD | | \$1,341.34 | \$1,341.34 | | | | |
| 34510 | VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR | | \$608.50 | \$608.50 | | | | |
| 34520 | CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM | | \$638.54 | \$638.54 | | | | |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS | | \$845.42 | \$845.42 | | | | |
| 34701 | EVASC RPR A-AO NDGFT | | \$989.88 | \$989.88 | | | | Added Effective 1/1/2018 |
| 34702 | EVASC RPR A-AO NDGFT RPT | | \$1,480.49 | \$1,480.49 | | | | Added Effective 1/1/2018 |
| 34703 | EVASC RPR A-UNILAC NDGFT | | \$1,114.11 | \$1,114.11 | | | | Added Effective 1/1/2018 |
| 34704 | EVASC RPR A-UNILAC NDGFT RPT | | \$1,855.95 | \$1,855.95 | | | | Added Effective 1/1/2018 |
| 34705 | EVAC RPR A-BIILIAC NDGFT | | \$1,228.98 | \$1,228.98 | | | | Added Effective 1/1/2018 |
| 34706 | EVASC RPR A-BIILIAC RPT | | \$1,851.05 | \$1,851.05 | | | | Added Effective 1/1/2018 |
| 34707 | EVASC RPR ILIO-ILIAC NDGFT | | \$923.51 | \$923.51 | | | | Added Effective 1/1/2018 |
| 34708 | EVASC RPR ILIO-ILIAC RPT | | \$1,488.10 | \$1,488.10 | | | | Added Effective 1/1/2018 |
| 34709 | PLMT XTN PROSTH EVASC RPR | | \$260.52 | \$260.52 | | | | Added Effective 1/1/2018 |
| 34710 | DLYD PLMT XTN PROSTH 1ST VSL | | \$643.15 | \$643.15 | | | | Added Effective 1/1/2018 |
| 34711 | DLYD PLMT XTN PROSTH EA ADDL | | \$240.51 | \$240.51 | | | | Added Effective 1/1/2018 |
| 34712 | TCAT DLVR ENHNCD FIXJ DEV | | \$547.96 | \$547.96 | | | | Added Effective 1/1/2018 |
| 34713 | PERQ ACCESS & CLSR FEM ART | | \$103.70 | \$103.70 | | | | Added Effective 1/1/2018 |
| 34714 | OPN FEM ART EXPOS CNDT CRTJ | | \$217.74 | \$217.74 | | | | Added Effective 1/1/2018 |
| 34715 | OPN AX/SUBCLA ART EXPOS | | \$243.69 | \$243.69 | | | | Added Effective 1/1/2018 |
| 34716 | OPN AX/SUBCLA ART EXPOS CNDT | | \$301.85 | \$301.85 | | | | Added Effective 1/1/2018 |
| 34717 | EVASC RPR A-ILIAC NDGFT | | \$362.04 | \$362.04 | | | | Added Effective 01/01/2020 |
| 34718 | EVASC RPR N/A A-ILIAC NDGFT | | \$1,006.21 | \$1,006.21 | | | | Added Effective 01/01/2020 |
| 34806 | ANEURYSM PRESS SENSOR ADD-ON | | \$85.15 | \$85.15 | | | | |
| 34808 | ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATE | | \$168.70 | \$168.70 | | | | |
| 34812 | OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, | | \$276.20 | \$276.20 | | | | |
| 34813 | PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORT | | \$196.20 | \$196.20 | | | | |
| 34820 | OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR | | \$398.76 | \$398.76 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 34830 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | \$1,378.68 | \$1,378.68 | | | | |
| 34831 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | \$1,490.71 | \$1,490.71 | | | | |
| 34832 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | \$1,490.71 | \$1,490.71 | | | | |
| 34833 | OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AO | | \$491.53 | \$491.53 | | | | |
| 34834 | OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR | | \$230.44 | \$230.44 | | | | |
| 34839 | PHYSICIAN PLANNING OF A PATIENT-SPECIFIC GRAFT FOR REPAIR OF AORTA REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME | | \$0.00 | \$0.00 | | | | Added effective 1/1/2015 |
| 34841 | ENDOVASC VISC AORTA 1 GRAFT | | \$0.00 | \$0.00 | | | | |
| 34842 | ENDOVASC VISC AORTA 2 GRAFT | | \$0.00 | \$0.00 | | | | |
| 34843 | ENDOVASC VISC AORTA 3 GRAF | | \$0.00 | \$0.00 | | | | |
| 34844 | ENDOVASC VISC AORTA 4 GRAFT | | \$0.00 | \$0.00 | | | | |
| 34845 | VISC & INFRAREN ABD 1 PROSTH | | \$0.00 | \$0.00 | | | | |
| 34846 | VISC & INFRAREN ABD 2 PROSTH | | \$0.00 | \$0.00 | | | | |
| 34847 | VISC & INFRAREN ABD 3 PROSTH | | \$0.00 | \$0.00 | | | | |
| 34848 | VISC & INFRAREN ABD 4+ PROST | | \$0.00 | \$0.00 | | | | |
| 35001 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,036.03 | \$1,036.03 | | | | |
| 35002 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$967.74 | \$967.74 | | | | |
| 35005 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$816.63 | \$816.63 | | | | |
| 35011 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$731.19 | \$731.19 | | | | |
| 35013 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$936.23 | \$936.23 | | | | |
| 35021 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,077.67 | \$1,077.67 | | | | |
| 35022 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,085.08 | \$1,085.08 | | | | |
| 35045 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$684.85 | \$684.85 | | | | |
| 35081 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,326.86 | \$1,326.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35082 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,571.70 | \$1,571.70 | | | | |
| 35091 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,535.88 | \$1,535.88 | | | | |
| 35092 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,889.34 | \$1,889.34 | | | | |
| 35102 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,386.89 | \$1,386.89 | | | | |
| 35103 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,747.01 | \$1,747.01 | | | | |
| 35111 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,005.65 | \$1,005.65 | | | | |
| 35112 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$844.22 | \$844.22 | | | | |
| 35121 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,325.97 | \$1,325.97 | | | | |
| 35122 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,518.22 | \$1,518.22 | | | | |
| 35131 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,001.31 | \$1,001.31 | | | | |
| 35132 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$1,186.63 | \$1,186.63 | | | | |
| 35141 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$853.95 | \$853.95 | | | | |
| 35142 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$939.56 | \$939.56 | | | | |
| 35151 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$945.88 | \$945.88 | | | | |
| 35152 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | \$749.67 | \$749.67 | | | | |
| 35180 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK | | \$590.46 | \$590.46 | | | | |
| 35182 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN | | \$797.79 | \$797.79 | | | | |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES | | \$625.22 | \$625.22 | | | | |
| 35188 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK | | \$640.56 | \$640.56 | | | | |
| 35189 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOME | | \$859.95 | \$859.95 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35190 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES | | \$675.30 | \$675.30 | | | | |
| 35201 | REPAIR BLOOD VESSEL, DIRECT; NECK | | \$578.39 | \$578.39 | | | | |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY | | \$570.70 | \$570.70 | | | | |
| 35207 | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER | | \$602.43 | \$602.43 | | | | |
| 35211 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS | | \$1,013.08 | \$1,013.08 | | | | |
| 35216 | REPAIR BLOOD VESSEL, DIRECT | | \$839.36 | \$839.36 | | | | |
| 35221 | REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL | | \$794.29 | \$794.29 | | | | |
| 35226 | REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY | | \$562.85 | \$562.85 | | | | |
| 35231 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK | | \$756.05 | \$756.05 | | | | |
| 35236 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY | | \$660.14 | \$660.14 | | | | |
| 35241 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS | | \$1,045.62 | \$1,045.62 | | | | |
| 35246 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS | | \$1,039.17 | \$1,039.17 | | | | |
| 35251 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL | | \$775.92 | \$775.92 | | | | |
| 35256 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY | | \$688.21 | \$688.21 | | | | |
| 35261 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK | | \$722.49 | \$722.49 | | | | |
| 35266 | REPAIR BLOOD VESSEL WITH GRAFT | | \$635.28 | \$635.28 | | | | |
| 35271 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BY | | \$989.56 | \$989.56 | | | | |
| 35276 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT | | \$848.30 | \$848.30 | | | | |
| 35281 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL | | \$988.75 | \$988.75 | | | | |
| 35286 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY | | \$687.02 | \$687.02 | | | | |
| 35301 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL | | \$924.15 | \$924.15 | | | | |
| 35302 | THROMBOENDARTERECTOMY, SUPERFICIAL FEMORAL ARTERY | | \$869.22 | \$869.22 | | | | |
| 35303 | THROMBOENDARTERECTOMY, POPLITEAL ARTERY | | \$955.83 | \$955.83 | | | | |
| 35304 | THROMBOENDARTERECTOMY, TIBIOPERONEAL TRUNK ARTERY | | \$994.77 | \$994.77 | | | | |
| 35305 | THROMBOENDARTERECTOMY, TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL | | \$955.83 | \$955.83 | | | | |
| 35306 | THROMBOENDARTERECTOMY, EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY | | \$360.74 | \$360.74 | | | | |
| 35311 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMI | | \$1,367.17 | \$1,367.17 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35321 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL | | \$738.10 | \$738.10 | | | | |
| 35331 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA | | \$1,072.40 | \$1,072.40 | | | | |
| 35341 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC | | \$1,246.23 | \$1,246.23 | | | | |
| 35351 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC | | \$1,035.08 | \$1,035.08 | | | | |
| 35355 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL | | \$929.63 | \$929.63 | | | | |
| 35361 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIA | | \$1,263.78 | \$1,263.78 | | | | |
| 35363 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED | | \$1,397.25 | \$1,397.25 | | | | |
| 35371 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH | | \$704.10 | \$704.10 | | | | |
| 35372 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FE | | \$716.15 | \$716.15 | | | | |
| 35390 | REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER | | \$147.88 | \$147.88 | | | | |
| 35400 | ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVE | | \$151.60 | \$151.60 | | | | |
| 35500 | HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT | | \$210.19 | \$210.19 | | | | |
| 35501 | BYPASS GRAFT, WITH VEIN; CAROTID | | \$1,138.74 | \$1,138.74 | | | | |
| 35506 | BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN | | \$1,137.56 | \$1,137.56 | | | | |
| 35508 | BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL | | \$1,074.09 | \$1,074.09 | | | | |
| 35509 | BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID | | \$1,092.22 | \$1,092.22 | | | | |
| 35510 | BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL | | \$975.05 | \$975.05 | | | | |
| 35511 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN | | \$777.20 | \$777.20 | | | | |
| 35512 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL | | \$956.29 | \$956.29 | | | | |
| 35515 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL | | \$855.59 | \$855.59 | | | | |
| 35516 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY | | \$988.55 | \$988.55 | | | | |
| 35518 | BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY | | \$962.99 | \$962.99 | | | | |
| 35521 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL | | \$985.63 | \$985.63 | | | | |
| 35522 | BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL | | \$928.60 | \$928.60 | | | | |
| 35523 | ARTERY BYPASS GRAFT | | \$1,049.13 | \$1,049.13 | | | | |
| 35525 | BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL | | \$886.32 | \$886.32 | | | | |
| 35526 | BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID | | \$953.30 | \$953.30 | | | | |
| 35531 | BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC | | \$1,347.14 | \$1,347.14 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35533 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL | | \$1,233.91 | \$1,233.91 | | | | |
| 35535 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | \$1,685.55 | \$1,685.55 | | | | |
| 35536 | BYPASS GRAFT, WITH VEIN; SPLENORENAL | | \$1,309.80 | \$1,309.80 | | | | |
| 35537 | BYPASS GRAFT, AORTOILIAC | | \$1,682.71 | \$1,682.71 | | | | |
| 35538 | BYPASS GRAFT, AOTOBI-ILIAC | | \$1,880.70 | \$1,880.70 | | | | |
| 35539 | BYPASS GRAFT, AORTOFEMORAL | | \$1,767.47 | \$1,767.47 | | | | |
| 35540 | BYPASS GRAFT, AORTOBIFEMORAL | | \$1,971.31 | \$1,971.31 | | | | |
| 35556 | BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL | | \$1,045.93 | \$1,045.93 | | | | |
| 35558 | BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL | | \$894.82 | \$894.82 | | | | |
| 35560 | BYPASS GRAFT, WITH VEIN; AORTORENAL | | \$1,286.91 | \$1,286.91 | | | | |
| 35563 | BYPASS GRAFT, WITH VEIN; ILIOILIAC | | \$670.29 | \$670.29 | | | | |
| 35565 | BYPASS GRAFT, WITH VEIN; ILIOFEMORAL | | \$965.59 | \$965.59 | | | | |
| 35566 | BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, | | \$1,245.24 | \$1,245.24 | | | | |
| 35570 | BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL | | \$1,301.33 | \$1,301.33 | | | | |
| 35571 | BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER D | | \$1,102.17 | \$1,102.17 | | | | |
| 35572 | HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCT | | \$278.71 | \$278.71 | | | | |
| 35583 | IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL | | \$1,117.21 | \$1,117.21 | | | | |
| 35585 | IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PER | | \$1,287.06 | \$1,287.06 | | | | |
| 35587 | IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL | | \$1,178.19 | \$1,178.19 | | | | |
| 35600 | HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BY | | \$207.06 | \$207.06 | | | | |
| 35601 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID | | \$1,061.04 | \$1,061.04 | | | | |
| 35606 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN | | \$1,066.59 | \$1,066.59 | | | | |
| 35612 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN | | \$951.71 | \$951.71 | | | | |
| 35616 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY | | \$955.70 | \$955.70 | | | | |
| 35621 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL | | \$934.91 | \$934.91 | | | | |
| 35623 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL | | \$714.35 | \$714.35 | | | | |
| 35626 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID | | \$1,302.44 | \$1,302.44 | | | | |
| 35631 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, | | \$1,245.65 | \$1,245.65 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35632 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | \$1,600.40 | \$1,600.40 | | | | |
| 35633 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | \$1,728.58 | \$1,728.28 | | | | |
| 35634 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | \$1,566.28 | \$1,566.28 | | | | |
| 35636 | BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTE | | \$1,042.24 | \$1,042.24 | | | | |
| 35637 | BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC | | \$1,337.61 | \$1,337.61 | | | | |
| 35638 | BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBI-ILIAC | | \$1,359.03 | \$1,359.03 | | | | |
| 35642 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL | | \$820.57 | \$820.57 | | | | |
| 35645 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL | | \$823.95 | \$823.95 | | | | |
| 35646 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL | | \$1,457.00 | \$1,457.00 | | | | |
| 35647 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL | | \$1,189.26 | \$1,189.26 | | | | |
| 35650 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY | | \$917.63 | \$917.63 | | | | |
| 35654 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL | | \$1,217.20 | \$1,217.20 | | | | |
| 35656 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL | | \$969.73 | \$969.73 | | | | |
| 35661 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL | | \$832.01 | \$832.01 | | | | |
| 35663 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC | | \$908.67 | \$908.67 | | | | |
| 35665 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL | | \$976.19 | \$976.19 | | | | |
| 35666 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR | | \$1,103.86 | \$1,103.86 | | | | |
| 35671 | BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTE | | \$874.97 | \$874.97 | | | | |
| 35681 | BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDIT | | \$601.23 | \$601.23 | | | | |
| 35682 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO | | \$344.11 | \$345.93 | | | | |
| 35683 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FRO | | \$393.97 | \$396.57 | | | | |
| 35685 | PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, | | \$165.52 | \$165.52 | | | | |
| 35686 | CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS | | \$136.91 | \$136.91 | | | | |
| 35691 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY | | \$1,108.86 | \$1,108.86 | | | | |
| 35693 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY | | \$709.64 | \$709.64 | | | | |
| 35694 | TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY | | \$825.59 | \$825.59 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 35695 | TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY | | \$825.59 | \$825.59 | | | | |
| 35697 | REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH | | \$122.87 | \$122.87 | | | | |
| 35700 | REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, | | \$142.80 | \$142.80 | | | | |
| 35701 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | \$351.12 | \$351.12 | | | | Updated Effective 01/01/2020 |
| 35702 | EXPL N/FLWD SURG UXTR ART | | \$329.70 | \$329.70 | | | | Added Effective 01/01/2020 |
| 35703 | EXPL N/FLWD SURG LXTR ART | | \$335.39 | \$335.39 | | | | Added Effective 01/01/2020 |
| 35721 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | \$309.32 | \$309.32 | | | | |
| 35741 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR) | | \$314.85 | \$314.85 | | | | |
| 35761 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | \$316.76 | \$316.76 | | | | |
| 35800 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NEC | | \$342.42 | \$342.42 | | | | |
| 35820 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHE | | \$588.74 | \$588.74 | | | | |
| 35840 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABD | | \$482.15 | \$482.15 | | | | |
| 35860 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; | | \$317.00 | \$317.00 | | | | |
| 35870 | REPAIR OF GRAFT-ENTERIC FISTULA | | \$942.55 | \$942.55 | | | | |
| 35875 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF | | \$526.45 | \$526.45 | | | | |
| 35876 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF | | \$639.13 | \$639.13 | | | | |
| 35879 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; | | \$727.03 | \$727.03 | | | | |
| 35881 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; | | \$798.37 | \$798.37 | | | | |
| 35883 | REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/NONAUTOGENOUS VEIN | | \$972.55 | \$972.55 | | | | |
| 35884 | REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/AUTOGENOUS VEIN PATCH | | \$1,033.25 | \$1,033.25 | | | | |
| 35901 | EXCISION OF INFECTED GRAFT; NECK | | \$440.80 | \$440.80 | | | | |
| 35903 | EXCISION OF INFECTED GRAFT; EXTREMITY | | \$481.29 | \$481.29 | | | | |
| 35905 | EXCISION OF INFECTED GRAFT; THORAX | | \$723.67 | \$723.67 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 35907 | EXCISION OF INFECTED GRAFT; ABDOMEN | | \$746.85 | \$746.85 | | | | |
| 36000 | INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN | | \$9.47 | \$12.69 | | | | |
| 36002 | INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTR | | \$84.99 | \$134.56 | | | | |
| 36005 | INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION O | | \$41.45 | \$41.45 | | | | |
| 36010 | INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA | | \$135.43 | \$135.43 | | | | |
| 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, R | | \$148.45 | \$148.45 | | | | |
| 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE | | \$182.68 | \$182.68 | | | | |
| 36013 | INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY | | \$138.07 | \$138.07 | | | | |
| 36014 | SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY | | \$156.33 | \$156.33 | | | | |
| 36015 | SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTE | | \$182.68 | \$182.68 | | | | |
| 36100 | INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY | | \$165.86 | \$165.86 | | | | |
| 36140 | INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY | | \$102.63 | \$102.63 | | | | |
| 36160 | INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR | | \$144.68 | \$144.68 | | | | |
| 36200 | INTRODUCTION OF CATHETER, AORTA | | \$168.64 | \$168.64 | | | | |
| 36215 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORAC | | \$211.32 | \$211.32 | | | | |
| 36216 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER | | \$249.74 | \$249.74 | | | | |
| 36217 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR | | \$297.78 | \$297.78 | | | | |
| 36218 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER | | \$47.48 | \$47.48 | | | | |
| 36221 | NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, | | \$174.58 | \$888.61 | | | | |
| 36222 | SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR | | \$236.23 | \$1,113.58 | | | | |
| 36223 | SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR | | \$255.43 | \$1,213.67 | | | | |
| 36224 | SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID | | \$278.48 | \$1,318.90 | | | | |
| 36225 | SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR | | \$254.43 | \$1,204.15 | | | | |
| 36226 | SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY | | \$279.00 | \$1,345.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 36227 | SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID | | \$88.25 | \$196.79 | | | | |
| 36228 | SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL | | \$180.03 | \$925.33 | | | | |
| 36245 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMI | | \$239.58 | \$239.58 | | | | |
| 36246 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER | | \$249.74 | \$249.74 | | | | |
| 36247 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR | | \$297.78 | \$297.78 | | | | |
| 36248 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER | | \$47.48 | \$47.48 | | | | |
| 36251 | SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), | | \$226.84 | \$1,128.74 | | | | |
| 36252 | BILATERAL | | \$295.51 | \$1,241.60 | | | | |
| 36253 | SUPERSELECTIVE CATHETER PLACEMENT | | \$315.90 | \$1,725.36 | | | | |
| 36254 | BILATERAL | | \$340.81 | \$1,795.75 | | | | |
| 36260 | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTH | | \$487.06 | \$487.06 | | | | |
| 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | \$217.91 | \$217.91 | | | | |
| 36262 | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | \$170.06 | \$170.06 | | | | |
| 36299 | UNLISTED PROCEDURE, VASCULAR INJECTION | R | \$0.00 | \$0.00 | | | | |
| 36400 | VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT | | \$6.73 | \$7.94 | | | | |
| 36405 | BL DRAW <3 YRS SCALP VEIN | | \$13.41 | \$18.08 | | | | |
| 36406 | BL DRAW <3 YRS OTHER VEIN | | \$7.15 | \$9.82 | | | | |
| 36410 | NON-ROUTINE BL DRAW 3/> YRS | | \$7.66 | \$11.67 | | | | |
| 36415 | ROUTINE VENIPUNCTURE | | \$8.45 | \$8.45 | | | | |
| 36416 | COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK) | | \$3.27 | \$3.27 | | | | |
| 36420 | VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR | | \$44.53 | \$44.53 | | | | |
| 36425 | AGE 1 OR OVER | | \$24.69 | \$24.69 | | | | |
| 36430 | TRANSFUSION, BLOOD OR BLOOD COMPONENTS | | \$14.58 | \$27.45 | | | | |
| 36440 | PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER | | \$57.14 | \$57.14 | | | | |
| 36450 | EXCHANGE TRANSFUSION, BLOOD; NEWBORN | | \$95.02 | \$120.24 | | | | |
| 36455 | EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN | | \$137.54 | \$137.54 | | | | |
| 36456 | PRTL EXCHANGE TRANSFUSE NB | | \$87.14 | \$87.14 | | | | Added Effective 1/1/2017 |
| 36460 | TRANSFUSION, INTRAUTERINE, FETAL | | \$346.19 | \$346.19 | | | | |
| 36465 | NJX NONCMPND SCLRSNT 1 VEIN | | \$96.02 | \$1,183.75 | | | | Added Effective 1/1/2018 |
| 36466 | NJX NONCMPND SCLRSNT MLT VN | | \$122.16 | \$1,238.09 | | | | Added Effective 1/1/2018 |
| 36470 | INJECTION THERAPY OF VEIN | | \$65.80 | \$118.00 | | | | |
| 36471 | INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG | | \$50.17 | \$55.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | | \$141.94 | \$1,114.27 | | | | Added Effective 1/1/2017 |
| 36474 | ENDOVENOUS MCHNCHEM ADD-ON | | \$71.10 | \$207.81 | | | | Added Effective 1/1/2017 |
| 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | \$273.44 | \$1,379.06 | | | | |
| 36476 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | \$134.04 | \$306.01 | | | | |
| 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | \$271.71 | \$1,103.62 | | | | |
| 36479 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | \$134.04 | \$308.82 | | | | |
| 36481 | PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD | | \$362.09 | \$362.09 | | | | |
| 36482 | ENDOVEN THER CHEM ADHES 1ST | | \$142.44 | \$1,576.64 | | | | Added Effective 1/1/2018 |
| 36483 | ENDOVEN THER CHEM ADHES SBSQ | | \$71.11 | \$110.79 | | | | Added Effective 1/1/2018 |
| 36500 | VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING | | \$105.68 | \$105.68 | | | | |
| 36510 | CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN | | \$37.03 | \$41.59 | | | | |
| 36511 | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS | | \$69.62 | \$69.62 | | | | |
| 36512 | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS | | \$69.62 | \$69.62 | | | | |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATELETS | | \$69.62 | \$69.62 | | | | |
| 36514 | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS | | \$69.62 | \$69.62 | | | | |
| 36515 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA | | \$69.62 | \$69.62 | | | | |
| 36516 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR | | \$69.62 | \$69.62 | | | | |
| 36522 | PHOTOPHERESIS, EXTRACORPOREAL | | \$124.51 | \$124.51 | | | | |
| 36555 | INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; | | \$102.82 | \$237.45 | | | | |
| 36556 | INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; | | \$98.73 | \$98.73 | | | | |
| 36557 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH | | \$227.78 | \$511.70 | | | | |
| 36558 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH | | \$223.76 | \$223.76 | | | | |
| 36560 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | \$270.61 | \$948.94 | | | | |
| 36561 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | \$269.91 | \$269.91 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 36563 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE | | \$271.50 | \$882.00 | | | | |
| 36565 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | \$261.39 | \$760.11 | | | | |
| 36566 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | \$279.86 | \$795.03 | | | | |
| 36568 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT | | \$75.58 | \$273.17 | | | | |
| 36569 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT | | \$71.15 | \$230.20 | | | | |
| 36570 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH | | \$235.91 | \$1,208.95 | | | | |
| 36571 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH | | \$235.08 | \$1,088.38 | | | | |
| 36572 | INSJ PICC RS&I <5 YR | | \$75.38 | \$316.89 | | | | Effective 1/1/2019 |
| 36573 | INSJ PICC RS&I 5 YR+ | | \$69.70 | \$298.15 | | | | Effective 1/1/2019 |
| 36575 | REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WIT | | \$41.28 | \$120.68 | | | | |
| 36576 | REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP | | \$152.03 | \$305.17 | | | | |
| 36578 | REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH | | \$172.26 | \$387.06 | | | | |
| 36580 | REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VE | | \$52.36 | \$192.65 | | | | |
| 36581 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | \$161.28 | \$455.48 | | | | |
| 36582 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | \$235.54 | \$849.89 | | | | |
| 36583 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | \$237.49 | \$503.94 | | | | |
| 36584 | REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHE | | \$52.79 | \$201.05 | | | | |
| 36585 | REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCES | | \$220.69 | \$1,065.26 | | | | |
| 36589 | REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT | | \$108.02 | \$126.26 | | | | |
| 36590 | REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PO | | \$152.70 | \$152.70 | | | | |
| 36591 | DRAW BLOOD OFF VENOUS DEVICE | | \$16.32 | \$16.32 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 36592 | COLLECT BLOOD FROM PICC | | \$20.18 | \$20.18 | | | | |
| 36593 | DECLOT VASCULAR DEVICE | | \$35.31 | \$35.31 | | | | |
| 36595 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH | | \$148.07 | \$596.95 | | | | |
| 36596 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA | | \$35.73 | \$136.71 | | | | |
| 36597 | REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER | | \$47.66 | \$118.06 | | | | |
| 36598 | CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VE | | \$90.87 | \$90.97 | | | | |
| 36600 | ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS | | \$17.39 | \$17.39 | | | | |
| 36620 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR | | \$54.85 | \$54.85 | | | | |
| 36625 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR | | \$89.36 | \$89.36 | | | | |
| 36640 | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY) | | \$133.57 | \$133.57 | | | | |
| 36660 | CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY | | \$55.20 | \$55.20 | | | | |
| 36680 | PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION | | \$70.90 | \$70.90 | | | | |
| 36800 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | \$137.65 | \$137.65 | | | | |
| 36810 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | \$264.56 | \$264.56 | | | | |
| 36815 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | \$183.74 | \$183.74 | | | | |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSIT | | \$544.36 | \$544.36 | | | | |
| 36819 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITI | | \$612.48 | \$612.48 | | | | |
| 36820 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION | | \$610.47 | \$610.47 | | | | |
| 36821 | ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) | | \$475.86 | \$475.86 | | | | |
| 36823 | INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREA | | \$936.63 | \$936.63 | | | | |
| 36825 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | | \$628.76 | \$628.76 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 36830 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | | \$552.78 | \$552.78 | | | | |
| 36831 | THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS | | \$322.84 | \$322.84 | | | | |
| 36832 | REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOU | | \$429.83 | \$429.83 | | | | |
| 36833 | REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS O | | \$492.02 | \$492.02 | | | | |
| 36835 | INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE) | | \$302.83 | \$302.83 | | | | |
| 36836 | PRQ AV FSTL CRTJ UXTR 1 ACS | | \$295.39 | \$5,470.59 | | | | |
| 36837 | PRQ AV FSTL CRT UXTR SEP ACS | | \$385.37 | \$7,782.18 | | | | |
| 36838 | DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY | | \$909.16 | \$909.16 | | | | |
| 36860 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATH | | \$138.36 | \$138.36 | | | | |
| 36861 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETE | | \$184.85 | \$184.85 | | | | |
| 36870 | THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR | | \$214.29 | \$941.19 | | | | |
| 36901 | INTRO CATH DIALYSIS CIRCUIT | | \$118.83 | \$429.95 | | | | Added Effective 1/1/2017 |
| 36902 | INTRO CATH DIALYSIS CIRCUIT | | \$177.13 | \$908.51 | | | | Added Effective 1/1/2017 |
| 36903 | INTRO CATH DIALYSIS CIRCUIT | | \$242.56 | \$4,120.92 | | | | Added Effective 1/1/2017 |
| 36904 | THRMBC/NFS DIALYSIS CIRCUIT | | \$279.28 | \$1,326.45 | | | | Added Effective 1/1/2017 |
| 36905 | THRMBC/NFS DIALYSIS CIRCUIT | | \$350.55 | \$1,696.88 | | | | Added Effective 1/1/2017 |
| 36906 | THRMBC/NFS DIALYSIS CIRCUIT | | \$409.08 | \$5,006.35 | | | | Added Effective 1/1/2017 |
| 36907 | BALO ANGIOP CTR DIALYSIS SEG | | \$102.11 | \$543.44 | | | | Added Effective 1/1/2017 |
| 36908 | STENT PLMT CTR DIALYSIS SEG | | \$153.06 | \$1,983.61 | | | | Added Effective 1/1/2017 |
| 36909 | DIALYSIS CIRCUIT EMBOLJ | | \$145.21 | \$1,449.43 | | | | Added Effective 1/1/2017 |
| 37140 | VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL | | \$1,168.05 | \$1,168.05 | | | | |
| 37145 | VENOUS ANASTOMOSIS, OPEN; RENOPORTAL | | \$1,180.85 | \$1,180.85 | | | | |
| 37160 | VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC | | \$1,159.19 | \$1,159.19 | | | | |
| 37180 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL | | \$1,127.27 | \$1,127.27 | | | | |
| 37181 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION) | | \$1,264.26 | \$1,264.26 | | | | |
| 37182 | INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) | | \$691.70 | \$691.70 | | | | |
| 37183 | REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) | | \$321.59 | \$321.59 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 37184 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY | | \$356.92 | \$2,105.80 | | | | |
| 37185 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY | | \$131.08 | \$688.35 | | | | |
| 37187 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING | | \$331.84 | \$2,047.29 | | | | |
| 37188 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING | | \$239.47 | \$1,764.83 | | | | |
| 37191 | INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUROSCOPY), WHEN PERFORMED | | \$194.25 | \$2,040.44 | | | | |
| 37192 | REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN PERFO | | \$301.23 | \$1,379.12 | | | | |
| 37193 | RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN | | \$300.97 | \$1,316.84 | | | | |
| 37195 | THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION | | \$211.50 | \$211.50 | | | | |
| 37197 | TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRA | | \$250.01 | \$1,303.87 | | | | |
| 37200 | TRANSCATHETER BIOPSY | | \$179.61 | \$179.61 | | | | |
| 37204 | TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO | | \$940.24 | \$940.24 | | | | |
| 37205 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | \$391.57 | \$391.57 | | | | |
| 37206 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | \$195.49 | \$195.49 | | | | |
| 37207 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY | | \$391.57 | \$391.57 | | | | |
| 37208 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY | | \$195.49 | \$195.49 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 37210 | EMBOLIZATION, UTERINE FIBROID | | \$399.76 | \$1,488.04 | | | | |
| 37211 | TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR | | \$327.91 | \$327.91 | | | | |
| 37212 | TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROM | | \$289.50 | \$289.50 | | | | |
| 37213 | TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUS | | \$202.48 | \$202.48 | | | | |
| 37214 | CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF | | \$118.33 | \$118.33 | | | | |
| 37215 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR | | \$815.30 | \$815.30 | | | | |
| 37216 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR | | \$785.20 | \$785.20 | | | | |
| 37217 | STENT PLACEMT RETRO CAROTID | | \$906.18 | \$906.18 | | | | |
| 37218 | INSERTION OF STENTS IN BLOOD VESSELS OF CHEST OPEN OR ACCESSED THROUGH THE SKIN WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$672.32 | \$672.32 | | | | Added effective 1/1/2015 |
| 37220 | REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY | | \$380.96 | \$2,769.69 | | | | |
| 37221 | ILIAC ARTERY REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL | | \$463.45 | \$4,092.38 | | | | |
| 37222 | REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USED IN CONJUCTION WITH 37220, 37221 | | \$172.98 | \$798.72 | | | | |
| 37223 | ILIAC ARTERY REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL (USED IN CONJUCTION WITH 37221) | | \$196.42 | \$2,253.73 | | | | |
| 37224 | REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY | | \$419.53 | \$3,327.49 | | | | |
| 37225 | REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL | | \$565.21 | \$9,393.82 | | | | |
| 37226 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL | | \$465.52 | \$7,862.85 | | | | |
| 37227 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN SAME VESSEL | | \$682.71 | \$12,699.65 | | | | |
| 37228 | REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY | | \$512.70 | \$4,736.52 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 37229 | REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL | | \$661.94 | \$9,313.71 | | | | |
| 37230 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL | | \$638.50 | \$7,317.51 | | | | |
| 37231 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL | | \$693.98 | \$11,741.01 | | | | |
| 37232 | REVASCULARIZATION , ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USE IN CONJUCTION WITH 37228-37231 | | \$185.44 | \$1,063.97 | | | | |
| 37233 | REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37229-37231 | | \$304.71 | \$1,300.44 | | | | |
| 37234 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37230, 37231 | | \$253.98 | \$3,387.42 | | | | |
| 37235 | REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUCTION WITH 37231 | | \$360.49 | \$3,619.15 | | | | |
| 37236 | OPEN/PERQ PLACE STENT 1ST | | \$377.71 | \$2,096.92 | | | | |
| 37237 | OPEN/PERQ PLACE STENT EA ADD | | \$176.55 | \$911.84 | | | | |
| 37238 | OPEN/PERQ PLACE STENT SAME | | \$264.58 | \$3,043.77 | | | | |
| 37239 | OPEN/PERQ PLACE STENT EA ADD | | \$123.23 | \$1,512.31 | | | | |
| 37241 | VASC EMBOLIZE/OCCLUDE VENOU | | \$366.17 | \$3,377.96 | | | | |
| 37242 | VASC EMBOLIZE/OCCLUDE ARTERY | | \$408.85 | \$5,672.04 | | | | |
| 37243 | VASC EMBOLIZE/OCCLUDE ORGAN | | \$487.47 | \$7,157.85 | | | | |
| 37244 | VASC EMBOLIZE/OCCLUDE BLEED | | \$568.69 | \$5,031.13 | | | | |
| 37246 | TRLUML BALO ANGIOP 1ST ART | | \$290.74 | \$1,598.35 | | | | Added Effective 1/1/2017 |
| 37247 | TRLUML BALO ANGIOP ADDL ART | | \$144.20 | \$648.95 | | | | Added Effective 1/1/2017 |
| 37248 | TRLUML BALO ANGIOP 1ST VEIN | | \$249.99 | \$1,111.06 | | | | Added Effective 1/1/2017 |
| 37249 | TRLUML BALO ANGIOP ADDL VEIN | | \$122.68 | \$477.46 | | | | Added Effective 1/1/2017 |
| 37252 | INTERVASCULAR ULTRASOUND DIAG EVALUATION /RADIOLOGICAL SUPERVISION INITIAL NONCORONARY VESSEL | R | \$75.78 | \$1,033.05 | | | | Added Effective 1/1/2016 |
| 37253 | EACH ADDITIONAL NONCORONARY VESSEL | R | \$60.60 | \$164.35 | | | | Added Effective 1/1/2016 |
| 37605 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY | | \$310.26 | \$310.26 | | | | |
| 37606 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, A | | \$312.14 | \$312.14 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 37607 | LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA | | \$270.69 | \$270.69 | | | | |
| 37609 | LIGATION OR BIOPSY, TEMPORAL ARTERY | | \$135.39 | \$135.39 | | | | |
| 37615 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK | | \$306.53 | \$306.53 | | | | |
| 37616 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST | | \$564.15 | \$564.15 | | | | |
| 37617 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN | | \$668.38 | \$668.38 | | | | |
| 37618 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY | | \$273.77 | \$273.77 | | | | |
| 37619 | LIGATION OF INFERIOR VENA CAVA | | \$1,325.28 | \$1,325.28 | | | | |
| 37650 | LIGATION OF FEMORAL VEIN | | \$249.28 | \$249.28 | | | | |
| 37660 | LIGATION OF COMMON ILIAC VEIN | | \$463.39 | \$463.39 | | | | |
| 37700 | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTIO | | \$218.66 | \$218.66 | | | | |
| 37718 | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN | | \$308.05 | \$308.05 | | | | |
| 37722 | LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM | | \$366.19 | \$366.19 | | | | |
| 37735 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOU | | \$555.02 | \$555.02 | | | | |
| 37760 | LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH | | \$528.06 | \$528.06 | | | | |
| 37761 | LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING US GUIDANCE, WHEN PERFORMED, 1 LEG | | \$426.59 | \$426.59 | | | | |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISION | | \$340.01 | \$340.01 | | | | |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISI | | \$414.34 | \$414.34 | | | | |
| 37780 | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLITEAL JUNC | | \$162.49 | \$162.49 | | | | |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L | | \$135.12 | \$135.12 | | | | |
| 37788 | PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT | | \$1,067.94 | \$1,067.94 | | | | |
| 37790 | PENILE VENOUS OCCLUSIVE PROCEDURE | | \$401.58 | \$401.58 | | | | |
| 37799 | UNLISTED PROCEDURE, VASCULAR SURGERY | R | \$0.00 | \$0.00 | | | | |
| 38100 | SPLENECTOMY; TOTAL (SEPARATE PROCEDURE) | | \$625.14 | \$625.14 | | | | |
| 38101 | SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE) | | \$593.61 | \$593.61 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 38102 | SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH | | \$222.27 | \$222.27 | | | | |
| 38115 | REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL | | \$610.56 | \$610.56 | | | | |
| 38120 | LAPAROSCOPY, SURGICAL, SPLENECTOMY | | \$683.05 | \$683.05 | | | | |
| 38200 | INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY | | \$126.98 | \$126.98 | | | | |
| 38204 | BL DONOR SEARCH MANAGEMENT | | \$81.93 | \$81.93 | | | | |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA | | \$60.14 | \$60.14 | | | | |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA | | \$60.14 | \$60.14 | | | | |
| 38207 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVA | | \$47.87 | \$47.87 | | | | |
| 38208 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF | | \$52.26 | \$52.26 | | | | |
| 38209 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF | | \$46.23 | \$46.23 | | | | |
| 38210 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL | | \$50.08 | \$50.08 | | | | |
| 38211 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL | | \$50.08 | \$50.08 | | | | |
| 38212 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CE | | \$50.08 | \$50.08 | | | | |
| 38213 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET | | \$50.08 | \$50.08 | | | | |
| 38214 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU | | \$41.58 | \$41.58 | | | | |
| 38215 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL | | \$50.08 | \$50.08 | | | | |
| 38220 | BONE MARROW; ASPIRATION ONLY | | \$43.19 | \$151.60 | | | | |
| 38221 | BONE MARROW; BIOPSY, NEEDLE OR TROCAR | | \$54.88 | \$162.78 | | | | |
| 38222 | DX BONE MARROW BX & ASPIR | | \$62.32 | \$130.21 | | | | Added Effective 1/1/2018 |
| 38230 | BONE MARROW HARVESTING FOR TRANSPLANTATION | | \$172.39 | \$172.39 | | | | |
| 38232 | AUTOGLOUS | | \$147.54 | \$147.54 | | | | |
| 38240 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | \$124.92 | \$124.92 | | | | |
| 38241 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | \$123.60 | \$123.60 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 38242 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | \$68.50 | \$68.50 | | | | |
| 38243 | HPC BOOST | | \$94.02 | \$94.02 | | | | |
| 38300 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE | | \$53.64 | \$61.42 | | | | |
| 38305 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE | | \$185.74 | \$185.74 | | | | |
| 38308 | LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS | | \$234.84 | \$234.84 | | | | |
| 38380 | SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH | | \$329.17 | \$329.17 | | | | |
| 38381 | SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH | | \$594.28 | \$594.28 | | | | |
| 38382 | SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH | | \$428.41 | \$428.41 | | | | |
| 38500 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL | | \$133.22 | \$133.22 | | | | |
| 38505 | BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVI | | \$52.60 | \$67.62 | | | | |
| 38510 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) | | \$193.50 | \$193.50 | | | | |
| 38520 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH | | \$236.41 | \$236.41 | | | | |
| 38525 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S) | | \$210.58 | \$210.58 | | | | |
| 38530 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S) | | \$271.60 | \$271.60 | | | | |
| 38531 | OPEN BX/EXC INGUINOFEM NODES | | \$350.70 | \$350.70 | | | | Effective 1/1/2019 |
| 38542 | DISSECTION, DEEP JUGULAR NODE(S) | | \$287.35 | \$287.35 | | | | |
| 38550 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP | | \$290.33 | \$290.33 | | | | |
| 38555 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCU | | \$611.46 | \$611.46 | | | | |
| 38562 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND | | \$496.86 | \$496.86 | | | | |
| 38564 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITON | | \$528.34 | \$528.34 | | | | |
| 38570 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPS | | \$434.46 | \$434.46 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 38571 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | | \$565.05 | \$565.05 | | | | |
| 38572 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | | \$736.91 | \$736.91 | | | | Rate updated 1/1/2018 |
| 38573 | LAPS PELVIC LYMPHADEC | | \$926.52 | \$926.52 | | | | Added Effective 1/1/2018 |
| 38589 | UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM | R | \$0.00 | \$0.00 | | | | |
| 38700 | SUPRAHYOID LYMPHADENECTOMY | | \$512.23 | \$512.23 | | | | |
| 38720 | CERVICAL LYMPHADENECTOMY (COMPLETE) | | \$832.11 | \$832.11 | | | | |
| 38724 | CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION) | | \$821.68 | \$821.68 | | | | |
| 38740 | AXILLARY LYMPHADENECTOMY; SUPERFICIAL | | \$335.18 | \$335.18 | | | | |
| 38745 | AXILLARY LYMPHADENECTOMY; COMPLETE | | \$501.95 | \$501.95 | | | | |
| 38746 | THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRAC | | \$203.12 | \$203.12 | | | | |
| 38747 | ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL | | \$226.49 | \$226.49 | | | | |
| 38760 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE | | \$450.96 | \$450.96 | | | | |
| 38765 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC | | \$838.20 | \$838.20 | | | | |
| 38770 | PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND | | \$810.15 | \$810.15 | | | | |
| 38780 | RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING | | \$951.96 | \$951.96 | | | | |
| 38790 | INJECTION PROCEDURE; LYMPHANGIOGRAPHY | | \$86.46 | \$86.46 | | | | |
| 38792 | INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE | | \$113.93 | \$113.93 | | | | |
| 38794 | CANNULATION, THORACIC DUCT | | \$204.25 | \$204.25 | | | | |
| 38900 | INTRAOPERATIVE IDENTIFICATION OF SENTINEL LYMPH NODE(S), INCLUDES INJECTION OF NON-RADIOACTIVE DYE, USE IN CONJUCTION WITH 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38542, 38740, 38745 | | \$119.87 | \$119.87 | | | | |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM | R | \$0.00 | \$0.00 | | | | |
| 39000 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR | | \$336.11 | \$336.11 | | | | |
| 39010 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR | | \$674.24 | \$674.24 | | | | |
| 39200 | EXCISION OF MEDIASTINAL CYST | | \$726.46 | \$726.46 | | | | |
| 39220 | EXCISION OF MEDIASTINAL TUMOR | | \$943.68 | \$943.68 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 39401 | MEDIATINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS | | \$253.10 | \$253.10 | | | | Added Effective 1/1/2016 |
| 39402 | WITH LYMPH NODE BIOPSY(IES) | | \$330.66 | \$330.66 | | | | Added Effective 1/1/2016 |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUM | R | \$0.00 | \$0.00 | | | | |
| 39501 | REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH | | \$692.01 | \$692.01 | | | | |
| 39503 | REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSE | | \$1,721.61 | \$1,721.61 | | | | |
| 39540 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE | | \$737.37 | \$737.37 | | | | |
| 39541 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC | | \$768.14 | \$768.14 | | | | |
| 39545 | IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMI | | \$598.78 | \$598.78 | | | | |
| 39560 | RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE) | | \$602.51 | \$602.51 | | | | |
| 39561 | RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LO | | \$827.49 | \$827.49 | | | | |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM | R | \$0.00 | \$0.00 | | | | |
| 40490 | BIOPSY OF LIP | | \$47.42 | \$57.35 | | | | |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | | \$282.84 | \$282.84 | | | | |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE | | \$310.91 | \$310.91 | | | | |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | | \$270.44 | \$270.44 | | | | |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, | | \$497.22 | \$497.22 | | | | |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP | | \$595.01 | \$595.01 | | | | |
| 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | | \$305.60 | \$305.60 | | | | |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | | \$238.10 | \$238.10 | | | | |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | | \$279.20 | \$279.20 | | | | |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | | \$351.05 | \$351.05 | | | | |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL | | \$611.31 | \$611.31 | | | | |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE ST | | \$1,000.92 | \$1,000.92 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF | | \$640.15 | \$640.15 | | | | |
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION | | \$679.54 | \$679.54 | | | | |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL | | \$743.84 | \$743.84 | | | | |
| 40799 | UNLISTED PROCEDURE, LIPS | R | \$175.00 | \$227.50 | | | | |
| 40800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE | | \$44.49 | \$54.41 | | | | |
| 40801 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED | | \$99.46 | \$122.26 | | | | |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE | | \$44.16 | \$51.93 | | | | |
| 40805 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED | | \$151.81 | \$151.81 | | | | |
| 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) | | \$19.48 | \$19.48 | | | | |
| 40808 | BIOPSY, VESTIBULE OF MOUTH | | \$38.84 | \$49.03 | | | | |
| 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOU | | \$55.47 | \$71.30 | | | | |
| 40812 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH S | | \$89.83 | \$109.95 | | | | |
| 40814 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH | | \$147.05 | \$190.36 | | | | |
| 40816 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLE | | \$154.49 | \$197.67 | | | | |
| 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | | \$131.53 | \$131.53 | | | | |
| 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENUECTOMY, | | \$86.21 | \$102.71 | | | | |
| 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHOD | | \$44.66 | \$51.77 | | | | |
| 40830 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS | | \$69.85 | \$69.85 | | | | |
| 40831 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX | | \$127.86 | \$127.86 | | | | |
| 40840 | VESTIBULOPLASTY; ANTERIOR | | \$430.02 | \$430.02 | | | | |
| 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL | | \$430.02 | \$430.02 | | | | |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL | | \$602.33 | \$602.33 | | | | |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH | | \$796.00 | \$796.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITION | | \$1,216.78 | \$1,216.78 | | | | |
| 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH | R | \$75.00 | \$97.50 | | | | |
| 41000 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$48.82 | \$59.01 | | | | |
| 41005 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$53.84 | \$53.84 | | | | |
| 41006 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$118.67 | \$118.67 | | | | |
| 41007 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$169.88 | \$169.88 | | | | |
| 41008 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$109.61 | \$123.83 | | | | |
| 41009 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | \$195.34 | \$195.34 | | | | |
| 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | | \$45.81 | \$45.81 | | | | |
| 41015 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | \$134.92 | \$134.92 | | | | |
| 41016 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | \$217.36 | \$217.36 | | | | |
| 41017 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | \$150.11 | \$150.11 | | | | |
| 41018 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | \$254.03 | \$254.03 | | | | |
| 41019 | PLACE NEEDLES H&N FOR RT | | \$377.11 | \$377.11 | | | | |
| 41100 | BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS | | \$59.04 | \$69.76 | | | | |
| 41105 | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD | | \$56.93 | \$70.74 | | | | |
| 41108 | BIOPSY OF FLOOR OF MOUTH | | \$42.93 | \$54.33 | | | | |
| 41110 | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE | | \$63.92 | \$81.35 | | | | |
| 41112 | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS | | \$114.81 | \$146.87 | | | | |
| 41113 | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD | | \$145.39 | \$191.12 | | | | |
| 41114 | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP | | \$420.36 | \$420.36 | | | | |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | | \$101.46 | \$101.46 | | | | |
| 41116 | EXCISION, LESION OF FLOOR OF MOUTH | | \$142.60 | \$142.60 | | | | |
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE | | \$475.75 | \$475.75 | | | | |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY | | \$572.07 | \$572.07 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 41135 | GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION | | \$974.31 | \$974.31 | | | | |
| 41140 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT | | \$1,254.60 | \$1,254.60 | | | | |
| 41145 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH | | \$1,492.25 | \$1,492.25 | | | | |
| 41150 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND | | \$1,136.41 | \$1,136.41 | | | | |
| 41153 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH | | \$1,365.67 | \$1,365.67 | | | | |
| 41155 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIB | | \$1,581.07 | \$1,581.07 | | | | |
| 41250 | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR | | \$85.95 | \$85.95 | | | | |
| 41251 | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE | | \$125.77 | \$125.77 | | | | |
| 41252 | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX | | \$155.03 | \$155.03 | | | | |
| 41510 | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE) | | \$176.21 | \$176.21 | | | | |
| 41512 | TONGUE BASE SUSPENSION, PERMANENT SUTURE TECH | | \$464.63 | \$464.63 | | | | |
| 41520 | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) | | \$161.22 | \$161.22 | | | | |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH | R | \$0.00 | \$0.00 | | | | |
| 41800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES | | \$43.82 | \$53.07 | | | | |
| 41805 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT | | \$59.39 | \$59.39 | | | | |
| 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | | \$103.11 | \$125.10 | | | | |
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | | \$56.25 | \$75.00 | | | | |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | | \$56.25 | \$75.00 | | | | |
| 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | \$153.66 | \$153.66 | | | | |
| 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | \$213.35 | \$213.35 | | | | |
| 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | \$60.36 | \$80.34 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | \$98.45 | \$126.21 | | | | |
| 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | \$155.88 | \$206.57 | | | | |
| 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY) | | \$206.39 | \$206.39 | | | | |
| 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | | \$223.87 | \$223.87 | | | | |
| 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES | | \$112.50 | \$150.00 | | | | |
| 41870 | PERIODONTAL MUCOSAL GRAFTING | | \$187.50 | \$250.00 | | | | |
| 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY) | | \$165.60 | \$165.60 | | | | |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) | | \$199.46 | \$199.46 | | | | |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES | R | \$70.00 | \$0.00 | | | | |
| 42000 | DRAINAGE OF ABSCESS OF PALATE, UVULA | | \$44.40 | \$52.71 | | | | |
| 42100 | BIOPSY OF PALATE, UVULA | | \$49.51 | \$60.11 | | | | |
| 42104 | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE | | \$72.51 | \$94.24 | | | | |
| 42106 | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE | | \$112.05 | \$141.82 | | | | |
| 42107 | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE | | \$201.24 | \$267.09 | | | | |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | | \$367.77 | \$367.77 | | | | |
| 42140 | UVULECTOMY, EXCISION OF UVULA | | \$85.04 | \$85.04 | | | | |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLAS | | \$483.48 | \$483.48 | | | | |
| 42160 | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) | | \$75.76 | \$96.28 | | | | |
| 42180 | REPAIR, LACERATION OF PALATE; UP TO 2 CM | | \$138.29 | \$138.29 | | | | |
| 42182 | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX | | \$213.22 | \$213.22 | | | | |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY | | \$491.68 | \$491.68 | | | | |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TI | | \$572.33 | \$572.33 | | | | |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BO | | \$652.65 | \$652.65 | | | | |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION | | \$473.96 | \$473.96 | | | | |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE | | \$359.65 | \$359.65 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP | | \$477.75 | \$477.75 | | | | |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | | \$508.94 | \$508.94 | | | | |
| 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP | | \$468.85 | \$468.85 | | | | |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP | | \$380.84 | \$380.84 | | | | |
| 42260 | REPAIR OF NASOLABIAL FISTULA | | \$239.81 | \$239.81 | | | | |
| 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | | \$101.23 | \$101.23 | | | | |
| 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | | \$95.01 | \$95.01 | | | | |
| 42299 | UNLISTED PROCEDURE, PALATE, UVULA | R | \$0.00 | \$0.00 | | | | |
| 42300 | DRAINAGE OF ABSCESS; PAROTID, SIMPLE | | \$70.96 | \$83.83 | | | | |
| 42305 | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED | | \$229.06 | \$229.06 | | | | |
| 42310 | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL | | \$61.04 | \$74.85 | | | | |
| 42320 | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL | | \$121.92 | \$121.92 | | | | |
| 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, | | \$81.05 | \$95.80 | | | | |
| 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL | | \$133.88 | \$167.00 | | | | |
| 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL | | \$199.10 | \$256.09 | | | | |
| 42400 | BIOPSY OF SALIVARY GLAND; NEEDLE | | \$35.91 | \$46.51 | | | | |
| 42405 | BIOPSY OF SALIVARY GLAND; INCISIONAL | | \$120.34 | \$141.00 | | | | |
| 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | | \$225.54 | \$225.54 | | | | |
| 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA) | | \$162.18 | \$162.18 | | | | |
| 42410 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERV | | \$442.25 | \$442.25 | | | | |
| 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECT | | \$853.94 | \$853.94 | | | | |
| 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND | | \$989.61 | \$989.61 | | | | |
| 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WIT | | \$695.16 | \$695.16 | | | | |
| 42426 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RAD | | \$1,308.29 | \$1,308.29 | | | | |
| 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND | | \$432.06 | \$432.06 | | | | |
| 42450 | EXCISION OF SUBLINGUAL GLAND | | \$228.76 | \$228.76 | | | | |
| 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE | | \$254.93 | \$254.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLI | | \$391.48 | \$391.48 | | | | |
| 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); | | \$315.89 | \$315.89 | | | | |
| 42509 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO | | \$551.08 | \$551.08 | | | | |
| 42510 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATIO | | \$451.84 | \$451.84 | | | | |
| 42550 | INJECTION PROCEDURE FOR SIALOGRAPHY | | \$49.45 | \$49.45 | | | | |
| 42600 | CLOSURE SALIVARY FISTULA | | \$249.91 | \$249.91 | | | | |
| 42650 | DILATION SALIVARY DUCT | | \$28.80 | \$34.03 | | | | |
| 42660 | DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTI | | \$41.32 | \$48.03 | | | | |
| 42665 | LIGATION SALIVARY DUCT, INTRAORAL | | \$132.10 | \$132.10 | | | | |
| 42699 | UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS | R | \$0.00 | \$0.00 | | | | |
| 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR | | \$59.90 | \$71.30 | | | | |
| 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTR | | \$132.63 | \$132.63 | | | | |
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTE | | \$355.25 | \$355.25 | | | | |
| 42800 | BIOPSY; OROPHARYNX | | \$51.19 | \$61.11 | | | | |
| 42802 | BIOPSY; HYPOPHARYNX | | \$74.00 | \$74.00 | | | | |
| 42804 | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE | | \$67.31 | \$67.31 | | | | |
| 42806 | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION | | \$86.33 | \$86.33 | | | | |
| 42808 | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD | | \$140.66 | \$140.66 | | | | |
| 42809 | REMOVAL OF FOREIGN BODY FROM PHARYNX | | \$75.58 | \$75.58 | | | | |
| 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTA | | \$189.54 | \$189.54 | | | | |
| 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH | | \$452.46 | \$452.46 | | | | |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12 | | \$209.24 | \$209.24 | | | | |
| 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER | | \$236.90 | \$236.90 | | | | |
| 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12 | | \$173.02 | \$173.02 | | | | |
| 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER | | \$207.59 | \$207.59 | | | | |
| 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12 | | \$147.88 | \$147.88 | | | | |
| 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER | | \$145.96 | \$145.96 | | | | |
| 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12 | | \$117.46 | \$117.46 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER | | \$173.33 | \$173.33 | | | | |
| 42842 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | \$435.74 | \$435.74 | | | | |
| 42844 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | \$695.42 | \$695.42 | | | | |
| 42845 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | \$1,195.40 | \$1,195.40 | | | | |
| 42860 | EXCISION OF TONSIL TAGS | | \$118.59 | \$118.59 | | | | |
| 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE | | \$219.96 | \$219.96 | | | | |
| 42890 | LIMITED PHARYNGECTOMY | | \$608.60 | \$608.60 | | | | |
| 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE | | \$732.80 | \$732.80 | | | | |
| 42894 | RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP | | \$1,082.05 | \$1,082.05 | | | | |
| 42900 | SUTURE PHARYNX FOR WOUND OR INJURY | | \$272.06 | \$272.06 | | | | |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | | \$517.14 | \$517.14 | | | | |
| 42953 | PHARYNGOESOPHAGEAL REPAIR | | \$433.56 | \$433.56 | | | | |
| 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING) | | \$290.23 | \$290.23 | | | | |
| 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$98.79 | \$98.79 | | | | |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$203.55 | \$203.55 | | | | |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$371.76 | \$371.76 | | | | |
| 42970 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$170.32 | \$170.32 | | | | |
| 42971 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$249.20 | \$249.20 | | | | |
| 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | \$331.98 | \$331.98 | | | | |
| 42975 | DISE EVAL SLP DO BRTH FLX DX | | \$92.67 | \$92.67 | | | | Added 1/1/2022 |
| 42999 | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS | R | \$150.00 | \$195.00 | | | | |
| 43020 | ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY | | \$420.27 | \$420.27 | | | | |
| 43030 | CRICOPHARYNGEAL MYOTOMY | | \$484.63 | \$484.63 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 43045 | ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY | | \$943.82 | \$943.82 | | | | |
| 43100 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH | | \$437.65 | \$437.65 | | | | |
| 43101 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMI | | \$743.34 | \$743.34 | | | | |
| 43107 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH | | \$1,509.04 | \$1,509.04 | | | | |
| 43108 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON | | \$1,751.47 | \$1,751.47 | | | | |
| 43112 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH | | \$1,553.86 | \$1,553.86 | | | | |
| 43113 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON | | \$1,780.52 | \$1,780.52 | | | | |
| 43116 | PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING | | \$1,664.32 | \$1,664.32 | | | | |
| 43117 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT | | \$1,629.11 | \$1,629.11 | | | | |
| 43118 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT | | \$1,722.42 | \$1,722.42 | | | | |
| 43121 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH | | \$1,487.25 | \$1,487.25 | | | | |
| 43122 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR | | \$1,487.25 | \$1,487.25 | | | | |
| 43123 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR | | \$1,722.42 | \$1,722.42 | | | | |
| 43124 | TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), | | \$1,436.56 | \$1,436.56 | | | | |
| 43130 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; | | \$634.17 | \$634.17 | | | | |
| 43135 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; | | \$810.46 | \$810.46 | | | | |
| 43180 | REMOVAL OF ESOPHAGUS TISSUE USING AN ENDOSCOPE | | \$449.34 | \$449.34 | | | | Added effective 1/1/2015 |
| 43191 | ESOPHAGOSCOPY RIGID TRNSO DX | | \$101.16 | \$101.16 | | | | |
| 43192 | ESOPHAGOSCP RIG TRNSO INJECT | | \$120.83 | \$120.83 | | | | |
| 43193 | ESOPHAGOSCP RIG TRNSO BIOPSY | | \$144.22 | \$144.22 | | | | |
| 43194 | ESOPHAGOSCP RIG TRNSO REM FB | | \$131.80 | \$131.80 | | | | |
| 43195 | ESOPHAGOSCOPY RIGID BALLOON | | \$144.48 | \$144.48 | | | | |
| 43196 | ESOPHAGOSCP GUIDE WIRE DILAT | | \$158.27 | \$158.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 43197 | ESOPHAGOSCOPY FLEX DX BRUSH | | \$64.95 | \$140.76 | | | | |
| 43198 | ESOPHAGOSC FLEX TRNSN BIOPY | | \$77.39 | \$157.59 | | | | |
| 43200 | ESOPHAGOSCOPY FLEXIBLE BRUSH WITH ENDOSCOPE | | \$107.69 | \$107.69 | | | | |
| 43201 | ESOPH SCOPE W/SUBMUCOUS INJ | | \$95.90 | \$177.35 | | | | |
| 43202 | ESOPHAGOSCOPY FLEX BIOPSY | | \$127.63 | \$127.63 | | | | |
| 43204 | ESOPH SCOPE W/SCLEROSIS INJ | | \$248.92 | \$248.92 | | | | |
| 43205 | ESOPHAGUS ENDOSCOPY/LIGATION | | \$188.00 | \$188.00 | | | | |
| 43206 | WITH OPTICAL ENDOMICROSCOPY | | \$114.89 | \$251.50 | | | | Added Effective 1/1/2016 |
| 43210 | WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE | | \$348.72 | \$348.72 | | | | Added Effective 1/1/2016 |
| 43211 | ESOPHAGOSCOPY MUCOSAL RESECT | | \$196.99 | \$196.99 | | | | Added Effective 1/1/2016 |
| 43212 | ESOPHAGOSCOPY STENT PLACEMENT | | \$155.35 | \$155.35 | | | | Added Effective 1/1/2016 |
| 43213 | ESOPHAGOSCOPY RETRO BALLOON | | \$219.11 | \$920.77 | | | | Added Effective 1/1/2016 |
| 43214 | ESOPHAGOSC DILATE BALLOON 30 | | \$158.40 | \$158.40 | | | | Added Effective 1/1/2016 |
| 43215 | ESOPHAGOSCOPY FLEX REMOVE FB | | \$176.79 | \$176.79 | | | | Added Effective 1/1/2016 |
| 43216 | ESOPHAGOSCOPY LESION REMOVAL | | \$175.44 | \$175.44 | | | | Added Effective 1/1/2016 |
| 43217 | ESOPHAGOSCOPY SNARE LES REMV | | \$190.11 | \$190.11 | | | | |
| 43220 | ESOPHAGOSCOPY BALLOON <30MM | | \$140.06 | \$140.06 | | | | |
| 43226 | ESOPH ENDOSCOPY DILATION | | \$155.45 | \$155.45 | | | | |
| 43227 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECT | | \$237.55 | \$237.55 | | | | |
| 43228 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), | | \$248.34 | \$248.34 | | | | |
| 43229 | ESOPHAGOSCOPY LESION ABLATE | | \$167.11 | \$545.36 | | | | |
| 43231 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI | | \$171.20 | \$171.20 | | | | |
| 43232 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUID | | \$198.82 | \$198.82 | | | | |
| 43233 | EGD BALLOON DIL ESOPH30 MM/> | | \$188.10 | \$188.10 | | | | |
| 43235 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$159.52 | \$159.52 | | | | |
| 43236 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$120.05 | \$208.44 | | | | |
| 43237 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$162.89 | \$162.89 | | | | |
| 43238 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$201.78 | \$201.78 | | | | |
| 43239 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$179.22 | \$179.22 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 43240 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$302.65 | \$302.65 | | | | |
| 43241 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$174.01 | \$174.01 | | | | |
| 43242 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$218.18 | \$218.18 | | | | |
| 43243 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$294.58 | \$294.58 | | | | |
| 43244 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$237.72 | \$237.72 | | | | |
| 43245 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$225.60 | \$225.60 | | | | |
| 43246 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$288.31 | \$288.31 | | | | |
| 43247 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$225.11 | \$225.11 | | | | |
| 43248 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$209.03 | \$209.03 | | | | |
| 43249 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$192.43 | \$192.43 | | | | |
| 43250 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$227.73 | \$227.73 | | | | |
| 43251 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$242.40 | \$242.40 | | | | |
| 43252 | WITH OPTICAL ENDOMICROSCOPY | | \$142.59 | \$281.00 | | | | Added Effective 1/1/2016 |
| 43253 | EGD US TRANSMURAL INJXN/MARK | | \$218.18 | \$218.18 | | | | |
| 43254 | EGD ENDO MUCOSAL RESECTION | | \$226.55 | \$226.55 | | | | |
| 43255 | EDG CONTROL BLEEDING ANY METHOD | | \$289.35 | \$289.35 | | | | |
| 43256 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$171.96 | \$171.96 | | | | |
| 43257 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$228.65 | \$228.65 | | | | |
| 43258 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$287.85 | \$287.85 | | | | |
| 43259 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | \$259.82 | \$259.82 | | | | |
| 43260 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WIT | | \$344.76 | \$344.76 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SI | | \$353.86 | \$353.86 | | | | |
| 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH | | \$472.34 | \$472.34 | | | | |
| 43263 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE | | \$347.24 | \$347.24 | | | | |
| 43264 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$515.23 | \$515.23 | | | | |
| 43265 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$455.99 | \$455.99 | | | | |
| 43266 | EGD ENDOSCOPIC STENT PLACE | | \$187.50 | \$187.50 | | | | |
| 43267 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$427.26 | \$427.26 | | | | |
| 43268 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$464.34 | \$464.34 | | | | |
| 43269 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$386.77 | \$386.77 | | | | |
| 43270 | EGD LESION ABLATION | | \$196.90 | \$546.18 | | | | |
| 43271 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | \$433.65 | \$433.65 | | | | |
| 43272 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION O | | \$377.26 | \$377.26 | | | | |
| 43273 | ENDOSCOPIC CANNULATION OF PAPLLA W/DIRECT VISUAL | | \$103.25 | \$103.25 | | | | |
| 43274 | ERCP DUCT STENT PLACEMENT | | \$388.60 | \$388.60 | | | | |
| 43275 | ERCP REMOVE FORGN BODY DUCT | | \$320.31 | \$320.31 | | | | |
| 43276 | ERCP STENT EXCHANGE W/DILATE | | \$404.34 | \$404.34 | | | | |
| 43277 | ERCP EA DUCT/AMPULLA DILATE | | \$322.27 | \$322.27 | | | | |
| 43278 | ERCP LESION ABLATE W/DILATE | | \$366.50 | \$366.50 | | | | |
| 43279 | REPAIR OF MUSCLE TO LOWER ESOPHAGUS AND STOMACH USING AN ENDOSCOPE | | \$969.91 | \$969.91 | | | | |
| 43280 | REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE | | \$820.29 | \$820.29 | | | | |
| 43281 | REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE | | \$1,149.87 | \$1,149.87 | | | | |
| 43282 | REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH WITH IMPLANTATION OF MESH USING AN ENDOSCOPE | | \$1,293.66 | \$1,293.66 | | | | |
| 43283 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE USE IN CONJUCTION WITH 43280, 43281, 43282 | | \$143.31 | \$143.31 | | | | |
| 43284 | LAPS ESOPHGL SPHNCTR AGMNTJ | | \$520.73 | \$520.73 | | | | Added Effective 1/1/2017 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 43285 | RMVL ESOPHGL SPHNCTR DEV | | \$527.53 | \$527.53 | | | | Added Effective 1/1/2017 |
| 43286 | ESPHG TOT W/LAPS MOBLJ | | \$2,511.50 | \$2,511.50 | | | | Added Effective 1/1/2018 |
| 43287 | ESPHG DSTL 2/3 W/LAPS MOBLJ | | \$2,867.85 | \$2,867.85 | | | | Added Effective 1/1/2018 |
| 43288 | ESPHG THRSC MOBLJ | | \$2,995.36 | \$2,995.36 | | | | Added Effective 1/1/2018 |
| 43289 | UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS | R | \$0.00 | \$0.00 | | | | |
| 43290 | EGD FLX TRNSORL DPLMNT BALO | | \$150.23 | \$2,104.79 | | | | |
| 43291 | EGD FLX TRNSORL RMVL BALO | | \$132.52 | \$369.52 | | | | |
| 43300 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; | | \$596.78 | \$596.78 | | | | |
| 43305 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; | | \$884.58 | \$884.58 | | | | |
| 43310 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; | | \$1,244.30 | \$1,244.30 | | | | |
| 43312 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; | | \$1,223.79 | \$1,223.79 | | | | |
| 43313 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION) | | \$2,006.95 | \$2,006.95 | | | | |
| 43314 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION) | | \$2,206.23 | \$2,206.23 | | | | |
| 43320 | ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND | | \$788.28 | \$788.28 | | | | |
| 43325 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE) | | \$796.34 | \$796.34 | | | | |
| 43327 | ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY | | \$721.28 | \$721.28 | | | | |
| 43328 | THORACOTOMY | | \$1,059.52 | \$1,059.52 | | | | |
| 43330 | ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH | | \$781.50 | \$781.50 | | | | |
| 43331 | ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH | | \$880.74 | \$880.74 | | | | |
| 43332 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,033.11 | \$1,033.11 | | | | |
| 43333 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,121.82 | \$1,121.82 | | | | |
| 43334 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,133.99 | \$1,133.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 43335 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,221.81 | \$1,221.81 | | | | |
| 43336 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,338.71 | \$1,338.71 | | | | |
| 43337 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS | | \$1,461.25 | \$1,461.25 | | | | |
| 43338 | ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY | | \$118.98 | \$118.98 | | | | |
| 43340 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH | | \$810.40 | \$810.40 | | | | |
| 43341 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH | | \$751.23 | \$751.23 | | | | |
| 43351 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH | | \$666.20 | \$666.20 | | | | |
| 43352 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH | | \$593.79 | \$593.79 | | | | |
| 43360 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU | | \$1,439.42 | \$1,439.42 | | | | |
| 43361 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU | | \$1,664.32 | \$1,664.32 | | | | |
| 43400 | LIGATION, DIRECT, ESOPHAGEAL VARICES | | \$786.11 | \$786.11 | | | | |
| 43401 | TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES | | \$781.25 | \$781.25 | | | | |
| 43405 | LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING | | \$883.97 | \$883.97 | | | | |
| 43410 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH | | \$558.13 | \$558.13 | | | | |
| 43415 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL | | \$868.33 | \$868.33 | | | | |
| 43420 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH | | \$475.68 | \$475.68 | | | | |
| 43425 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL | | \$765.33 | \$765.33 | | | | |
| 43450 | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE | | \$59.95 | \$59.95 | | | | |
| 43453 | DILATION OF ESOPHAGUS, OVER GUIDE WIRE | | \$87.48 | \$87.48 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 43456 | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE | | \$175.37 | \$175.37 | | | | |
| 43458 | DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA | | \$137.12 | \$137.12 | | | | |
| 43460 | ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE) | | \$159.94 | \$159.94 | | | | |
| 43496 | FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS | | \$0.00 | \$0.00 | | | | |
| 43497 | TRANSORL LWR ESOPHGL MYOTOMY | | \$652.57 | \$652.57 | | | | Added 1/1/2022 |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS | R | \$0.00 | \$0.00 | | | | |
| 43500 | GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL | | \$416.59 | \$416.59 | | | | |
| 43501 | GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER | | \$681.01 | \$681.01 | | | | |
| 43502 | GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERAT | | \$738.81 | \$738.81 | | | | |
| 43510 | GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT | | \$517.21 | \$517.21 | | | | |
| 43520 | PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATI | | \$346.71 | \$346.71 | | | | |
| 43605 | BIOPSY OF STOMACH; BY LAPAROTOMY | | \$431.36 | \$431.36 | | | | |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH | | \$557.35 | \$557.35 | | | | |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH | | \$625.43 | \$625.43 | | | | |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY | | \$1,107.13 | \$1,107.13 | | | | |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION | | \$1,120.04 | \$1,120.04 | | | | |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE | | \$1,159.66 | \$1,159.66 | | | | |
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY | | \$928.88 | \$928.88 | | | | |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY | | \$928.88 | \$928.88 | | | | |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION | | \$941.79 | \$941.79 | | | | |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH | | \$1,253.39 | \$1,253.39 | | | | |
| 43635 | VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATE | | \$95.73 | \$95.73 | | | | |
| 43640 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL | | \$720.24 | \$720.24 | | | | |
| 43641 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL | | \$719.99 | \$719.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP | R | \$1,202.92 | \$1,202.92 | | | | |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP | R | \$1,286.28 | \$1,286.28 | | | | |
| 43647 | LAPAROSCOPY, SURGICAL, IMPLANT GASTRIC ELECTRODE, ANTRUM | R | \$0.00 | \$0.00 | | | | |
| 43648 | REVISION OR REMOVAL GASTRIC ELECTRODE, ANTRUM | | \$0.00 | \$0.00 | | | | |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL | | \$448.81 | \$448.81 | | | | |
| 43652 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHL | | \$536.93 | \$536.93 | | | | |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TU | | \$384.37 | \$384.37 | | | | |
| 43659 | UNLISTED LAPAROSCOPY PROCEDURE, STOMACH | R | \$0.00 | \$0.00 | | | | |
| 43752 | NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND | | \$154.78 | \$154.78 | | | | |
| 43753 | GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL, INCLUDING LAVAGE IF PERFORMED | | \$18.10 | \$18.10 | | | | |
| 43754 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN | | \$27.59 | \$68.83 | | | | |
| 43755 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, INCLUDES DRUG ADMIN. | | \$50.44 | \$105.03 | | | | |
| 43756 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN | | \$45.40 | \$190.48 | | | | |
| 43757 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC AOR GALLBLADDER STIMULATION, INCLUDES DRUG ADMIN. | | \$65.57 | \$245.07 | | | | |
| 43761 | REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUO | | \$93.49 | \$93.49 | | | | |
| 43762 | RPLC GTUBE NO REVJ TRC | | \$30.93 | \$167.22 | | | | Effective 1/1/2019 |
| 43763 | RPLC GTUBE REVJ GSTRST TRC | | \$67.58 | \$249.31 | | | | Effective 1/1/2019 |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF | R | \$749.49 | \$749.49 | | | | |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF | R | \$864.05 | \$864.05 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS | R | \$659.11 | \$659.11 | | | | |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND | R | \$864.31 | \$864.31 | | | | |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS | R | \$660.61 | \$660.61 | | | | |
| 43775 | LONGITUDINAL GASTRECTOMY | R | \$963.54 | \$963.54 | | | | |
| 43800 | PYLOROPLASTY | | \$495.57 | \$495.57 | | | | |
| 43810 | GASTRODUODENOSTOMY | | \$537.88 | \$537.88 | | | | |
| 43820 | GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY | | \$570.93 | \$570.93 | | | | |
| 43825 | GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE | | \$742.76 | \$742.76 | | | | |
| 43830 | GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM | | \$336.97 | \$336.97 | | | | |
| 43831 | GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING | | \$350.16 | \$350.16 | | | | |
| 43832 | GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY | | \$559.67 | \$559.67 | | | | |
| 43840 | GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, | | \$557.26 | \$557.26 | | | | |
| 43842 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES | R | \$842.96 | \$842.96 | | | | |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES | R | \$842.96 | \$842.96 | | | | |
| 43845 | GASTROPLASTY DUODENAL SWITCH | R | \$1,547.93 | \$1,547.93 | | | | |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; | R | \$1,058.91 | \$1,058.91 | | | | |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; | R | \$1,060.21 | \$1,060.21 | | | | |
| 43848 | REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O | R | \$1,125.64 | \$1,125.64 | | | | |
| 43860 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH | R | \$900.66 | \$900.66 | | | | |
| 43865 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH | R | \$993.49 | \$993.49 | | | | |
| 43870 | CLOSURE OF GASTROSTOMY, SURGICAL | | \$374.96 | \$374.96 | | | | |
| 43880 | CLOSURE OF GASTROCOLIC FISTULA | | \$796.34 | \$796.34 | | | | |
| 43881 | IMPLANT GASTRIC ELECTRODE, ANTRUM, OPEN | R | \$0.00 | \$0.00 | | | | |
| 43882 | REVISION/REMOVAL GASTRIC ELECTRODE, ANTRUM, OPEN | | \$0.00 | \$0.00 | | | | |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, OPEN | | \$205.28 | \$205.28 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP | R | \$201.34 | \$201.34 | | | | |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF | R | \$286.41 | \$286.41 | | | | |
| 43999 | UNLISTED PROCEDURE, STOMACH | R | \$75.00 | \$100.00 | | | | |
| 44005 | ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE) | | \$631.99 | \$631.99 | | | | |
| 44010 | DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | | \$490.98 | \$490.98 | | | | |
| 44015 | TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, | | \$174.18 | \$174.18 | | | | |
| 44020 | ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, | | \$563.26 | \$563.26 | | | | |
| 44021 | ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (E | | \$541.51 | \$541.51 | | | | |
| 44025 | COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | | \$571.56 | \$571.56 | | | | |
| 44050 | REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY | | \$543.16 | \$543.16 | | | | |
| 44055 | CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION | | \$594.11 | \$594.11 | | | | |
| 44100 | BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | | \$99.15 | \$99.15 | | | | |
| 44110 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR | | \$508.50 | \$508.50 | | | | |
| 44111 | EXCISION OF ONE OR MORE LESIONS SMALL/LARGE INTES | | \$635.61 | \$635.61 | | | | |
| 44120 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTO | | \$688.69 | \$688.69 | | | | |
| 44121 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION A | | \$205.93 | \$205.93 | | | | |
| 44125 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY | | \$729.61 | \$729.61 | | | | |
| 44126 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | \$1,496.09 | \$1,496.09 | | | | |
| 44127 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | \$1,720.93 | \$1,720.93 | | | | |
| 44128 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | \$185.26 | \$185.26 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 44130 | ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS | | \$603.16 | \$603.16 | | | | |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR | R | \$0.00 | \$0.00 | | | | |
| 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE | R | \$0.00 | \$0.00 | | | | |
| 44139 | MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION W | | \$103.38 | \$103.38 | | | | |
| 44140 | COLECTOMY, PARTIAL; WITH ANASTOMOSIS | | \$920.07 | \$920.07 | | | | |
| 44141 | COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY | | \$889.47 | \$889.47 | | | | |
| 44143 | COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT | | \$832.65 | \$832.65 | | | | |
| 44144 | COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND | | \$825.10 | \$825.10 | | | | |
| 44145 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) | | \$1,047.67 | \$1,047.67 | | | | |
| 44146 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WIT | | \$1,130.11 | \$1,130.11 | | | | |
| 44147 | COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH | | \$967.88 | \$967.88 | | | | |
| 44150 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR | | \$1,033.77 | \$1,033.77 | | | | |
| 44151 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOS | | \$854.51 | \$854.51 | | | | |
| 44155 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY | | \$1,179.83 | \$1,179.83 | | | | |
| 44156 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOM | | \$967.96 | \$967.96 | | | | |
| 44157 | COLECTOMY, W/ILEOANAL ANASTOMOSIS | | \$1,519.07 | \$1,519.07 | | | | |
| 44158 | COLECTOMY, W/ILEOANAL ANASTOMOSIS AND RECTAL MUCOSECTOMY | | \$1,558.78 | \$1,558.78 | | | | |
| 44160 | COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY | | \$812.24 | \$812.24 | | | | |
| 44180 | LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) | | \$635.24 | \$635.24 | | | | |
| 44186 | LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING) | | \$445.25 | \$445.25 | | | | |
| 44187 | LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE | | \$734.68 | \$734.68 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 44188 | LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY | | \$806.58 | \$806.58 | | | | |
| 44202 | LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SING | | \$1,003.41 | \$1,003.41 | | | | |
| 44203 | LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND | | \$180.61 | \$180.61 | | | | |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS | | \$1,037.52 | \$1,037.52 | | | | |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL IL | | \$918.82 | \$918.82 | | | | |
| 44206 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOS | | \$1,117.91 | \$1,117.91 | | | | |
| 44207 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH | | \$1,224.87 | \$1,224.87 | | | | |
| 44208 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH | | \$1,323.02 | \$1,323.02 | | | | |
| 44210 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOM | | \$1,170.34 | \$1,170.34 | | | | |
| 44211 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, | | \$1,453.85 | \$1,453.85 | | | | |
| 44212 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, | | \$1,357.98 | \$1,357.98 | | | | |
| 44213 | LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE | | \$146.37 | \$146.37 | | | | |
| 44227 | LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTIN | | \$1,145.29 | \$1,145.29 | | | | |
| 44238 | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) | R | \$0.00 | \$0.00 | | | | |
| 44300 | ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEP | | \$421.08 | \$421.08 | | | | |
| 44310 | ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE | | \$547.18 | \$547.18 | | | | |
| 44312 | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE | | \$250.24 | \$250.24 | | | | |
| 44314 | REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE | | \$495.26 | \$495.26 | | | | |
| 44316 | CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE) | | \$692.09 | \$692.09 | | | | |
| 44320 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; | | \$572.46 | \$572.46 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 44322 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR | | \$591.49 | \$591.49 | | | | |
| 44340 | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE | | \$197.94 | \$197.94 | | | | |
| 44345 | REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE | | \$449.75 | \$449.75 | | | | |
| 44346 | REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE | | \$538.49 | \$538.49 | | | | |
| 44360 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$193.77 | \$193.77 | | | | |
| 44361 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$214.08 | \$214.08 | | | | |
| 44363 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$204.56 | \$204.56 | | | | |
| 44364 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$268.19 | \$268.19 | | | | |
| 44365 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$253.81 | \$253.81 | | | | |
| 44366 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$313.95 | \$313.95 | | | | |
| 44369 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$336.39 | \$336.39 | | | | |
| 44370 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$171.38 | \$171.38 | | | | |
| 44372 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$318.49 | \$318.49 | | | | |
| 44373 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$262.68 | \$262.68 | | | | |
| 44376 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$281.91 | \$281.91 | | | | |
| 44377 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$296.54 | \$296.54 | | | | |
| 44378 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$376.09 | \$376.09 | | | | |
| 44379 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | \$279.76 | \$279.76 | | | | |
| 44380 | ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | \$101.69 | \$101.69 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 44381 | BALLOON DILATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$73.66 | \$740.13 | | | | Added Effective 1/1/2016 |
| 44382 | ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | \$122.95 | \$122.95 | | | | |
| 44384 | PLACEMENT OF STENT IN SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$129.16 | \$129.16 | | | | Added Effective 1/1/2016 |
| 44385 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; | | \$124.16 | \$124.16 | | | | |
| 44386 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; | | \$107.16 | \$107.16 | | | | |
| 44388 | COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | \$191.73 | \$191.73 | | | | |
| 44389 | COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | \$210.07 | \$210.07 | | | | |
| 44390 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY | | \$189.73 | \$189.73 | | | | |
| 44391 | COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BI | | \$280.73 | \$280.73 | | | | |
| 44392 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE | | \$267.50 | \$267.50 | | | | |
| 44394 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE | | \$285.40 | \$285.40 | | | | |
| 44401 | DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$203.68 | \$2,409.55 | | | | Added Effective 1/1/2016 |
| 44402 | STENT PLACEMENT IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$220.69 | \$220.69 | | | | Added Effective 1/1/2016 |
| 44403 | RESECTION OF LARGE BOWEL TISSUE USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$253.56 | \$253.56 | | | | Added Effective 1/1/2016 |
| 44404 | INJECTIONS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$145.81 | \$324.58 | | | | Added Effective 1/1/2016 |
| 44405 | BALLOON DILATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$155.07 | \$461.40 | | | | Added Effective 1/1/2016 |
| 44406 | ULTRASOUND EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$193.27 | \$193.27 | | | | Added Effective 1/1/2016 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 44407 | ULTRASOUND GUIDED FINE NEEDLE ASPIRATION/BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$231.38 | \$231.38 | | | | Added Effective 1/1/2016 |
| 44408 | DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING | | \$195.21 | \$195.21 | | | | Added Effective 1/1/2016 |
| 44500 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARA | | \$24.52 | \$24.52 | | | | |
| 44602 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, | | \$529.77 | \$529.77 | | | | |
| 44603 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, | | \$671.14 | \$671.14 | | | | |
| 44604 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC | | \$631.37 | \$631.37 | | | | |
| 44605 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC | | \$708.57 | \$708.57 | | | | |
| 44615 | INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITH | | \$597.17 | \$597.17 | | | | |
| 44620 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; | | \$473.91 | \$473.91 | | | | |
| 44625 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND | | \$661.34 | \$661.34 | | | | |
| 44626 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND | | \$1,002.53 | \$1,002.53 | | | | |
| 44640 | CLOSURE OF INTESTINAL CUTANEOUS FISTULA | | \$599.66 | \$599.66 | | | | |
| 44650 | CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA | | \$635.85 | \$635.85 | | | | |
| 44660 | CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECT | | \$638.67 | \$638.67 | | | | |
| 44661 | CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECT | | \$888.20 | \$888.20 | | | | |
| 44680 | INTESTINAL PLICATION (SEPARATE PROCEDURE) | | \$676.59 | \$676.59 | | | | |
| 44700 | EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, | | \$765.14 | \$765.14 | | | | |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR | | \$122.17 | \$122.17 | | | | |
| 44705 | PREPARE FECAL MICROBIOTA | | \$59.01 | \$89.44 | | | | Added Effective 7/1/2022 |
| 44715 | BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE | | \$0.00 | \$0.00 | | | | |
| 44720 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVI | | \$201.57 | \$201.57 | | | | |
| 44721 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF | | \$293.80 | \$293.80 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 44799 | UNLISTED PROCEDURE, INTESTINE | R | \$0.00 | \$0.00 | | | | |
| 44800 | EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESEANTE | | \$463.75 | \$463.75 | | | | |
| 44820 | EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE) | | \$458.16 | \$458.16 | | | | |
| 44850 | SUTURE OF MESENTERY (SEPARATE PROCEDURE) | | \$432.40 | \$432.40 | | | | |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY | R | \$0.00 | \$0.00 | | | | |
| 44900 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN | | \$366.82 | \$366.82 | | | | |
| 44901 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS | | \$170.77 | \$170.77 | | | | |
| 44950 | APPENDECTOMY; | | \$443.78 | \$443.78 | | | | |
| 44955 | APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR | | \$112.05 | \$112.05 | | | | |
| 44960 | APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITO | | \$475.09 | \$475.09 | | | | |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY | | \$395.19 | \$395.19 | | | | |
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX | R | \$0.00 | \$0.00 | | | | |
| 45000 | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | | \$174.07 | \$174.07 | | | | |
| 45005 | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM | | \$97.22 | \$97.22 | | | | |
| 45020 | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTA | | \$211.51 | \$211.51 | | | | |
| 45100 | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) | | \$158.11 | \$158.11 | | | | |
| 45108 | ANORECTAL MYOMECTOMY | | \$209.82 | \$209.82 | | | | |
| 45110 | PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY | | \$1,157.25 | \$1,157.25 | | | | |
| 45111 | PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH | | \$815.47 | \$815.47 | | | | |
| 45112 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, | | \$1,217.24 | \$1,217.24 | | | | |
| 45113 | PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, | | \$1,236.90 | \$1,236.90 | | | | |
| 45114 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPR | | \$1,113.60 | \$1,113.60 | | | | |
| 45116 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRA | | \$905.90 | \$905.90 | | | | |
| 45119 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, | | \$1,251.18 | \$1,251.18 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 45120 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE | | \$1,194.08 | \$1,194.08 | | | | |
| 45121 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE | | \$1,070.67 | \$1,070.67 | | | | |
| 45123 | PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH | | \$765.59 | \$765.59 | | | | |
| 45126 | PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH | | \$1,580.48 | \$1,580.48 | | | | |
| 45130 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH | | \$665.09 | \$665.09 | | | | |
| 45135 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINE | | \$963.57 | \$963.57 | | | | |
| 45136 | EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY | | \$1,167.19 | \$1,167.19 | | | | |
| 45150 | DIVISION OF STRICTURE OF RECTUM | | \$260.31 | \$260.31 | | | | |
| 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL | | \$600.10 | \$600.10 | | | | |
| 45171 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA | | \$430.31 | \$430.31 | | | | |
| 45172 | INCLUDING MUSCULARIS PROPRIA | | \$593.07 | \$593.07 | | | | |
| 45190 | DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, L | | \$394.39 | \$394.39 | | | | |
| 45300 | PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | \$29.62 | \$36.99 | | | | |
| 45303 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BO | | \$26.17 | \$34.75 | | | | |
| 45305 | PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE | | \$44.30 | \$55.57 | | | | |
| 45307 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY | | \$88.62 | \$88.62 | | | | |
| 45308 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT | | \$64.32 | \$79.48 | | | | |
| 45309 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT | | \$78.99 | \$94.15 | | | | |
| 45315 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, O | | \$110.82 | \$110.82 | | | | |
| 45317 | PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, | | \$118.52 | \$118.52 | | | | |
| 45320 | PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OT | | \$142.93 | \$142.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 45321 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS | | \$108.20 | \$108.20 | | | | |
| 45327 | PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCL | | \$66.44 | \$66.44 | | | | |
| 45330 | SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | \$47.58 | \$64.08 | | | | |
| 45331 | SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE | | \$83.80 | \$83.80 | | | | |
| 45332 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY | | \$108.61 | \$108.61 | | | | |
| 45333 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER | | \$123.91 | \$123.91 | | | | |
| 45334 | SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPO | | \$166.01 | \$166.01 | | | | |
| 45335 | SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY | | \$57.66 | \$104.68 | | | | |
| 45337 | SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD | | \$159.75 | \$159.75 | | | | |
| 45338 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER | | \$141.81 | \$141.81 | | | | |
| 45340 | SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURE | | \$69.12 | \$234.34 | | | | |
| 45341 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | | \$148.42 | \$148.42 | | | | |
| 45342 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAM | | \$171.39 | \$171.39 | | | | |
| 45346 | DESTRUCTION OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE | | \$135.88 | \$2,303.45 | | | | Added Effective 1/1/2016 |
| 45347 | PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE | | \$131.18 | \$131.18 | | | | Added Effective 1/1/2016 |
| 45349 | REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE | | \$167.25 | \$167.25 | | | | Added Effective 1/1/2016 |
| 45350 | RUBBER BANDING OF LARGE BOWEL USING AN ENDOSCOPE | | \$86.37 | \$435.13 | | | | Added Effective 1/1/2016 |
| 45378 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLE | | \$176.59 | \$324.55 | | | | Effective 4/1/2022 |
| 45379 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FO | | \$299.16 | \$417.11 | | | | Effective 4/1/2022 |
| 45380 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGL | | \$191.77 | \$415.51 | | | | Effective 4/1/2022 |
| 45381 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED | | \$191.77 | \$423.63 | | | | Effective 4/1/2022 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 45382 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF | | \$248.59 | \$639.54 | | | | Effective 4/1/2022 |
| 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF | | \$219.07 | \$467.77 | | | | Effective 4/1/2022 |
| 45385 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF | | \$243.98 | \$435.84 | | | | Effective 4/1/2022 |
| 45386 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY | | \$202.30 | \$584.83 | | | | Effective 4/1/2022 |
| 45388 | DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE | | \$227.35 | \$2,425.97 | | | | Added Effective 1/1/2016 |
| 45389 | STENT PLACEMENT OF LARGE BOWEL USING AN ENDOSCOPE | | \$243.40 | \$243.40 | | | | Added Effective 1/1/2016 |
| 45390 | REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE | | \$277.89 | \$277.89 | | | | Added Effective 1/1/2016 |
| 45391 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC | | \$247.04 | \$247.04 | | | | Effective 4/1/2022 |
| 45392 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPI | | \$291.09 | \$291.09 | | | | Effective 4/1/2022 |
| 45393 | DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE | | \$212.95 | \$212.95 | | | | Added Effective 1/1/2016 |
| 45395 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEA | | \$1,348.53 | \$1,348.53 | | | | |
| 45397 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THR | | \$1,468.46 | \$1,468.46 | | | | |
| 45398 | TYING OF LARGE BOWEL USING AN ENDOSCOPE | | \$197.74 | \$553.48 | | | | Added Effective 1/1/2016 |
| 45399 | LARGE BOWEL PROCEDURE | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2016 |
| 45400 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) | | \$788.46 | \$788.46 | | | | |
| 45402 | LAPAROSCOPY, SURGICAL; PROCTOPEXY | | \$1,071.14 | \$1,071.14 | | | | |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM | R | \$0.00 | \$0.00 | | | | |
| 45500 | PROCTOPLASTY; FOR STENOSIS | | \$382.37 | \$382.37 | | | | |
| 45505 | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE | | \$361.16 | \$361.16 | | | | |
| 45520 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | | \$26.75 | \$34.93 | | | | |
| 45540 | PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH | | \$667.83 | \$667.83 | | | | |
| 45541 | PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH | | \$609.62 | \$609.62 | | | | |
| 45550 | PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPRO | | \$758.63 | \$758.63 | | | | |
| 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE) | | \$371.78 | \$371.78 | | | | |
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; | | \$581.98 | \$581.98 | | | | |
| 45563 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH | | \$918.00 | \$918.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 45800 | CLOSURE OF RECTOVESICAL FISTULA; | | \$672.75 | \$672.75 | | | | |
| 45805 | CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY | | \$831.02 | \$831.02 | | | | |
| 45820 | CLOSURE OF RECTOURETHRAL FISTULA; | | \$661.31 | \$661.31 | | | | |
| 45825 | CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY | | \$758.43 | \$758.43 | | | | |
| 45900 | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA | | \$67.53 | \$67.53 | | | | |
| 45905 | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER | | \$66.27 | \$66.27 | | | | |
| 45910 | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTH | | \$81.07 | \$81.07 | | | | |
| 45915 | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER | | \$84.44 | \$84.44 | | | | |
| 45990 | ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR | | \$77.97 | \$77.97 | | | | |
| 45999 | UNLISTED PROCEDURE, RECTUM | R | \$0.00 | \$0.00 | | | | |
| 46020 | PLACEMENT OF SETON | | \$149.88 | \$168.72 | | | | |
| 46030 | REMOVAL OF ANAL SETON, OTHER MARKER | | \$47.64 | \$47.64 | | | | |
| 46040 | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPAR | | \$197.37 | \$197.37 | | | | |
| 46045 | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSC | | \$173.59 | \$173.59 | | | | |
| 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL | | \$44.17 | \$52.22 | | | | |
| 46060 | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH | | \$318.31 | \$318.31 | | | | |
| 46070 | INCISION, ANAL SEPTUM (INFANT) | | \$121.94 | \$121.94 | | | | |
| 46080 | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE) | | \$136.54 | \$136.54 | | | | |
| 46083 | INCISION OF THROMBOSED HEMORRHOID, EXTERNAL | | \$50.01 | \$58.46 | | | | |
| 46200 | FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY | | \$192.90 | \$192.90 | | | | |
| 46220 | PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE) | | \$64.12 | \$64.12 | | | | |
| 46221 | HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND) | | \$52.75 | \$61.60 | | | | |
| 46230 | EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE | | \$87.99 | \$99.12 | | | | |
| 46250 | HEMORRHOIDECTOMY, EXTERNAL, COMPLETE | | \$214.69 | \$214.69 | | | | |
| 46255 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; | | \$292.50 | \$292.50 | | | | |
| 46257 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY | | \$338.77 | \$338.77 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 46258 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WI | | \$370.78 | \$370.78 | | | | |
| 46260 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; | | \$389.78 | \$389.78 | | | | |
| 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH | | \$402.03 | \$402.03 | | | | |
| 46262 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH | | \$412.67 | \$412.67 | | | | |
| 46270 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTA | | \$162.14 | \$162.14 | | | | |
| 46275 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSC | | \$302.62 | \$302.62 | | | | |
| 46280 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX | | \$358.41 | \$358.41 | | | | |
| 46285 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND | | \$185.46 | \$185.46 | | | | |
| 46288 | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP | | \$316.34 | \$316.34 | | | | |
| 46320 | ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID | | \$58.42 | \$67.81 | | | | |
| 46500 | INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS | | \$50.65 | \$54.94 | | | | |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER | | \$138.75 | \$166.31 | | | | |
| 46600 | ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRU | | \$19.16 | \$22.91 | | | | |
| 46601 | DIAGNOSTIC EXAMINATION OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE | | \$75.66 | \$106.70 | | | | Added Effective 1/1/2016 |
| 46604 | ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE) | | \$44.99 | \$50.09 | | | | |
| 46606 | ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE | | \$30.05 | \$34.88 | | | | |
| 46607 | BIOPSIES OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE | | \$102.05 | \$148.62 | | | | Added Effective 1/1/2016 |
| 46608 | ANOSCOPY; WITH REMOVAL OF FOREIGN BODY | | \$75.92 | \$75.92 | | | | |
| 46610 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT | | \$65.18 | \$65.18 | | | | |
| 46611 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNAR | | \$68.16 | \$79.56 | | | | |
| 46612 | ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY | | \$110.81 | \$110.81 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 46614 | ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, | | \$85.84 | \$106.63 | | | | |
| 46615 | ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT | | \$105.50 | \$126.29 | | | | |
| 46700 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT | | \$382.62 | \$382.62 | | | | |
| 46705 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT | | \$302.48 | \$302.48 | | | | |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN GLUE | | \$105.07 | \$105.07 | | | | |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH PLUG | | \$330.57 | \$330.57 | | | | |
| 46710 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH | | \$708.73 | \$708.73 | | | | |
| 46712 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH | | \$1,488.37 | \$1,488.37 | | | | |
| 46715 | REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK | | \$311.55 | \$311.55 | | | | |
| 46716 | REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR | | \$536.09 | \$536.09 | | | | |
| 46730 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERI | | \$951.53 | \$951.53 | | | | |
| 46735 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMIN | | \$1,154.58 | \$1,154.58 | | | | |
| 46740 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS | | \$1,022.82 | \$1,022.82 | | | | |
| 46742 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS | | \$1,392.97 | \$1,392.97 | | | | |
| 46744 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | \$1,563.77 | \$1,563.77 | | | | |
| 46746 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | \$1,710.96 | \$1,710.96 | | | | |
| 46748 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | \$1,906.25 | \$1,906.25 | | | | |
| 46750 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT | | \$406.25 | \$406.25 | | | | |
| 46751 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD | | \$360.54 | \$360.54 | | | | |
| 46753 | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE | | \$333.18 | \$333.18 | | | | |
| 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | | \$91.29 | \$91.29 | | | | |
| 46760 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT | | \$527.99 | \$527.99 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------------|
| 46761 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRIC | | \$514.13 | \$514.13 | | | | |
| 46900 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$59.80 | \$65.03 | | | | |
| 46910 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$63.64 | \$72.22 | | | | |
| 46916 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$63.56 | \$72.54 | | | | |
| 46917 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$86.66 | \$112.68 | | | | |
| 46922 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$93.03 | \$93.03 | | | | |
| 46924 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM | | \$159.36 | \$159.36 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | \$104.14 | \$140.64 | | | | |
| 46940 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN | | \$76.22 | \$83.06 | | | | |
| 46942 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN | | \$67.09 | \$73.26 | | | | |
| 46945 | INT HRHC LIG 1 HROID W/O IMG | | \$260.96 | \$260.96 | | | | Rate Change Effective 01/01/2020 |
| 46946 | LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES | | \$295.36 | \$295.36 | | | | Updated Effective 01/01/2020 |
| 46947 | HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING | | \$242.86 | \$242.86 | | | | |
| 46999 | UNLISTED PROCEDURE, ANUS | R | \$0.00 | \$0.00 | | | | |
| 47000 | BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS | | \$96.46 | \$96.46 | | | | |
| 47001 | BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OT | | \$82.93 | \$82.93 | | | | |
| 47010 | HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES | | \$465.26 | \$465.26 | | | | |
| 47011 | HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO S | | \$186.91 | \$186.91 | | | | |
| 47015 | LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, | | \$466.14 | \$466.14 | | | | |
| 47100 | BIOPSY OF LIVER, WEDGE | | \$302.59 | \$302.59 | | | | |
| 47120 | HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY | | \$968.70 | \$968.70 | | | | |
| 47122 | HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY | | \$1,513.60 | \$1,513.60 | | | | |
| 47125 | HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY | | \$1,396.80 | \$1,396.80 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 47130 | HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY | | \$1,535.32 | \$1,535.32 | | | | |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER | | \$3,944.91 | \$3,944.91 | | | | |
| 47140 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LE | | \$2,288.26 | \$2,288.26 | | | | |
| 47141 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO | R | \$2,767.27 | \$2,767.27 | | | | |
| 47142 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO | | \$3,048.23 | \$3,048.23 | | | | |
| 47143 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | \$0.00 | \$0.00 | | | | |
| 47144 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | \$0.00 | \$0.00 | | | | |
| 47145 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | \$0.00 | \$0.00 | | | | |
| 47146 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR | | \$251.83 | \$251.83 | | | | |
| 47147 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR | | \$293.80 | \$293.80 | | | | |
| 47300 | MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER | | \$501.12 | \$501.12 | | | | |
| 47350 | MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY | | \$567.59 | \$567.59 | | | | |
| 47360 | MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJUR | | \$796.27 | \$796.27 | | | | |
| 47361 | MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIV | | \$1,297.15 | \$1,297.15 | | | | |
| 47362 | MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR RE | | \$463.36 | \$463.36 | | | | |
| 47370 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); | | \$724.87 | \$724.87 | | | | |
| 47371 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSUR | | \$683.26 | \$683.26 | | | | |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDURE, LIVER | R | \$0.00 | \$0.00 | | | | |
| 47380 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY | | \$851.70 | \$851.70 | | | | |
| 47381 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL | | \$841.92 | \$841.92 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 47382 | ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY | | \$505.21 | \$505.21 | | | | |
| 47383 | DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN | | \$391.42 | \$5,608.30 | | | | Added effective 1/1/2015 |
| 47399 | UNLISTED PROCEDURE, LIVER | R | \$0.00 | \$0.00 | | | | |
| 47400 | HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL O | | \$816.43 | \$816.43 | | | | |
| 47420 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | \$751.88 | \$751.88 | | | | |
| 47425 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | \$807.61 | \$807.61 | | | | |
| 47460 | TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT | | \$883.88 | \$883.88 | | | | |
| 47480 | CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | \$478.70 | \$478.70 | | | | |
| 47490 | PERCUTANEOUS CHOLECYSTOSTOMY | | \$282.22 | \$282.22 | | | | |
| 47531 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY/ DIAGNOSTIC /RADIOLOGICAL SUPERVISION; EXISTING ACCESS | | \$78.37 | \$279.66 | | | | Added Effective 1/1/2016 |
| 47532 | NEW ACCESS (EG PERCUTANEOUD TRANSHEPATIC CHOLANGIOGRAM) | | \$177.10 | \$616.15 | | | | Added Effective 1/1/2016 |
| 47533 | PLACEMENT OF BILIARY DRAINAGE CATHETER; EXTERNAL | | \$250.89 | \$1,002.22 | | | | Added Effective 1/1/2016 |
| 47534 | INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER | | \$332.82 | \$1,237.31 | | | | Added Effective 1/1/2016 |
| 47535 | CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL /RADIOLOGICAL SUPERVISION | | \$190.66 | \$826.60 | | | | Added Effective 1/1/2016 |
| 47536 | EXCHANGE OF THE BILIARY DRAINAGE CATHETER/INCLUDES DIAGNOSTIC CHOLANGIORGRAPHY/RADIOLOGICAL SUPERVISION | | \$121.08 | \$608.51 | | | | Added Effective 1/1/2016 |
| 47537 | REMOVAL OF BILIARY DRAINAGE CATHETER/REGUIRES FLUOROSCOPIC/ RADIOLOGICAL SUPERVISION | | \$81.17 | \$302.38 | | | | Added Effective 1/1/2016 |
| 47538 | PLACEMENT OF STINT(S) INTO A BILE DUCT, PERCUTANEOUS INCLUDING DIAGNOSTIC BALLOON DILATION/RADIOLOICAL SUPERVISION | | \$270.30 | \$3,324.00 | | | | Added Effective 1/1/2016 |
| 47539 | NEW ACCESS, WITHOUT PLACEMENT OF SPERATE BILIARY DRAINAGE CATHETER | | \$365.85 | \$3,639.72 | | | | Added Effective 1/1/2016 |
| 47540 | NEW ACCESS, WITHOUT PLACEMENT OF SPERATE BILIARY DRAINAGE CATHETER/EXT OR INT | | \$437.07 | \$3,789.85 | | | | Added Effective 1/1/2016 |
| 47541 | PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH ENDOSCOPIC BILIARY PROCEDURE/RADIOLOGICAL | | \$232.13 | \$886.18 | | | | Added Effective 1/1/2016 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 47542 | BALLOON DILATION OR OF AMPULLA PERCUTANEOUS EACH DUCT | | \$108.27 | \$387.17 | | | | Added Effective 1/1/2016 |
| 47543 | ENDOLUMINAL BIOPSY(IES) TREE, PRECUTANEOUS ANY METHOD(S) | | \$136.48 | \$985.09 | | | | Added Effective 1/1/2016 |
| 47544 | REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND OR GALLBLADDER,PERCUTANEOUS /DESTRUCTIONOF CALCULI ANY METHOD | | \$173.65 | \$610.89 | | | | Added Effective 1/1/2016 |
| 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY I | | \$138.96 | \$138.96 | | | | |
| 47552 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, | | \$218.82 | \$218.82 | | | | |
| 47553 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY | | \$303.32 | \$303.32 | | | | |
| 47554 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVA | | \$387.54 | \$387.54 | | | | |
| 47555 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI | | \$299.67 | \$299.67 | | | | |
| 47556 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI | | \$329.01 | \$329.01 | | | | |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY | | \$522.64 | \$522.64 | | | | |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY | | \$562.24 | \$562.24 | | | | |
| 47564 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT | | \$667.69 | \$667.69 | | | | |
| 47570 | LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY | | \$599.91 | \$599.91 | | | | |
| 47600 | CHOLECYSTECTOMY; | | \$553.75 | \$553.75 | | | | |
| 47605 | CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY | | \$599.19 | \$599.19 | | | | |
| 47610 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; | | \$706.62 | \$706.62 | | | | |
| 47612 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTERO | | \$888.61 | \$888.61 | | | | |
| 47620 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL | | \$821.89 | \$821.89 | | | | |
| 47700 | EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH | | \$646.52 | \$646.52 | | | | |
| 47701 | PORTOENTEROSTOMY (EG, KASAI PROCEDURE) | | \$1,046.04 | \$1,046.04 | | | | |
| 47711 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU | | \$916.13 | \$916.13 | | | | |
| 47712 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU | | \$1,079.86 | \$1,079.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 47715 | EXCISION OF CHOLEDOCHAL CYST | | \$687.51 | \$687.51 | | | | |
| 47720 | CHOLECYSTOENTEROSTOMY; DIRECT | | \$641.77 | \$641.77 | | | | |
| 47721 | CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY | | \$789.17 | \$789.17 | | | | |
| 47740 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y | | \$734.61 | \$734.61 | | | | |
| 47741 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY | | \$934.52 | \$934.52 | | | | |
| 47760 | ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT | | \$957.70 | \$957.70 | | | | |
| 47765 | ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT | | \$1,022.74 | \$1,022.74 | | | | |
| 47780 | ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTEST | | \$1,015.51 | \$1,015.51 | | | | |
| 47785 | ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTEST | | \$1,133.18 | \$1,133.18 | | | | |
| 47800 | RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END | | \$933.31 | \$933.31 | | | | |
| 47801 | PLACEMENT OF CHOLEDOCHAL STENT | | \$497.66 | \$497.66 | | | | |
| 47802 | U-TUBE HEPATICOENTEROSTOMY | | \$787.77 | \$787.77 | | | | |
| 47900 | SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE | | \$872.27 | \$872.27 | | | | |
| 47999 | UNLISTED PROCEDURE, BILIARY TRACT | R | \$500.00 | \$650.00 | | | | |
| 48000 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; | | \$607.51 | \$607.51 | | | | |
| 48001 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH | | \$719.99 | \$719.99 | | | | |
| 48020 | REMOVAL OF PANCREATIC CALCULUS | | \$600.88 | \$600.88 | | | | |
| 48100 | BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOP | | \$431.13 | \$431.13 | | | | |
| 48102 | BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE | | \$200.71 | \$200.71 | | | | |
| 48105 | RESECT/DEBRIDE PANCREAS | | \$1,969.65 | \$1,969.65 | | | | |
| 48120 | EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA) | | \$686.31 | \$686.31 | | | | |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT | | \$961.34 | \$961.34 | | | | |
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH | | \$1,058.33 | \$1,058.33 | | | | |
| 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM | | \$1,126.58 | \$1,126.58 | | | | |
| 48148 | EXCISION OF AMPULLA OF VATER | | \$684.41 | \$684.41 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 48150 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL | | \$1,901.07 | \$1,901.07 | | | | |
| 48152 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUO | | \$1,791.03 | \$1,791.03 | | | | |
| 48153 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, | | \$1,901.07 | \$1,901.07 | | | | |
| 48154 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, | | \$1,791.03 | \$1,791.03 | | | | |
| 48155 | PANCREATECTOMY, TOTAL | | \$1,220.83 | \$1,220.83 | | | | |
| 48160 | PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOL | | \$1,660.49 | \$1,660.49 | | | | |
| 48400 | INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATEL | | \$90.68 | \$90.68 | | | | |
| 48500 | MARSUPIALIZATION OF PANCREATIC CYST | | \$622.42 | \$622.42 | | | | |
| 48510 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN | | \$566.46 | \$566.46 | | | | |
| 48511 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS | | \$201.98 | \$201.98 | | | | |
| 48520 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIR | | \$742.72 | \$742.72 | | | | |
| 48540 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; | | \$866.71 | \$866.71 | | | | |
| 48545 | PANCREATORRHAPHY FOR INJURY | | \$678.83 | \$678.83 | | | | |
| 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY | | \$981.38 | \$981.38 | | | | |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS | | \$1,144.24 | \$1,144.24 | | | | |
| 48551 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRI | | \$0.00 | \$0.00 | | | | |
| 48552 | BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO | | \$172.86 | \$172.86 | | | | |
| 48554 | TRANSPLANTATION OF PANCREATIC ALLOGRAFT | | \$1,583.06 | \$1,583.06 | | | | |
| 48556 | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT | | \$643.37 | \$643.37 | | | | |
| 48999 | UNLISTED PROCEDURE, PANCREAS | R | \$0.00 | \$0.00 | | | | |
| 49000 | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S | | \$479.94 | \$479.94 | | | | |
| 49002 | REOPENING OF RECENT LAPAROTOMY | | \$467.50 | \$467.50 | | | | |
| 49010 | EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE | | \$546.60 | \$546.60 | | | | |
| 49013 | PRPERTL PEL PACK HEMRRG TRMA | | \$354.93 | \$354.93 | | | | Added Effective 01/01/2020 |
| 49014 | REEXPLORATION PELVIC WOUND | | \$292.95 | \$292.95 | | | | Added Effective 01/01/2020 |
| 49020 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF | | \$417.25 | \$417.25 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 49021 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF | | \$407.40 | \$407.40 | | | | |
| 49040 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN | | \$462.74 | \$462.74 | | | | |
| 49041 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS | | \$201.98 | \$201.98 | | | | |
| 49060 | DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN | | \$482.71 | \$482.71 | | | | |
| 49061 | DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS | | \$186.91 | \$186.91 | | | | |
| 49062 | DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN | | \$554.88 | \$554.88 | | | | |
| 49082 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC) WITHOUT IMAGING GUIDANCE | | \$56.27 | \$127.59 | | | | |
| 49083 | WITH IMAGING GUIDANCE | | \$86.96 | \$240.21 | | | | |
| 49084 | PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED | | \$79.98 | \$79.98 | | | | |
| 49180 | BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE | | \$97.40 | \$97.40 | | | | |
| 49185 | SCLEROTHERAPY OF FLUID COLLECTION DIAGNOSTIC | | \$100.74 | \$738.75 | | | | Added Effective 1/1/2016 |
| 49203 | EXC ABD TUM 5 CM OR LESS | | \$888.02 | \$888.02 | | | | |
| 49204 | EXC ABD TUM OVER 5 CM | | \$1,133.69 | \$1,133.69 | | | | |
| 49205 | EXC ADB TUM OVER 10 CM | | \$1,298.06 | \$1,298.06 | | | | |
| 49215 | EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR | | \$884.30 | \$884.30 | | | | |
| 49220 | STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECT | | \$792.22 | \$792.22 | | | | |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | | \$362.29 | \$362.29 | | | | |
| 49255 | OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE) | | \$284.89 | \$284.89 | | | | |
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WIT | | \$258.39 | \$258.39 | | | | |
| 49321 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | | \$275.28 | \$275.28 | | | | |
| 49322 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN | | \$286.25 | \$286.26 | | | | |
| 49323 | LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVIT | | \$444.79 | \$444.79 | | | | |
| 49324 | LAPAROSCOPY, SURGICAL, REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVIT | | \$270.09 | \$270.09 | | | | |
| 49325 | LAPAROSCOPY, SURGICAL, W/REVISION OF PREV PLACED INTRAPERITONEAL CATH | | \$291.09 | \$291.09 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 49326 | LAPAROSCOPY, SURGICAL, W/OMENTOPEXY | | \$135.28 | \$135.28 | | | | |
| 49327 | LAPAROSCOPY 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. | | \$115.42 | \$115.42 | | | | |
| 49329 | UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | R | \$0.00 | \$0.00 | | | | |
| 49400 | INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE) | | \$89.34 | \$89.34 | | | | |
| 49402 | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY | | \$584.27 | \$584.27 | | | | |
| 49405 | IMAGE CATH FLUID COLXN VISC | | \$174.18 | \$655.14 | | | | |
| 49406 | IMAGE CATH FLUID PERI/RETRO | | \$174.44 | \$654.89 | | | | |
| 49407 | IMAGE CATH FLUID TRNS/VGNL | | \$185.65 | \$556.66 | | | | |
| 49418 | LAPAROSCOPY WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$205.02 | \$1,326.55 | | | | |
| 49419 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS | | \$303.59 | \$303.59 | | | | |
| 49421 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY | | \$274.21 | \$274.21 | | | | |
| 49422 | REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER | | \$302.38 | \$302.38 | | | | |
| 49423 | EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER | | \$73.62 | \$73.62 | | | | |
| 49424 | CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PL | | \$38.31 | \$38.31 | | | | |
| 49425 | INSERTION OF PERITONEAL-VENOUS SHUNT | | \$570.59 | \$570.59 | | | | |
| 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | | \$422.04 | \$422.04 | | | | |
| 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY | | \$39.99 | \$39.99 | | | | |
| 49428 | LIGATION OF PERITONEAL-VENOUS SHUNT | | \$91.83 | \$91.83 | | | | |
| 49429 | REMOVAL OF PERITONEAL-VENOUS SHUNT | | \$294.09 | \$294.09 | | | | |
| 49435 | INSERT SUBCUT EXTENSION TO INTRAPERITONEAL CATH | | \$87.11 | \$87.11 | | | | |
| 49436 | EMBEDDED INTRAPERITONEAL CATH EXIT SITE | | \$125.90 | \$125.90 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 49440 | PLACE GASTROSTOMY TUBE PERC | | \$192.26 | \$882.09 | | | | |
| 49441 | PLACE DUOD/JEJ TUBE PERC | | \$209.77 | \$1,044.09 | | | | |
| 49442 | PLACE CECOSTOMY TUBE PERC | | \$174.16 | \$851.53 | | | | |
| 49446 | CHANGE G-TUBE TO G-J PERC | | \$137.67 | \$868.44 | | | | |
| 49450 | REPLACE G/C TUBE PERC | | \$55.78 | \$605.56 | | | | |
| 49451 | REPLACE DUOD/JEJ TUBE PERC | | \$76.85 | \$642.65 | | | | |
| 49452 | REPLACE G-J TUBE PERC | | \$119.87 | \$787.74 | | | | |
| 49460 | FIX B/COLON TUBE W/DEVICE | | \$39.16 | \$640.87 | | | | |
| 49465 | FLUORO EXAM OF G/COLON TUDE | | \$25.81 | \$134.70 | | | | |
| 49491 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS | | \$604.46 | \$491.15 | | | | |
| 49492 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS | | \$604.46 | \$604.46 | | | | |
| 49495 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, | | \$326.56 | \$326.56 | | | | |
| 49496 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, | | \$407.03 | \$407.03 | | | | |
| 49500 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR | | \$286.06 | \$286.06 | | | | |
| 49501 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR | | \$374.46 | \$374.46 | | | | |
| 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | | \$350.04 | \$350.04 | | | | |
| 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR | | \$378.57 | \$378.57 | | | | |
| 49520 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE | | \$397.92 | \$397.92 | | | | |
| 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATE | | \$438.14 | \$438.14 | | | | |
| 49525 | REPAIR INGUINAL HERNIA, SLIDING, ANY AGE | | \$381.57 | \$381.57 | | | | |
| 49540 | REPAIR LUMBAR HERNIA | | \$398.80 | \$398.80 | | | | |
| 49550 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE | | \$351.74 | \$351.74 | | | | |
| 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | | \$364.36 | \$364.36 | | | | |
| 49555 | REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE | | \$407.34 | \$407.34 | | | | |
| 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED | | \$449.60 | \$449.60 | | | | |
| 49591 | RPR AA HRN 1ST < 3 CM RDC | | \$286.53 | \$286.53 | | | | |
| 49592 | RPR AA HRN 1ST < 3 NCR/STRN | | \$399.24 | \$399.24 | | | | |
| 49593 | RPR AA HRN 1ST 3-10 RDC | | \$481.10 | \$481.10 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 49594 | RPR AA HRN 1ST 3-10 NCR/STRN | | \$626.74 | \$626.74 | | | | |
| 49595 | RPR AA HRN 1ST > 10 RDC | | \$647.20 | \$647.20 | | | | |
| 49596 | RPR AA HRN 1ST > 10 NCR/STRN | | \$859.97 | \$859.97 | | | | |
| 49600 | REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE | | \$437.97 | \$437.97 | | | | |
| 49605 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHES | | \$916.08 | \$916.08 | | | | |
| 49606 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHES | | \$772.35 | \$772.35 | | | | |
| 49610 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE | | \$466.29 | \$466.29 | | | | |
| 49611 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE | | \$497.57 | \$497.57 | | | | |
| 49613 | RPR AA HRN RCR < 3 RDC | | \$353.39 | \$353.39 | | | | |
| 49614 | RPR AA HRN RCR < 3 NCR/STRN | | \$480.03 | \$480.03 | | | | |
| 49615 | RPR AA HRN RCR 3-10 RDC | | \$536.89 | \$536.89 | | | | |
| 49616 | RPR AA HRN RCR 3-10 NCR/STRN | | \$721.61 | \$721.61 | | | | |
| 49617 | RPR AA HRN RCR > 10 RDC | | \$743.36 | \$743.36 | | | | |
| 49618 | RPR AA HRN RCR > 10 NCR/STRN | | \$1,042.28 | \$1,042.28 | | | | |
| 49621 | RPR PARASTOMAL HERNIA RDC | | \$624.05 | \$624.05 | | | | |
| 49622 | RPR PARASTOMAL HRNA NCR/STRN | | \$770.57 | \$770.57 | | | | |
| 49623 | RMVL NINFCT MESH HERNIA RPR | | \$166.36 | \$166.36 | | | | |
| 49650 | LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA | | \$302.13 | \$302.13 | | | | |
| 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA | | \$387.99 | \$387.99 | | | | |
| 49659 | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOM | R | \$0.00 | \$0.00 | | | | |
| 49900 | SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE | | \$249.61 | \$249.61 | | | | |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND C | | \$1,035.89 | \$1,035.89 | | | | |
| 49905 | OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR | | \$303.37 | \$303.37 | | | | |
| 49906 | FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS | | \$0.00 | \$0.00 | | | | |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | R | \$0.00 | \$0.00 | | | | |
| 50010 | RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES | | \$579.10 | \$579.10 | | | | |
| 50020 | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN | | \$567.20 | \$567.20 | | | | |
| 50021 | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS | | \$170.77 | \$170.77 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 50040 | NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE | | \$612.59 | \$612.59 | | | | |
| 50045 | NEPHROTOMY, WITH EXPLORATION | | \$709.64 | \$709.64 | | | | |
| 50060 | NEPHROLITHOTOMY; REMOVAL OF CALCULUS | | \$886.15 | \$886.15 | | | | |
| 50065 | NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS | | \$982.15 | \$982.15 | | | | |
| 50070 | NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY | | \$939.93 | \$939.93 | | | | |
| 50075 | NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELV | | \$1,197.56 | \$1,197.56 | | | | |
| 50080 | PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT | | \$765.39 | \$765.39 | | | | |
| 50081 | PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT | | \$1,040.14 | \$1,040.14 | | | | |
| 50100 | TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCE | | \$753.52 | \$753.52 | | | | |
| 50120 | PYELOTOMY; WITH EXPLORATION | | \$762.91 | \$762.91 | | | | |
| 50125 | PYELOTOMY; WITH DRAINAGE, PYELOTOMY | | \$777.51 | \$777.51 | | | | |
| 50130 | PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOTOMY, PELVIOLITHOTOMY, | | \$846.95 | \$846.95 | | | | |
| 50135 | PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY | | \$1,029.21 | \$1,029.21 | | | | |
| 50200 | RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE | | \$152.52 | \$152.52 | | | | |
| 50205 | RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY | | \$540.41 | \$540.41 | | | | |
| 50220 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | \$860.66 | \$860.66 | | | | |
| 50225 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | \$1,039.88 | \$1,039.88 | | | | |
| 50230 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | \$1,141.54 | \$1,141.54 | | | | |
| 50234 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INC | | \$1,106.12 | \$1,106.12 | | | | |
| 50236 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE | | \$1,202.69 | \$1,202.69 | | | | |
| 50240 | NEPHRECTOMY, PARTIAL | | \$1,064.37 | \$1,064.37 | | | | |
| 50250 | ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUD | | \$862.75 | \$862.75 | | | | |
| 50280 | EXCISION OR UNROOFING OF CYST(S) OF KIDNEY | | \$748.77 | \$748.77 | | | | |
| 50290 | EXCISION OF PERINEPHRIC CYST | | \$668.54 | \$668.54 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 50300 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, | | \$553.19 | \$553.19 | | | | |
| 50320 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DON | | \$1,188.51 | \$1,188.51 | | | | Rate updated 1/1/2018 |
| 50323 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR | | \$0.00 | \$0.00 | | | | |
| 50325 | BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN O | | \$0.00 | \$0.00 | | | | |
| 50327 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | \$160.64 | \$160.64 | | | | |
| 50328 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | \$140.69 | \$140.69 | | | | |
| 50329 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | \$134.41 | \$134.41 | | | | |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE) | | \$704.29 | \$704.29 | | | | |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT | | \$1,552.57 | \$1,552.57 | | | | |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT | | \$1,873.06 | \$1,873.06 | | | | |
| 50370 | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT | | \$669.85 | \$669.85 | | | | |
| 50380 | RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY | | \$796.86 | \$796.86 | | | | |
| 50382 | REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URE | | \$219.71 | \$1,096.19 | | | | |
| 50384 | REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA | | \$200.01 | \$1,057.61 | | | | |
| 50385 | CHANGE STENT VIA TRANSURETH | | \$200.57 | \$1,048.83 | | | | |
| 50386 | REMOVE STENT VIA TRANSURETH | | \$151.61 | \$678.85 | | | | |
| 50387 | REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL | | \$79.54 | \$528.37 | | | | |
| 50389 | REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH | | \$43.89 | \$360.55 | | | | |
| 50390 | ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTA | | \$144.05 | \$144.05 | | | | |
| 50391 | INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/ OR URETER | | \$77.85 | \$102.10 | | | | |
| 50396 | MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLI | | \$75.95 | \$75.95 | | | | |
| 50400 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, | | \$929.67 | \$929.67 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 50405 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, | | \$1,164.79 | \$1,164.79 | | | | |
| 50430 | INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM / URETEROGRAM / DIAGNOSTIC; NEW ACCESS | | \$136.29 | \$393.71 | | | | Added Effective 1/1/2016 |
| 50431 | EXISTING ACCESS | | \$53.62 | \$122.70 | | | | Added Effective 1/1/2016 |
| 50432 | PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS,INCLUDING DIAGNOSTIC,NEPHROSTOGRAM AND/OR URETEROGRAM / RADIOLOGICAL SUPERVISION | | \$180.36 | \$634.94 | | | | Added Effective 1/1/2016 |
| 50433 | PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS,INCLUDING DIAGNOSTIC,NEPHROSTOGRAM AND/OR URETEROGRAM /RADIOLOGICAL SUPERVISION/ NEW ACCESS | | \$222.93 | \$853.18 | | | | Added Effective 1/1/2016 |
| 50434 | CONVERT NEPHROSTOMY CATHETER TO NEPHROURETECAL CATHETER /VIA PRE-EXISTING NEPHROSTOMY TRACT | | \$170.64 | \$674.63 | | | | Added Effective 1/1/2016 |
| 50435 | EXCHANGE NEPHROSTOMY CATHETER, RADIOLOGICAL SUPERVISION | | \$82.35 | \$352.98 | | | | Added Effective 1/1/2016 |
| 50436 | DILAT XST TRC NDURLGC PX | | \$123.51 | \$123.51 | | | | Effective 1/1/2019 |
| 50437 | DILAT XST TRC NEW ACCESS RCS | | \$206.79 | \$206.79 | | | | Effective 1/1/2019 |
| 50500 | NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY | | \$910.16 | \$910.16 | | | | |
| 50520 | CLOSURE OF NEPHRO CUTANEOUS OR PYELOCUTANEOUS FISTULA | | \$781.23 | \$781.23 | | | | |
| 50525 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL | | \$990.76 | \$990.76 | | | | |
| 50526 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL | | \$904.55 | \$904.55 | | | | |
| 50540 | SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR | | \$959.03 | \$959.03 | | | | |
| 50541 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS | | \$654.47 | \$654.47 | | | | |
| 50542 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S) | | \$825.28 | \$825.28 | | | | |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY | | \$1,038.55 | \$1,038.55 | | | | |
| 50544 | LAPAROSCOPY, SURGICAL; PYELOPLASTY | | \$902.84 | \$902.84 | | | | |
| 50545 | LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA | | \$978.83 | \$978.83 | | | | |
| 50546 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY | | \$836.59 | \$836.59 | | | | |
| 50547 | LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) | | \$1,071.99 | \$1,071.99 | | | | |
| 50548 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH | | \$982.90 | \$982.90 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 50551 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$228.17 | \$228.17 | | | | |
| 50553 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$224.42 | \$224.42 | | | | |
| 50555 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$328.61 | \$328.61 | | | | |
| 50557 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$332.49 | \$332.49 | | | | |
| 50561 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$371.95 | \$371.95 | | | | |
| 50562 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | \$439.42 | \$439.42 | | | | |
| 50570 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$322.23 | \$322.23 | | | | |
| 50572 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$516.39 | \$516.39 | | | | |
| 50574 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$528.82 | \$528.82 | | | | |
| 50575 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$700.13 | \$700.13 | | | | |
| 50576 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$574.28 | \$574.28 | | | | |
| 50580 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | \$452.54 | \$452.54 | | | | |
| 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | | \$577.02 | \$577.02 | | | | |
| 50592 | ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, | | \$287.70 | \$4,024.81 | | | | |
| 50593 | PERC CYRO ABLATE RENAL TUM | | \$388.97 | \$3,687.39 | | | | |
| 50600 | URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE) | | \$718.14 | \$718.14 | | | | |
| 50605 | URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES | | \$601.01 | \$601.01 | | | | |
| 50606 | ENDOLUMINAL BIOPSY OF URETER AND PLEVIS, NON-ENDOSCOPIC, | | \$129.18 | \$399.03 | | | | Added Effective 1/1/2016 |
| 50610 | URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER | | \$780.17 | \$780.17 | | | | |
| 50620 | URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER | | \$752.17 | \$752.17 | | | | |
| 50630 | URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER | | \$780.62 | \$780.62 | | | | |
| 50650 | URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE) | | \$833.50 | \$833.50 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 50660 | URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AN | | \$913.28 | \$913.28 | | | | |
| 50684 | INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH | | \$36.66 | \$36.66 | | | | |
| 50686 | MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETE | | \$55.20 | \$55.20 | | | | |
| 50688 | CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VI | | \$44.88 | \$44.88 | | | | |
| 50690 | INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR | | \$43.35 | \$43.35 | | | | |
| 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 | \$874.85 | | | | Added Effective 1/1/2016 |
| 50695 | NEW ACCESS WITH SPERATE NEPHROSTOMY CATHETER | | \$293.14 | \$1,068.01 | | | | Added Effective 1/1/2016 |
| 50700 | URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) | | \$782.24 | \$782.24 | | | | |
| 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); | | \$378.56 | \$378.56 | | | | |
| 50728 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH RE | | \$557.20 | \$557.20 | | | | |
| 50740 | URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS | | \$897.53 | \$897.53 | | | | |
| 50750 | URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX | | \$939.49 | \$939.49 | | | | |
| 50760 | URETEROURETEROSTOMY | | \$899.61 | \$899.61 | | | | |
| 50770 | TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETE | | \$977.97 | \$977.97 | | | | |
| 50780 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER | | \$907.44 | \$907.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 50782 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER | | \$940.01 | \$940.01 | | | | |
| 50783 | URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING | | \$967.60 | \$967.60 | | | | |
| 50785 | URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP | | \$1,019.26 | \$1,019.26 | | | | |
| 50800 | URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE | | \$814.57 | \$814.57 | | | | |
| 50810 | URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHME | | \$911.97 | \$911.97 | | | | |
| 50815 | URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS | | \$1,129.11 | \$1,129.11 | | | | |
| 50820 | URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS | | \$1,160.83 | \$1,160.83 | | | | |
| 50825 | CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT | | \$1,668.56 | \$1,668.56 | | | | |
| 50830 | URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, | | \$1,476.01 | \$1,476.01 | | | | |
| 50840 | REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING | | \$922.36 | \$922.36 | | | | |
| 50845 | CUTANEOUS APPENDICO-VESICOSTOMY | | \$977.61 | \$977.61 | | | | |
| 50860 | URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN | | \$731.60 | \$731.60 | | | | |
| 50900 | URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE) | | \$664.77 | \$664.77 | | | | |
| 50920 | CLOSURE OF URETEROCUTANEOUS FISTULA | | \$667.32 | \$667.32 | | | | |
| 50930 | CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR) | | \$881.66 | \$881.66 | | | | |
| 50940 | DELIGATION OF URETER | | \$683.88 | \$683.88 | | | | |
| 50945 | LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY | | \$692.25 | \$692.25 | | | | |
| 50947 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETER | | \$1,051.02 | \$1,051.02 | | | | |
| 50948 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URE | | \$961.31 | \$961.31 | | | | |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE, URETER | | \$0.00 | \$0.00 | | | | |
| 50951 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | \$220.29 | \$220.29 | | | | |
| 50953 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | \$231.52 | \$231.52 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 50955 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | \$272.54 | \$272.54 | | | | |
| 50957 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | \$272.37 | \$272.37 | | | | |
| 50961 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | \$254.12 | \$254.12 | | | | |
| 50970 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | \$360.82 | \$360.82 | | | | |
| 50972 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | \$247.37 | \$247.37 | | | | |
| 50974 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | \$472.90 | \$472.90 | | | | |
| 50976 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | \$452.26 | \$452.26 | | | | |
| 50980 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | \$292.25 | \$292.25 | | | | |
| 51020 | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACT | | \$378.22 | \$378.22 | | | | |
| 51030 | CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL | | \$309.19 | \$309.19 | | | | |
| 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE | | \$278.22 | \$278.22 | | | | |
| 51045 | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE | | \$322.42 | \$322.42 | | | | |
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NE | | \$385.22 | \$385.22 | | | | |
| 51060 | TRANSVESICAL URETEROLITHOTOMY | | \$541.66 | \$541.66 | | | | |
| 51065 | CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR | | \$443.37 | \$443.37 | | | | |
| 51080 | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS | | \$311.54 | \$311.54 | | | | |
| 51100 | DRAIN BLADDER BY NEEDLE | | \$32.64 | \$51.92 | | | | |
| 51101 | DRAIN BLADDER BY TROCAR/CATH | | \$43.32 | \$104.74 | | | | |
| 51102 | DRAIN BLADDER WITH CATH INSERTION | | \$205.32 | \$275.93 | | | | |
| 51500 | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA RE | | \$493.34 | \$493.34 | | | | |
| 51520 | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) | | \$504.93 | \$504.93 | | | | |
| 51525 | CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE | | \$686.96 | \$686.96 | | | | |
| 51530 | CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR | | \$605.06 | \$605.06 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 51535 | CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE | | \$571.44 | \$571.44 | | | | |
| 51550 | CYSTECTOMY, PARTIAL; SIMPLE | | \$736.48 | \$736.48 | | | | |
| 51555 | CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, | | \$935.80 | \$935.80 | | | | |
| 51565 | CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER | | \$1,052.60 | \$1,052.60 | | | | |
| 51570 | CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE) | | \$1,109.65 | \$1,109.65 | | | | |
| 51575 | CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING | | \$1,487.65 | \$1,487.65 | | | | |
| 51580 | CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS | | \$1,412.15 | \$1,412.15 | | | | |
| 51585 | CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS | | \$1,678.02 | \$1,678.02 | | | | |
| 51590 | CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, | | \$1,606.35 | \$1,606.35 | | | | |
| 51595 | CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, | | \$1,992.75 | \$1,992.75 | | | | |
| 51596 | CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, US | | \$2,083.94 | \$2,083.94 | | | | |
| 51597 | PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL | | \$1,961.23 | \$1,961.23 | | | | |
| 51600 | INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY | | \$34.06 | \$34.06 | | | | |
| 51605 | INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN | | \$41.93 | \$41.93 | | | | |
| 51610 | INJECTION PROCEDURE FOR RETROGRADE URETHR | | \$54.38 | \$54.38 | | | | |
| 51700 | BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION | | \$29.26 | \$32.21 | | | | |
| 51701 | INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZA | | \$20.31 | \$42.41 | | | | |
| 51702 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY) | | \$22.11 | \$65.79 | | | | |
| 51703 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, | | \$59.81 | \$93.72 | | | | |
| 51705 | CHANGE OF CYSTOSTOMY TUBE; SIMPLE | | \$35.12 | \$40.21 | | | | |
| 51710 | CHANGE OF CYSTOSTOMY TUBE; COMPLICATED | | \$51.94 | \$59.59 | | | | |
| 51715 | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES O | | \$187.38 | \$187.38 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 51720 | BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TI | | \$64.76 | \$70.80 | | | | |
| 51725 | SIMPLE CYSTOMETROGRAM | | \$74.07 | \$74.07 | \$107.41 | \$66.76 | | |
| 51726 | COMPLEX CYSTOMETROGRAM | | \$87.94 | \$87.94 | \$180.10 | \$75.36 | | |
| 51727 | CYSTOMETROGRAM W/UP | | \$245.27 | \$245.27 | \$180.69 | \$94.65 | | |
| 51728 | CYSTOMETROGRAM W/VP | | \$244.37 | \$244.37 | \$183.06 | \$91.09 | | |
| 51729 | CYSTOMETROGRAM W/VP&UP | | \$267.06 | \$267.06 | \$188.11 | \$110.97 | | |
| 51736 | SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL | | \$36.62 | \$36.62 | \$4.27 | \$32.35 | | |
| 51741 | COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) | | \$62.55 | \$62.55 | \$6.12 | \$56.43 | | |
| 51784 | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER TH | | \$75.46 | \$75.46 | \$11.43 | \$64.03 | | |
| 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, A | | \$75.46 | \$75.46 | \$11.43 | \$64.03 | | |
| 51792 | STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LA | | \$88.90 | \$88.90 | \$39.34 | \$49.56 | | |
| 51797 | VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) | | \$75.13 | \$75.13 | \$13.28 | \$61.84 | | |
| 51798 | MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY | | \$14.15 | \$14.15 | | | | |
| 51800 | CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR | | \$836.71 | \$836.71 | | | | |
| 51820 | CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY | | \$719.45 | \$719.45 | | | | |
| 51840 | ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA | | \$564.89 | \$564.89 | | | | |
| 51841 | ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA | | \$686.33 | \$686.33 | | | | |
| 51845 | ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC | | \$579.60 | \$579.60 | | | | |
| 51860 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE | | \$554.26 | \$554.26 | | | | |
| 51865 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED | | \$735.34 | \$735.34 | | | | |
| 51880 | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE) | | \$357.24 | \$357.24 | | | | |
| 51900 | CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH | | \$689.18 | \$689.18 | | | | |
| 51920 | CLOSURE OF VESICOUTERINE FISTULA; | | \$529.33 | \$529.33 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 51925 | CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY | R | \$740.46 | \$740.46 | | | | |
| 51940 | CLOSURE, EXSTROPHY OF BLADDER | | \$1,295.81 | \$1,295.81 | | | | |
| 51960 | ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS | | \$1,249.76 | \$1,249.76 | | | | |
| 51980 | CUTANEOUS VESICOSTOMY | | \$524.37 | \$524.37 | | | | |
| 51990 | LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE | | \$534.61 | \$534.61 | | | | |
| 51992 | LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FA | | \$583.28 | \$583.28 | | | | |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER | R | \$0.00 | \$0.00 | | | | |
| 52000 | CYSTOURETHROSCOPY (SEPARATE PROCEDURE) | | \$83.27 | \$83.27 | | | | |
| 52001 | CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTI | | \$101.50 | \$101.50 | | | | |
| 52005 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT | | \$133.90 | \$133.90 | | | | |
| 52007 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT | | \$171.06 | \$171.06 | | | | |
| 52010 | CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITH | | \$118.96 | \$144.44 | | | | |
| 52204 | CYSTOURETHROSCOPY, WITH BIOPSY | | \$139.21 | \$139.21 | | | | |
| 52214 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | \$190.77 | \$190.77 | | | | |
| 52224 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | \$176.97 | \$176.97 | | | | |
| 52234 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | \$273.13 | \$273.13 | | | | |
| 52235 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | \$366.55 | \$366.55 | | | | |
| 52240 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | \$596.14 | \$596.14 | | | | |
| 52250 | CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WIT | | \$215.80 | \$215.80 | | | | |
| 52260 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; | | \$176.97 | \$176.97 | | | | |
| 52265 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; | | \$107.78 | \$125.88 | | | | |
| 52270 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE | | \$214.26 | \$214.26 | | | | |
| 52275 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE | | \$237.91 | \$237.91 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 52276 | CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY | | \$249.10 | \$249.10 | | | | |
| 52277 | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOM | | \$321.75 | \$321.75 | | | | |
| 52281 | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICT | | \$118.73 | \$149.71 | | | | |
| 52282 | CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT | | \$313.59 | \$313.59 | | | | |
| 52283 | CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE | | \$153.89 | \$153.89 | | | | |
| 52284 | DRUG DELIVERY USING A DRUG-COATED BALLOON FOR MALE TREATMENT OF URETHRAL STRICTURE USING AN ENDOSCOPE | | \$138.18 | \$2,100.65 | | | | |
| 52285 | CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH A | | \$152.65 | \$192.08 | | | | |
| 52287 | CYSTOURETHROSCOPY, WITH INJECTION(S) | | \$134.96 | \$245.05 | | | | |
| 52290 | CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL | | \$203.28 | \$203.28 | | | | |
| 52300 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC | | \$258.81 | \$258.81 | | | | |
| 52301 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCEL | | \$256.96 | \$256.96 | | | | |
| 52305 | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER | | \$258.20 | \$258.20 | | | | |
| 52310 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL | | \$169.94 | \$169.94 | | | | |
| 52315 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL | | \$271.76 | \$271.76 | | | | |
| 52317 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA | | \$377.55 | \$377.55 | | | | |
| 52318 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA | | \$499.73 | \$499.73 | | | | |
| 52320 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL O | | \$279.69 | \$279.69 | | | | |
| 52325 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTA | | \$385.30 | \$385.30 | | | | |
| 52327 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETER | | \$260.01 | \$260.01 | | | | |
| 52330 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULAT | | \$249.47 | \$249.47 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 52332 | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GI | | \$176.92 | \$176.92 | | | | |
| 52334 | CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY | | \$239.31 | \$239.31 | | | | |
| 52341 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON | | \$243.12 | \$243.12 | | | | |
| 52342 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE | | \$263.18 | \$263.18 | | | | |
| 52343 | CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOO | | \$291.55 | \$291.55 | | | | |
| 52344 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICT | | \$311.60 | \$311.60 | | | | |
| 52345 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC | | \$332.15 | \$332.15 | | | | |
| 52346 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL | | \$373.63 | \$373.63 | | | | |
| 52351 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC | | \$247.37 | \$247.37 | | | | |
| 52352 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL O | | \$305.07 | \$305.07 | | | | |
| 52353 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIP | | \$353.43 | \$353.43 | | | | |
| 52354 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AN | | \$310.28 | \$310.28 | | | | |
| 52355 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION | | \$364.94 | \$364.94 | | | | |
| 52356 | CYSTO/URETERO W/LITHOTRIPSY | | \$334.30 | \$334.30 | | | | |
| 52400 | CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENIT | | \$431.74 | \$431.74 | | | | |
| 52402 | CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULAT | | \$210.10 | \$210.10 | | | | |
| 52441 | INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE | | \$185.11 | \$918.84 | | | | Added effective 1/1/2015 |
| 52442 | INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE | | \$49.51 | \$694.77 | | | | Added effective 1/1/2015 |
| 52450 | TRANSURETHRAL INCISION OF PROSTATE | | \$352.62 | \$352.62 | | | | |
| 52500 | TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE) | | \$446.52 | \$446.52 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 52601 | TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL | | \$684.31 | \$684.31 | | | | |
| 52630 | TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN | | \$444.43 | \$444.43 | | | | |
| 52640 | TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE | | \$364.76 | \$364.76 | | | | |
| 52647 | LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEE | | \$635.30 | \$635.30 | | | | |
| 52648 | LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE | | \$497.86 | \$660.24 | | | | |
| 52649 | PROSTATE LASER ENUCLEATION | | \$818.60 | \$818.60 | | | | |
| 52700 | TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS | | \$281.93 | \$281.93 | | | | |
| 53000 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS | | \$110.32 | \$110.32 | | | | |
| 53010 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL | | \$192.02 | \$192.02 | | | | |
| 53020 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT | | \$76.12 | \$76.12 | | | | |
| 53025 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT | | \$56.56 | \$56.56 | | | | |
| 53040 | DRAINAGE OF DEEP PERIURETHRAL ABSCESS | | \$230.59 | \$230.59 | | | | |
| 53060 | DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST | | \$91.09 | \$91.09 | | | | |
| 53080 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE | | \$289.93 | \$289.93 | | | | |
| 53085 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED | | \$481.81 | \$481.81 | | | | |
| 53200 | BIOPSY OF URETHRA | | \$108.42 | \$108.42 | | | | |
| 53210 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE | | \$537.99 | \$537.99 | | | | |
| 53215 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE | | \$719.67 | \$719.67 | | | | |
| 53220 | EXCISION OR FULGURATION OF CARCINOMA OF URETHRA | | \$332.93 | \$332.93 | | | | |
| 53230 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE | | \$497.16 | \$497.16 | | | | |
| 53235 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE | | \$428.25 | \$428.25 | | | | |
| 53240 | MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE | | \$304.01 | \$304.01 | | | | |
| 53250 | EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND) | | \$285.31 | \$285.31 | | | | |
| 53260 | EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA | | \$119.91 | \$119.91 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 53265 | EXCISION OR FULGURATION; URETHRAL CARUNCLE | | \$145.86 | \$145.86 | | | | |
| 53270 | EXCISION OR FULGURATION; SKENE'S GLANDS | | \$101.62 | \$112.88 | | | | |
| 53275 | EXCISION OR FULGURATION; URETHRAL PROLAPSE | | \$197.87 | \$197.87 | | | | |
| 53400 | URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E | | \$564.79 | \$564.79 | | | | |
| 53405 | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY | | \$709.82 | \$709.82 | | | | |
| 53410 | URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA | | \$707.47 | \$707.47 | | | | |
| 53415 | URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION O | | \$889.18 | \$889.18 | | | | |
| 53420 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR | | \$561.11 | \$707.02 | | | | |
| 53425 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR | | \$714.92 | \$714.92 | | | | |
| 53430 | URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA | | \$666.51 | \$666.51 | | | | |
| 53431 | URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/ OR LOWER | | \$808.61 | \$808.61 | | | | |
| 53440 | SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCI | | \$723.37 | \$723.37 | | | | |
| 53442 | REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA | | \$397.99 | \$397.99 | | | | |
| 53444 | INSERTION OF TANDEM CUFF (DUAL CUFF) | | \$577.30 | \$577.30 | | | | |
| 53445 | INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING | | \$886.61 | \$886.61 | | | | |
| 53446 | REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, | | \$528.03 | \$528.03 | | | | |
| 53447 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER | | \$630.29 | \$630.29 | | | | |
| 53448 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER | | \$959.21 | \$959.21 | | | | |
| 53449 | REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, | | \$514.28 | \$514.28 | | | | |
| 53450 | URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT | | \$247.90 | \$247.90 | | | | |
| 53451 | TPRNL BALO CNTNC DEV BI | | \$0.00 | \$0.00 | | | | Added 1/1/2022 |
| 53452 | TPRNL BALO CNTNC DEV UNI | | \$0.00 | \$0.00 | | | | Added 1/1/2022 |
| 53453 | TPRNL BALO CNTNC DEV RMVL EA | | \$0.00 | \$0.00 | | | | Added 1/1/2022 |
| 53454 | TPRNL BALO CNTNC DEV ADJMT | | \$0.00 | \$0.00 | | | | Added 1/1/2022 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 53460 | URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT | | \$268.12 | \$268.12 | | | | |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCO | | \$533.60 | \$533.60 | | | | |
| 53502 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE | | \$358.48 | \$358.48 | | | | |
| 53505 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE | | \$362.90 | \$362.90 | | | | |
| 53510 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL | | \$484.07 | \$484.07 | | | | |
| 53515 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS | | \$636.54 | \$636.54 | | | | |
| 53520 | CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE | | \$412.50 | \$412.50 | | | | |
| 53600 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR | | \$40.66 | \$45.09 | | | | |
| 53601 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR | | \$33.37 | \$37.26 | | | | |
| 53605 | DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR | | \$51.11 | \$51.11 | | | | |
| 53620 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA | | \$55.05 | \$61.36 | | | | |
| 53621 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA | | \$45.68 | \$50.78 | | | | |
| 53660 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; | | \$25.32 | \$29.07 | | | | |
| 53661 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; | | \$25.21 | \$28.56 | | | | |
| 53665 | DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA | | \$32.93 | \$32.93 | | | | |
| 53850 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERA | | \$461.57 | \$461.57 | | | | |
| 53852 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY | | \$482.44 | \$482.44 | | | | |
| 53854 | TRURL DSTRJ PRST8 TISS RF WV | | \$304.20 | \$1,378.87 | | | | Effective 1/1/2019 |
| 53855 | INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT | | \$63.06 | \$465.45 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 53860 | TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE | | \$204.13 | \$1,274.92 | | | | |
| 53899 | UNLISTED PROCEDURE, URINARY SYSTEM | | \$50.00 | \$0.00 | | | | |
| 54000 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN | | \$62.32 | \$62.32 | | | | |
| 54001 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NE | | \$87.51 | \$87.51 | | | | |
| 54015 | INCISION AND DRAINAGE OF PENIS, DEEP | | \$175.86 | \$175.86 | | | | |
| 54050 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$40.74 | \$45.84 | | | | |
| 54055 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$44.56 | \$52.74 | | | | |
| 54056 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$43.00 | \$50.11 | | | | |
| 54057 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$80.79 | \$80.79 | | | | |
| 54060 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$89.46 | \$89.46 | | | | |
| 54065 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | \$108.74 | \$141.87 | | | | |
| 54100 | BIOPSY OF PENIS; (SEPARATE PROCEDURE) | | \$74.89 | \$74.89 | | | | |
| 54105 | BIOPSY OF PENIS; DEEP STRUCTURES | | \$131.00 | \$131.00 | | | | |
| 54110 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); | | \$460.02 | \$460.02 | | | | |
| 54111 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LE | | \$652.14 | \$652.14 | | | | |
| 54112 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN | | \$762.71 | \$762.71 | | | | |
| 54115 | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT) | | \$289.48 | \$289.48 | | | | |
| 54120 | AMPUTATION OF PENIS; PARTIAL | | \$459.74 | \$459.74 | | | | |
| 54125 | AMPUTATION OF PENIS; COMPLETE | | \$714.09 | \$714.09 | | | | |
| 54130 | AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINFEMORAL LYMPHADENE | | \$980.46 | \$980.46 | | | | |
| 54135 | AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC | | \$1,252.25 | \$1,252.25 | | | | |
| 54150 | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN | | \$76.27 | \$76.27 | | | | |
| 54160 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI | | \$120.93 | \$120.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 54161 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI | | \$158.28 | \$158.28 | | | | |
| 54162 | LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS | | \$165.95 | \$165.95 | | | | |
| 54163 | REPAIR INCOMPLETE CIRCUMCISION | | \$156.40 | \$156.40 | | | | |
| 54164 | FRENULOTOMY OF PENIS | | \$136.87 | \$136.87 | | | | |
| 54200 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; | | \$34.66 | \$38.95 | | | | |
| 54205 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PL | | \$360.48 | \$360.48 | | | | |
| 54220 | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM | | \$117.52 | \$117.52 | | | | |
| 54230 | INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY | | \$60.45 | \$78.42 | | | | |
| 54231 | DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACT | R | \$101.89 | \$101.89 | | | | |
| 54235 | INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERE) | | \$41.66 | \$47.42 | | | | |
| 54240 | PENILE PLETHYSMOGRAPHY | | \$67.91 | \$67.91 | \$14.33 | \$53.58 | | |
| 54250 | NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST | | \$88.54 | \$88.54 | \$8.78 | \$79.77 | | |
| 54300 | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADI) | | \$500.58 | \$500.58 | | | | |
| 54304 | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAG | | \$610.08 | \$610.08 | | | | |
| 54308 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | \$514.42 | \$514.42 | | | | |
| 54312 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | \$659.59 | \$659.59 | | | | |
| 54316 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | \$799.99 | \$799.99 | | | | |
| 54318 | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM | | \$536.17 | \$536.17 | | | | |
| 54322 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | \$584.20 | \$584.20 | | | | |
| 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | \$774.40 | \$774.40 | | | | |
| 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | \$741.50 | \$741.50 | | | | |
| 54328 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | \$751.95 | \$751.95 | | | | |
| 54332 | ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING | | \$837.75 | \$837.75 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 54336 | ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION T | | \$1,094.06 | \$1,094.06 | | | | |
| 54340 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | \$428.03 | \$428.03 | | | | |
| 54344 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | \$918.85 | \$918.85 | | | | |
| 54348 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | \$819.72 | \$819.72 | | | | |
| 54352 | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCIS | | \$1,169.73 | \$1,169.73 | | | | |
| 54360 | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION | | \$540.25 | \$540.25 | | | | |
| 54380 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | \$640.32 | \$640.32 | | | | |
| 54385 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | \$735.00 | \$735.00 | | | | |
| 54390 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | \$1,017.70 | \$1,017.70 | | | | |
| 54400 | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID) | R | \$577.40 | \$577.40 | | | | |
| 54401 | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED) | R | \$657.84 | \$657.84 | | | | |
| 54405 | INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING | R | \$855.35 | \$855.35 | | | | |
| 54406 | REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE | | \$525.42 | \$525.42 | | | | |
| 54408 | REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHE | | \$553.68 | \$553.68 | | | | |
| 54410 | REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, | R | \$656.06 | \$656.06 | | | | |
| 54411 | REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATA | R | \$712.26 | \$712.26 | | | | |
| 54415 | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) | | \$387.83 | \$387.83 | | | | |
| 54416 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE | R | \$505.72 | \$505.72 | | | | |
| 54417 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE | R | \$625.79 | \$625.79 | | | | |
| 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERA | | \$544.18 | \$544.18 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 54430 | CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILAT | | \$484.48 | \$484.48 | | | | |
| 54435 | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER | | \$285.99 | \$285.99 | | | | |
| 54437 | REPAIR OF TRAUMATIC CORPOREAL TEAR(S) | | \$547.20 | \$547.20 | | | | Added Effective 1/1/2016 |
| 54438 | REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR | | \$1,107.77 | \$1,107.77 | | | | Added Effective 1/1/2016 |
| 54440 | PLASTIC OPERATION OF PENIS FOR INJURY | | \$683.52 | \$683.52 | | | | |
| 54450 | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRET | | \$52.80 | \$52.80 | | | | |
| 54500 | BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE) | | \$51.46 | \$51.46 | | | | |
| 54505 | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE) | | \$155.30 | \$155.30 | | | | |
| 54512 | EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS | | \$385.12 | \$385.12 | | | | |
| 54520 | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULA | | \$299.72 | \$299.72 | | | | |
| 54522 | ORCHIECTOMY, PARTIAL | | \$437.11 | \$437.11 | | | | |
| 54530 | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH | | \$450.97 | \$450.97 | | | | |
| 54535 | ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION | | \$589.24 | \$589.24 | | | | |
| 54550 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA) | | \$371.61 | \$371.61 | | | | |
| 54560 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION | | \$520.54 | \$520.54 | | | | |
| 54600 | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF | | \$328.95 | \$328.95 | | | | |
| 54620 | FIXATION OF CONTRALATERAL TESTIS | | \$234.69 | \$234.69 | | | | |
| 54640 | ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR | | \$349.46 | \$349.46 | | | | Updated Effective 01/01/2020 |
| 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, | | \$552.58 | \$552.58 | | | | |
| 54660 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE) | | \$240.31 | \$240.31 | | | | |
| 54670 | SUTURE OR REPAIR OF TESTICULAR INJURY | | \$303.60 | \$303.60 | | | | |
| 54680 | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION | | \$577.44 | \$577.44 | | | | |
| 54690 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY | R | \$516.32 | \$516.32 | | | | |
| 54692 | LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS | R | \$535.70 | \$535.70 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 54700 | INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, | | \$125.99 | \$125.99 | | | | |
| 54800 | BIOPSY OF EPIDIDYMIS, NEEDLE | | \$125.83 | \$125.83 | | | | |
| 54830 | EXCISION OF LOCAL LESION OF EPIDIDYMIS | | \$252.39 | \$252.39 | | | | |
| 54840 | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY | | \$288.49 | \$288.49 | | | | |
| 54860 | EPIDIDYMECTOMY; UNILATERAL | | \$327.17 | \$327.17 | | | | |
| 54861 | EPIDIDYMECTOMY; BILATERAL | | \$463.89 | \$463.89 | | | | |
| 54865 | EXPLORATION EPIDIDYMIS | | \$256.84 | \$256.84 | | | | |
| 55000 | PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT | | \$48.30 | \$53.66 | | | | |
| 55040 | EXCISION OF HYDROCELE; UNILATERAL | | \$295.37 | \$295.37 | | | | |
| 55041 | EXCISION OF HYDROCELE; BILATERAL | | \$436.60 | \$436.60 | | | | |
| 55060 | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE) | | \$275.80 | \$275.80 | | | | |
| 55100 | DRAINAGE OF SCROTAL WALL ABSCESS | | \$78.17 | \$78.17 | | | | |
| 55110 | SCROTAL EXPLORATION | | \$257.26 | \$257.26 | | | | |
| 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | | \$193.38 | \$193.38 | | | | |
| 55150 | RESECTION OF SCROTUM | | \$354.28 | \$354.28 | | | | |
| 55175 | SCROTOPLASTY; SIMPLE | | \$276.76 | \$276.76 | | | | |
| 55180 | SCROTOPLASTY; COMPLICATED | | \$498.61 | \$498.61 | | | | |
| 55200 | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR | | \$179.18 | \$179.18 | | | | |
| 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING | R | \$136.27 | \$171.54 | | | | |
| 55300 | VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, | | \$182.24 | \$182.24 | | | | |
| 55400 | VASOVASOSTOMY, VASOVASORRHAPHY | | \$433.10 | \$433.10 | | | | |
| 55500 | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE) | | \$282.95 | \$282.95 | | | | |
| 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE) | | \$263.92 | \$263.92 | | | | |
| 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | \$313.98 | \$313.98 | | | | |
| 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | \$312.35 | \$312.35 | | | | |
| 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | \$356.62 | \$356.62 | | | | |
| 55550 | LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE | R | \$304.18 | \$304.18 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 55600 | VESICULOTOMY; | | \$307.08 | \$307.08 | | | | |
| 55605 | VESICULOTOMY; COMPLICATED | | \$387.55 | \$387.55 | | | | |
| 55650 | VESICULECTOMY, ANY APPROACH | | \$542.53 | \$542.53 | | | | |
| 55680 | EXCISION OF MULLERIAN DUCT CYST | | \$269.49 | \$269.49 | | | | |
| 55700 | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH | | \$69.83 | \$89.95 | | | | |
| 55705 | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH | | \$228.06 | \$228.06 | | | | |
| 55706 | BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL | | \$324.29 | \$324.29 | | | | |
| 55720 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SI | | \$324.39 | \$324.39 | | | | |
| 55725 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; | | \$389.81 | \$389.81 | | | | |
| 55801 | PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE | | \$854.07 | \$854.07 | | | | |
| 55810 | PROSTATECTOMY, PERINEAL RADICAL; | | \$1,144.96 | \$1,144.96 | | | | |
| 55812 | PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PE | | \$1,274.01 | \$1,274.01 | | | | |
| 55815 | PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY | | \$1,570.12 | \$1,570.12 | | | | |
| 55821 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, | | \$778.78 | \$778.78 | | | | |
| 55831 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, | | \$845.13 | \$845.13 | | | | |
| 55840 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; | | \$1,106.74 | \$1,106.74 | | | | |
| 55842 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH | | \$1,225.69 | \$1,225.69 | | | | |
| 55845 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH | | \$1,516.87 | \$1,516.87 | | | | |
| 55860 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | \$599.40 | \$599.40 | | | | |
| 55862 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | \$844.19 | \$844.19 | | | | |
| 55865 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | \$1,351.03 | \$1,351.03 | | | | |
| 55866 | LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NER | | \$1,223.28 | \$1,223.28 | | | | |
| 55867 | LAPS SURG PRST&ECT SMPL STOT | | \$873.49 | \$873.49 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 55873 | CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FO | | \$799.77 | \$799.77 | | | | |
| 55874 | TPRNL PLMT BIODEGRDABL MATRL | | \$133.33 | \$2,761.79 | | | | Added Effective 1/1/2018 |
| 55875 | TRANSPERINEAL NEEDLE PLACEMENT PROSTATE | | \$567.59 | \$567.59 | | | | |
| 55876 | PLACEMENT INTERSTITIAL DEVICE FOR PROSTATE RADIATION THERAPY | | \$83.05 | \$108.68 | | | | |
| 55880 | ABL TJ MAL PRST8 TISS HIFU | | \$800.44 | \$800.44 | | | | Added Effective 01/01/2021 |
| 55899 | UNLISTED PROCEDURE, MALE GENITAL SYSTEM | R | \$0.00 | \$0.00 | | | | |
| 55920 | PLACE NEEDLES PELVIC FOR RT | | \$356.93 | \$356.93 | | | | |
| 56405 | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS | | \$54.62 | \$64.82 | | | | |
| 56420 | INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS | | \$53.21 | \$63.94 | | | | |
| 56440 | MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST | | \$165.05 | \$165.05 | | | | |
| 56441 | LYSIS OF LABIAL ADHESIONS | | \$107.89 | \$107.89 | | | | |
| 56442 | HYMENOTOMY, SIMPLE INCISION | | \$34.55 | \$34.55 | | | | |
| 56501 | DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSUR | | \$53.34 | \$60.59 | | | | |
| 56515 | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, | | \$133.62 | \$133.62 | | | | |
| 56605 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION | | \$38.00 | \$47.12 | | | | |
| 56606 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITI | | \$19.26 | \$23.95 | | | | |
| 56620 | VULVECTOMY SIMPLE; PARTIAL | | \$403.28 | \$403.28 | | | | |
| 56625 | VULVECTOMY SIMPLE; COMPLETE | | \$524.54 | \$524.54 | | | | |
| 56630 | VULVECTOMY, RADICAL, PARTIAL; | | \$747.95 | \$747.95 | | | | |
| 56631 | VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINFEMORAL | | \$1,038.69 | \$1,038.69 | | | | |
| 56632 | VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINFEMORAL LYMPHADENE | | \$1,228.98 | \$1,228.98 | | | | |
| 56633 | VULVECTOMY, RADICAL, COMPLETE; | | \$864.57 | \$864.57 | | | | |
| 56634 | VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINFEMORAL | | \$1,155.31 | \$1,155.31 | | | | |
| 56637 | VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINFEMORAL | | \$1,280.96 | \$1,280.96 | | | | |
| 56640 | VULVECTOMY, RADICAL, COMPLETE, WITH INGUINFEMORAL, ILIAC, AND PELVIC | | \$1,230.55 | \$1,230.55 | | | | |
| 56700 | PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING | | \$128.33 | \$128.33 | | | | |
| 56740 | EXCISION OF BARTHOLIN'S GLAND OR CYST | | \$195.98 | \$195.98 | | | | |
| 56800 | PLASTIC REPAIR OF INTROITUS | | \$201.62 | \$201.62 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 56805 | CLITOROPLASTY FOR INTERSEX STATE | | \$802.98 | \$802.98 | | | | |
| 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE) | | \$199.16 | \$199.16 | | | | |
| 56820 | COLPOSCOPY OF THE VULVA; | | \$62.47 | \$87.91 | | | | |
| 56821 | COLPOSCOPY OF THE VULVA; WITH BIOPSY(S) | | \$86.02 | \$114.28 | | | | |
| 57000 | COLPOTOMY; WITH EXPLORATION | | \$148.64 | \$148.64 | | | | |
| 57010 | COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS | | \$242.22 | \$242.22 | | | | |
| 57020 | COLPOCENTESIS (SEPARATE PROCEDURE) | | \$64.85 | \$64.85 | | | | |
| 57022 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM | | \$118.47 | \$118.47 | | | | |
| 57023 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, | | \$118.47 | \$118.47 | | | | |
| 57061 | DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, | | \$50.34 | \$61.34 | | | | |
| 57065 | DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, | | \$181.08 | \$181.08 | | | | |
| 57100 | BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE) | | \$39.94 | \$48.25 | | | | |
| 57105 | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS | | \$98.25 | \$98.25 | | | | |
| 57106 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; | | \$265.09 | \$267.16 | | | | |
| 57107 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI | | \$903.73 | \$908.39 | | | | |
| 57109 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI | | \$1,092.33 | \$1,103.74 | | | | |
| 57110 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; | | \$649.67 | \$649.67 | | | | |
| 57111 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG | | \$1,094.14 | \$1,094.14 | | | | |
| 57120 | COLPOCLEISIS (LE FORT TYPE) | | \$421.66 | \$421.66 | | | | |
| 57130 | EXCISION OF VAGINAL SEPTUM | | \$154.06 | \$154.06 | | | | |
| 57135 | EXCISION OF VAGINAL CYST OR TUMOR | | \$138.47 | \$138.47 | | | | |
| 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF | | \$31.10 | \$33.65 | | | | |
| 57155 | INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL | | \$290.92 | \$290.92 | | | | |
| 57156 | INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY | | \$89.60 | \$130.84 | | | | |
| 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | | \$30.68 | \$34.04 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | | \$32.45 | \$36.74 | | | | |
| 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMA | | \$54.94 | \$62.32 | | | | |
| 57200 | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL) | | \$195.25 | \$195.25 | | | | |
| 57210 | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM | | \$242.30 | \$242.30 | | | | |
| 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY | | \$252.09 | \$252.09 | | | | |
| 57230 | PLASTIC REPAIR OF URETHROCELE | | \$267.32 | \$267.32 | | | | |
| 57240 | ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF | | \$382.11 | \$382.11 | | | | |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRH | | \$357.20 | \$357.20 | | | | |
| 57260 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; | | \$500.41 | \$500.41 | | | | |
| 57265 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR | | \$519.90 | \$519.90 | | | | |
| 57267 | INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFEC | | \$211.63 | \$211.63 | | | | |
| 57268 | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE) | | \$404.91 | \$404.91 | | | | |
| 57270 | REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE) | | \$434.15 | \$434.15 | | | | |
| 57280 | COLPOPEXY, ABDOMINAL APPROACH | | \$518.76 | \$518.76 | | | | |
| 57282 | COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCY | | \$516.32 | \$516.32 | | | | |
| 57283 | COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR | | \$498.84 | \$498.84 | | | | |
| 57284 | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINA | | \$605.87 | \$605.87 | | | | |
| 57285 | REPAIR PARAVAG DEFECT, VAG | | \$513.59 | \$513.59 | | | | |
| 57287 | REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR | | \$505.43 | \$505.43 | | | | |
| 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) | | \$682.68 | \$682.68 | | | | |
| 57289 | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY | | \$434.93 | \$434.93 | | | | |
| 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT | | \$391.32 | \$391.32 | | | | |
| 57292 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT | | \$571.32 | \$571.32 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 57295 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR | | \$357.90 | \$357.90 | | | | |
| 57296 | REVISION PROSTHETIC VAGINAL GRAFT, OPEN ABD APPROACH | | \$687.77 | \$687.77 | | | | |
| 57300 | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH | | \$452.33 | \$452.33 | | | | |
| 57305 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH | | \$495.41 | \$495.41 | | | | |
| 57307 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT | | \$489.89 | \$489.89 | | | | |
| 57308 | CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL | | \$507.22 | \$507.22 | | | | |
| 57310 | CLOSURE OF URETHROVAGINAL FISTULA; | | \$306.53 | \$306.53 | | | | |
| 57311 | CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT | | \$371.78 | \$371.78 | | | | |
| 57320 | CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH | | \$499.48 | \$499.48 | | | | |
| 57330 | CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH | | \$584.47 | \$584.47 | | | | |
| 57335 | VAGINOPLASTY FOR INTERSEX STATE | | \$900.98 | \$900.98 | | | | Rate updated 1/1/2018 |
| 57400 | DILATION OF VAGINA UNDER ANESTHESIA | | \$34.66 | \$34.66 | | | | |
| 57410 | PELVIC EXAMINATION UNDER ANESTHESIA | | \$28.18 | \$28.18 | | | | |
| 57415 | REMOVAL OF IMPACTED VAGINAL FOREIGN BODY | | \$37.57 | \$37.57 | | | | |
| 57420 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; | | \$66.38 | \$91.82 | | | | |
| 57421 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S | | \$91.88 | \$120.14 | | | | |
| 57423 | REPAIR PARAVAG DEFECT, LAP | | \$717.12 | \$717.12 | | | | |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX) | | \$669.30 | \$669.30 | | | | |
| 57426 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH | | \$638.39 | \$638.39 | | | | |
| 57452 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; | | \$41.17 | \$49.89 | | | | |
| 57454 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(| | \$59.81 | \$76.04 | | | | |
| 57455 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(| | \$83.52 | \$110.50 | | | | |
| 57456 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCER | | \$78.21 | \$104.42 | | | | |
| 57460 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP | | \$121.31 | \$148.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 57461 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP | | \$144.83 | \$242.98 | | | | |
| 57465 | CAM CERVIX UTERI DRG COLP | | \$35.02 | \$45.59 | | | | Added Effective 01/01/2021 |
| 57500 | BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO | | \$39.02 | \$46.67 | | | | |
| 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | | \$43.59 | \$52.04 | | | | |
| 57510 | CAUTERY OF CERVIX; ELECTRO OR THERMAL | | \$63.45 | \$70.42 | | | | |
| 57511 | CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT | | \$69.82 | \$81.22 | | | | |
| 57513 | CAUTERY OF CERVIX; LASER ABLATION | | \$133.87 | \$133.87 | | | | |
| 57520 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL | | \$226.47 | \$226.47 | | | | |
| 57522 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL | | \$205.93 | \$205.93 | | | | |
| 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE | | \$245.48 | \$245.48 | | | | |
| 57531 | RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | | \$1,187.54 | \$1,187.54 | | | | |
| 57540 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; | | \$393.83 | \$393.83 | | | | |
| 57545 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPA | | \$342.42 | \$342.42 | | | | |
| 57550 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; | | \$349.94 | \$349.94 | | | | |
| 57555 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR | | \$562.49 | \$562.49 | | | | |
| 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCEL | | \$521.69 | \$521.69 | | | | |
| 57558 | D&C CERVICAL STUMP | | \$82.15 | \$90.27 | | | | |
| 57700 | CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL | | \$169.20 | \$169.20 | | | | |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH | | \$199.74 | \$199.74 | | | | |
| 57800 | DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE) | | \$31.46 | \$37.90 | | | | |
| 58100 | ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING | | \$33.09 | \$41.94 | | | | |
| 58110 | ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY | | \$33.09 | \$39.21 | | | | |
| 58120 | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL) | | \$157.92 | \$157.92 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 58140 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL | | \$488.28 | \$488.28 | | | | |
| 58145 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL | | \$474.40 | \$474.40 | | | | |
| 58146 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMUR | | \$819.91 | \$819.91 | | | | |
| 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO | R | \$695.52 | \$695.52 | | | | |
| 58152 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO | R | \$798.27 | \$798.27 | | | | |
| 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR | R | \$578.91 | \$578.91 | | | | |
| 58200 | TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH | R | \$1,013.03 | \$1,013.03 | | | | |
| 58210 | RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE | R | \$1,274.03 | \$1,274.03 | | | | |
| 58240 | PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL | R | \$1,764.83 | \$1,764.83 | | | | |
| 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; | R | \$636.38 | \$636.38 | | | | |
| 58262 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF | R | \$685.38 | \$685.38 | | | | |
| 58263 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF | R | \$749.48 | \$749.48 | | | | |
| 58267 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH | R | \$778.08 | \$778.08 | | | | |
| 58270 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF | R | \$700.47 | \$700.47 | | | | |
| 58275 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; | R | \$762.47 | \$762.47 | | | | |
| 58280 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR O | R | \$758.60 | \$758.60 | | | | |
| 58285 | VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION) | R | \$888.79 | \$888.79 | | | | |
| 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; | R | \$819.58 | \$819.58 | | | | |
| 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL | R | \$900.96 | \$900.96 | | | | |
| 58292 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL | R | \$954.57 | \$954.57 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 58294 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR O | R | \$878.82 | \$878.82 | | | | |
| 58300 | INSERTION OF INTRAUTERINE DEVICE (IUD) | | \$47.06 | \$59.25 | | | | |
| 58301 | REMOVAL OF INTRAUTERINE DEVICE (IUD) | | \$29.40 | \$35.43 | | | | |
| 58340 | CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SA | | \$43.05 | \$43.05 | | | | |
| 58345 | TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AN | R | \$238.84 | \$238.84 | | | | |
| 58346 | INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY | | \$310.37 | \$310.37 | | | | |
| 58350 | CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS | R | \$50.56 | \$50.56 | | | | |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE | | \$162.96 | \$162.96 | | | | |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRI | | \$278.58 | \$1,777.40 | | | | |
| 58400 | UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT | | \$345.55 | \$345.55 | | | | |
| 58410 | UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT | | \$367.69 | \$367.69 | | | | |
| 58520 | HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL) | | \$324.11 | \$324.11 | | | | |
| 58540 | HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE) | | \$450.69 | \$450.69 | | | | |
| 58541 | LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS LESS THAN 250G | R | \$617.90 | \$617.90 | | | | |
| 58542 | LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS LESS THAN 250G | R | \$684.88 | \$684.88 | | | | |
| 58543 | LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS GREATER THAN 250G | R | \$696.59 | \$696.59 | | | | |
| 58544 | LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS GREATER THAN 250G | R | \$754.75 | \$754.75 | | | | |
| 58545 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS | | \$657.30 | \$657.30 | | | | |
| 58546 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOM | | \$829.93 | \$829.93 | | | | |
| 58548 | LAPAROSCOPY, SURGICAL, RADICAL HYSTERECTOMY | R | \$1,318.03 | \$1,318.03 | | | | |
| 58550 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS | R | \$649.94 | \$649.94 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 58552 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS | R | \$640.10 | \$640.10 | | | | |
| 58553 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T | R | \$824.72 | \$824.72 | | | | |
| 58554 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T | R | \$816.75 | \$816.75 | | | | |
| 58555 | HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE) | | \$162.74 | \$162.74 | | | | |
| 58558 | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR | | \$213.26 | \$213.26 | | | | Updated Effective 01/01/2020 |
| 58559 | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METH | | \$273.34 | \$273.34 | | | | |
| 58560 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEP | | \$302.82 | \$302.82 | | | | |
| 58561 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA | | \$426.04 | \$426.04 | | | | |
| 58562 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | | \$213.72 | \$213.72 | | | | |
| 58563 | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL | | \$281.64 | \$281.64 | | | | |
| 58565 | HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO I | R | \$338.62 | \$338.62 | | | | Place of Service (POS) 22 will pay \$338.62 effective 1/1/2011 |
| 58570 | TLH FOR UTERUS 250G OR LESS | R | \$712.97 | \$712.97 | | | | |
| 58571 | TLH W/T/O 250G OR LESS | R | \$780.91 | \$780.91 | | | | |
| 58572 | TLH, UTERUS OVER 250G | R | \$886.24 | \$886.24 | | | | |
| 58573 | TLH W/T/O UTERUS OVER 250G | R | \$999.29 | \$999.29 | | | | |
| 58575 | LAPS TOT HYST RESJ MAL | R | \$1,481.83 | \$1,481.83 | | | | Added Effective 1/1/2018 |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE, UTERUS | R | \$0.00 | \$0.00 | | | | |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS | R | \$0.00 | \$0.00 | | | | |
| 58580 | DESTRUCTION OF UTERINE FIBROID(S) USING HEAT WITH ULTRASOUND GUIDANCE AND MONITORING | | \$338.31 | \$2,449.36 | | | | |
| 58600 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL | R | \$271.75 | \$271.75 | | | | |
| 58605 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL | R | \$234.00 | \$234.00 | | | | |
| 58611 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF | R | \$33.52 | \$33.52 | | | | |
| 58615 | OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) | R | \$199.53 | \$199.53 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 58660 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOL | R | \$497.38 | \$497.38 | | | | |
| 58661 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR | R | \$503.77 | \$503.77 | | | | |
| 58662 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE | R | \$507.04 | \$507.04 | | | | |
| 58670 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT | R | \$280.12 | \$280.12 | | | | |
| 58671 | LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, | R | \$287.90 | \$287.90 | | | | |
| 58673 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY) | R | \$583.55 | \$583.55 | | | | |
| 58674 | LAPS ABLTJ UTERINE FIBROIDS | | \$652.21 | \$652.21 | | | | Added Effective 1/1/2017 |
| 58700 | SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE | R | \$375.33 | \$375.33 | | | | |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL | R | \$422.70 | \$422.70 | | | | |
| 58740 | LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) | R | \$381.93 | \$381.93 | | | | |
| 58770 | SALPINGOSTOMY (SALPINGONEOSTOMY) | R | \$372.82 | \$372.82 | | | | |
| 58800 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED | | \$195.39 | \$195.39 | | | | |
| 58805 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED | | \$363.80 | \$363.80 | | | | |
| 58820 | DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN | | \$202.14 | \$202.14 | | | | |
| 58822 | DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH | | \$296.24 | \$296.24 | | | | |
| 58823 | DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, | | \$170.77 | \$170.77 | | | | |
| 58825 | TRANSPOSITION, OVARY(S) | | \$295.89 | \$295.89 | | | | |
| 58900 | BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | \$326.30 | \$326.30 | | | | |
| 58920 | WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL | R | \$400.39 | \$400.39 | | | | |
| 58925 | OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL | | \$397.28 | \$397.28 | | | | |
| 58940 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; | R | \$398.30 | \$398.30 | | | | |
| 58943 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, | R | \$901.94 | \$901.94 | | | | |
| 58950 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | | \$773.05 | \$773.05 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 58951 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | R | \$1,184.26 | \$1,184.26 | | | | |
| 58952 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | R | \$1,207.48 | \$1,207.48 | | | | |
| 58953 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL | R | \$1,403.32 | \$1,403.32 | | | | |
| 58954 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL | R | \$1,526.07 | \$1,526.07 | | | | |
| 58956 | BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINA | | \$982.70 | \$982.70 | | | | |
| 58957 | RESECTION RECURRENT OVARIAN MALIGNANCY | | \$1,069.48 | \$1,069.48 | | | | |
| 58958 | RESECTION RECURRENT OVARIAN MALIGNANCY W/PELVIC LYMPHADENECTOMY | | \$1,185.03 | \$1,185.03 | | | | |
| 58960 | LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY | | \$717.37 | \$717.37 | | | | |
| 58999 | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL) | R | \$570.00 | \$741.00 | | | | |
| 59000 | AMNIOCENTESIS; DIAGNOSTIC | | \$68.54 | \$68.54 | | | | |
| 59001 | AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOU | | \$127.45 | \$127.45 | | | | |
| 59012 | CORDOCENTESIS (INTRAUTERINE), ANY METHOD | | \$162.34 | \$162.34 | | | | |
| 59015 | CHORIONIC VILLUS SAMPLING, ANY METHOD | | \$99.17 | \$99.17 | | | | |
| 59020 | FETAL CONTRACTION STRESS TEST | | \$62.62 | \$62.62 | \$15.84 | \$46.78 | | |
| 59025 | FETAL NON-STRESS TEST | | \$34.83 | \$34.83 | \$6.87 | \$27.96 | | |
| 59030 | FETAL SCALP BLOOD SAMPLING | | \$105.88 | \$105.88 | | | | |
| 59050 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI | | \$51.49 | \$51.49 | | | | |
| 59051 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI | | \$47.08 | \$47.08 | | | | |
| 59070 | TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE | | \$219.94 | \$290.85 | | | | |
| 59072 | FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE | | \$356.42 | \$356.42 | | | | |
| 59074 | FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESI | | \$219.94 | \$277.24 | | | | |
| 59076 | FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE | | \$356.42 | \$356.42 | | | | |
| 59100 | HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION) | | \$309.26 | \$309.26 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 59120 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING | | \$455.90 | \$455.90 | | | | |
| 59121 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT | | \$375.41 | \$375.41 | | | | |
| 59130 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY | | \$408.09 | \$408.09 | | | | |
| 59135 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN | | \$673.61 | \$673.61 | | | | |
| 59136 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN | | \$456.82 | \$456.82 | | | | |
| 59140 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION | | \$281.40 | \$281.40 | | | | |
| 59150 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND | | \$333.06 | \$333.06 | | | | |
| 59151 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR | | \$458.93 | \$458.93 | | | | |
| 59160 | CURETTAGE, POSTPARTUM | | \$169.28 | \$169.28 | | | | |
| 59200 | INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE | | \$33.10 | \$40.34 | | | | |
| 59300 | EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN | | \$86.42 | \$99.70 | | | | |
| 59320 | CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL | | \$130.48 | \$130.48 | | | | |
| 59325 | CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL | | \$203.99 | \$203.99 | | | | |
| 59350 | HYSTERORRHAPHY OF RUPTURED UTERUS | | \$260.13 | \$260.13 | | | | |
| 59409 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | \$870.00 | \$870.00 | | | | |
| 59410 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | \$900.00 | \$900.00 | | | | |
| 59414 | DELIVERY OF PLACENTA (SEPARATE PROCEDURE) | | \$84.65 | \$84.65 | | | | |
| 59430 | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | | \$65.78 | \$70.87 | | | | |
| 59514 | CESAREAN DELIVERY ONLY; | | \$870.00 | \$870.00 | | | | |
| 59515 | CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE | | \$900.00 | \$900.00 | | | | |
| 59525 | SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATEL | R | \$374.17 | \$374.17 | | | | |
| 59612 | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO | | \$870.00 | \$870.00 | | | | |
| 59614 | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO | | \$900.00 | \$900.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 59620 | CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE | | \$870.00 | \$870.00 | | | | |
| 59622 | CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE | | \$900.00 | \$900.00 | | | | |
| 59812 | TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY | | \$206.50 | \$206.50 | | | | |
| 59820 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER | | \$228.74 | \$228.74 | | | | |
| 59821 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER | | \$213.02 | \$213.02 | | | | |
| 59830 | TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY | | \$309.03 | \$309.03 | | | | |
| 59840 | INDUCED ABORTION, BY DILATION AND CURETTAGE | R | \$188.52 | \$188.52 | | | | |
| 59841 | INDUCED ABORTION, BY DILATION AND EVACUATION | R | \$214.12 | \$214.12 | | | | |
| 59850 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | \$288.16 | \$288.16 | | | | |
| 59851 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | \$301.09 | \$301.09 | | | | |
| 59852 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | \$404.59 | \$404.59 | | | | |
| 59855 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | \$304.56 | \$304.56 | | | | |
| 59856 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | \$376.08 | \$376.08 | | | | |
| 59857 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | \$457.41 | \$457.41 | | | | |
| 59866 | MULTIFETAL PREGNANCY REDUCTION(S) (MPR) | R | \$173.79 | \$173.79 | | | | Rate updated 1/1/2018 |
| 59870 | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE | | \$214.05 | \$214.05 | | | | |
| 59871 | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL) | | \$117.25 | \$117.25 | | | | |
| 59897 | UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE | R | \$0.00 | \$0.00 | | | | |
| 59899 | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY | R | \$0.00 | \$0.00 | | | | |
| 60000 | INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED | | \$60.41 | \$68.46 | | | | |
| 60100 | BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE | | \$45.46 | \$59.54 | | | | |
| 60200 | EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS | | \$445.84 | \$445.84 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 60210 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY | | \$581.31 | \$581.31 | | | | |
| 60212 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL | | \$738.99 | \$738.99 | | | | |
| 60220 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY | | \$557.51 | \$557.51 | | | | |
| 60225 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBEC | | \$669.87 | \$669.87 | | | | |
| 60240 | THYROIDECTOMY, TOTAL OR COMPLETE | | \$790.92 | \$790.92 | | | | |
| 60252 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK | | \$879.97 | \$879.97 | | | | |
| 60254 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK | | \$1,079.54 | \$1,079.54 | | | | |
| 60260 | THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVI | | \$517.67 | \$517.67 | | | | |
| 60270 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHO | | \$918.83 | \$918.83 | | | | |
| 60271 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH | | \$795.80 | \$795.80 | | | | |
| 60280 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; | | \$380.26 | \$380.26 | | | | |
| 60281 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT | | \$393.02 | \$393.02 | | | | |
| 60300 | ASPIR/INIJ THYROID CYST | | \$39.76 | \$88.42 | | | | |
| 60500 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); | | \$812.72 | \$812.72 | | | | |
| 60502 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION | | \$926.98 | \$926.98 | | | | |
| 60505 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL | | \$999.46 | \$999.46 | | | | |
| 60512 | PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F | | \$205.93 | \$205.93 | | | | |
| 60520 | THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDU | | \$887.16 | \$887.16 | | | | |
| 60521 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, | | \$945.26 | \$945.26 | | | | |
| 60522 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, | | \$1,061.46 | \$1,061.46 | | | | |
| 60540 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI | | \$835.03 | \$835.03 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 60545 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI | | \$982.76 | \$982.76 | | | | |
| 60600 | EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY | | \$826.37 | \$826.37 | | | | |
| 60605 | EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY | | \$875.02 | \$875.02 | | | | |
| 60650 | LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR | | \$739.73 | \$739.73 | | | | |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE SYSTEM | R | \$0.00 | \$0.00 | | | | |
| 61000 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR | | \$79.19 | \$79.19 | | | | |
| 61001 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR | | \$59.65 | \$71.46 | | | | |
| 61020 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O | | \$82.96 | \$82.96 | | | | |
| 61026 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O | | \$109.38 | \$109.38 | | | | |
| 61050 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEP | | \$80.94 | \$80.94 | | | | |
| 61055 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF | | \$116.66 | \$116.66 | | | | |
| 61070 | PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROC | | \$33.42 | \$39.99 | | | | |
| 61105 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; | | \$455.26 | \$455.26 | | | | |
| 61107 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING | | \$307.66 | \$307.66 | | | | |
| 61108 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION | | \$694.06 | \$694.06 | | | | |
| 61120 | BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CON | | \$459.02 | \$459.02 | | | | |
| 61140 | BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION | | \$876.66 | \$876.66 | | | | |
| 61150 | BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST | | \$937.20 | \$937.20 | | | | |
| 61151 | BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF | | \$400.64 | \$400.64 | | | | |
| 61154 | BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL O | | \$949.97 | \$949.97 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61156 | BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL | | \$955.26 | \$955.26 | | | | |
| 61210 | BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG | | \$337.68 | \$337.68 | | | | |
| 61215 | INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTE | | \$575.91 | \$575.91 | | | | |
| 61250 | BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY | | \$574.03 | \$574.03 | | | | |
| 61253 | BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL | | \$680.56 | \$680.56 | | | | |
| 61304 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL | | \$1,419.68 | \$1,419.68 | | | | |
| 61305 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSS | | \$1,630.33 | \$1,630.33 | | | | |
| 61312 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; | | \$1,358.30 | \$1,358.30 | | | | |
| 61313 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; | | \$1,353.94 | \$1,353.94 | | | | |
| 61314 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; | | \$1,469.34 | \$1,469.34 | | | | |
| 61315 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; | | \$1,523.63 | \$1,523.63 | | | | |
| 61316 | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARA | | \$65.84 | \$65.84 | | | | |
| 61320 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENT | | \$1,285.74 | \$1,285.74 | | | | |
| 61321 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENT | | \$1,400.20 | \$1,400.20 | | | | |
| 61322 | CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, | | \$1,335.49 | \$1,335.49 | | | | |
| 61323 | CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, | | \$1,383.79 | \$1,383.79 | | | | |
| 61330 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH | | \$836.75 | \$836.75 | | | | |
| 61333 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION | | \$1,412.93 | \$1,412.93 | | | | |
| 61340 | SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE | | \$797.89 | \$797.89 | | | | |
| 61343 | CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION | | \$1,752.10 | \$1,752.10 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61345 | OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA | | \$1,342.43 | \$1,342.43 | | | | |
| 61450 | CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION O | | \$1,344.07 | \$1,344.07 | | | | |
| 61458 | CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL | | \$1,612.09 | \$1,612.09 | | | | |
| 61460 | CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES | | \$1,553.54 | \$1,553.54 | | | | |
| 61500 | CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL | | \$1,122.09 | \$1,122.09 | | | | |
| 61501 | CRANIECTOMY; FOR OSTEOMYELITIS | | \$946.40 | \$946.40 | | | | |
| 61510 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN | | \$1,530.67 | \$1,530.67 | | | | |
| 61512 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF | | \$1,618.54 | \$1,618.54 | | | | |
| 61514 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN | | \$1,488.95 | \$1,488.95 | | | | |
| 61516 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR | | \$1,491.50 | \$1,491.50 | | | | |
| 61517 | IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATEL | | \$56.19 | \$56.19 | | | | |
| 61518 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | \$1,884.78 | \$1,884.78 | | | | |
| 61519 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | \$1,970.57 | \$1,970.57 | | | | |
| 61520 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | \$2,176.37 | \$2,176.37 | | | | |
| 61521 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | \$2,184.95 | \$2,184.95 | | | | |
| 61522 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN | | \$1,435.87 | \$1,435.87 | | | | |
| 61524 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR | | \$1,624.92 | \$1,624.92 | | | | |
| 61526 | CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO | | \$1,900.40 | \$1,900.40 | | | | |
| 61530 | CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO | | \$2,271.30 | \$2,271.30 | | | | |
| 61531 | SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR | | \$1,045.86 | \$1,045.86 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61533 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF A | | \$1,224.36 | \$1,224.36 | | | | |
| 61534 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC | | \$781.31 | \$781.31 | | | | |
| 61535 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUB | | \$536.01 | \$536.01 | | | | |
| 61536 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL | | \$1,549.54 | \$1,549.54 | | | | |
| 61537 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, | | \$1,258.82 | \$1,258.82 | | | | |
| 61538 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, | | \$1,723.83 | \$1,723.83 | | | | |
| 61539 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP | | \$1,596.50 | \$1,596.50 | | | | |
| 61540 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP | | \$1,518.91 | \$1,518.91 | | | | |
| 61541 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALL | | \$1,413.73 | \$1,413.73 | | | | |
| 61543 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL | | \$1,127.98 | \$1,127.98 | | | | |
| 61544 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF | | \$1,503.11 | \$1,503.11 | | | | |
| 61545 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGI | | \$1,817.24 | \$1,817.24 | | | | |
| 61546 | CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRA | | \$1,701.25 | \$1,701.25 | | | | |
| 61548 | HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPT | | \$1,353.84 | \$1,353.84 | | | | |
| 61550 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE | | \$761.59 | \$761.59 | | | | |
| 61552 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES | | \$994.67 | \$994.67 | | | | |
| 61556 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP | | \$1,116.90 | \$1,116.90 | | | | |
| 61557 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP | | \$1,123.08 | \$1,123.08 | | | | |
| 61558 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG | | \$1,276.41 | \$1,276.41 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61559 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG | | \$1,655.24 | \$1,655.24 | | | | |
| 61563 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI | | \$1,353.06 | \$1,353.06 | | | | |
| 61564 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI | | \$1,707.01 | \$1,707.01 | | | | |
| 61566 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE | | \$1,507.18 | \$1,507.18 | | | | |
| 61567 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTI | | \$1,722.45 | \$1,722.45 | | | | |
| 61570 | CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN | | \$1,188.32 | \$1,188.32 | | | | |
| 61571 | CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAI | | \$1,289.76 | \$1,289.76 | | | | |
| 61575 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR | | \$1,956.24 | \$1,956.24 | | | | |
| 61576 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR | | \$1,844.59 | \$1,844.59 | | | | |
| 61580 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | \$1,511.18 | \$1,511.18 | | | | |
| 61581 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | \$1,715.14 | \$1,715.14 | | | | |
| 61582 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | \$1,556.79 | \$1,556.79 | | | | |
| 61583 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING | | \$1,776.67 | \$1,776.67 | | | | |
| 61584 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN | | \$1,720.14 | \$1,720.14 | | | | |
| 61585 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN | | \$1,924.41 | \$1,924.41 | | | | |
| 61586 | BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERI | | \$1,287.53 | \$1,287.53 | | | | |
| 61590 | INFRA TEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA | | \$2,092.87 | \$2,092.87 | | | | |
| 61591 | INFRA TEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNA | | \$2,194.98 | \$2,194.98 | | | | |
| 61592 | ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SI | | \$1,991.00 | \$1,991.00 | | | | |
| 61595 | TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR | | \$1,470.58 | \$1,470.58 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61596 | TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR | | \$1,787.02 | \$1,787.02 | | | | |
| 61597 | TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGUL | | \$1,888.89 | \$1,888.89 | | | | |
| 61598 | TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN | | \$1,664.23 | \$1,664.23 | | | | |
| 61600 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,276.17 | \$1,276.17 | | | | |
| 61601 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,368.44 | \$1,368.44 | | | | |
| 61605 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,444.82 | \$1,444.82 | | | | |
| 61606 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,934.79 | \$1,934.79 | | | | |
| 61607 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,807.46 | \$1,807.46 | | | | |
| 61608 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$2,102.92 | \$2,102.92 | | | | |
| 61611 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPA | | \$388.06 | \$388.06 | | | | |
| 61613 | OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR | | \$2,062.32 | \$2,062.32 | | | | |
| 61615 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$1,587.56 | \$1,587.56 | | | | |
| 61616 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | \$2,159.45 | \$2,159.45 | | | | |
| 61618 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDL | | \$816.72 | \$816.72 | | | | |
| 61619 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDL | | \$1,020.70 | \$1,020.70 | | | | |
| 61623 | ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK | | \$408.34 | \$408.34 | | | | |
| 61624 | TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR | | \$1,044.61 | \$1,044.61 | | | | |
| 61626 | TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR | | \$861.36 | \$861.36 | | | | |
| 61630 | INTRACRANIAL ANGIOPLASTY | | \$1,056.84 | \$1,007.67 | | | | |
| 61635 | INTRACRAN ANGIOPLSTY W/STENT | | \$1,105.84 | \$1,105.84 | | | | |
| 61640 | DILATE IC VASOSPASM INIT | | \$504.33 | \$504.33 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 61641 | DILATE IC VASOSPASM ADD-ON | | \$177.40 | \$177.40 | | | | |
| 61642 | DILATE IC VASOSPASM ADD-ON | | \$354.58 | \$354.58 | | | | |
| 61645 | PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY INFUSION FOR THROMBOLYSIS INTRACRANIAL ANY METHOD | | \$634.38 | \$634.38 | | | | Added Effective 1/1/2016 |
| 61650 | ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS ARTERIAL | | \$433.13 | \$433.13 | | | | Added Effective 1/1/2016 |
| 61651 | EACH ADDITIONAL VASCULAR TERRITORY | | \$184.45 | \$184.45 | | | | Added Effective 1/1/2016 |
| 61680 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SI | | \$2,043.35 | \$2,043.35 | | | | |
| 61682 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, CO | | \$2,340.21 | \$2,340.21 | | | | |
| 61684 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SI | | \$2,034.27 | \$2,034.27 | | | | |
| 61686 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, CO | | \$2,459.46 | \$2,459.46 | | | | |
| 61690 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE | | \$1,828.31 | \$1,828.31 | | | | |
| 61692 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX | | \$1,967.73 | \$1,967.73 | | | | |
| 61697 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROT | | \$2,409.61 | \$2,409.61 | | | | |
| 61698 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; | | \$2,318.66 | \$2,318.66 | | | | |
| 61700 | SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTI | | \$2,009.80 | \$2,009.80 | | | | |
| 61702 | SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; | | \$2,284.79 | \$2,284.79 | | | | |
| 61703 | SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF | | \$859.34 | \$859.34 | | | | |
| 61705 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | \$1,955.28 | \$1,955.28 | | | | |
| 61708 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | \$1,717.93 | \$1,717.93 | | | | |
| 61710 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | \$1,314.30 | \$1,314.30 | | | | |
| 61711 | ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE | | \$2,052.72 | \$2,052.72 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 61720 | CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND | | \$1,107.72 | \$1,107.72 | | | | |
| 61735 | CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND | | \$885.49 | \$885.49 | | | | |
| 61736 | LITT ICR 1 TRAJ 1 SMPL LES | | \$760.31 | \$760.31 | | | | Added 1/1/2022 |
| 61737 | LITT ICR MLT TRJ MLT/CPLX LS | | \$905.42 | \$905.42 | | | | Added 1/1/2022 |
| 61750 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), | | \$762.21 | \$762.21 | | | | |
| 61751 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), | | \$1,074.47 | \$1,074.47 | | | | |
| 61760 | STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LO | | \$1,172.92 | \$1,172.92 | | | | |
| 61770 | STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF | | \$1,047.41 | \$1,047.41 | | | | |
| 61781 | STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, INTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE. | | \$211.55 | \$211.55 | | | | |
| 61782 | STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, EXTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE. | | \$173.57 | \$173.57 | | | | |
| 61783 | STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; SPINAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE. | | \$211.55 | \$211.55 | | | | |
| 61790 | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC | | \$729.94 | \$729.94 | | | | |
| 61791 | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC | | \$552.75 | \$552.75 | | | | |
| 61796 | STEREOTACTIC RADIOSURGERY | | \$601.71 | \$601.71 | | | | |
| 61797 | EACH ADDITIONAL CRANIAL LESION, SIMPLE | | \$164.37 | \$164.37 | | | | |
| 61798 | 1 COMPLEX CRANIAL LESION | | \$601.71 | \$601.71 | | | | |
| 61799 | EACH ADDITIONAL CRANIAL LESION, COMPLEX | | \$227.27 | \$227.27 | | | | |
| 61800 | APPLICATION OF STEREOTACTIC HEADFRAME | | \$116.60 | \$116.60 | | | | |
| 61850 | TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTR | | \$835.76 | \$835.76 | | | | |
| 61860 | CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTROD | | \$585.61 | \$585.61 | | | | |
| 61863 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | \$761.87 | \$761.87 | | | | |
| 61864 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | \$217.34 | \$217.34 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 61867 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | \$1,139.83 | \$1,139.83 | | | | |
| 61868 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | \$362.23 | \$362.23 | | | | |
| 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES | | \$312.36 | \$312.36 | | | | |
| 61885 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | | \$128.57 | \$128.57 | | | | |
| 61886 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | | \$419.55 | \$419.55 | | | | |
| 61888 | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECE | | \$162.01 | \$162.01 | | | | |
| 61889 | INSERTION OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | | \$1,083.85 | \$1,083.85 | | | | |
| 61891 | REVISION OR REPLACEMENT OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | | \$510.62 | \$510.62 | | | | |
| 61892 | REMOVAL OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | | \$702.22 | \$702.22 | | | | |
| 62000 | ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL | | \$507.18 | \$507.18 | | | | |
| 62005 | ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADU | | \$780.51 | \$780.51 | | | | |
| 62010 | ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR | | \$1,138.16 | \$1,138.16 | | | | |
| 62100 | CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SUR | | \$1,280.04 | \$1,280.04 | | | | |
| 62115 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQU | | \$1,061.77 | \$1,061.77 | | | | |
| 62117 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRIN | | \$1,314.39 | \$1,314.39 | | | | |
| 62120 | REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY | | \$1,156.94 | \$1,156.94 | | | | |
| 62121 | CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE | | \$1,146.72 | \$1,146.72 | | | | |
| 62140 | CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER | | \$788.90 | \$788.90 | | | | |
| 62141 | CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER | | \$963.13 | \$963.13 | | | | |
| 62142 | REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL | | \$695.31 | \$695.31 | | | | |
| 62143 | REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL | | \$641.40 | \$641.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 62145 | CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY | | \$927.42 | \$927.42 | | | | |
| 62146 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 | | \$790.40 | \$790.40 | | | | |
| 62147 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER T | | \$947.99 | \$947.99 | | | | |
| 62148 | INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPL | | \$89.82 | \$89.82 | | | | |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICU | | \$129.68 | \$129.68 | | | | |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATI | | \$921.37 | \$921.37 | | | | |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID | | \$1,182.34 | \$1,182.34 | | | | |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING | | \$1,278.69 | \$1,278.69 | | | | |
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSN | | \$1,002.03 | \$1,002.03 | | | | |
| 62180 | VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION) | | \$820.00 | \$820.00 | | | | |
| 62190 | CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, - JUGULAR, -AURICULAR | | \$723.13 | \$723.13 | | | | |
| 62192 | CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, - PLEURAL, OTHER | | \$786.84 | \$786.84 | | | | |
| 62194 | REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER | | \$139.93 | \$139.93 | | | | |
| 62200 | VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; | | \$918.22 | \$918.22 | | | | |
| 62201 | VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPI | | \$632.35 | \$632.35 | | | | |
| 62220 | CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, - AURICULAR | | \$843.56 | \$843.56 | | | | |
| 62223 | CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS | | \$889.15 | \$889.15 | | | | |
| 62225 | REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER | | \$281.05 | \$281.05 | | | | |
| 62230 | REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE | | \$592.81 | \$592.81 | | | | |
| 62252 | REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT | | \$58.43 | \$58.43 | \$28.89 | \$29.54 | | |
| 62256 | REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEM | | \$372.68 | \$372.68 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------------|
| 62258 | REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT | | \$857.46 | \$857.46 | | | | |
| 62263 | PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, | | \$313.87 | \$313.87 | | | | |
| 62264 | PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, | | \$169.22 | \$427.70 | | | | |
| 62267 | PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS | | \$129.95 | \$196.12 | | | | |
| 62268 | PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX | | \$202.24 | \$202.24 | | | | |
| 62269 | BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE | | \$173.17 | \$173.17 | | | | |
| 62270 | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC | | \$50.19 | \$106.75 | | | | Updated Effective 01/01/2020 |
| 62272 | THORACIC SPI PNXR DRG CSF | | \$70.59 | \$140.11 | | | | Rate Change Effective 01/01/2020 |
| 62273 | INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH | | \$99.45 | \$99.45 | | | | |
| 62280 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | \$98.15 | \$98.15 | | | | |
| 62281 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | \$106.73 | \$106.73 | | | | |
| 62282 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | \$122.22 | \$122.22 | | | | |
| 62284 | INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL | | \$106.56 | \$106.56 | | | | |
| 62287 | ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOS | | \$372.26 | \$372.26 | | | | |
| 62290 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR | | \$160.77 | \$160.77 | | | | |
| 62291 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC | | \$142.61 | \$142.61 | | | | |
| 62292 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, | | \$793.50 | \$793.50 | | | | |
| 62294 | INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMA | | \$409.38 | \$409.38 | | | | |
| 62302 | X-RAY OF UPPER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$101.48 | \$187.89 | | | | Added effective 1/1/2015 |
| 62303 | X-RAY OF MIDDLE SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$102.77 | \$194.88 | | | | Added effective 1/1/2015 |
| 62304 | X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$99.77 | \$185.41 | | | | Added effective 1/1/2015 |
| 62305 | X-RAY OF LOWER SPINAL CANAL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$104.53 | \$202.07 | | | | Added effective 1/1/2015 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 62310 | INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY | | \$145.21 | \$145.21 | | | | |
| 62320 | NJX INTERLAMINAR CRV/THRC | | \$82.59 | \$129.63 | | | | Added Effective 1/1/2017 |
| 62321 | NJX INTERLAMINAR CRV/THRC | | \$89.07 | \$190.18 | | | | Added Effective 1/1/2017 |
| 62322 | NJX INTERLAMINAR LMBR/SAC | | \$71.09 | \$120.47 | | | | Added Effective 1/1/2017 |
| 62323 | NJX INTERLAMINAR LMBR/SAC | | \$81.33 | \$186.33 | | | | Added Effective 1/1/2017 |
| 62324 | NJX INTERLAMINAR CRV/THRC | | \$76.12 | \$114.32 | | | | Added Effective 1/1/2017 |
| 62325 | NJX INTERLAMINAR CRV/THRC | | \$87.57 | \$170.22 | | | | Added Effective 1/1/2017 |
| 62326 | NJX INTERLAMINAR LMBR/SAC | | \$74.47 | \$119.44 | | | | Added Effective 1/1/2017 |
| 62327 | NJX INTERLAMINAR LMBR/SAC | | \$79.29 | \$172.34 | | | | Added Effective 1/1/2017 |
| 62328 | DX LMBR SPI PNXR W/FLUOR/CT | | \$72.50 | \$197.28 | | | | Added Effective 01/01/2020 |
| 62329 | THER SPI PNXR CSF FLUOR/CT | | \$90.57 | \$244.41 | | | | Added Effective 01/01/2020 |
| 62350 | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI | | \$301.79 | \$301.79 | | | | |
| 62351 | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI | | \$446.28 | \$446.28 | | | | |
| 62355 | REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER | | \$250.98 | \$250.98 | | | | |
| 62360 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | \$96.75 | \$96.75 | | | | |
| 62361 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | \$231.69 | \$231.69 | | | | |
| 62362 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | \$303.50 | \$303.50 | | | | |
| 62365 | REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR | | \$249.56 | \$249.56 | | | | |
| 62367 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR | | \$17.57 | \$30.58 | | \$25.17 | | |
| 62368 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR | | \$30.53 | \$39.43 | | \$39.43 | | |
| 62369 | WITH REPROGRAMING AND REFILL | | \$28.46 | \$96.43 | | | | |
| 62370 | WITH REPROGRAMING AND REFILL (REQUIRING PHYSICIAN'S SKILL) | | \$38.12 | \$101.44 | | | | |
| 62380 | NDSC DCMPRN 1 NTRSPC LUMBAR | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2017 |
| 63001 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$1,006.13 | \$1,006.13 | | | | |
| 63003 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$988.70 | \$988.70 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 63005 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$936.90 | \$936.90 | | | | |
| 63011 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$639.40 | \$639.40 | | | | |
| 63012 | LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULA | | \$978.18 | \$978.18 | | | | |
| 63015 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$1,157.81 | \$1,157.81 | | | | |
| 63016 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$1,209.45 | \$1,209.45 | | | | |
| 63017 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | \$1,106.51 | \$1,106.51 | | | | |
| 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$880.03 | \$880.03 | | | | |
| 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$839.37 | \$839.37 | | | | |
| 63035 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$219.26 | \$219.26 | | | | |
| 63040 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$1,222.71 | \$1,222.71 | | | | |
| 63042 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$1,205.96 | \$1,205.96 | | | | |
| 63043 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$283.74 | \$283.74 | | | | |
| 63044 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | \$269.57 | \$269.57 | | | | |
| 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | \$1,081.12 | \$1,081.12 | | | | |
| 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | \$1,041.57 | \$1,041.57 | | | | |
| 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | \$921.29 | \$921.29 | | | | |
| 63048 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | \$232.54 | \$232.54 | | | | |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR | | \$1,037.95 | \$1,037.95 | | | | |
| 63051 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR | | \$1,183.39 | \$1,183.39 | | | | |
| 63052 | LAM FACETC/FRMT ARTHRD LUM 1 | | \$211.38 | \$211.38 | | | | Added 1/1/2022 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 63053 | LAM FACTC/FRMT ARTHRD LUM EA | | \$158.18 | \$158.18 | | | | Added 1/1/2022 |
| 63055 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | \$1,344.58 | \$1,344.58 | | | | |
| 63056 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | \$1,237.91 | \$1,237.91 | | | | |
| 63057 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | \$211.68 | \$211.68 | | | | |
| 63064 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO | | \$1,420.20 | \$1,420.20 | | | | |
| 63066 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO | | \$173.11 | \$173.11 | | | | |
| 63075 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | \$1,129.38 | \$1,129.38 | | | | |
| 63076 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | \$281.62 | \$281.62 | | | | |
| 63077 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | \$1,165.29 | \$1,165.29 | | | | |
| 63078 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | \$177.19 | \$177.19 | | | | |
| 63081 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,461.59 | \$1,461.59 | | | | |
| 63082 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$308.08 | \$308.08 | | | | |
| 63085 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,584.26 | \$1,584.26 | | | | |
| 63086 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$229.04 | \$229.04 | | | | |
| 63087 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,684.28 | \$1,684.28 | | | | |
| 63088 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$304.59 | \$304.59 | | | | |
| 63090 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,672.09 | \$1,672.09 | | | | |
| 63091 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$173.31 | \$173.31 | | | | |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,565.55 | \$1,565.55 | | | | |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,565.55 | \$1,565.55 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 63103 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$183.56 | \$183.56 | | | | |
| 63170 | LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORA | | \$1,119.56 | \$1,119.56 | | | | |
| 63172 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNO | | \$1,134.34 | \$1,134.34 | | | | |
| 63173 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL | | \$1,057.52 | \$1,057.52 | | | | |
| 63185 | LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS | R | \$894.68 | \$894.68 | | | | |
| 63190 | LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS | | \$1,130.30 | \$1,130.30 | | | | |
| 63191 | LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE | | \$885.28 | \$885.28 | | | | |
| 63197 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, | | \$1,017.50 | \$1,017.50 | | | | |
| 63200 | LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR | | \$897.68 | \$897.68 | | | | |
| 63250 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | \$2,012.30 | \$2,012.30 | | | | |
| 63251 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | \$1,855.19 | \$1,855.19 | | | | |
| 63252 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | \$2,031.85 | \$2,031.85 | | | | |
| 63265 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | \$1,273.16 | \$1,273.16 | | | | |
| 63266 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | \$1,377.70 | \$1,377.70 | | | | |
| 63267 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | \$1,165.55 | \$1,165.55 | | | | |
| 63268 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | \$903.42 | \$903.42 | | | | |
| 63270 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | \$1,298.55 | \$1,298.55 | | | | |
| 63271 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | \$1,562.27 | \$1,562.27 | | | | |
| 63272 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | \$1,419.59 | \$1,419.59 | | | | |
| 63273 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | \$1,211.73 | \$1,211.73 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 63275 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, | | \$1,516.89 | \$1,516.89 | | | | |
| 63276 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, | | \$1,429.64 | \$1,429.64 | | | | |
| 63277 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, L | | \$1,312.78 | \$1,312.78 | | | | |
| 63278 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, S | | \$1,295.56 | \$1,295.56 | | | | |
| 63280 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,658.47 | \$1,658.47 | | | | |
| 63281 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,637.94 | \$1,637.94 | | | | |
| 63282 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,486.98 | \$1,486.98 | | | | |
| 63283 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, S | | \$1,278.66 | \$1,278.66 | | | | |
| 63285 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,770.69 | \$1,770.69 | | | | |
| 63286 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,886.87 | \$1,886.87 | | | | |
| 63287 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | \$1,810.23 | \$1,810.23 | | | | |
| 63290 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED | | \$1,869.67 | \$1,869.67 | | | | |
| 63295 | OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMA | | \$237.05 | \$237.05 | | | | |
| 63300 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,180.74 | \$1,180.74 | | | | |
| 63301 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,317.79 | \$1,317.79 | | | | |
| 63302 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,397.49 | \$1,397.49 | | | | |
| 63303 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,413.99 | \$1,413.99 | | | | |
| 63304 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,456.63 | \$1,456.63 | | | | |
| 63305 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,557.63 | \$1,557.63 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 63306 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,555.46 | \$1,555.46 | | | | |
| 63307 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$1,590.69 | \$1,590.69 | | | | |
| 63308 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | \$280.42 | \$280.42 | | | | |
| 63600 | CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS | | \$734.71 | \$734.71 | | | | |
| 63610 | STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCED | | \$486.74 | \$486.74 | | | | |
| 63620 | STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION | | \$601.71 | \$601.71 | | | | |
| 63621 | STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION | | \$189.00 | \$189.00 | | | | |
| 63650 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL | | \$433.25 | \$433.25 | | | | |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD | | \$671.06 | \$671.06 | | | | |
| 63661 | REMOVAL OF SPINAL NEUROSTMIULATOR ELECTRODE PERCUTANEOUS ARRAY(S) | | \$227.64 | \$394.52 | | | | |
| 63662 | REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY,INCL FLUORO | | \$514.42 | \$514.42 | | | | |
| 63663 | REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) INC FLUORO | | \$346.66 | \$580.39 | | | | |
| 63664 | REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMYM, INCLUDING FLUORO | | \$535.89 | \$535.89 | | | | |
| 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR | | \$418.53 | \$418.53 | | | | |
| 63688 | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATO | | \$334.20 | \$334.20 | | | | |
| 63700 | REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER | | \$816.72 | \$816.72 | | | | |
| 63702 | REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER | | \$918.85 | \$918.85 | | | | |
| 63704 | REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER | | \$1,020.70 | \$1,020.70 | | | | |
| 63706 | REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER | | \$1,174.04 | \$1,174.04 | | | | |
| 63707 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY | | \$707.90 | \$707.90 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 63709 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH | | \$924.45 | \$924.45 | | | | |
| 63710 | DURAL GRAFT, SPINAL | | \$681.67 | \$681.67 | | | | |
| 63740 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, - PLEURAL, OR OTHER | | \$736.78 | \$736.78 | | | | |
| 63741 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, - PLEURAL, OR OTHER | | \$512.18 | \$512.18 | | | | |
| 63744 | REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT | | \$459.84 | \$459.84 | | | | |
| 63746 | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT | | \$338.62 | \$338.62 | | | | |
| 64400 | INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH | | \$39.54 | \$81.31 | | | | Updated Effective 01/01/2020 |
| 64402 | INJECTION, ANESTHETIC AGENT; FACIAL NERVE | | \$55.50 | \$55.50 | | | | |
| 64405 | INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE | | \$42.97 | \$56.46 | | | | Updated Effective 01/01/2020 |
| 64408 | INJECTION, ANESTHETIC AGENT; VAGUS NERVE | | \$34.75 | \$53.43 | | | | Updated Effective 01/01/2020 |
| 64410 | INJECTION, ANESTHETIC AGENT; PHRENIC NERVE | | \$64.65 | \$64.65 | | | | |
| 64413 | INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS | | \$52.95 | \$62.87 | | | | |
| 64415 | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE | | \$51.73 | \$87.79 | | | | Updated Effective 01/01/2020 |
| 64416 | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY | | \$52.68 | \$52.68 | | | | Updated Effective 01/01/2020 |
| 64417 | INJECTION, ANESTHETIC AGENT; AXILLARY NERVE | | \$49.40 | \$104.91 | | | | Updated Effective 01/01/2020 |
| 64418 | INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE | | \$45.97 | \$66.20 | | | | Updated Effective 01/01/2020 |
| 64420 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE | | \$47.99 | \$77.31 | | | | Updated Effective 01/01/2020 |
| 64421 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BL | | \$20.50 | \$26.73 | | | | Updated Effective 01/01/2020 |
| 64425 | INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES | | \$44.62 | \$85.87 | | | | Updated Effective 01/01/2020 |
| 64430 | INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE | | \$44.36 | \$69.78 | | | | Updated Effective 01/01/2020 |
| 64435 | INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE | | \$34.98 | \$56.51 | | | | Updated Effective 01/01/2020 |
| 64445 | INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE | | \$43.35 | \$95.75 | | | | Updated Effective 01/01/2020 |
| 64446 | INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY | | \$48.65 | \$48.65 | | | | Updated Effective 01/01/2020 |
| 64447 | INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE | | \$43.16 | \$69.10 | | | | Updated Effective 01/01/2020 |
| 64448 | INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CAT | | \$50.37 | \$50.37 | | | | Updated Effective 01/01/2020 |
| 64449 | INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTIN | | \$50.42 | \$50.42 | | | | Updated Effective 01/01/2020 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 64450 | INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | \$34.23 | \$58.88 | | | | Updated Effective 01/01/2020 |
| 64451 | NJX AA&/STRD NRV NRVTG SI JT | | \$64.16 | \$160.15 | | | | Added Effective 01/01/2020 |
| 64454 | NJX AA&/STRD GNCLR NRV BRNCH | | \$65.98 | \$161.70 | | | | Added Effective 01/01/2020 |
| 64455 | INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT | | \$40.35 | \$32.04 | | | | |
| 64461 | PARAVERTEBRAL BLOCK THORACIC SINGLE INJECTION SITE | | \$70.96 | \$116.24 | | | | Added Effective 1/1/2016 |
| 64462 | SECOND AND ANY ADDITIONAL INJECTION SITE(S) | | \$44.57 | \$66.04 | | | | Added Effective 1/1/2016 |
| 64463 | CONTINUOUS INFUSION BY CATHETER | | \$69.94 | \$127.89 | | | | Added Effective 1/1/2016 |
| 64479 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; | | \$162.85 | \$162.85 | | | | |
| 64480 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; | | \$145.49 | \$145.49 | | | | |
| 64483 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L | | \$149.91 | \$149.91 | | | | |
| 64484 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L | | \$137.14 | \$137.14 | | | | |
| 64486 | INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON ONE SIDE | | \$51.42 | \$95.92 | | | | Added effective 1/1/2015 |
| 64487 | CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON ONE SIDE | | \$59.18 | \$116.88 | | | | Added effective 1/1/2015 |
| 64488 | INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON BOTH SIDES | | \$64.53 | \$118.09 | | | | Added effective 1/1/2015 |
| 64489 | CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL AND ABDOMINAL WALL ANALGESIA ON BOTH SIDES | | \$72.47 | \$162.50 | | | | Added effective 1/1/2015 |
| 64490 | INJECTIONS OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE | | \$88.94 | \$133.62 | | | | |
| 64491 | SECOND LEVEL | | \$46.83 | \$68.01 | | | | |
| 64492 | THIRD AND ANY ADDITIONAL LEVEL(S) | | \$47.59 | \$68.77 | | | | |
| 64493 | INJECTION(S), DIAGNOSTIC/THERAPEUTIC AGENT,PARAVERTEBRAL FACET JOINT W/IMAGE GUIDANCE LUMBAR/SACRAL;SINGLE LEVEL | | \$68.79 | \$119.31 | | | | |
| 64494 | SECOND LEVEL | | \$40.06 | \$61.74 | | | | |
| 64495 | THIRD AND ANY ADDITIONAL LEVEL(S) | | \$40.82 | \$62.51 | | | | |
| 64505 | INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION | | \$49.68 | \$57.99 | | | | |
| 64510 | INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC) | | \$59.22 | \$59.22 | | | | |
| 64517 | INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS | | \$89.27 | \$137.32 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------|
| 64520 | INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATH | | \$63.06 | \$63.06 | | | | |
| 64530 | INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC | | \$84.55 | \$84.55 | | | | |
| 64553 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE | | \$82.43 | \$96.10 | | | | |
| 64555 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE | | \$73.21 | \$78.84 | | | | |
| 64561 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE | | \$295.59 | \$591.15 | | | | |
| 64566 | POSTERIOR TIBIAL NEUROSTIMULATIONS, NEEDLE ELECTRODE, SINGLE TREATMENT | | \$24.89 | \$98.12 | | | | Added effective 6/1/21 |
| 64568 | INCISION FOR IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR. | | \$560.47 | \$560.47 | | | | |
| 64569 | REVISION OR REPLACEMENT OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR | | \$553.35 | \$553.35 | | | | |
| 64570 | REMOVAL OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR | | \$487.18 | \$487.18 | | | | |
| 64575 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE | | \$217.36 | \$217.36 | | | | |
| 64580 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR | | \$201.46 | \$201.46 | | | | |
| 64581 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE | | \$571.23 | \$571.23 | | | | |
| 64582 | OPN MPLTJ HPGLSL NSTM ARY PG | | \$712.20 | \$712.20 | | | | Added 1/1/2022 |
| 64583 | REV/RPLCT HPGLSL NSTM ARY PG | | \$656.39 | \$656.39 | | | | Added 1/1/2022 |
| 64584 | RMVL HPGLSL NSTIM ARY PG | | \$552.31 | \$552.31 | | | | Added 1/1/2022 |
| 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES | | \$87.18 | \$87.18 | | | | |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR | | \$126.81 | \$126.81 | | | | |
| 64595 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR | | \$84.44 | \$84.44 | | | | |
| 64596 | INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR INITIAL ELECTRODE ARRAY | | \$0.00 | \$0.00 | | | | |
| 64597 | INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR EACH ADDITIONAL ELECTRODE ARRAY | | \$0.00 | \$0.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 64598 | REVISION OR REMOVAL OF A ELECTRODE ARRAY WITH AN INTEGRATED NEUROSTIMULATOR | | \$0.00 | \$0.00 | | | | |
| 64600 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, | | \$149.23 | \$149.23 | | | | |
| 64605 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD | | \$213.01 | \$213.01 | | | | |
| 64610 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD | | \$436.16 | \$436.16 | | | | |
| 64611 | CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL | | \$79.22 | \$87.53 | | | | |
| 64612 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E | | \$79.62 | \$99.07 | | | | |
| 64613 | CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMODIC | | \$79.62 | \$99.07 | | | | |
| 64614 | CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG | | \$88.22 | \$154.30 | | | | |
| 64615 | MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL | | \$101.83 | \$112.68 | | | | |
| 64616 | CHEMODENERV MUSC NECK DYSTON | | \$83.99 | \$94.60 | | | | |
| 64617 | CHEMODENER MUSCLE LARYNX EMG | | \$90.89 | \$146.26 | | | | |
| 64624 | DSTRJ NULYT AGT GNCLR NRV | | \$117.57 | \$307.98 | | | | Added Effective 01/01/2020 |
| 64625 | RF ABLTJ NRV NRV TG SI JT | | \$155.64 | \$377.45 | | | | Added Effective 01/01/2020 |
| 64628 | TRML DSTRJ IOS BVN 1ST 2 L/S | | \$375.88 | \$375.88 | | | | Added 1/1/2022 |
| 64629 | TRML DSTRJ IOS BVN EA ADDL | | \$177.53 | \$177.53 | | | | Added 1/1/2022 |
| 64630 | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE | | \$142.47 | \$142.47 | | | | |
| 64632 | DESTRUCTION BY NEUROLYTIC AGENT, PLANTAR | | \$55.78 | \$65.27 | | | | |
| 64633 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE(FLUROSCOPY OR CT)CERVICAL OR THORACIC, SINGLE FACET JOINT | | \$189.06 | \$353.68 | | | | |
| 64634 | CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$57.02 | \$160.91 | | | | |
| 64635 | LUMBAR OR SACRAL, SINGLE FACET JOINT | | \$185.30 | \$347.59 | | | | |
| 64636 | LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT(LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$49.64 | \$144.74 | | | | |
| 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | \$99.93 | \$99.93 | | | | |
| 64642 | CHEMODENERV 1 EXTREMITY 1-4 | | \$84.53 | \$107.56 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---------------------------|
| 64643 | CHEMODENERV 1 EXTREM 1-4 EA | | \$57.03 | \$71.26 | | | | |
| 64644 | CHEMODENERV 1 EXTREM 5/> MUS | | \$92.37 | \$122.64 | | | | |
| 64645 | CHEMODENERV 1 EXTREM 5/> EA | | \$65.32 | \$86.80 | | | | |
| 64646 | CHEMODENERV TRUNK MUSC 1-5 | | \$91.51 | \$115.83 | | | | |
| 64646 | CHEMODENERV TRUNK MUSC 1-5 | | \$91.51 | \$115.83 | | | | Added Effective 1/1/2014 |
| 64647 | CHEMODENERV TRUNK MUSC 6/> | | \$105.74 | \$134.20 | | | | |
| 64647 | CHEMODENERV TRUNK MUSC 6 OR MORE | | \$105.74 | \$134.20 | | | | Added Effective 1/1/2014 |
| 64650 | CHEMODENERV ECCRINE GLANDS; BOTH AXILLAE | | \$29.98 | \$44.52 | | | | Added Effective 1/1/2006 |
| 64653 | CHEMODENERV ECCRINE GLANDS other areas | | \$37.88 | \$51.66 | | | | Added Effective 1/1/2006 |
| 64680 | INJECTION TREATMENT OF NERVE | | \$126.95 | \$126.95 | | | | Added Effective 1/1/1990 |
| 64681 | INJECTION TREATMENT OF NERVE | | \$160.99 | \$332.63 | | | | Added Effective 10/1/2003 |
| 64702 | NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT | | \$248.16 | \$248.16 | | | | |
| 64704 | NEUROPLASTY; NERVE OF HAND OR FOOT | | \$292.57 | \$292.57 | | | | |
| 64708 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED | | \$394.24 | \$394.24 | | | | |
| 64712 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE | | \$498.00 | \$498.00 | | | | |
| 64713 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS | | \$597.33 | \$597.33 | | | | |
| 64714 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS | | \$488.30 | \$488.30 | | | | |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) | | \$316.02 | \$316.02 | | | | |
| 64718 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW | | \$368.50 | \$368.50 | | | | |
| 64719 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST | | \$291.92 | \$291.92 | | | | |
| 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL | | \$284.77 | \$284.77 | | | | |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) | | \$311.00 | \$311.00 | | | | |
| 64726 | DECOMPRESSION; PLANTAR DIGITAL NERVE | | \$137.51 | \$137.51 | | | | |
| 64727 | INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR | | \$191.23 | \$191.23 | | | | |
| 64732 | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE | | \$254.87 | \$254.87 | | | | |
| 64734 | TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE | | \$275.50 | \$275.50 | | | | |
| 64736 | TRANSECTION OR AVULSION OF; MENTAL NERVE | | \$258.94 | \$258.94 | | | | |
| 64738 | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY | | \$309.85 | \$309.85 | | | | |
| 64740 | TRANSECTION OR AVULSION OF; LINGUAL NERVE | | \$308.94 | \$308.94 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 64742 | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE | | \$318.22 | \$318.22 | | | | |
| 64744 | TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE | | \$333.25 | \$333.25 | | | | |
| 64746 | TRANSECTION OR AVULSION OF; PHRENIC NERVE | | \$284.74 | \$284.74 | | | | |
| 64755 | TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH | | \$720.38 | \$720.38 | | | | |
| 64760 | TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL | | \$406.72 | \$406.72 | | | | |
| 64763 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHO | | \$348.29 | \$348.29 | | | | |
| 64766 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHO | | \$451.91 | \$451.91 | | | | |
| 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL | | \$395.05 | \$395.05 | | | | |
| 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL | | \$412.42 | \$412.42 | | | | |
| 64774 | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE | | \$227.04 | \$227.04 | | | | |
| 64776 | EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT | | \$227.14 | \$227.14 | | | | |
| 64778 | EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARA | | \$174.93 | \$174.93 | | | | |
| 64782 | EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE | | \$307.73 | \$307.73 | | | | |
| 64783 | EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME | | \$208.02 | \$208.02 | | | | |
| 64784 | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC | | \$452.19 | \$452.19 | | | | |
| 64786 | EXCISION OF NEUROMA; SCIATIC NERVE | | \$834.65 | \$834.65 | | | | |
| 64787 | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDI | | \$233.83 | \$233.83 | | | | |
| 64788 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE | | \$235.69 | \$235.69 | | | | |
| 64790 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE | | \$541.66 | \$541.66 | | | | |
| 64792 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNA | | \$704.01 | \$704.01 | | | | |
| 64795 | BIOPSY OF NERVE | | \$161.64 | \$161.64 | | | | |
| 64802 | SYMPATHECTOMY, CERVICAL | | \$412.77 | \$412.77 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 64804 | SYMPATHECTOMY, CERVICOTHORACIC | | \$802.34 | \$802.34 | | | | |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR | | \$707.85 | \$707.85 | | | | |
| 64818 | SYMPATHECTOMY, LUMBAR | | \$548.07 | \$548.07 | | | | |
| 64820 | SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT | | \$522.94 | \$522.94 | | | | |
| 64821 | SYMPATHECTOMY; RADIAL ARTERY | | \$459.57 | \$459.57 | | | | |
| 64822 | SYMPATHECTOMY; ULNAR ARTERY | | \$459.57 | \$459.57 | | | | |
| 64823 | SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH | | \$531.34 | \$531.34 | | | | |
| 64831 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE | | \$363.66 | \$363.66 | | | | |
| 64832 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (| | \$209.47 | \$209.47 | | | | |
| 64834 | SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE | | \$394.17 | \$394.17 | | | | |
| 64835 | SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR | | \$492.11 | \$492.11 | | | | |
| 64836 | SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR | | \$516.58 | \$516.58 | | | | |
| 64837 | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDI | | \$323.70 | \$323.70 | | | | |
| 64840 | SUTURE OF POSTERIOR TIBIAL NERVE | | \$655.22 | \$655.22 | | | | |
| 64856 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDIN | | \$631.58 | \$631.58 | | | | |
| 64857 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT | | \$687.12 | \$687.12 | | | | |
| 64858 | SUTURE OF SCIATIC NERVE | | \$798.55 | \$798.55 | | | | |
| 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN | | \$232.97 | \$232.97 | | | | |
| 64861 | SUTURE OF; BRACHIAL PLEXUS | | \$919.91 | \$919.91 | | | | |
| 64862 | SUTURE OF; LUMBAR PLEXUS | | \$1,149.69 | \$1,149.69 | | | | |
| 64864 | SUTURE OF FACIAL NERVE; EXTRACRANIAL | | \$587.31 | \$587.31 | | | | |
| 64865 | SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING | | \$798.78 | \$798.78 | | | | |
| 64866 | ANASTOMOSIS; FACIAL-SPINAL ACCESSORY | | \$783.24 | \$783.24 | | | | |
| 64868 | ANASTOMOSIS; FACIAL-HYPOGLOSSAL | | \$727.89 | \$727.89 | | | | |
| 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATEL | | \$104.06 | \$104.06 | | | | |
| 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF | | \$156.10 | \$156.10 | | | | |
| 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPAR | | \$176.83 | \$176.83 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LE | | \$867.25 | \$867.25 | | | | |
| 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM L | | \$1,034.23 | \$1,034.23 | | | | |
| 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; U | | \$801.43 | \$801.43 | | | | |
| 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; M | | \$767.84 | \$767.84 | | | | |
| 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP | | \$743.59 | \$743.59 | | | | |
| 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MOR | | \$857.50 | \$857.50 | | | | |
| 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND | | \$954.57 | \$954.57 | | | | |
| 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND | | \$1,085.03 | \$1,085.03 | | | | |
| 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM | | \$908.77 | \$908.77 | | | | |
| 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM | | \$982.97 | \$982.97 | | | | |
| 64901 | NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN | | \$593.54 | \$593.54 | | | | |
| 64902 | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST | | \$690.91 | \$690.91 | | | | |
| 64905 | NERVE PEDICLE TRANSFER; FIRST STAGE | | \$657.06 | \$657.06 | | | | |
| 64907 | NERVE PEDICLE TRANSFER; SECOND STAGE | | \$936.43 | \$936.43 | | | | |
| 64910 | NERVE REPAIR W/ALLOGRAFT | | \$499.14 | \$499.14 | | | | |
| 64911 | NERVE REPAIR W/VEIN AUTOGRAFT | | \$609.09 | \$609.09 | | | | |
| 64912 | NRV RPR W/NRV ALGRFT 1ST | | \$614.88 | \$614.88 | | | | Added Effective 1/1/2018 |
| 64913 | NRV RPR W/NRV ALGRFT EA ADDL | | \$126.07 | \$126.07 | | | | Added Effective 1/1/2018 |
| 64999 | UNLISTED PROCEDURE, NERVOUS SYSTEM | R | \$2,800.00 | \$3,640.00 | | | | |
| 65091 | EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT | | \$399.41 | \$399.41 | | | | |
| 65093 | EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT | | \$424.57 | \$424.57 | | | | |
| 65101 | ENUCLEATION OF EYE; WITHOUT IMPLANT | | \$426.70 | \$426.70 | | | | |
| 65103 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT | | \$461.78 | \$461.78 | | | | |
| 65105 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT | | \$511.32 | \$511.32 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 65110 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | \$843.33 | \$843.33 | | | | |
| 65112 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | \$805.70 | \$805.70 | | | | |
| 65114 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | \$877.46 | \$877.46 | | | | |
| 65125 | MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (| | \$156.56 | \$156.56 | | | | |
| 65130 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL | | \$441.96 | \$441.96 | | | | |
| 65135 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT | | \$357.23 | \$357.23 | | | | |
| 65140 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTA | | \$393.75 | \$393.75 | | | | |
| 65150 | REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT | | \$393.71 | \$393.71 | | | | |
| 65155 | REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR | | \$544.41 | \$544.41 | | | | |
| 65175 | REMOVAL OF OCULAR IMPLANT | | \$384.62 | \$384.62 | | | | |
| 65205 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL | | \$28.34 | \$33.30 | | | | |
| 65210 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES | | \$31.55 | \$37.72 | | | | |
| 65220 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP | | \$28.78 | \$35.75 | | | | |
| 65222 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP | | \$35.66 | \$43.31 | | | | |
| 65235 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR | | \$366.69 | \$366.69 | | | | |
| 65260 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC | | \$546.11 | \$546.11 | | | | |
| 65265 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNE | | \$634.98 | \$634.98 | | | | |
| 65270 | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING | | \$87.37 | \$87.37 | | | | |
| 65272 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, | | \$151.17 | \$151.17 | | | | |
| 65273 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, | | \$205.62 | \$205.62 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 65275 | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL | | \$166.57 | \$166.57 | | | | |
| 65280 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING | | \$464.06 | \$464.06 | | | | |
| 65285 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITI | | \$698.27 | \$698.27 | | | | |
| 65286 | REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND | | \$221.73 | \$285.96 | | | | |
| 65290 | REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE | | \$323.76 | \$323.76 | | | | |
| 65400 | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT | | \$346.39 | \$346.39 | | | | |
| 65410 | BIOPSY OF CORNEA | | \$88.45 | \$88.45 | | | | |
| 65420 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT | | \$236.88 | \$236.88 | | | | |
| 65426 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT | | \$330.96 | \$330.96 | | | | |
| 65430 | SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE | | \$33.50 | \$40.74 | | | | |
| 65435 | REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION | | \$38.29 | \$48.62 | | | | |
| 65436 | REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG | | \$139.54 | \$160.06 | | | | |
| 65450 | DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR | | \$182.19 | \$182.19 | | | | |
| 65600 | MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO | | \$130.97 | \$166.11 | | | | |
| 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR | | \$640.47 | \$640.47 | | | | |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA) | | \$784.56 | \$784.56 | | | | |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA) | | \$833.29 | \$833.29 | | | | |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA) | | \$834.75 | \$834.75 | | | | |
| 65756 | KERATOPLASTY, ENDOTHELIAL | | \$815.33 | \$815.33 | | | | |
| 65757 | BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL | | \$0.00 | \$0.00 | | | | |
| 65760 | KERATOMILEUSIS | R | \$964.08 | \$964.08 | | | | |
| 65765 | KERATOPHAKIA | R | \$992.66 | \$992.66 | | | | |
| 65767 | EPIKERATOPLASTY | | \$646.76 | \$646.76 | | | | |
| 65770 | KERATOPROSTHESIS | | \$873.59 | \$873.59 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 65771 | RADIAL KERATOTOMY | | \$367.58 | \$367.58 | | | | |
| 65772 | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMA | | \$195.28 | \$264.48 | | | | |
| 65775 | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATI | | \$358.46 | \$358.46 | | | | |
| 65778 | PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOULD HEALING; SELF-RETAINING | | \$65.57 | \$1,095.71 | | | | |
| 65779 | PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOULD HEALING; SINGLE LAYER, SUTURED | | \$253.68 | \$991.27 | | | | |
| 65780 | OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION | | \$560.32 | \$560.32 | | | | |
| 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVER | | \$860.34 | \$860.34 | | | | |
| 65782 | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES | | \$741.13 | \$741.13 | | | | |
| 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS | R | \$304.64 | \$1,569.54 | | | | Added Effective 1/1/2016 |
| 65800 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH | | \$104.61 | \$104.61 | | | | |
| 65810 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM | | \$287.57 | \$287.57 | | | | |
| 65815 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM | | \$265.64 | \$265.64 | | | | |
| 65820 | GONIOTOMY | | \$491.28 | \$491.28 | | | | |
| 65850 | TRABECULOTOMY AB EXTERNO | | \$664.97 | \$664.97 | | | | |
| 65855 | TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATM | | \$229.68 | \$310.28 | | | | |
| 65860 | SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE | | \$165.68 | \$223.48 | | | | |
| 65865 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | \$354.88 | \$354.88 | | | | |
| 65870 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | \$338.42 | \$338.42 | | | | |
| 65875 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | \$356.87 | \$356.87 | | | | |
| 65880 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | \$389.03 | \$389.03 | | | | |
| 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE | | \$540.57 | \$540.57 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 65920 | REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE | | \$466.74 | \$466.74 | | | | |
| 65930 | REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE | | \$422.24 | \$422.24 | | | | |
| 66020 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID | | \$101.70 | \$101.70 | | | | |
| 66130 | EXCISION OF LESION, SCLERA | | \$369.67 | \$369.67 | | | | |
| 66150 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY | | \$498.06 | \$498.06 | | | | |
| 66155 | FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECT | | \$488.32 | \$488.32 | | | | |
| 66160 | FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSO | | \$580.12 | \$580.12 | | | | |
| 66170 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABS | | \$673.07 | \$673.07 | | | | |
| 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH | | \$742.32 | \$742.32 | | | | |
| 66174 | TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT | | \$857.76 | \$857.76 | | | | |
| 66175 | TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT | | \$972.58 | \$972.58 | | | | |
| 66179 | CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW | | \$839.42 | \$839.42 | | | | Added effective 1/1/2015 |
| 66180 | AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, | | \$829.35 | \$829.35 | | | | |
| 66183 | INSERT ANT DRAINAGE DEVICE | | \$830.74 | \$830.74 | | | | |
| 66184 | REVISION OF SHUNT TO IMPROVE EYE FLUID FLOW | | \$608.89 | \$608.89 | | | | Added effective 1/1/2015 |
| 66185 | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR | | \$503.94 | \$503.94 | | | | |
| 66225 | REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT | | \$692.83 | \$692.83 | | | | |
| 66250 | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, E | | \$367.55 | \$367.55 | | | | |
| 66500 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION | | \$234.45 | \$234.45 | | | | |
| 66505 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS F | | \$207.16 | \$207.16 | | | | |
| 66600 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESI | | \$504.94 | \$504.94 | | | | |
| 66605 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY | | \$696.75 | \$696.75 | | | | |
| 66625 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAU | | \$326.70 | \$326.70 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 66630 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA | | \$380.71 | \$380.71 | | | | |
| 66635 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE | | \$387.81 | \$387.81 | | | | |
| 66680 | REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS) | | \$331.53 | \$331.53 | | | | |
| 66682 | SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SU | | \$377.79 | \$377.79 | | | | |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL | | \$299.85 | \$299.85 | | | | |
| 66711 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC | | \$386.94 | \$386.94 | | | | Updated Effective 01/01/2020 |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY | | \$299.12 | \$299.12 | | | | |
| 66740 | CILIARY BODY DESTRUCTION; CYCLODIALYSIS | | \$299.36 | \$299.36 | | | | |
| 66761 | IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE | | \$190.44 | \$258.84 | | | | |
| 66762 | IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV | | \$219.81 | \$299.21 | | | | |
| 66770 | DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL | | \$237.82 | \$321.50 | | | | |
| 66820 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS | | \$246.39 | \$246.39 | | | | |
| 66821 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS | | \$192.76 | \$192.76 | | | | |
| 66825 | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION | | \$432.66 | \$432.66 | | | | |
| 66830 | REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAP | | \$444.32 | \$444.32 | | | | |
| 66840 | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES | | \$491.25 | \$491.25 | | | | |
| 66850 | REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR | | \$568.58 | \$568.58 | | | | |
| 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECT | | \$628.18 | \$628.18 | | | | |
| 66920 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR | | \$553.04 | \$553.04 | | | | |
| 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS | | \$580.72 | \$580.72 | | | | |
| 66940 | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 6685 | | \$554.92 | \$554.92 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 66982 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS | | \$582.42 | \$582.42 | | | | Updated Effective 01/01/2020 |
| 66983 | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS | | \$567.11 | \$567.11 | | | | |
| 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS | | \$424.10 | \$424.10 | | | | Updated Effective 01/01/2020 |
| 66985 | INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT | | \$517.73 | \$517.73 | | | | |
| 66986 | EXCHANGE OF INTRAOCULAR LENS | | \$688.20 | \$688.20 | | | | |
| 66987 | XCAPSL CTRC RMVL CPLX W/ECP | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 66988 | XCAPSL CTRC RMVL W/ECP | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 66989 | XCPSL CTRC RMVL CPLX INSJ 1+ | | \$684.12 | \$684.12 | | | | Added 1/1/2022 |
| 66990 | USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR | | \$63.00 | \$63.00 | | | | |
| 66991 | XCAPSL CTRC RMVL INSJ 1+ | | \$544.25 | \$544.25 | | | | Added 1/1/2022 |
| 66999 | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE | R | \$0.00 | \$0.00 | | | | |
| 67005 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL | | \$497.73 | \$497.73 | | | | |
| 67010 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL | | \$488.67 | \$488.67 | | | | |
| 67015 | ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS | | \$377.81 | \$377.81 | | | | |
| 67025 | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUI | | \$378.77 | \$378.77 | | | | |
| 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR | | \$557.54 | \$557.54 | | | | |
| 67028 | INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE) | | \$164.69 | \$164.69 | | | | |
| 67030 | DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH | | \$296.66 | \$296.66 | | | | |
| 67031 | SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRAN | | \$201.06 | \$283.53 | | | | |
| 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; | | \$788.97 | \$788.97 | | | | |
| 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER | | \$928.59 | \$928.59 | | | | |
| 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL | | \$1,077.81 | \$1,077.81 | | | | |
| 67041 | VITRECTOMY FOR MACULAR PUCKER | | \$896.92 | \$896.92 | | | | |
| 67042 | VITRECTOMY FOR MACULAR HOLE | | \$1,027.18 | \$1,027.18 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 67043 | VITRECTOMY FOR MEMBRANE DISSEC | | \$1,077.91 | \$1,077.91 | | | | |
| 67101 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR | | \$342.59 | \$463.16 | | | | |
| 67105 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, | | \$349.18 | \$471.76 | | | | |
| 67107 | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLER | | \$917.62 | \$917.62 | | | | |
| 67108 | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WIT | | \$1,309.85 | \$1,309.85 | | | | |
| 67110 | REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, | | \$546.74 | \$546.74 | | | | |
| 67113 | REPAIR OF TETINAL DETACHMENT, CPLX | | \$1,183.24 | \$1,183.24 | | | | |
| 67115 | RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT) | | \$305.90 | \$305.90 | | | | |
| 67120 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR | | \$366.21 | \$366.21 | | | | |
| 67121 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR | | \$562.99 | \$562.99 | | | | |
| 67141 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA | | \$239.53 | \$323.62 | | | | |
| 67145 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA | | \$247.85 | \$335.02 | | | | |
| 67208 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | \$310.27 | \$420.10 | | | | |
| 67210 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | \$410.56 | \$531.53 | | | | |
| 67218 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | \$747.55 | \$747.55 | | | | |
| 67220 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | \$556.33 | \$558.15 | | | | |
| 67221 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | \$179.52 | \$179.52 | | | | |
| 67225 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | \$30.92 | \$32.21 | | | | |
| 67227 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC | | \$412.32 | \$412.32 | | | | |
| 67228 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC | | \$691.57 | \$691.57 | | | | |
| 67229 | TR RETINAL LES PRETERM INF | | \$778.24 | \$778.24 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 67250 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT | | \$442.52 | \$442.52 | | | | |
| 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT | | \$555.13 | \$555.13 | | | | |
| 67299 | UNLISTED PROCEDURE, POSTERIOR SEGMENT | R | \$0.00 | \$0.00 | | | | |
| 67311 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL M | | \$412.47 | \$412.47 | | | | |
| 67312 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL | | \$493.52 | \$493.52 | | | | |
| 67314 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUS | | \$467.63 | \$467.63 | | | | |
| 67316 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERT | | \$527.08 | \$527.08 | | | | |
| 67318 | STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE | | \$393.19 | \$393.19 | | | | |
| 67320 | TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY | | \$542.65 | \$542.65 | | | | |
| 67331 | STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT | | \$504.92 | \$504.92 | | | | |
| 67332 | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG | | \$561.19 | \$561.19 | | | | |
| 67334 | STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WIT | | \$398.83 | \$398.83 | | | | |
| 67335 | PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING | | \$187.85 | \$187.85 | | | | |
| 67340 | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED | | \$498.62 | \$498.62 | | | | |
| 67343 | RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE | | \$369.31 | \$369.31 | | | | |
| 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSCLE | | \$121.48 | \$151.25 | | | | |
| 67346 | BIOPSY EXTRAOCULAR MUSCLE | | \$132.84 | \$132.84 | | | | |
| 67399 | UNLISTED PROCEDURE, OCULAR MUSCLE | R | \$0.00 | \$0.00 | | | | |
| 67400 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | \$577.65 | \$577.65 | | | | |
| 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | \$488.55 | \$488.55 | | | | |
| 67412 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | \$598.30 | \$598.30 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | \$516.94 | \$516.94 | | | | |
| 67414 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | \$531.22 | \$531.22 | | | | |
| 67415 | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS | | \$108.74 | \$108.74 | | | | |
| 67420 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | \$869.07 | \$869.07 | | | | |
| 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | \$674.08 | \$674.08 | | | | |
| 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | \$815.04 | \$815.04 | | | | |
| 67445 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | \$704.41 | \$704.41 | | | | |
| 67450 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | \$806.84 | \$806.84 | | | | |
| 67500 | RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE) | | \$44.22 | \$44.22 | | | | |
| 67505 | RETROBULBAR INJECTION; ALCOHOL | | \$39.47 | \$53.41 | | | | |
| 67515 | INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE | | \$26.14 | \$33.65 | | | | |
| 67516 | INJECTION OF DRUG INTO THE SPACE BETWEEN THE CORNEA AND RETINA IN THE EYE | | \$80.39 | \$98.87 | | | | |
| 67550 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION | | \$559.37 | \$559.37 | | | | |
| 67560 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION | | \$530.65 | \$530.65 | | | | |
| 67570 | OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE) | | \$579.63 | \$579.63 | | | | |
| 67599 | UNLISTED PROCEDURE, ORBIT | R | \$0.00 | \$0.00 | | | | |
| 67700 | BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID | | \$45.45 | \$52.02 | | | | |
| 67710 | SEVERING OF TARSORRHAPHY | | \$43.47 | \$57.01 | | | | |
| 67715 | CANTHOTOMY (SEPARATE PROCEDURE) | | \$76.48 | \$76.48 | | | | |
| 67800 | EXCISION OF CHALAZION; SINGLE | | \$53.44 | \$66.04 | | | | |
| 67801 | EXCISION OF CHALAZION; MULTIPLE, SAME LID | | \$74.87 | \$93.51 | | | | |
| 67805 | EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS | | \$84.13 | \$102.63 | | | | |
| 67808 | EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING | | \$164.46 | \$164.46 | | | | |
| 67810 | BIOPSY OF EYELID | | \$55.51 | \$66.37 | | | | |
| 67820 | CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY | | \$31.70 | \$36.79 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 67825 | CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY | | \$52.31 | \$64.38 | | | | |
| 67830 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN | | \$109.41 | \$109.41 | | | | |
| 67835 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEM | | \$355.29 | \$355.29 | | | | |
| 67840 | EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WIT | | \$76.46 | \$92.82 | | | | |
| 67850 | DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM) | | \$60.34 | \$71.33 | | | | |
| 67875 | TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) | | \$88.91 | \$88.91 | | | | |
| 67880 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR | | \$215.44 | \$215.44 | | | | |
| 67882 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR | | \$312.57 | \$312.57 | | | | |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) | R | \$239.47 | \$239.47 | | | | |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OT | R | \$449.83 | \$449.83 | | | | |
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS | R | \$455.68 | \$455.68 | | | | |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, | R | \$413.76 | \$413.76 | | | | |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, | R | \$397.06 | \$397.06 | | | | |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING | R | \$350.04 | \$350.04 | | | | |
| 67908 | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR | R | \$328.42 | \$328.42 | | | | |
| 67909 | REDUCTION OF OVERCORRECTION OF PTOSIS | | \$344.27 | \$344.27 | | | | |
| 67911 | CORRECTION OF LID RETRACTION | R | \$345.04 | \$345.04 | | | | |
| 67912 | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOA | | \$306.83 | \$698.92 | | | | |
| 67914 | REPAIR OF ECTROPION; SUTURE | | \$238.76 | \$238.76 | | | | |
| 67915 | REPAIR OF ECTROPION; THERMOCAUTERIZATION | | \$109.43 | \$126.19 | | | | |
| 67916 | REPAIR OF ECTROPION; EXCISION TARSAL WEDGE | | \$334.11 | \$334.11 | | | | |
| 67917 | REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS) | | \$383.41 | \$383.41 | | | | |
| 67921 | REPAIR OF ENTROPION; SUTURE | | \$204.74 | \$204.74 | | | | |
| 67922 | REPAIR OF ENTROPION; THERMOCAUTERIZATION | | \$105.10 | \$121.06 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 67923 | REPAIR OF ENTROPION; EXCISION TARSAL WEDGE | | \$361.03 | \$361.03 | | | | |
| 67924 | REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL F | | \$369.60 | \$369.60 | | | | |
| 67930 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR | | \$123.44 | \$140.47 | | | | |
| 67935 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR | | \$285.60 | \$285.60 | | | | |
| 67938 | REMOVAL OF EMBEDDED FOREIGN BODY, EYELID | | \$45.26 | \$52.24 | | | | |
| 67950 | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS) | | \$370.09 | \$370.09 | | | | |
| 67961 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI | | \$362.93 | \$362.93 | | | | |
| 67966 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI | | \$422.94 | \$422.94 | | | | |
| 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | \$582.53 | \$582.53 | | | | |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | \$754.71 | \$754.71 | | | | |
| 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | \$767.08 | \$767.08 | | | | |
| 67975 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | \$378.30 | \$378.30 | | | | |
| 67999 | UNLISTED PROCEDURE, EYELIDS | R | \$0.00 | \$0.00 | | | | |
| 68020 | INCISION OF CONJUNCTIVA, DRAINAGE OF CYST | | \$46.30 | \$53.14 | | | | |
| 68040 | EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA) | | \$31.46 | \$37.50 | | | | |
| 68100 | BIOPSY OF CONJUNCTIVA | | \$54.35 | \$67.63 | | | | |
| 68110 | EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM | | \$68.80 | \$85.43 | | | | |
| 68115 | EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM | | \$122.22 | \$122.22 | | | | |
| 68130 | EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA | | \$254.43 | \$254.43 | | | | |
| 68135 | DESTRUCTION OF LESION, CONJUNCTIVA | | \$63.42 | \$73.35 | | | | |
| 68200 | SUBCONJUNCTIVAL INJECTION | | \$22.08 | \$29.05 | | | | |
| 68320 | CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT | | \$326.90 | \$326.90 | | | | |
| 68325 | CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINI | | \$458.28 | \$458.28 | | | | |
| 68326 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT | | \$441.18 | \$441.18 | | | | |
| 68328 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBR | | \$515.36 | \$515.36 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 68330 | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT | | \$297.00 | \$297.00 | | | | |
| 68335 | REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS | | \$448.85 | \$448.85 | | | | |
| 68340 | REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSE | | \$203.38 | \$203.38 | | | | |
| 68360 | CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE) | | \$270.53 | \$270.53 | | | | |
| 68362 | CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING | | \$428.69 | \$428.69 | | | | |
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR | | \$265.09 | \$265.09 | | | | |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIVA | R | \$0.00 | \$0.00 | | | | |
| 68400 | INCISION, DRAINAGE OF LACRIMAL GLAND | | \$62.99 | \$76.40 | | | | |
| 68420 | INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOM | | \$81.16 | \$94.84 | | | | |
| 68440 | SNIP INCISION OF LACRIMAL PUNCTUM | | \$37.28 | \$47.47 | | | | |
| 68500 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL | | \$529.57 | \$529.57 | | | | |
| 68505 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTI | | \$549.87 | \$549.87 | | | | |
| 68510 | BIOPSY OF LACRIMAL GLAND | | \$241.05 | \$241.05 | | | | |
| 68520 | EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY) | | \$465.10 | \$465.10 | | | | |
| 68525 | BIOPSY OF LACRIMAL SAC | | \$234.29 | \$234.29 | | | | |
| 68530 | REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES | | \$148.28 | \$186.50 | | | | |
| 68540 | EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH | | \$531.41 | \$531.41 | | | | |
| 68550 | EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY | | \$693.63 | \$693.63 | | | | |
| 68700 | PLASTIC REPAIR OF CANALICULI | | \$257.73 | \$257.73 | | | | |
| 68705 | CORRECTION OF EVERTED PUNCTUM, CAUTERY | | \$73.87 | \$87.55 | | | | |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY) | | \$507.27 | \$507.27 | | | | |
| 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); | | \$428.38 | \$428.38 | | | | |
| 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); | | \$542.71 | \$542.71 | | | | |
| 68760 | CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR | | \$62.61 | \$74.95 | | | | |
| 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH | | \$51.75 | \$64.09 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 68770 | CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE) | | \$256.71 | \$313.57 | | | | |
| 68801 | DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION | | \$36.96 | \$36.96 | | | | |
| 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; | | \$51.50 | \$51.50 | | | | |
| 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GE | | \$105.43 | \$105.43 | | | | |
| 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTI | | \$138.62 | \$138.62 | | | | |
| 68816 | PROBE NL DUCT W/BALLOON | | \$168.23 | \$472.05 | | | | |
| 68840 | PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION | | \$43.10 | \$49.67 | | | | |
| 68841 | INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCT OF EYE | | \$30.47 | \$30.47 | | | | Added 1/1/2022 |
| 68850 | INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY | | \$38.13 | \$38.13 | | | | |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SYSTEM | R | \$0.00 | \$0.00 | | | | |
| 69000 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE | | \$46.50 | \$51.20 | | | | |
| 69005 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED | | \$79.16 | \$94.72 | | | | |
| 69020 | DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS | | \$48.97 | \$55.00 | | | | |
| 69100 | BIOPSY EXTERNAL EAR | | \$32.85 | \$41.70 | | | | |
| 69105 | BIOPSY EXTERNAL AUDITORY CANAL | | \$37.86 | \$48.59 | | | | |
| 69110 | EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR | R | \$177.54 | \$177.54 | | | | |
| 69120 | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION | | \$138.53 | \$138.53 | | | | |
| 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL | | \$461.32 | \$461.32 | | | | |
| 69145 | EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL | | \$148.66 | \$148.66 | | | | |
| 69150 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTI | | \$692.69 | \$692.69 | | | | |
| 69155 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION | | \$965.85 | \$965.85 | | | | |
| 69200 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL | | \$29.20 | \$34.83 | | | | |
| 69205 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTH | | \$65.12 | \$65.12 | | | | |
| 69209 | REMOVE IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL | | \$9.29 | \$9.29 | | | | Added Effective 1/1/2016 |
| 69210 | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS | | \$21.47 | \$24.55 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 69220 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING) | | \$32.28 | \$38.98 | | | | |
| 69222 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MOR | | \$51.48 | \$61.41 | | | | |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | R | \$335.58 | \$335.58 | | | | |
| 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENO | | \$600.92 | \$600.92 | | | | |
| 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE | | \$920.38 | \$920.38 | | | | |
| 69399 | UNLISTED PROCEDURE, EXTERNAL EAR | R | \$0.00 | \$0.00 | | | | |
| 69420 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION | | \$48.76 | \$58.01 | | | | |
| 69421 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQU | | \$83.03 | \$83.03 | | | | |
| 69424 | VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA | | \$34.45 | \$42.49 | | | | |
| 69433 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPIC | | \$64.62 | \$82.45 | | | | |
| 69436 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTH | | \$122.45 | \$122.45 | | | | |
| 69440 | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION | | \$470.18 | \$470.18 | | | | |
| 69450 | TYMPANOLYSIS, TRANSCANAL | | \$374.25 | \$374.25 | | | | |
| 69501 | TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY) | | \$579.30 | \$579.30 | | | | |
| 69502 | MASTOIDECTOMY; COMPLETE | | \$744.52 | \$744.52 | | | | |
| 69505 | MASTOIDECTOMY; MODIFIED RADICAL | | \$843.91 | \$843.91 | | | | |
| 69511 | MASTOIDECTOMY; RADICAL | | \$878.91 | \$878.91 | | | | |
| 69530 | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY | | \$1,019.34 | \$1,019.34 | | | | |
| 69535 | RESECTION TEMPORAL BONE, EXTERNAL APPROACH | | \$1,759.39 | \$1,759.39 | | | | |
| 69540 | EXCISION AURAL POLYP | | \$54.18 | \$71.21 | | | | |
| 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL | | \$730.03 | \$730.03 | | | | |
| 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID | | \$1,046.76 | \$1,046.76 | | | | |
| 69554 | EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL) | | \$1,433.80 | \$1,433.80 | | | | |
| 69601 | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY | | \$789.01 | \$789.01 | | | | |
| 69602 | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY | | \$865.08 | \$865.08 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 69603 | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY | | \$909.84 | \$909.84 | | | | |
| 69604 | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY | | \$931.65 | \$931.65 | | | | |
| 69610 | TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORAT | | \$143.43 | \$155.90 | | | | |
| 69620 | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA) | | \$393.49 | \$393.49 | | | | |
| 69631 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | \$647.12 | \$647.12 | | | | |
| 69632 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | \$832.12 | \$832.12 | | | | |
| 69633 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | \$792.00 | \$792.00 | | | | |
| 69635 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | \$875.05 | \$875.05 | | | | |
| 69636 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | \$998.86 | \$998.86 | | | | |
| 69637 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | \$994.28 | \$994.28 | | | | |
| 69641 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$827.98 | \$827.98 | | | | |
| 69642 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$1,087.12 | \$1,087.12 | | | | |
| 69643 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$1,003.84 | \$1,003.84 | | | | |
| 69644 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$1,113.74 | \$1,113.74 | | | | |
| 69645 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$1,067.22 | \$1,067.22 | | | | |
| 69646 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | \$1,156.70 | \$1,156.70 | | | | |
| 69650 | STAPES MOBILIZATION | | \$630.81 | \$630.81 | | | | |
| 69660 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUUI | | \$785.43 | \$785.43 | | | | |
| 69661 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUUI | | \$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 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE) | | \$623.54 | \$623.54 | | | | |
| 69676 | TYMPANIC NEURECTOMY | | \$520.53 | \$520.53 | | | | |
| 69700 | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE) | | \$465.10 | \$465.10 | | | | |
| 69705 | NPS SURG DILAT EUST TUBE UNI | | \$140.99 | \$2,463.03 | | | | Added Effective 01/01/2021 |
| 69706 | NPS SURG DILAT EUST TUBE BI | | \$197.40 | \$2,539.30 | | | | Added Effective 01/01/2021 |
| 69710 | IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING | | \$775.35 | \$775.35 | | | | |
| 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN | | \$534.32 | \$534.32 | | | | |
| 69714 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU | | \$651.98 | \$651.98 | | | | |
| 69716 | IMPLTJ OI IMPLT SKL TC ESP | | \$500.57 | \$500.57 | | | | Added 1/1/2022 |
| 69717 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED | | \$673.16 | \$673.16 | | | | |
| 69719 | REVJ/RPLCMT OI IMPLT TC ESP | | \$500.57 | \$500.57 | | | | Added 1/1/2022 |
| 69720 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGL | | \$933.77 | \$933.77 | | | | |
| 69725 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICUL | | \$986.57 | \$986.57 | | | | |
| 69726 | RMVL OI IMPLT SKL PERQ ESP | | \$338.01 | \$338.01 | | | | Added 1/1/2022 |
| 69727 | RMVL OI IMPLT SKL TC ESP | | \$387.93 | \$387.93 | | | | Added 1/1/2022 |
| 69728 | RMV NTR OI IMP SKTC ESP>=100 | | \$493.23 | \$493.23 | | | | |
| 69729 | IMPL OI IMPLT SK TC ESP>=100 | | \$559.88 | \$559.88 | | | | |
| 69730 | RPLC OI IMPLT SK TC ESP>=100 | | \$573.10 | \$573.10 | | | | |
| 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES | | \$809.97 | \$809.97 | | | | |
| 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES | | \$937.42 | \$937.42 | | | | |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR | R | \$0.00 | \$650.00 | | | | |
| 69801 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIO | | \$566.13 | \$566.13 | | | | |
| 69805 | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT | | \$702.40 | \$702.40 | | | | |
| 69806 | ENDOLYMPHATIC SAC OPERATION; WITH SHUNT | | \$814.38 | \$814.38 | | | | |
| 69905 | LABYRINTHECTOMY; TRANSCANAL | | \$731.73 | \$731.73 | | | | |
| 69910 | LABYRINTHECTOMY; WITH MASTOIDECTOMY | | \$891.06 | \$891.06 | | | | |
| 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH | | \$1,107.74 | \$1,107.74 | | | | |
| 69930 | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY | | \$989.78 | \$989.78 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 69949 | UNLISTED PROCEDURE, INNER EAR | R | \$0.00 | \$0.00 | | | | |
| 69950 | VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH | | \$1,159.27 | \$1,159.27 | | | | |
| 69955 | TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT) | | \$1,247.70 | \$1,247.70 | | | | |
| 69960 | DECOMPRESSION INTERNAL AUDITORY CANAL | | \$1,105.20 | \$1,105.20 | | | | |
| 69970 | REMOVAL OF TUMOR, TEMPORAL BONE | | \$1,237.40 | \$1,237.40 | | | | |
| 69979 | UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH | R | \$0.00 | \$0.00 | | | | |
| 69990 | MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST | | \$162.90 | \$162.90 | | | | |
| 70010 | MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETAT | | \$167.90 | \$167.90 | \$117.09 | \$50.81 | | |
| 70015 | CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND | | \$87.60 | \$87.60 | \$36.79 | \$50.81 | | |
| 70030 | RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY | | \$18.83 | \$18.83 | \$11.46 | \$7.38 | | |
| 70100 | RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS | | \$22.08 | \$22.08 | \$14.14 | \$7.94 | | |
| 70110 | RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS | | \$27.84 | \$27.84 | \$16.80 | \$11.04 | | |
| 70120 | RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE | | \$24.74 | \$24.74 | \$16.80 | \$7.94 | | |
| 70130 | RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER | | \$36.09 | \$36.09 | \$21.33 | \$14.75 | | |
| 70134 | RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE | | \$34.74 | \$34.74 | \$19.99 | \$14.75 | | |
| 70140 | RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS | | \$25.03 | \$25.03 | \$16.80 | \$8.23 | | |
| 70150 | RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS | | \$32.67 | \$32.67 | \$21.33 | \$11.33 | | |
| 70160 | RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS | | \$21.52 | \$21.52 | \$14.14 | \$7.38 | | |
| 70170 | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND | | \$38.64 | \$38.64 | \$25.60 | \$13.04 | | |
| 70190 | RADIOLOGIC EXAMINATION; OPTIC FORAMINA | | \$25.88 | \$25.88 | \$16.80 | \$9.09 | | |
| 70200 | RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS | | \$33.52 | \$33.52 | \$21.33 | \$12.19 | | |
| 70210 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS | | \$24.17 | \$24.17 | \$16.80 | \$7.38 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 70220 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE | | \$32.37 | \$32.37 | \$21.33 | \$11.04 | | |
| 70240 | RADIOLOGIC EXAMINATION, SELLA TURCICA | | \$19.69 | \$19.69 | \$11.46 | \$8.23 | | |
| 70250 | RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS | | \$27.28 | \$27.28 | \$16.80 | \$10.48 | | |
| 70260 | RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS | | \$39.01 | \$39.01 | \$24.26 | \$14.75 | | |
| 70300 | RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW | | \$11.71 | \$11.71 | \$7.19 | \$4.52 | | |
| 70310 | RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOU | | \$18.27 | \$18.27 | \$11.46 | \$6.82 | | |
| 70320 | FULL MOUTH X-RAY OF TEETH | | \$40.38 | \$40.38 | \$21.33 | \$9.62 | | |
| 70328 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH | | \$21.27 | \$21.27 | \$13.34 | \$7.94 | | |
| 70330 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH | | \$33.15 | \$33.15 | \$22.67 | \$10.48 | | |
| 70332 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | | \$80.33 | \$80.33 | \$56.80 | \$23.52 | | |
| 70336 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S) | R | \$343.60 | \$343.60 | \$302.74 | \$40.87 | | |
| 70350 | CEPHALOGRAPH, ORTHODONTIC | | \$17.52 | \$17.52 | \$10.14 | \$7.38 | | |
| 70355 | PANORAMIC X-RAY OF JAWS | | \$16.80 | \$16.80 | \$15.46 | \$8.53 | | |
| 70360 | RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE | | \$18.83 | \$18.83 | \$11.46 | \$7.38 | | |
| 70370 | RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/O | | \$49.10 | \$49.10 | \$35.20 | \$13.90 | | |
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECO | R | \$93.10 | \$93.10 | \$56.80 | \$36.30 | | |
| 70380 | RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS | | \$25.52 | \$25.52 | \$18.14 | \$7.38 | | |
| 70390 | SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$64.71 | \$64.71 | \$48.27 | \$16.44 | | |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL | | \$164.34 | \$164.34 | \$127.74 | \$36.59 | | |
| 70460 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S) | | \$201.59 | \$201.59 | \$153.07 | \$48.51 | | |
| 70470 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWE | | \$245.70 | \$245.70 | \$191.23 | \$54.47 | | |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | \$182.78 | \$182.78 | \$127.74 | \$55.04 | | |
| 70481 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | \$212.12 | \$212.12 | \$153.07 | \$59.04 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 70482 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | \$253.37 | \$253.37 | \$191.23 | \$62.14 | | |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL | | \$176.55 | \$176.55 | \$127.74 | \$48.81 | | |
| 70487 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S) | | \$208.70 | \$208.70 | \$153.07 | \$55.62 | | |
| 70488 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, | | \$252.22 | \$252.22 | \$191.23 | \$61.00 | | |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL | | \$182.78 | \$182.78 | \$127.74 | \$55.04 | | |
| 70491 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S) | | \$212.12 | \$212.12 | \$153.07 | \$59.04 | | |
| 70492 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO | | \$253.37 | \$253.37 | \$191.23 | \$62.14 | | |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), | | \$262.87 | \$262.87 | \$192.94 | \$69.93 | | |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), | | \$262.87 | \$262.87 | \$192.94 | \$69.93 | | |
| 70540 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU | R | \$366.30 | \$366.30 | \$302.74 | \$63.56 | | |
| 70542 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH | R | \$399.60 | \$399.60 | \$354.09 | \$45.51 | | |
| 70543 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU | R | \$716.67 | \$716.67 | \$655.32 | \$61.35 | | |
| 70544 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S) | R | \$411.51 | \$411.51 | \$365.08 | \$46.44 | | |
| 70545 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S) | R | \$346.92 | \$346.92 | \$299.54 | \$47.38 | | |
| 70546 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), | R | \$656.65 | \$656.65 | \$586.58 | \$70.07 | | |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S) | R | \$410.49 | \$410.49 | \$364.05 | \$46.44 | | |
| 70548 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S) | R | \$346.92 | \$346.92 | \$299.54 | \$47.38 | | |
| 70549 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), | R | \$656.65 | \$656.65 | \$586.58 | \$70.07 | | |
| 70551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | \$366.30 | \$366.30 | \$302.74 | \$63.56 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | \$439.87 | \$439.87 | \$363.27 | \$76.60 | | |
| 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | \$774.25 | \$774.25 | \$672.42 | \$101.84 | | |
| 70555 | MAGNETIC RESONANCE IMAGING, BRAIN | R | \$0.00 | \$0.00 | \$0.00 | \$94.17 | | |
| 70557 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | \$0.00 | \$0.00 | \$0.00 | \$110.40 | | |
| 70558 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | \$0.00 | \$0.00 | \$0.00 | \$122.12 | | |
| 70559 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | \$0.00 | \$0.00 | \$0.00 | \$122.64 | | |
| 71045 | X-RAY EXAM CHEST 1 VIEW | | \$15.09 | \$15.09 | \$7.81 | \$7.27 | | Added Effective 1/1/2018 |
| 71046 | X-RAY EXAM CHEST 2 VIEWS | | \$23.03 | \$23.03 | \$14.34 | \$8.69 | | Added Effective 1/1/2018 |
| 71047 | X-RAY EXAM CHEST 3 VIEWS | | \$29.44 | \$29.44 | \$18.26 | \$11.18 | | Added Effective 1/1/2018 |
| 71048 | X-RAY EXAM CHEST 4+ VIEWS | | \$31.64 | \$31.64 | \$18.78 | \$12.86 | | Added Effective 1/1/2018 |
| 71100 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS | | \$25.08 | \$25.08 | \$15.46 | \$9.62 | | |
| 71101 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CH | | \$30.03 | \$30.03 | \$18.14 | \$11.90 | | |
| 71110 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS | | \$33.23 | \$33.23 | \$21.33 | \$11.90 | | |
| 71111 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHE | | \$38.16 | \$38.16 | \$24.26 | \$13.90 | | |
| 71120 | RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS | | \$26.13 | \$26.13 | \$17.60 | \$8.53 | | |
| 71130 | RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF T | | \$28.32 | \$28.32 | \$18.94 | \$9.38 | | |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |
| 71260 | COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S) | | \$244.31 | \$244.31 | \$191.23 | \$53.08 | | |
| 71270 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | \$297.79 | \$297.79 | \$238.74 | \$59.04 | | |
| 71271 | CT THORAX LUNG CANCER SCR C- | | \$116.09 | \$116.09 | \$73.99 | \$42.11 | | Added Effective 01/01/2021 |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), | | \$282.81 | \$282.81 | \$234.63 | \$48.18 | | |
| 71550 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | \$371.67 | \$371.67 | \$302.74 | \$68.93 | | |
| 71551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | \$405.62 | \$405.62 | \$355.09 | \$50.54 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 71552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | \$717.99 | \$717.99 | \$651.83 | \$66.16 | | |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR | R | \$377.83 | \$377.83 | \$302.74 | \$75.10 | | |
| 72020 | RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL | | \$17.98 | \$17.98 | \$11.46 | \$6.52 | | |
| 72040 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS | | \$25.64 | \$25.64 | \$16.26 | \$9.38 | | |
| 72050 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS | | \$37.59 | \$37.59 | \$24.26 | \$13.34 | | |
| 72052 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE A | | \$46.28 | \$46.28 | \$30.67 | \$15.61 | | |
| 72070 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS | | \$26.98 | \$26.98 | \$17.60 | \$9.38 | | |
| 72072 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS | | \$29.37 | \$29.37 | \$19.99 | \$9.38 | | |
| 72074 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS | | \$34.17 | \$34.17 | \$24.79 | \$9.38 | | |
| 72080 | RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS | | \$27.52 | \$27.52 | \$18.14 | \$9.38 | | |
| 72081 | RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR INCLUDING SKULL, CERVICAL AND SACRAL SPINE. | | \$29.12 | \$29.12 | \$18.35 | \$10.77 | | Added Effective 1/1/2016 |
| 72082 | 2 or 3 views | | \$46.39 | \$46.39 | \$33.35 | \$13.03 | | Added Effective 1/1/2016 |
| 72083 | 4 or 5 views | | \$50.42 | \$50.42 | \$36.20 | \$14.22 | | Added Effective 1/1/2016 |
| 72084 | MINIMUM 5 | | \$59.96 | \$59.96 | \$43.44 | \$16.52 | | Added Effective 1/1/2016 |
| 72100 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS | | \$27.52 | \$27.52 | \$18.14 | \$9.38 | | |
| 72110 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS | | \$38.13 | \$38.13 | \$24.79 | \$13.34 | | |
| 72114 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDIN | | \$47.62 | \$47.62 | \$32.01 | \$15.61 | | |
| 72120 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMU | | \$33.64 | \$33.64 | \$24.26 | \$9.38 | | |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |
| 72126 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL | | \$243.19 | \$243.19 | \$191.23 | \$51.96 | | |
| 72127 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW | | \$293.22 | \$293.22 | \$238.74 | \$54.47 | | |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 72129 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL | | \$243.19 | \$243.19 | \$191.23 | \$51.96 | | |
| 72130 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW | | \$293.22 | \$293.22 | \$238.74 | \$54.47 | | |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |
| 72132 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL | | \$243.19 | \$243.19 | \$191.23 | \$51.96 | | |
| 72133 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED | | \$293.22 | \$293.22 | \$238.74 | \$54.47 | | |
| 72141 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | \$371.67 | \$371.67 | \$302.74 | \$68.93 | | |
| 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | \$445.83 | \$445.83 | \$363.27 | \$82.57 | | |
| 72146 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | \$405.02 | \$405.02 | \$336.09 | \$68.93 | | |
| 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | \$445.83 | \$445.83 | \$363.27 | \$82.57 | | |
| 72148 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU | R | \$399.65 | \$399.65 | \$336.09 | \$63.56 | | |
| 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU | R | \$439.87 | \$439.87 | \$363.27 | \$76.60 | | |
| 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | \$782.81 | \$782.81 | \$672.42 | \$110.39 | | |
| 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | \$782.81 | \$782.81 | \$672.42 | \$110.39 | | |
| 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | \$774.25 | \$774.25 | \$672.42 | \$101.84 | | |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WIT | R | \$409.04 | \$409.04 | \$336.09 | \$72.95 | | |
| 72170 | RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS | | \$21.25 | \$21.25 | \$14.14 | \$7.11 | | |
| 72190 | RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS | | \$27.23 | \$27.23 | \$18.14 | \$9.09 | | |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S) | | \$273.77 | \$273.77 | \$225.60 | \$48.18 | | |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL | | \$206.31 | \$206.31 | \$159.75 | \$46.56 | | |
| 72193 | COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S) | | \$234.50 | \$234.50 | \$184.84 | \$49.66 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 72194 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | \$281.10 | \$281.10 | \$229.14 | \$51.96 | | |
| 72195 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST | R | \$357.63 | \$357.63 | \$301.03 | \$56.60 | | |
| 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA | R | \$371.67 | \$371.67 | \$302.74 | \$68.93 | | |
| 72197 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST | R | \$723.49 | \$723.49 | \$656.82 | \$66.66 | | |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST | R | \$377.54 | \$377.54 | \$302.74 | \$74.80 | | |
| 72200 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS | | \$21.52 | \$21.52 | \$14.14 | \$7.38 | | |
| 72202 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS | | \$25.03 | \$25.03 | \$16.80 | \$8.23 | | |
| 72220 | RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS | | \$22.83 | \$22.83 | \$15.46 | \$7.38 | | |
| 72240 | MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$167.44 | \$167.44 | \$128.28 | \$39.16 | | |
| 72255 | MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$156.25 | \$156.25 | \$117.09 | \$39.16 | | |
| 72265 | MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$146.15 | \$146.15 | \$110.14 | \$36.01 | | |
| 72270 | MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/ THORA | | \$221.86 | \$221.86 | \$164.82 | \$57.04 | | |
| 72285 | DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND | | \$262.46 | \$262.46 | \$226.46 | \$36.01 | | |
| 72295 | DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$248.08 | \$248.08 | \$212.07 | \$36.01 | | |
| 73000 | RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE | | \$20.96 | \$20.96 | \$14.14 | \$6.82 | | |
| 73010 | RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE | | \$21.52 | \$21.52 | \$14.14 | \$7.38 | | |
| 73020 | RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW | | \$19.32 | \$19.32 | \$12.80 | \$6.52 | | |
| 73030 | RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS | | \$23.13 | \$23.13 | \$15.46 | \$7.67 | | |
| 73040 | RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISI | | \$80.33 | \$80.33 | \$56.80 | \$23.52 | | |
| 73050 | RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR | | \$26.66 | \$26.66 | \$18.14 | \$8.53 | | |
| 73060 | RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS | | \$22.83 | \$22.83 | \$15.46 | \$7.38 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 73070 | RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS | | \$20.66 | \$20.66 | \$14.14 | \$6.52 | | |
| 73080 | RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS | | \$22.83 | \$22.83 | \$15.46 | \$7.38 | | |
| 73085 | RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | \$80.33 | \$80.33 | \$56.80 | \$23.52 | | |
| 73090 | RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS | | \$20.96 | \$20.96 | \$14.14 | \$6.82 | | |
| 73092 | RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73100 | RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73110 | RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS | | \$21.79 | \$21.79 | \$14.41 | \$7.38 | | |
| 73115 | RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | \$66.19 | \$66.19 | \$42.66 | \$23.52 | | |
| 73120 | RADIOLOGIC EXAMINATION, HAND; TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73130 | RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS | | \$21.79 | \$21.79 | \$14.41 | \$7.38 | | |
| 73140 | RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS | | \$17.12 | \$17.12 | \$11.46 | \$5.67 | | |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL | | \$180.72 | \$180.72 | \$134.16 | \$46.56 | | |
| 73201 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S) | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |
| 73202 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO | | \$252.79 | \$252.79 | \$200.83 | \$51.96 | | |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST | | \$246.41 | \$246.41 | \$198.24 | \$48.18 | | |
| 73218 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | \$333.53 | \$333.53 | \$295.29 | \$38.24 | | |
| 73219 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | \$399.60 | \$399.60 | \$354.09 | \$45.51 | | |
| 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | \$366.30 | \$366.30 | \$302.74 | \$63.56 | | |
| 73221 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | \$338.64 | \$338.64 | \$286.23 | \$52.41 | | |
| 73222 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | \$399.60 | \$399.60 | \$354.09 | \$45.51 | | |
| 73223 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | \$716.67 | \$716.67 | \$655.32 | \$61.35 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 73225 | MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTR | R | \$373.63 | \$373.63 | \$302.74 | \$70.90 | | |
| 73501 | RADIOLOGIC EXAMINATION, HIP UNILATERAL, WITH PELVIS WHEN PERFORMED | | \$22.37 | \$22.37 | \$14.72 | \$7.65 | | Added Effective 1/1/2016 |
| 73502 | 2-3 VIEWS | | \$30.80 | \$30.80 | \$21.71 | \$9.09 | | Added Effective 1/1/2016 |
| 73503 | MINIMUM OF 4 VIEWS | | \$38.47 | \$38.47 | \$26.88 | \$11.59 | | Added Effective 1/1/2016 |
| 73521 | RADIOLOGIC EXAMINATION, HIPS, BILATERAL WITH PELVIS; 2 VIEWS | | \$29.77 | \$29.77 | \$20.42 | \$9.35 | | Added Effective 1/1/2016 |
| 73522 | 3-4VIEWS | | \$36.48 | \$36.48 | \$24.30 | \$12.18 | | Added Effective 1/1/2016 |
| 73523 | MINIMUM OF 5 VIEWS | | \$42.25 | \$42.25 | \$29.21 | \$13.03 | | Added Effective 1/1/2016 |
| 73525 | RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AN | | \$80.33 | \$80.33 | \$56.80 | \$23.52 | | |
| 73551 | RADIOLOGIC EXAMINATION. FEMUR 1 VIEW | | \$20.74 | \$20.74 | \$13.95 | \$6.79 | | Added Effective 1/1/2016 |
| 73552 | MINIMUM 2 VIEWS | | \$24.18 | \$24.18 | \$16.54 | \$7.65 | | Added Effective 1/1/2016 |
| 73560 | RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS | | \$21.25 | \$21.25 | \$14.14 | \$7.11 | | |
| 73562 | RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS | | \$23.39 | \$23.39 | \$15.46 | \$7.94 | | |
| 73564 | RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS | | \$26.42 | \$26.42 | \$16.80 | \$9.62 | | |
| 73565 | RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR | | \$20.44 | \$20.44 | \$13.34 | \$7.11 | | |
| 73580 | RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION A | | \$94.71 | \$94.71 | \$71.19 | \$23.52 | | |
| 73590 | RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS | | \$21.25 | \$21.25 | \$14.14 | \$7.11 | | |
| 73592 | RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73600 | RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73610 | RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS | | \$21.79 | \$21.79 | \$14.41 | \$7.38 | | |
| 73615 | RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | \$80.33 | \$80.33 | \$56.80 | \$23.52 | | |
| 73620 | RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS | | \$20.15 | \$20.15 | \$13.34 | \$6.82 | | |
| 73630 | RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS | | \$21.79 | \$21.79 | \$14.41 | \$7.38 | | |
| 73650 | RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS | | \$19.61 | \$19.61 | \$12.80 | \$6.82 | | |
| 73660 | RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS | | \$17.12 | \$17.12 | \$11.46 | \$5.67 | | |
| 73700 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL | | \$180.72 | \$180.72 | \$134.16 | \$46.56 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 73701 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S) | | \$209.42 | \$209.42 | \$159.75 | \$49.66 | | |
| 73702 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO | | \$252.79 | \$252.79 | \$200.83 | \$51.96 | | |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST | | \$246.41 | \$246.41 | \$198.24 | \$48.18 | | |
| 73718 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | \$333.53 | \$338.24 | \$295.29 | \$38.24 | | |
| 73719 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | \$399.60 | \$399.60 | \$354.09 | \$45.51 | | |
| 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | \$366.30 | \$366.30 | \$302.74 | \$63.56 | | |
| 73721 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | \$344.77 | \$344.77 | \$292.35 | \$52.41 | | |
| 73722 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | \$399.60 | \$399.60 | \$354.09 | \$45.51 | | |
| 73723 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | \$716.67 | \$716.67 | \$655.32 | \$61.35 | | |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTR | R | \$376.27 | \$376.27 | \$302.74 | \$73.54 | | |
| 74018 | X-RAY EXAM ABDOMEN 1 VIEW | | \$20.57 | \$20.57 | \$13.30 | \$7.27 | | Added Effective 1/1/2018 |
| 74019 | X-RAY EXAM ABDOMEN 2 VIEWS | | \$25.15 | \$25.15 | \$15.91 | \$9.24 | | Added Effective 1/1/2018 |
| 74021 | X-RAY EXAM ABDOMEN 3+ VIEWS | | \$29.42 | \$29.42 | \$18.52 | \$10.90 | | Added Effective 1/1/2018 |
| 74022 | RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUD | | \$36.30 | \$36.30 | \$23.59 | \$12.71 | | Updated Effective 01/01/2020 |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL | | \$203.88 | \$203.88 | \$153.07 | \$50.81 | | |
| 74160 | COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S) | | \$239.31 | \$239.31 | \$184.84 | \$54.47 | | |
| 74170 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | \$289.28 | \$289.28 | \$229.14 | \$60.14 | | |
| 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING | | \$434.81 | \$434.81 | \$346.77 | \$88.04 | | |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S) | | \$273.77 | \$273.77 | \$225.60 | \$48.18 | | |
| 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL | | \$189.00 | \$189.00 | \$115.12 | \$73.88 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL | | \$297.00 | \$297.00 | \$219.56 | \$77.44 | | |
| 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRACT MATERIALS AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS | | \$375.92 | \$375.92 | \$290.17 | \$85.75 | | |
| 74181 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST | R | \$371.67 | \$371.67 | \$302.74 | \$68.93 | | |
| 74182 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERI | R | \$405.62 | \$405.62 | \$355.09 | \$50.54 | | |
| 74183 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST | R | \$723.49 | \$723.49 | \$656.82 | \$66.66 | | |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST | R | \$377.54 | \$377.54 | \$302.74 | \$74.80 | | |
| 74190 | PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL | | \$53.26 | \$53.26 | \$35.20 | \$18.06 | | |
| 74210 | RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS | | \$70.88 | \$70.88 | \$47.20 | \$23.68 | | Updated Effective 01/01/2020 |
| 74220 | RADIOLOGIC EXAMINATION; ESOPHAGUS | | \$72.21 | \$72.21 | \$48.24 | \$23.97 | | Updated Effective 01/01/2020 |
| 74221 | X-RAY XM ESOPHAGUS 2CNTRST | | \$81.62 | \$81.62 | \$53.68 | \$27.93 | | Added Effective 01/01/2020 |
| 74230 | SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY | R | \$96.12 | \$96.12 | \$74.96 | \$21.16 | | Updated Effective 01/01/2020 |
| 74235 | REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, | | \$122.00 | \$122.00 | \$71.19 | \$50.81 | | |
| 74240 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT | | \$90.47 | \$90.47 | \$58.09 | \$32.38 | | Updated Effective 01/01/2020 |
| 74241 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT | | \$70.32 | \$70.32 | \$40.27 | \$30.05 | | |
| 74245 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL | | \$103.69 | \$103.69 | \$64.53 | \$39.16 | | |
| 74246 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | \$104.03 | \$104.03 | \$67.95 | \$36.08 | | Updated Effective 01/01/2020 |
| 74247 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | \$75.63 | \$75.63 | \$45.59 | \$30.05 | | |
| 74248 | X-RAY SM INT F-THRU STD | | \$62.43 | \$62.43 | \$34.50 | \$27.93 | | Added Effective 01/01/2020 |
| 74249 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | \$108.76 | \$108.76 | \$69.60 | \$39.16 | | |
| 74250 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM | | \$91.03 | \$91.03 | \$58.35 | \$32.67 | | Updated Effective 01/01/2020 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 74251 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM | | \$297.13 | \$297.13 | \$250.32 | \$46.81 | | Updated Effective 01/01/2020 |
| 74260 | DUODENOGRAPHY, HYPOTONIC | | \$61.84 | \$61.84 | \$40.27 | \$21.57 | | |
| 74261 | CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; W/O CONTRAST MATERIAL | | \$296.05 | \$296.05 | \$210.96 | \$85.09 | | |
| 74262 | WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES | | \$332.42 | \$332.42 | \$239.03 | \$93.40 | | |
| 74270 | RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB | | \$115.91 | \$115.91 | \$74.44 | \$41.47 | | Updated Effective 01/01/2020 |
| 74280 | RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY | | \$165.90 | \$165.90 | \$115.69 | \$50.22 | | Updated Effective 01/01/2020 |
| 74283 | THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION O | | \$156.15 | \$156.15 | \$69.33 | \$86.82 | | |
| 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST; | | \$33.89 | \$33.89 | \$19.99 | \$13.90 | | |
| 74300 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL | | \$39.94 | \$39.94 | \$25.98 | \$13.96 | | |
| 74301 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, | | \$23.19 | \$23.19 | \$15.08 | \$8.10 | | |
| 74328 | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL | | \$115.42 | \$115.42 | \$85.08 | \$30.34 | | |
| 74329 | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGIC | | \$115.42 | \$115.42 | \$85.08 | \$30.34 | | |
| 74330 | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCT | | \$115.42 | \$115.42 | \$85.08 | \$30.34 | | |
| 74340 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUD | | \$94.71 | \$94.71 | \$71.19 | \$23.52 | | |
| 74355 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION | | \$104.09 | \$104.09 | \$71.19 | \$32.90 | | |
| 74360 | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS | | \$108.60 | \$108.60 | \$85.08 | \$23.52 | | |
| 74363 | PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR | | \$202.83 | \$202.83 | \$164.82 | \$38.01 | | |
| 74400 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WIT | | \$66.60 | \$66.60 | \$45.59 | \$21.01 | | |
| 74410 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; | | \$73.81 | \$73.81 | \$52.80 | \$21.01 | | |
| 74415 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH | | \$78.35 | \$78.35 | \$57.34 | \$21.01 | | |
| 74420 | UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB | | \$86.53 | \$86.53 | \$71.19 | \$15.34 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 74425 | UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), | | \$50.54 | \$50.54 | \$35.20 | \$15.34 | | |
| 74430 | CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND | | \$42.42 | \$42.42 | \$28.52 | \$13.90 | | |
| 74440 | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISI | | \$47.11 | \$47.11 | \$30.67 | \$16.44 | | |
| 74445 | CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$79.47 | \$79.47 | \$30.67 | \$48.81 | | |
| 74450 | URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRET | | \$53.66 | \$53.66 | \$39.47 | \$14.19 | | |
| 74455 | URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATI | | \$56.86 | \$56.86 | \$42.66 | \$14.19 | | |
| 74470 | RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST | | \$57.38 | \$57.38 | \$33.86 | \$23.52 | | |
| 74485 | DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION | | \$108.60 | \$108.60 | \$85.08 | \$23.52 | | |
| 74712 | MAGNETIC RESONANCE IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC /SINGLE/1ST GESTATION | R | \$361.01 | \$361.01 | \$239.01 | \$122.00 | | Added Effective 1/1/2016 |
| 74713 | EACH ADDITIONAL GESTATION | R | \$174.68 | \$174.68 | \$102.43 | \$72.25 | | Added Effective 1/1/2016 |
| 74740 | HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$51.64 | \$51.64 | \$35.20 | \$16.44 | | |
| 74742 | TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVIS | | \$110.66 | \$110.66 | \$85.08 | \$25.58 | | |
| 74775 | PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMAL | | \$66.41 | \$66.41 | \$39.47 | \$26.94 | | |
| 75557 | CARDIAC MRI FOR MORPH W/O CONTRAST | | \$309.93 | \$309.93 | \$170.24 | \$51.53 | | |
| 75559 | CARDIAC MRI W/STRESS IMG W/O CONTRAST | | \$311.88 | \$311.88 | \$256.27 | \$65.66 | | |
| 75561 | CARDIAC MRI FOR MORPH W/DYE W/O CONTRAST | | \$475.58 | \$475.58 | \$241.68 | \$57.00 | | |
| 75563 | CARDIAC MRI W/STRESS IMG & DYE W & W/O CONTRAST | | \$477.59 | \$477.59 | \$301.00 | \$68.25 | | |
| 75565 | CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING | | \$65.50 | \$65.50 | \$55.82 | \$9.68 | | |
| 75571 | COMPUTED TOMOGRAPHY, HEART, W/O CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM | | \$65.23 | \$65.23 | \$43.57 | \$21.65 | | |
| 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY | | \$191.56 | \$191.56 | \$125.73 | \$65.82 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-----------------|----------------|-----------------|-------|
| 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE | | \$272.36 | \$272.36 | \$178.04 | \$94.31 | | |
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS, WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING | | \$417.89 | \$417.89 | \$328.08 | \$89.81 | | |
| 75580 | ANALYSIS OF DATA FROM CT STUDY OF HEART BLOOD VESSELS TO ASSESS SEVERITY OF HEART ARTERY DISEASE, WITH INTERPRETATION AND REPORT | | \$708.51 | \$708.51 | \$678.68 | \$29.83 | | |
| 75600 | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION | | \$361.36 | \$361.36 | \$340.35 | \$21.01 | | |
| 75605 | AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75625 | AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75630 | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, | | \$410.92 | \$410.92 | \$354.74 | \$56.18 | | |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFE | | \$300.86 | \$300.86 | \$225.60 | \$75.26 | | |
| 75705 | ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRET | | \$434.25 | \$434.25 | \$340.35 | \$93.90 | | |
| 75710 | ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75716 | ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND | | \$396.54 | \$396.54 | \$340.35 | \$56.18 | | |
| 75726 | ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT F | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75731 | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75733 | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A | | \$396.54 | \$396.54 | \$340.35 | \$56.18 | | |
| 75736 | ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVI | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75741 | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO | | \$396.54 | \$396.54 | \$340.35 | \$56.18 | | |
| 75743 | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION | | \$411.58 | \$411.58 | \$340.35 | \$71.23 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 75746 | ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75756 | ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETA | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75774 | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC | | \$355.69 | \$355.69 | \$340.35 | \$15.34 | | |
| 75801 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION | | \$181.33 | \$181.33 | \$146.42 | \$34.91 | | |
| 75803 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION | | \$196.37 | \$196.37 | \$146.42 | \$49.96 | | |
| 75805 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISI | | \$199.73 | \$199.73 | \$164.82 | \$34.91 | | |
| 75807 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISIO | | \$214.78 | \$214.78 | \$164.82 | \$49.96 | | |
| 75809 | SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCUL | | \$40.95 | \$40.95 | \$21.33 | \$19.62 | | |
| 75810 | SPLENOPTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75820 | VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND | | \$55.94 | \$55.94 | \$25.60 | \$30.34 | | |
| 75822 | VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND | | \$85.42 | \$85.42 | \$40.01 | \$45.41 | | |
| 75825 | VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75827 | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75831 | VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75833 | VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | | \$404.21 | \$404.21 | \$340.35 | \$63.85 | | |
| 75840 | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75842 | VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AN | | \$404.21 | \$404.21 | \$340.35 | \$63.85 | | |
| 75860 | VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGUL | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75870 | VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------|
| 75872 | VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75880 | VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$55.94 | \$55.94 | \$25.60 | \$30.34 | | |
| 75885 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, | | \$402.20 | \$402.20 | \$340.35 | \$61.85 | | |
| 75887 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, | | \$402.20 | \$402.20 | \$340.35 | \$61.85 | | |
| 75889 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75891 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, | | \$389.16 | \$389.16 | \$340.35 | \$48.81 | | |
| 75893 | VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR | | \$363.88 | \$363.88 | \$340.35 | \$23.52 | | |
| 75894 | TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVIS | | \$708.07 | \$708.07 | \$651.89 | \$56.18 | | |
| 75898 | ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCAT | | \$99.46 | \$99.46 | \$28.52 | \$70.94 | | |
| 75901 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH | | \$70.35 | \$70.35 | \$51.36 | \$18.99 | | |
| 75902 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA | | \$66.44 | \$66.44 | \$51.36 | \$15.08 | | |
| 75956 | RADIOLOGIST XRAY REVIEW FOR ENDOVASCULAR REPAIR DESCENDING THORACIC AORTA & L-SUBCLAVIAN ARTERY | | \$294.71 | \$294.71 | | | | Effective 1/1/2006 |
| 75957 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | \$252.50 | \$252.50 | \$0.00 | \$252.50 | | |
| 75958 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | \$168.33 | \$168.33 | \$0.00 | \$168.33 | | |
| 75959 | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCUL | | \$147.35 | \$147.35 | \$0.00 | \$147.35 | | |
| 75960 | TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | \$437.70 | \$437.70 | \$402.25 | \$35.44 | | |
| 75970 | TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | \$347.81 | \$347.81 | \$311.81 | \$36.01 | | |
| 75984 | CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITOR | | \$84.00 | \$84.00 | \$52.80 | \$31.19 | | |
| 75989 | RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED | | \$135.89 | \$135.89 | \$85.08 | \$50.81 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 76000 | FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER | | \$42.31 | \$42.31 | \$35.20 | \$7.11 | | |
| 76010 | RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VI | | \$21.81 | \$21.81 | \$14.14 | \$7.67 | | |
| 76080 | RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLO | | \$52.05 | \$52.05 | \$28.52 | \$23.52 | | |
| 76098 | RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN | | \$18.27 | \$18.27 | \$11.46 | \$6.82 | | |
| 76100 | RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OT | | \$59.09 | \$59.09 | \$33.86 | \$25.23 | | |
| 76102 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI | | \$72.16 | \$72.16 | \$46.93 | \$25.23 | | |
| 76120 | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | R | \$44.96 | \$44.96 | \$28.52 | \$16.44 | | |
| 76125 | CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LI | R | \$32.96 | \$32.96 | \$21.33 | \$11.63 | | |
| 76140 | CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT | | \$19.86 | \$19.86 | | | | |
| 76145 | MED PHYSIC DOS EVAL RAD EXPS | | \$640.73 | \$640.73 | | | | Added Effective 01/01/2021 |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, | | \$97.83 | \$97.83 | \$89.59 | \$8.24 | | |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, | | \$127.95 | \$127.95 | \$95.55 | \$32.40 | | |
| 76380 | COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY | | \$136.95 | \$136.95 | \$94.69 | \$42.26 | | |
| 76390 | MAGNETIC RESONANCE SPECTROSCOPY | R | \$351.96 | \$351.96 | \$292.16 | \$59.80 | | |
| 76391 | MR ELASTOGRAPHY | | \$177.68 | \$177.68 | \$132.62 | \$45.06 | | Effective 1/1/2019 |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 76506 | ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | \$65.63 | \$65.63 | \$38.40 | \$27.24 | | |
| 76510 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERF | | \$121.56 | \$121.56 | \$57.44 | \$64.12 | | |
| 76513 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERS | | \$69.95 | \$69.95 | \$41.32 | \$28.63 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 76514 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR | | \$9.01 | \$9.01 | \$1.80 | \$7.21 | | |
| 76519 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR | | \$52.34 | \$52.34 | \$30.05 | \$22.29 | | |
| 76536 | ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, | | \$62.77 | \$62.77 | \$38.40 | \$24.38 | | |
| 76604 | ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH | | \$59.29 | \$59.29 | \$35.20 | \$24.08 | | |
| 76641 | ULTRASOUND OF ONE BREAST | | \$81.80 | \$81.80 | \$51.98 | \$29.82 | | Added effective 1/1/2015 |
| 76642 | ULTRASOUND OF ONE BREAST | | \$67.64 | \$67.64 | \$39.82 | \$27.82 | | Added effective 1/1/2015 |
| 76700 | ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO | | \$88.25 | \$88.25 | \$53.34 | \$34.91 | | |
| 76705 | ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO | | \$63.92 | \$63.92 | \$38.40 | \$25.53 | | |
| 76706 | US ABDL AORTA SCREEN AAA | | \$71.08 | \$71.08 | \$48.58 | \$22.49 | | Added Effective 1/1/2017 |
| 76770 | ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R | | \$85.39 | \$85.39 | \$53.34 | \$32.05 | | |
| 76775 | ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R | | \$63.63 | \$63.63 | \$38.40 | \$25.23 | | |
| 76776 | ULTRASOUND, TRANSPLANTED KIDNEY, DOPPLER W/IMAGE | | \$87.59 | \$87.59 | \$59.12 | \$28.47 | | |
| 76800 | ULTRASOUND, SPINAL CANAL AND CONTENTS | | \$86.91 | \$86.91 | \$38.40 | \$48.51 | | |
| 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$68.11 | \$68.11 | \$29.32 | \$38.78 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$53.48 | \$53.48 | \$20.84 | \$32.64 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76805 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$99.62 | \$99.62 | \$56.80 | \$42.82 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76810 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$197.93 | \$197.93 | \$113.36 | \$84.57 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76811 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$139.29 | \$139.29 | \$67.30 | \$71.98 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76812 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$106.62 | \$106.62 | \$35.57 | \$71.05 | | *More than two ultrasounds in a 9-month period requires a PA. |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$91.06 | \$91.06 | \$47.45 | \$43.61 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76814 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | * | \$61.49 | \$61.49 | \$24.88 | \$36.62 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76815 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMIT | * | \$66.49 | \$66.49 | \$38.40 | \$28.09 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76816 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLO | * | \$80.13 | \$80.13 | \$47.91 | \$32.22 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76817 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, | * | \$71.90 | \$71.90 | \$43.32 | \$28.58 | | *More than two ultrasounds in a 9-month period requires a PA. |
| 76818 | FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING | | \$76.93 | \$76.93 | \$43.74 | \$33.20 | | |
| 76819 | FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING | | \$68.38 | \$68.38 | \$43.30 | \$25.08 | | |
| 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY | | \$64.65 | \$64.65 | \$44.19 | \$20.46 | | |
| 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY | | \$72.62 | \$72.62 | \$44.19 | \$28.44 | | |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | | \$92.70 | \$92.70 | \$53.34 | \$39.36 | | |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | | \$62.99 | \$62.99 | \$19.19 | \$43.81 | | |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI | | \$83.89 | \$83.89 | \$47.15 | \$36.74 | | |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI | | \$55.05 | \$55.05 | \$30.62 | \$24.43 | | |
| 76830 | ULTRASOUND, TRANSVAGINAL | | \$71.37 | \$71.37 | \$41.32 | \$30.05 | | |
| 76831 | ECHO EXAM UTERUS | | \$100.97 | \$70.10 | \$82.48 | \$31.15 | | |
| 76856 | ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE | | \$71.37 | \$71.37 | \$41.32 | \$30.05 | | |
| 76857 | ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE | | \$44.96 | \$44.96 | \$28.52 | \$16.44 | | |
| 76870 | ULTRASOUND, SCROTUM AND CONTENTS | | \$68.85 | \$68.85 | \$41.32 | \$27.53 | | |
| 76872 | ULTRASOUND, TRANSRECTAL; | | \$71.37 | \$71.37 | \$41.32 | \$30.05 | | |
| 76873 | ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREAT | | \$110.37 | \$110.37 | \$57.83 | \$52.54 | | |
| 76881 | ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE | | \$100.58 | \$100.58 | \$75.36 | \$25.22 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|---------------|----------------|-----------------|--------------------|
| 76882 | ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC | | \$26.41 | \$26.41 | \$8.90 | \$17.51 | | |
| 76883 | US NRV&ACC STRUX 1XTR COMPRE | | \$60.24 | \$60.24 | \$11.40 | \$48.85 | | |
| 76885 | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC | | \$70.68 | \$70.68 | \$39.88 | \$30.79 | | |
| 76886 | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED | | \$62.86 | \$62.86 | \$37.06 | \$25.80 | | |
| 76930 | ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND | | \$70.51 | \$70.51 | \$41.32 | \$29.19 | | |
| 76932 | ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND | | \$70.51 | \$70.51 | \$41.32 | \$29.19 | | |
| 76936 | ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR | | \$264.25 | \$264.25 | \$170.16 | \$94.08 | | |
| 76937 | ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATIO | | \$24.86 | \$24.86 | \$12.36 | \$12.50 | | |
| 76940 | ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION | | \$123.68 | \$123.68 | \$46.33 | \$77.35 | | |
| 76941 | ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESI | | \$99.46 | \$99.46 | \$41.35 | \$58.11 | | |
| 76942 | ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, | | \$70.51 | \$70.51 | \$41.32 | \$29.19 | | |
| 76945 | ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION | | \$79.80 | \$79.80 | \$41.35 | \$38.45 | | |
| 76946 | ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND | | \$57.76 | \$57.76 | \$41.32 | \$16.44 | | |
| 76948 | ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND INTERPRETATION | | \$74.87 | \$74.87 | \$43.59 | \$31.28 | | Effective 3/1/2022 |
| 76965 | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | | \$249.90 | \$249.90 | \$150.44 | \$99.46 | | |
| 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION | | \$75.42 | \$75.42 | \$41.32 | \$34.10 | | |
| 76977 | ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SIT | | \$32.14 | \$32.14 | \$23.26 | \$8.88 | | |
| 76978 | US TRGT DYN MBUBB 1ST LES | | \$245.25 | \$245.25 | \$179.62 | \$65.64 | | Effective 1/1/2019 |
| 76979 | US TRGT DYN MBUBB EA ADDL | | \$165.60 | \$165.60 | \$131.07 | \$34.53 | | Effective 1/1/2019 |
| 76981 | USE PARENCHYMA | | \$81.38 | \$81.38 | \$57.16 | \$24.22 | | Effective 1/1/2019 |
| 76982 | USE 1ST TARGET LESION | | \$73.03 | \$73.03 | \$48.81 | \$24.22 | | Effective 1/1/2019 |
| 76983 | USE EA ADDL TARGET LESION | | \$45.33 | \$45.33 | \$24.80 | \$20.52 | | Effective 1/1/2019 |
| 76984 | ULTRASOUND OF CHEST AORTA DURING SURGERY | | \$0.00 | \$0.00 | \$0.00 | \$26.25 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 76987 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INCLUDING PLACEMENT AND MANIPULATION OF TRANSDUCER, IMAGE ACQUISITION, AND INTERPRETATION AND REPORT OF RESULTS | | \$0.00 | \$0.00 | \$0.00 | \$80.33 | | |
| 76988 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INCLUDING PLACEMENT AND MANIPULATION OF TRANSDUCER AND IMAGE ACQUISITION | | \$0.00 | \$0.00 | \$0.00 | \$51.15 | | |
| 76989 | ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INTERPRETATION AND REPORT OF RESULTS ONLY | | \$0.00 | \$0.00 | \$0.00 | \$29.99 | | |
| 76998 | US GUIDE INTRAOP | | \$0.00 | \$0.00 | \$0.00 | \$56.67 | | |
| 77001 | FLUOROSCOPIC GUIDANCE FOR VEIN DEVICE PLACEMENT | | \$57.63 | \$57.63 | \$43.14 | \$14.49 | | |
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT | | \$53.35 | \$53.35 | \$33.24 | \$20.11 | | |
| 77003 | FLUOROSCOPICE GUIDANCE FOR SPINE INJECTION | | \$52.29 | \$52.29 | \$30.45 | \$21.84 | | |
| 77011 | CT SCAN FOR LOCALIZATION | | \$335.49 | \$335.49 | \$289.50 | \$45.99 | | |
| 77012 | CT SCAN FOR NEEDLE BIOPSY | | \$223.45 | \$223.45 | \$179.40 | \$44.05 | | |
| 77013 | CT GUIDE FOR TISSUE ABLATION | | \$0.00 | \$0.00 | \$0.00 | \$173.27 | | |
| 77014 | CT GUIDANCE FOR PLACEMENT RADIATION THERAPY | | \$119.11 | \$119.11 | \$86.52 | \$32.59 | | |
| 77021 | MRI GUIDANCE FOR NEEDLE PLACEMENT | | \$340.56 | \$340.56 | \$282.66 | \$57.89 | | |
| 77022 | MRI FOR TISSUE ABLATION | | \$0.00 | \$0.00 | \$0.00 | \$182.17 | | |
| 77046 | MRI BREAST C- UNILATERAL | R | \$188.29 | \$188.29 | \$129.49 | \$58.80 | | Effective 1/1/2019, Cancer or transplant DX exempts the PA |
| 77047 | MRI BREAST C- BILATERAL | R | \$193.77 | \$193.77 | \$128.70 | \$65.06 | | Effective 1/1/2019, Cancer or transplant DX exempts the PA |
| 77048 | MRI BREAST C-+ W/CAD UNI | R | \$298.35 | \$298.35 | \$213.28 | \$85.07 | | Effective 1/1/2019, Cancer or transplant DX exempts the PA |
| 77049 | MRI BREAST C-+ W/CAD BI | R | \$305.31 | \$305.31 | \$212.23 | \$93.07 | | Effective 1/1/2019, Cancer or transplant DX exempts the PA |
| 77053 | MAMMARY DUCTOGRAM, SINGLE DUCT | | \$70.50 | \$70.50 | \$56.59 | \$13.91 | | |
| 77054 | MAMMARY DUCTOGRAM, MULTIPLE DUCTS | | \$100.75 | \$100.75 | \$83.48 | \$17.27 | | |
| 77061 | DIGITAL TOMOGRAPHY OF ONE BREAST | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added effective 1/1/2015 |
| 77062 | DIGITAL TOMOGRAPHY OF BOTH BREASTS | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added effective 1/1/2015 |
| 77063 | SCREENING DIGITAL TOMOGRAPHY OF BOTH BREASTS | | \$42.81 | \$42.81 | \$18.61 | \$24.20 | | Added effective 1/1/2015 |
| 77065 | DX MAMMO INCL CAD UNI | | \$101.11 | \$101.11 | \$69.69 | \$31.41 | | Rate updated 1/1/2018 Added Effective 1/1/2017 |
| 77066 | DX MAMMO INCL CAD BI | | \$126.16 | \$127.99 | \$89.02 | \$38.97 | | Rate Updated 1/1/2018 Added Effective 1/1/2017 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 77067 | SCR MAMMO BI INCL CAD | | \$103.33 | \$103.33 | \$73.61 | \$29.72 | | Rate updated 1/1/2018 Added Effective 1/1/2017 |
| 77071 | MANUAL APPLICATION OF STRESS FOR JOINT RADIOGRAPHY | | \$21.70 | \$21.70 | | | | |
| 77072 | BONE AGE STUDIES | | \$16.13 | \$16.13 | \$9.13 | \$6.99 | | |
| 77073 | BONE LENGTH STUDIES | | \$29.85 | \$29.85 | \$19.54 | \$10.31 | | |
| 77074 | X-RAY, BONE SURVEY, LIMITED | | \$45.43 | \$45.43 | \$28.17 | \$17.27 | | |
| 77075 | X-RAY, BONE SURVEY, COMPLETE | | \$62.74 | \$62.74 | \$42.12 | \$20.62 | | |
| 77076 | X-RAY, BONE SUVEY, INFANT | | \$52.63 | \$52.63 | \$26.13 | \$26.49 | | |
| 77077 | JOINT SURVEY, 2 OR MORE JOINTS | | \$38.10 | \$38.10 | \$26.14 | \$11.97 | | |
| 77078 | CT SCAN, BONE MINERAL DENSITY, AXIAL SKELETON | | \$98.03 | \$98.03 | \$88.55 | \$9.48 | | |
| 77080 | DXA, BONE DENSITY STUDY, AXIAL SKELETON | | \$76.05 | \$76.05 | \$67.75 | \$8.29 | | |
| 77081 | DXA, BONE DENSITY STUDY, APPENDICULAR SKELETON | | \$28.16 | \$28.16 | \$19.54 | \$8.62 | | |
| 77084 | MRI, BONE MARROW | R | \$373.37 | \$373.37 | \$312.60 | \$60.77 | | |
| 77085 | BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE | | \$41.97 | \$41.97 | \$29.73 | \$12.24 | | Added effective 1/1/2015 |
| 77086 | FRACTURE ASSESSMENT OF SPINE BONES USING DEDICATED X-RAY MACHINE FOR BONE DENSITY MEASUREMENT | | \$26.47 | \$26.47 | \$19.38 | \$7.09 | | Added effective 1/1/2015 |
| 77089 | TBS DXA CAL W/I&R FX RISK | | \$31.67 | \$31.68 | | | | Added 1/1/2022 |
| 77090 | TBS TECHL PREP&TRANSMIS DATA | | \$1.79 | \$1.79 | | | | Added 1/1/2022 |
| 77091 | TBS TECHL CALCULATION ONLY | | \$21.39 | \$21.39 | | | | Added 1/1/2022 |
| 77092 | TBS I&R FX RSK QHP | | \$8.50 | \$8.50 | | | | Added 1/1/2022 |
| 77261 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE | | \$59.60 | \$59.60 | | | | |
| 77262 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE | | \$90.53 | \$90.53 | | | | |
| 77263 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX | | \$134.55 | \$134.55 | | | | |
| 77280 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE | | \$124.22 | \$124.22 | \$93.88 | \$30.34 | | |
| 77285 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE | | \$195.53 | \$195.53 | \$150.69 | \$44.85 | | |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX | | \$243.00 | \$243.00 | \$175.77 | \$67.22 | | |
| 77293 | RESPIRATORY MOTION MANAGEMENT SIMULATION | | \$319.55 | \$319.55 | \$237.22 | \$82.33 | | |
| 77295 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL | | \$950.24 | \$950.24 | \$755.30 | \$194.94 | | |
| 77299 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | R | \$56.25 | \$75.00 | \$0.00 | \$0.00 | | |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULA | | \$62.95 | \$62.95 | \$36.28 | \$26.68 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM | | \$1,032.62 | \$1,032.62 | \$715.54 | \$317.08 | | |
| 77306 | RADIATION THERAPY PLAN | | \$110.46 | \$110.46 | \$53.02 | \$57.44 | | Added effective 1/1/2015 |
| 77307 | RADIATION THERAPY PLAN | | \$216.83 | \$216.83 | \$97.21 | \$119.62 | | Added effective 1/1/2015 |
| 77316 | RADIATION THERAPY PLAN | | \$140.16 | \$140.16 | \$82.72 | \$57.44 | | Added effective 1/1/2015 |
| 77317 | RADIATION THERAPY PLAN | | \$183.36 | \$183.36 | \$107.80 | \$75.56 | | Added effective 1/1/2015 |
| 77318 | RADIATION THERAPY PLAN | | \$265.94 | \$265.94 | \$146.32 | \$119.62 | | Added effective 1/1/2015 |
| 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | | \$149.96 | \$149.96 | \$109.10 | \$40.87 | | |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESC | | \$51.05 | \$51.05 | \$13.60 | \$37.45 | | |
| 77332 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMP | | \$59.80 | \$59.80 | \$36.28 | \$23.52 | | |
| 77333 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLO | | \$87.76 | \$87.76 | \$51.46 | \$36.30 | | |
| 77334 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, | | \$140.58 | \$140.58 | \$87.76 | \$52.81 | | |
| 77336 | CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREAT | | \$80.55 | \$80.55 | | | | |
| 77338 | MULTI-LEAF COLLIMATOR DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY, DESIGN AND CONSTRUCTION PER IMRT PLAN | | \$350.91 | \$350.91 | \$178.30 | \$172.62 | | |
| 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | | \$94.42 | \$94.42 | | | | |
| 77371 | STEREOTACTIC RADIOSURGERY, MULTI-SOURCE COBALT 60 BASED | | \$770.69 | \$770.69 | | | | |
| 77372 | STEREOTACTIC RADIOSURGERY, LINEAR ACCELERATOR BASED | | \$585.00 | \$585.00 | | | | |
| 77373 | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY | | \$1,090.83 | \$1,090.83 | | | | |
| 77385 | RADIATION THERAPY DELIVERY | | \$0.00 | \$0.00 | | | | Added effective 1/1/2015 |
| 77386 | RADIATION THERAPY DELIVERY | | \$0.00 | \$0.00 | | | | Added effective 1/1/2015 |
| 77387 | GUIDANCE FOR LOCALIZATION OF TARGET DELIVERY OF RADIATION TREATMENT DELIVERY | | \$0.00 | \$0.00 | | | | Added effective 1/1/2015 |
| 77399 | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 77401 | RADIATION TREATMENT DELIVERY, SUPERFICIAL | | \$48.00 | \$48.00 | | | | |
| 77402 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA | | \$48.00 | \$48.00 | | | | |
| 77407 | RADIATION TREATMENT DELIVERY, TWO TREATMENT AREAS, 3 OR MORE PORTS | | \$56.53 | \$56.53 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 77412 | RADIATION TREATMENT DELIVERY, THREE OR MORE TREATMENT AREAS | | \$63.19 | \$63.19 | | | | |
| 77417 | THERAPEUTIC RADIOLOGY PORT FILM(S) | | \$15.99 | \$15.99 | | | | |
| 77423 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(| | \$61.03 | \$61.03 | | | | |
| 77424 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION | | \$0.00 | \$0.00 | | | | |
| 77425 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION | | \$0.00 | \$0.00 | | | | |
| 77427 | RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS | | \$130.64 | \$130.64 | | | | |
| 77431 | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTIN | | \$77.75 | \$77.75 | | | | |
| 77432 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COM | | \$374.91 | \$374.91 | | | | |
| 77435 | STEREOTACTIC RADIATION THERAPY, TREATMENT MANAGEMENT | | \$508.67 | \$508.67 | | | | |
| 77469 | INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT | | \$241.26 | \$241.26 | | | | |
| 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY | | \$390.56 | \$390.56 | \$300.88 | \$89.67 | | |
| 77499 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 77522 | PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION | | \$0.00 | \$0.00 | | | | |
| 77525 | PROTON TREATMENT DELIVERY; COMPLEX | | \$0.00 | \$0.00 | | | | |
| 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPT | | \$149.38 | \$149.38 | \$82.16 | \$67.22 | | |
| 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATE | | \$199.55 | \$199.55 | \$109.87 | \$89.67 | | |
| 77610 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITI | | \$149.38 | \$149.38 | \$82.16 | \$67.22 | | |
| 77615 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTIT | | \$199.55 | \$199.55 | \$109.87 | \$89.67 | | |
| 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S) | | \$149.38 | \$149.38 | \$82.16 | \$67.22 | | |
| 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS | | \$232.97 | \$232.97 | \$36.01 | \$196.96 | | |
| 77761 | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE | | \$220.69 | \$220.69 | \$67.99 | \$152.70 | | |
| 77762 | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE | | \$327.21 | \$327.21 | \$97.61 | \$229.60 | | |
| 77763 | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX | | \$464.57 | \$464.57 | \$121.36 | \$343.21 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 77767 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, BASIC DOSIMETRY/LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL | | \$167.83 | \$167.83 | \$124.12 | \$43.72 | | Added Effective 1/1/2016 |
| 77768 | LESION DIAMETER OVER 2.0 CM OR MULTIPLE LESION | | \$261.98 | \$261.98 | \$204.02 | \$57.96 | | Added Effective 1/1/2016 |
| 77770 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY, BRACHYTHERAPY/ INCLUDES BASIC DOSIMETRY 1 CHANNEL | | \$241.28 | \$241.28 | \$160.58 | \$80.70 | | Added Effective 1/1/2016 |
| 77771 | 2-12 CHANNELS | | \$450.11 | \$450.11 | \$292.46 | \$157.66 | | Added Effective 1/1/2016 |
| 77772 | OVER 12 CHANNELS | | \$685.14 | \$685.14 | \$461.55 | \$223.60 | | Added Effective 1/1/2016 |
| 77778 | INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX | | \$587.70 | \$587.70 | \$138.69 | \$449.01 | | |
| 77789 | SURFACE APPLICATION OF RADIATION SOURCE | | \$57.11 | \$57.11 | \$12.26 | \$44.85 | | |
| 77790 | SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE | | \$58.45 | \$58.45 | \$13.60 | \$44.85 | | |
| 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78012 | THYROID UPTAKE, SINGLE OR MULTIPLY QUANTITATIVE | | \$63.81 | \$63.81 | \$56.30 | \$7.51 | | |
| 78013 | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PER | | \$160.92 | \$160.92 | \$146.42 | \$14.50 | | |
| 78014 | WITH SINGLE OR MULT UPTAKES(S) QUANTITATIVE MEASURE | | \$186.56 | \$186.56 | \$167.10 | \$19.47 | | |
| 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST | | \$98.79 | \$98.79 | \$69.60 | \$29.19 | | |
| 78016 | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URI | | \$129.86 | \$129.86 | \$94.15 | \$35.71 | | |
| 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY | | \$187.55 | \$187.55 | \$146.69 | \$40.87 | | |
| 78020 | THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CO | | \$23.59 | \$23.59 | \$14.98 | \$8.61 | | |
| 78070 | PARATHYROID IMAGING | | \$71.18 | \$71.18 | \$49.07 | \$22.11 | | |
| 78071 | WITH TOMOGRAPHIC (SPECT) | | \$279.24 | \$279.24 | \$232.99 | \$46.25 | | |
| 78072 | WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQ | | \$316.55 | \$316.55 | \$254.23 | \$62.32 | | Added Effective 1/1/2016 |
| 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA | | \$178.74 | \$178.74 | \$146.69 | \$32.05 | | |
| 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78102 | BONE MARROW IMAGING; LIMITED AREA | | \$79.01 | \$79.01 | \$55.19 | \$23.82 | | |
| 78103 | BONE MARROW IMAGING; MULTIPLE AREAS | | \$117.96 | \$117.96 | \$85.62 | \$32.34 | | |
| 78104 | BONE MARROW IMAGING; WHOLE BODY | | \$144.76 | \$144.76 | \$110.14 | \$34.61 | | |
| 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | | \$33.83 | \$33.83 | \$25.60 | \$8.23 | | |
| 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | | \$79.22 | \$79.22 | \$69.60 | \$9.62 | | |
| 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | | \$57.11 | \$57.11 | \$46.93 | \$10.19 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | \$92.33 | \$92.33 | \$78.43 | \$13.90 | | |
| 78122 | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PL | | \$143.85 | \$143.85 | \$124.55 | \$19.30 | | |
| 78130 | RED CELL SURVIVAL STUDY; | | \$103.47 | \$103.47 | \$77.09 | \$26.38 | | |
| 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENI | | \$132.79 | \$132.79 | \$106.41 | \$26.38 | | |
| 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | | \$81.29 | \$81.29 | \$63.99 | \$17.29 | | |
| 78191 | PLATELET SURVIVAL STUDY | | \$224.56 | \$224.56 | \$198.18 | \$26.38 | | |
| 78195 | LYMPHATICS AND LYMPH NODES IMAGING | | \$140.48 | \$140.48 | \$110.14 | \$30.34 | | |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78201 | LIVER IMAGING; STATIC ONLY | | \$82.73 | \$82.73 | \$63.99 | \$18.74 | | |
| 78202 | LIVER IMAGING; WITH VASCULAR FLOW | | \$100.00 | \$100.00 | \$77.89 | \$22.11 | | |
| 78205 | LIVER IMAGING (SPECT); | | \$190.65 | \$190.65 | \$159.75 | \$30.90 | | |
| 78206 | LIVER IMAGING (SPECT); WITH VASCULAR FLOW | | \$265.96 | \$265.96 | \$228.65 | \$37.31 | | Rate updated 1/1/2018 |
| 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY | | \$100.24 | \$100.24 | \$79.23 | \$21.01 | | |
| 78216 | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | | \$118.82 | \$118.82 | \$94.15 | \$24.67 | | |
| 78226 | HEPATOBIULARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT | | \$251.33 | \$251.33 | \$255.76 | \$30.56 | | |
| 78227 | WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITIVE MEASUREMENT(S) WHEN PERFORMED | | \$343.77 | \$343.77 | \$355.15 | \$36.79 | | |
| 78230 | SALIVARY GLAND IMAGING; | | \$78.49 | \$78.49 | \$58.92 | \$19.57 | | |
| 78231 | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | | \$108.29 | \$108.29 | \$85.62 | \$22.67 | | |
| 78232 | SALIVARY GLAND FUNCTION STUDY | | \$115.91 | \$115.91 | \$95.49 | \$20.42 | | |
| 78258 | ESOPHAGEAL MOTILITY | | \$109.94 | \$109.94 | \$77.89 | \$32.05 | | |
| 78261 | GASTRIC MUCOSA IMAGING | | \$140.99 | \$140.99 | \$110.95 | \$30.05 | | |
| 78262 | GASTROESOPHAGEAL REFLUX STUDY | | \$144.43 | \$144.43 | \$114.95 | \$29.48 | | |
| 78264 | GASTRIC EMPTYING STUDY | | \$145.24 | \$145.24 | \$111.48 | \$33.76 | | |
| 78265 | WITH SMALL BOWEL TRANSIT | | \$303.61 | \$303.61 | \$264.56 | \$39.05 | | Added Effective 1/1/2016 |
| 78266 | WITH SMALL BOWEL AND COLON TRANSIT, MULTIPLE DAYS | | \$359.85 | \$359.85 | \$316.56 | \$43.29 | | Added Effective 1/1/2016 |
| 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING | | \$174.56 | \$174.56 | \$131.74 | \$42.82 | | |
| 78282 | GASTROINTESTINAL PROTEIN LOSS | | \$0.00 | \$0.00 | \$0.00 | \$16.44 | | |
| 78290 | INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, | | \$111.64 | \$111.64 | \$82.16 | \$29.48 | | |
| 78291 | PERITONEAL-VEINUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) | | \$120.43 | \$120.43 | \$82.69 | \$37.74 | | |
| 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA | | \$94.40 | \$94.40 | \$67.46 | \$26.94 | | |
| 78305 | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS | | \$134.96 | \$134.96 | \$98.95 | \$36.01 | | |
| 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY | | \$152.64 | \$152.64 | \$115.48 | \$37.15 | | |
| 78315 | BONE AND/OR JOINT IMAGING; THREE PHASE STUDY | | \$172.79 | \$172.79 | \$129.09 | \$43.70 | | |
| 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) | | \$204.31 | \$204.31 | \$159.75 | \$44.56 | | |
| 78350 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE P | | \$30.15 | \$30.15 | \$20.53 | \$9.62 | | |
| 78351 | BONE MINERAL DUAL PHOTON | | \$14.39 | \$14.39 | | | | |
| 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78414 | NON-IMAGING HEART FUNCTION | | \$0.00 | \$0.00 | \$0.00 | \$19.88 | | |
| 78428 | CARDIAC SHUNT DETECTION | | \$94.83 | \$94.83 | \$61.07 | \$33.76 | | |
| 78429 | MYOCDR IMG PET 1 STD W/CT | R | \$0.00 | \$0.00 | \$0.00 | \$67.16 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78430 | MYOCDR IMG PET RST/STRS W/CT | R | \$0.00 | \$0.00 | \$0.00 | \$63.75 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78431 | MYOCDR IMG PET RST&STRS CT | R | \$0.00 | \$0.00 | \$0.00 | \$74.08 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78432 | MYOCDR IMG PET 2RTRACER | R | \$0.00 | \$0.00 | \$0.00 | \$79.04 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78433 | MYOCDR IMG PET 2RTRACER CT | R | \$0.00 | \$0.00 | \$0.00 | \$86.40 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78434 | AQMBF PET REST & RX STRESS | R | \$0.00 | \$0.00 | \$0.00 | \$24.86 | | Added Effective 01/01/2020, Cancer or transplant DX exempts the PA |
| 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) | | \$71.93 | \$71.93 | \$50.15 | \$21.79 | | |
| 78451 | NUCLEAR MEDICINE STUDY OF VESSELS OF HEART USING DRUGS OR EXERCISE SINGLE STUDY | R | \$161.53 | \$161.53 | \$109.91 | \$51.61 | | |
| 78452 | MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR REST REINJECTION | R | \$273.49 | \$273.49 | \$212.49 | \$61.00 | | |
| 78453 | MYCARDIAL PERFUSION IMAGING, PLANAR SINGLE STUDY, AT REST OR STRESS | R | \$139.95 | \$139.95 | \$102.51 | \$37.43 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 78454 | MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR REST REINJECTION | R | \$135.88 | \$135.88 | \$86.18 | \$49.70 | | |
| 78456 | ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE | | \$147.47 | \$147.47 | \$109.71 | \$37.76 | | |
| 78457 | VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL | | \$105.19 | \$105.19 | \$71.99 | \$33.20 | | |
| 78458 | VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL | | \$147.15 | \$147.15 | \$108.56 | \$38.60 | | |
| 78459 | HEART MUSCLE IMAGING (PET) | R | \$0.00 | \$0.00 | \$0.00 | \$63.20 | | |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE | R | \$101.23 | \$101.23 | \$71.19 | \$30.05 | | |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FI | R | \$133.30 | \$133.30 | \$98.95 | \$34.35 | | |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WI | R | \$180.80 | \$180.80 | \$141.35 | \$39.45 | | |
| 78472 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT | R | \$191.34 | \$191.34 | \$149.08 | \$42.26 | | |
| 78473 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL | R | \$285.99 | \$285.99 | \$222.99 | \$63.00 | | |
| 78481 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STU | R | \$183.61 | \$183.61 | \$141.35 | \$42.26 | | |
| 78483 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE | R | \$275.58 | \$275.58 | \$212.58 | \$63.00 | | |
| 78491 | HEART IMAGE (PET) SINGLE | R | \$0.00 | \$0.00 | \$0.00 | \$59.26 | | Rate updated 1/1/2020 |
| 78492 | HEART IMAGE (PET) MULTIPLE | R | \$0.00 | \$0.00 | \$0.00 | \$69.63 | | Rate updated 1/1/2020 |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MO | R | \$175.24 | \$175.24 | \$128.93 | \$46.31 | | Rate updated 1/1/2018 |
| 78496 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, | R | \$34.50 | \$34.50 | \$15.13 | \$19.37 | | Rate updated 1/1/2018 |
| 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78579 | PULMONARY VENTILATION IMAGING (AEROSOL OR GAS) | | \$133.85 | \$133.85 | \$132.03 | \$20.18 | | |
| 78580 | PULMONARY PERFUSION IMAGING, PARTICULATE | | \$124.86 | \$124.86 | \$92.81 | \$32.05 | | |
| 78582 | PULMONARY VENTILATION(EG, AEROSOL OR GAS) AND PERFUSION IMAGING | | \$247.10 | \$247.10 | \$236.77 | \$43.61 | | |
| 78597 | QUANTITIVE DIFFERENTIAL PULMONARY PERFUSION , INCLUDING IMAGING WHEN PERFORMED | | \$151.45 | \$151.45 | \$141.53 | \$29.97 | | |
| 78598 | QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION(AEROSOL OR GAS) INCLUDING IMAGING WHEN PERFORMED | | \$231.79 | \$231.79 | \$229.35 | \$34.12 | | |
| 78599 | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE; STATIC | | \$96.90 | \$96.90 | \$77.89 | \$19.00 | | |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW | | \$114.14 | \$114.14 | \$91.76 | \$22.37 | | |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; STATIC | | \$114.99 | \$114.99 | \$91.76 | \$23.23 | | |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW | | \$132.09 | \$132.09 | \$104.56 | \$27.53 | | |
| 78607 | BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT) | | \$229.63 | \$229.63 | \$177.11 | \$52.52 | | |
| 78608 | NUCLEAR MEDICINE STUDY BRAIN WITH METABOLIC EVALUATION | R | \$840.35 | \$840.35 | \$777.75 | \$62.60 | | Rate updated 1/1/2018 |
| 78609 | NUCLEAR MEDICINE STUDY BRAIN WITH BLOOD CIRCULATION EVALUATION | R | \$843.32 | \$843.32 | \$777.75 | \$65.57 | | Rate updated 1/1/2018 |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY | | \$55.71 | \$55.71 | \$42.66 | \$13.04 | | |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER) | | \$165.76 | \$165.76 | \$136.28 | \$29.48 | | |
| 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER) | | \$95.18 | \$95.18 | \$68.80 | \$26.38 | | |
| 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER) | | \$117.48 | \$117.48 | \$92.81 | \$24.67 | | |
| 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER) | | \$198.62 | \$198.62 | \$159.75 | \$38.86 | | |
| 78650 | CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION | | \$151.74 | \$151.74 | \$125.36 | \$26.38 | | |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | R | \$80.57 | \$80.57 | \$57.34 | \$23.23 | | |
| 78699 | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78700 | KIDNEY IMAGING; STATIC ONLY | | \$101.45 | \$101.45 | \$82.16 | \$19.30 | | |
| 78701 | KIDNEY IMAGING; WITH VASCULAR FLOW | | \$117.04 | \$117.04 | \$96.03 | \$21.01 | | |
| 78707 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT | | \$161.13 | \$161.13 | \$120.82 | \$40.31 | | |
| 78708 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH | | \$163.76 | \$163.76 | \$116.60 | \$47.16 | | |
| 78709 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH | | \$169.52 | \$169.52 | \$116.60 | \$52.92 | | |
| 78710 | KIDNEY IMAGING, TOMOGRAPHIC (SPECT) | | \$188.38 | \$188.38 | \$159.75 | \$28.63 | | |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY | | \$64.71 | \$64.71 | \$48.27 | \$16.44 | | |
| 78730 | URINARY BLADDER RESIDUAL STUDY | | \$54.81 | \$54.81 | \$39.47 | \$15.34 | | |
| 78740 | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) | | \$82.01 | \$82.01 | \$57.34 | \$24.67 | | |
| 78761 | TESTICULAR IMAGING; WITH VASCULAR FLOW | | \$117.32 | \$117.32 | \$86.42 | \$30.90 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 78799 | UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | \$193.95 | \$193.95 | \$168.32 | \$25.63 | | Updated Effective 01/01/2020 |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | \$213.15 | \$213.15 | \$184.11 | \$29.04 | | Updated Effective 01/01/2020 |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | \$234.16 | \$234.16 | \$203.31 | \$30.85 | | Updated Effective 01/01/2020 |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | \$291.90 | \$291.90 | \$249.75 | \$42.15 | | Updated Effective 01/01/2020 |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | \$492.62 | \$492.62 | \$453.07 | \$39.55 | | Updated Effective 01/01/2020 |
| 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA | R | \$123.25 | \$123.25 | \$91.76 | \$31.49 | | |
| 78806 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY | R | \$210.78 | \$210.78 | \$173.89 | \$36.89 | | |
| 78807 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC | R | \$223.67 | \$223.67 | \$177.11 | \$46.56 | | |
| 78808 | INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL | | \$36.49 | \$36.49 | | | | |
| 78811 | PET IMAGE LTD AREA | R | \$1,036.97 | \$1,036.97 | \$969.32 | \$67.65 | | Updated Effective 01/01/2019 |
| 78812 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-T | R | \$1,046.27 | \$1,046.27 | \$969.32 | \$76.95 | | Updated Effective 01/01/2019 |
| 78813 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY | R | \$1,031.51 | \$1,031.51 | \$969.32 | \$62.19 | | Updated Effective 01/01/2019 |
| 78814 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | \$1,037.44 | \$1,037.44 | \$969.32 | \$68.12 | | Updated Effective 01/01/2019 |
| 78815 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | \$1,044.56 | \$1,044.56 | \$969.32 | \$75.24 | | Updated Effective 01/01/2019 |
| 78816 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | \$1,046.34 | \$1,046.34 | \$969.32 | \$77.02 | | Updated Effective 01/01/2019 |
| 78830 | RP LOCLZJ TUM SPECT W/CT 1 | | \$369.72 | \$369.72 | \$312.01 | \$57.72 | | Added Effective 01/01/2020 |
| 78831 | RP LOCLZJ TUM SPECT 2 AREAS | | \$533.63 | \$533.63 | \$463.19 | \$70.44 | | Added Effective 01/01/2020 |
| 78832 | RP LOCLZJ TUM SPECT W/CT 2 | | \$693.62 | \$693.62 | \$611.57 | \$82.05 | | Added Effective 01/01/2020 |
| 78835 | RP QUAN MEAS SINGLE AREA | | \$78.02 | \$78.02 | \$59.91 | \$18.11 | | Added Effective 01/01/2020 |
| 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 79005 | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION | R | \$141.27 | \$141.27 | \$70.48 | \$70.79 | | |
| 79101 | RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION | R | \$147.80 | \$147.80 | \$70.48 | \$77.32 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 79200 | RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION | R | \$156.85 | \$156.85 | \$71.19 | \$85.67 | | |
| 79300 | NUCLR RX INTERSTIT COLLOID | R | \$0.00 | \$0.00 | \$0.00 | \$73.28 | | |
| 79403 | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY | R | \$203.02 | \$203.02 | \$112.58 | \$90.44 | | |
| 79440 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION | R | \$156.85 | \$156.85 | \$71.19 | \$85.67 | | |
| 79445 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION | R | \$166.24 | \$166.24 | \$71.00 | \$95.24 | | |
| 79999 | RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 80050 | GENERAL HEALTH PANEL | | \$48.45 | \$48.45 | | | | |
| 80055 | OBSTETRIC PANEL | | \$0.00 | \$0.00 | | | | |
| 80081 | OBSTETRIC PANEL | | \$105.37 | \$101.97 | | | | Added Effective 1/1/2016 |
| 80503 | PATH CLIN CONSLTJ SF 5-20 | | \$18.41 | \$21.50 | | | | Added 1/1/2022 |
| 80504 | PATH CLIN CONSLTJ MOD 21-40 | | \$39.31 | \$43.18 | | | | Added 1/1/2022 |
| 80505 | PATH CLIN CONSLTJ HIGH 41-60 | | \$74.07 | \$78.46 | | | | Added 1/1/2022 |
| 80506 | PATH CLIN CONSLTJ PROLNG SVC | | \$35.29 | \$35.29 | | | | Added 1/1/2022 |
| 81099 | UNLISTED URINALYSIS PROCEDURE | R | \$0.01 | \$0.01 | | | | |
| 81163 | BRCA1&2 GENE FULL SEQ ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81164 | BRCA1&2 GEN FUL DUP/DEL ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81165 | BRCA1 GENE FULL SEQ ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81166 | BRCA1 GENE FULL DUP/DEL ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81167 | BRCA2 GENE FULL DUP/DEL ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81171 | AFF2 GENE DETC ABNOR ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81171 | AFF2 GENE DETC ABNOR ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81172 | AFF2 GENE CHARAC ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81173 | AR GENE FULL GENE SEQUENCE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81174 | AR GENE KNOWN FAMIL VARIANT | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81177 | ATN1 GENE DETC ABNOR ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81178 | ATXN1 GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81179 | ATXN2 GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81180 | ATXN3 GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81181 | ATXN7 GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81182 | ATXN8OS GEN DETC ABNOR ALLEL | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81183 | ATXN10 GENE DETC ABNOR ALLEL | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81184 | CACNA1A GEN DETC ABNOR ALLEL | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81185 | CACNA1A GENE FULL GENE SEQ | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81186 | CACNA1A GEN KNOWN FAMIL VRNT | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81187 | CNBP GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81188 | CSTB GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 81189 | CSTB GENE FULL GENE SEQUENCE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81190 | CSTB GENE KNOWN FAMIL VRNT | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81204 | AR GENE CHARAC ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81229 | CYTOGEN MICROARRAY TEST | | \$1,250.00 | \$1,250.00 | | | | Added Effective 1/1/2017 |
| 81233 | BTK GENE COMMON VARIANTS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81234 | DMPK GENE DETC ABNOR ALLELE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81236 | EZH2 GENE FULL GENE SEQUENCE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81237 | EZH2 GENE COMMON VARIANTS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81239 | DMPK GENE CHARAC ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81271 | HTT GENE DETC ABNOR ALLELES | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81289 | FXN GENE KNOWN FAMIL VARIANT | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81320 | PLCG2 GENE COMMON VARIANTS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81327 | SEPT9 METHYLATION ANALYSIS | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2017 |
| 81329 | SMN1 GENE DOS/DELETION ALYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81333 | TGFBI GENE COMMON VARIANTS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 81539 | ONCOLOGY PROSTATE PROB SCORE | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2017 |
| 81596 | NFCT DS CHRNC HCV 6 ASSAYS | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 82642 | DIHYDROTESTOSTERONE | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 83516 | ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, MULTIPLE STEP METHOD | | \$14.25 | \$14.25 | | | | |
| 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE | | \$47.43 | \$47.43 | | | | |
| 83722 | LIPOPRTN DIR MEAS SD LDL CHL | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 84999 | UNLISTED CHEMISTRY PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 85060 | BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPO | | \$18.61 | \$18.61 | | \$18.61 | | |
| 85097 | BONE MARROW, SMEAR INTERPRETATION | | \$38.90 | \$66.01 | | | | |
| 85999 | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE | | \$0.00 | \$0.00 | | | | |
| 86077 | BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION | | \$37.61 | \$39.16 | | | | |
| 86078 | BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION | | \$37.87 | \$39.93 | | | | |
| 86079 | BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARDS | | \$38.13 | \$39.93 | | | | |
| 86485 | SKIN TEST; CANDIDA | | \$5.68 | \$5.68 | | | | |
| 86486 | SKIN TEST, NOS ANTIGEN | | \$4.45 | \$4.45 | | | | |
| 86490 | SKIN TEST; COCCIDIOIDOMYCOSIS | | \$7.99 | \$7.99 | | | | |
| 86510 | SKIN TEST; HISTOPLASMOSIS | | \$8.76 | \$8.76 | | | | |
| 86580 | SKIN TEST; TUBERCULOSIS, INTRADERMAL | | \$6.95 | \$6.95 | | | | |
| 86794 | ZIKA VIRUS IGM ANTIBODY | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE | | \$110.00 | \$110.00 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---------------------------|
| 86850 | ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE | | \$47.17 | \$47.17 | | | | |
| 86860 | RBC ANTIBODY ELUTION | | \$0.00 | \$0.00 | | | | |
| 86870 | RBC ANTIBODY IDENTIFICATION | | \$0.00 | \$0.00 | | | | |
| 86890 | AUTOLOGOUS BLOOD PROCESS | | \$0.00 | \$0.00 | | | | |
| 86891 | AUTOLOGOUS BLOOD OP SALVAGE | | \$0.00 | \$0.00 | | | | |
| 86910 | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN | | \$26.06 | \$26.06 | | | | |
| 86911 | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL | | \$0.00 | \$0.00 | | | | |
| 86920 | COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE | | \$0.00 | \$0.00 | | | | |
| 86921 | COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE | | \$21.18 | \$21.18 | | | | |
| 86922 | COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE | | \$31.00 | \$31.00 | | | | |
| 86923 | COMPATIBILITY TEST EACH UNIT; ELECTRONIC | | \$0.00 | \$0.00 | | | | |
| 86927 | FRESH FROZEN PLASMA, THAWING, EACH UNIT | | \$31.13 | \$31.13 | | | | |
| 86930 | FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) | | \$0.00 | \$0.00 | | | | |
| 86976 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUT | | \$0.00 | \$0.00 | | | | |
| 86977 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI | | \$50.00 | \$50.00 | | | | |
| 86978 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY | | \$0.00 | \$0.00 | | | | |
| 86985 | SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT | | \$0.00 | \$0.00 | | | | |
| 86999 | UNLISTED TRANSFUSION MEDICINE PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 87426 | CORONA VIRUS AG (Rapid test) | | \$26.37 | \$26.37 | | | | Added Effective 7/1/2020 |
| 87483 | CNS DNA AMP PROBE TYPE 12-25 | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2017 |
| 87634 | RSV DNA/RNA AMP PROBE | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 87636 | SARSCOV2 & INF A&B AMP PRB | | \$142.63 | \$142.63 | | | | Added Effective 10/6/2020 |
| 87637 | SARSOV2 & INF A & B & RSV AMP PRB | | \$142.63 | \$142.63 | | | | Added Effective 10/6/2020 |
| 87662 | ZIKA VIRUS DNA/RNA AMP PROBE | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 87999 | UNLISTED MICROBIOLOGY PROCEDURE | R | \$0.01 | \$0.01 | | | | |
| 88104 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN | | \$35.44 | \$35.44 | \$6.87 | \$22.81 | | |
| 88106 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN | | \$30.28 | \$30.28 | \$7.47 | \$22.81 | | |
| 88108 | CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, | | \$34.15 | \$34.15 | \$11.08 | \$23.07 | | |
| 88112 | CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRET | | \$87.65 | \$87.65 | \$38.80 | \$48.26 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 88120 | CYTOPATHOLOGY, IN SITU HYBRIDIZATION, URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN, MANUAL | | \$398.47 | \$398.47 | \$352.78 | \$45.69 | | |
| 88121 | CYTOPATHOLOGY, IN SITU HYBRIDIZATION, URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN, USING COMPUTER-ASSISTED TECHNOLOGY | | \$336.46 | \$336.46 | \$295.81 | \$40.65 | | |
| 88125 | CYTOPATHOLOGY, FORENSIC (EG, SPERM) | | \$14.95 | \$14.95 | \$4.64 | \$10.31 | | |
| 88141 | CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING | | \$18.02 | \$18.02 | | | | |
| 88160 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION | | \$36.56 | \$36.56 | \$16.25 | \$20.31 | | |
| 88161 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND | | \$36.81 | \$36.81 | \$16.50 | \$20.31 | | |
| 88162 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER | | \$45.06 | \$45.06 | \$13.15 | \$31.91 | | |
| 88172 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTO | | \$44.34 | \$44.34 | \$19.08 | \$25.25 | | |
| 88173 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND | | \$97.13 | \$97.13 | \$44.59 | \$52.54 | | |
| 88177 | IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME SITE. USE IN CONJUNCTION WITH PROCEDURE 88172 | | \$24.33 | \$24.33 | \$5.64 | \$18.69 | | |
| 88182 | FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS | | \$62.64 | \$62.64 | \$30.18 | \$32.46 | | |
| 88184 | FLOWCYTOMETRY/TC 1 MARKER | | \$34.20 | \$34.20 | | | | |
| 88185 | FLOWCYTOMETRY/TC ADD-ON | | \$16.85 | \$16.85 | | | | |
| 88187 | FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS | | \$52.09 | \$52.09 | | | | |
| 88188 | FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS | | \$64.95 | \$64.95 | | | | |
| 88189 | FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS | | \$85.56 | \$85.56 | | | | |
| 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 88291 | CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT | | \$23.66 | \$23.66 | | | | |
| 88299 | UNLISTED CYTOGENETIC STUDY | R | \$0.00 | \$0.00 | | | | |
| 88300 | LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY | | \$12.35 | \$12.35 | \$8.51 | \$3.84 | | |
| 88302 | LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | \$34.49 | \$34.49 | \$29.54 | \$4.95 | | |
| 88304 | LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | \$43.71 | \$43.71 | \$35.41 | \$8.30 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 88305 | LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | \$61.81 | \$61.81 | \$29.66 | \$32.15 | | |
| 88307 | LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | \$152.38 | \$152.38 | \$91.80 | \$60.58 | | |
| 88309 | LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | \$232.59 | \$232.59 | \$126.69 | \$105.90 | | |
| 88311 | DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SUR | | \$12.57 | \$12.57 | \$2.57 | \$10.00 | | |
| 88312 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | \$71.03 | \$71.03 | \$50.97 | \$20.06 | | |
| 88313 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | \$51.43 | \$51.43 | \$42.55 | \$8.88 | | |
| 88314 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | \$38.47 | \$38.47 | \$18.83 | \$19.65 | | |
| 88319 | DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME | | \$52.13 | \$52.13 | \$30.18 | \$21.95 | | |
| 88321 | CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE | | \$52.09 | \$53.13 | | | | |
| 88323 | CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF | | \$88.10 | \$88.10 | \$33.80 | \$54.30 | | |
| 88325 | CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WIT | | \$87.31 | \$87.31 | | | | |
| 88329 | PATHOLOGY CONSULTATION DURING SURGERY; | | \$28.04 | \$29.85 | | | | |
| 88331 | PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN | | \$65.92 | \$65.92 | \$20.10 | \$45.83 | | |
| 88332 | PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WI | | \$30.37 | \$30.37 | \$5.92 | \$24.45 | | |
| 88333 | PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC | | \$65.23 | \$65.23 | \$15.07 | \$50.16 | | |
| 88334 | PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC | | \$33.85 | \$33.85 | \$9.19 | \$24.66 | | |
| 88341 | IMMUNOHISTOCHEMISTRY SINGLE ANTIBODY STAIN | | \$50.45 | \$50.45 | \$33.09 | \$17.35 | | Added effective 1/1/2015 |
| 88342 | IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBOD | | \$71.97 | \$71.97 | \$40.25 | \$31.71 | | |
| 88344 | IMMUNOHISTOCHEMISTRY MULTIPLEX ANTIBODY STAIN | | \$87.48 | \$87.48 | \$55.60 | \$31.88 | | Added effective 1/1/2015 |
| 88346 | IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD | | \$55.43 | \$55.43 | \$20.63 | \$34.79 | | |
| 88348 | ELECTRON MICROSCOPY; DIAGNOSTIC | | \$182.50 | \$182.50 | \$116.88 | \$65.62 | | |
| 88350 | EACH ADDITIONAL SINGLE ANTIBODY STRAIN PROCEDURE | | \$54.37 | \$54.37 | \$31.56 | \$22.80 | | Added Effective 1/1/2016 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 88355 | MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE | | \$144.26 | \$144.26 | \$67.33 | \$76.93 | | |
| 88356 | MORPHOMETRIC ANALYSIS; NERVE | | \$195.20 | \$195.20 | \$70.94 | \$124.26 | | |
| 88358 | MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY) | | \$133.68 | \$133.68 | \$18.28 | \$115.41 | | |
| 88360 | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST | | \$78.85 | \$78.85 | \$32.67 | \$46.18 | | |
| 88361 | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST | | \$99.02 | \$99.06 | \$58.34 | \$40.67 | | |
| 88362 | NERVE TEASING PREPARATIONS | | \$131.79 | \$131.79 | \$42.55 | \$89.24 | | |
| 88363 | EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL TISSUE(S) FOR MOLECULAR ANALYSIS | | \$14.84 | \$33.23 | | | | |
| 88364 | IN SITU HYBRIDIZATION (FISH); ADDITIONAL SINGLE PROBE STAIN | | \$72.34 | \$72.34 | \$50.69 | \$21.65 | | Added effective 1/1/2015 |
| 88365 | IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE | | \$64.41 | \$64.41 | \$26.57 | \$37.84 | | |
| 88366 | IN SITU HYBRIDIZATION (FISH); MULTIPLEX PROBE STAIN | | \$112.81 | \$112.81 | \$62.59 | \$50.22 | | Added effective 1/1/2015 |
| 88367 | MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE; USING COMPUTER-ASSIST TECH | | \$223.71 | \$223.71 | \$170.60 | \$53.11 | | |
| 88368 | MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE; MANUAL | | \$133.95 | \$133.95 | \$75.55 | \$58.40 | | |
| 88369 | MORPHOMETRIC ANALYSIS, IN SITU HIBRIDIZATION; ADDITIONAL SINGLE PROBE STAIN | | \$55.26 | \$55.26 | \$35.16 | \$20.10 | | Added effective 1/1/2015 |
| 88371 | PROTEIN ANALYSIS OF TISSUE WITH INTERPRETATION AND REPORT | | \$31.38 | \$31.38 | | | | Effective 1/1/1993 |
| 88372 | PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT | | \$32.00 | \$32.00 | | | | Effective 1/1/1993 |
| 88375 | OPTICAL ENDOMICROSCOPIC IMAGE(S) INTERPRETATION AND REPORT, REAL-TIME OR REFERRED, EACH ENDOSCOPIC SESSION | | \$39.56 | \$39.56 | | | | Added Effective 1/1/2016 |
| 88377 | MORPHOMETRIC ANALYSIS, IN SITU HIBRIDIZATION; MULTIPLEX PROBE STAIN | | \$159.99 | \$159.99 | \$107.35 | \$52.64 | | Added effective 1/1/2015 |
| 88380 | MICRODISSECTION LASER | | \$143.23 | \$143.23 | \$94.35 | \$64.98 | | |
| 88381 | MICRODISSECTION MANUAL | | \$125.85 | \$125.85 | \$96.43 | \$44.21 | | |
| 88387 | MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; EACH TISSUE PREPARATION | | \$29.69 | \$29.69 | \$5.55 | \$24.14 | | |
| 88388 | TISS EX MOLECU STUDY ADD-ON | | \$24.52 | \$24.52 | \$7.12 | \$19.58 | | |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 89049 | CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA | | \$49.98 | \$133.93 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 89220 | SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCED | | \$11.99 | \$11.99 | | | | Rate updated 1/1/2018 |
| 89230 | SWEAT COLLECTION BY IONTOPHORESIS | | \$2.59 | \$2.59 | | | | Rate updated 1/1/2018 |
| 89240 | UNLISTED MISCELLANEOUS PATHOLOGY TEST | R | \$0.00 | \$0.00 | | | | |
| 89264 | SPERM IDENTIFICATION FROM TESTIS TISSUE | | \$0.00 | \$0.00 | | | | Effective 7/1/2023 |
| 89310 | SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST) | | \$12.17 | \$12.17 | | | | |
| 89320 | SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL) | | \$16.96 | \$16.96 | | | | |
| 89325 | SPERM ANTIBODIES | | \$15.10 | \$15.10 | | | | |
| 90377 | RABIES IG HT&SOL HUMAN IM/SC | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 90385 | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE | | | | | \$3.30 | | |
| 90386 | RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE | | | | | \$3.30 | | |
| 90785 | INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADD | | \$10.48 | \$10.48 | | | | |
| 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION | | \$94.84 | \$97.80 | | | | |
| 90792 | PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MED SERV | | \$102.49 | \$105.30 | | | | |
| 90832 | PSYCHOTHERAPY, 30 MINUTES WITH PT AND/OR FAM MEM | | \$46.94 | \$47.41 | | | | |
| 90833 | PSYCHOTHERAPY, 30 MIN WITH PT AND/OR FAM MEM W/E&M | | \$48.11 | \$48.35 | | | | |
| 90834 | PSYCHOTHERAPY, 45 MIN WITH PAT AND/OR FAMILY MEMBER | | \$62.66 | \$62.90 | | | | |
| 90836 | PSYCHOTHERAPY, 45 MIN WITH PAT AND/OR FAM W/E&M | | \$60.71 | \$61.17 | | | | |
| 90837 | PSYCHOTHERAPY, 60 MIN WITH PATIENT AND/OR FAMILY | | \$93.67 | \$94.13 | | | | |
| 90838 | PSYCHOTHERAPY, 60 MIN WITH PAT AND/OR FAM MEM W/E&M | | \$80.26 | \$80.73 | | | | |
| 90839 | PSYCHOTHERAPY FOR CRISIS; FIRST 60 MIN | | \$107.36 | \$108.14 | | | | Rate updated 1/1/2016 |
| 90840 | EACH ADDITIONAL 30 MIN | | \$51.63 | \$51.38 | | | | Added Effective 1/1/2016 |
| 90845 | PSYCHOANALYSIS | | \$67.22 | \$67.69 | | | | *From 1/1/14 to 6/27/14 use 54.35 for inpatient and outpatient rates; For 6/28/14 on, use rates listed in columns; |
| 90846 | FAMILY PSYCHOTHERAPY W/O PATIENT | | \$75.73 | \$76.19 | | | | *From 1/1/14 to 6/27/14 use 56.93 for inpatient and 54.04 for outpatient For 6/28/14 on, use rates listed in columns; |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Outpat Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 90847 | FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT) | | \$78.18 | \$78.65 | | | | *From 1/1/14 to 6/27/14 use 67.26 for inpatient and 64.82 for outpatient For 6/28/14 on, use rates listed in columns; |
| 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | | \$22.10 | \$24.44 | | | | *From 1/1/14 to 6/27/14 use 20.52 for inpatient and 24.08 for outpatient For 6/28/14 on, use rates listed in columns; |
| 90853 | GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | \$18.82 | \$19.29 | | | | *From 1/1/14 to 6/27/14 use 17.85 for inpatient and 17.85 for outpatient For 6/28/14 on, use rates listed in columns; |
| 90865 | NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG | | \$96.43 | \$96.43 | | | | |
| 90867 | Therapeutic repetitive transcranial magnetic stimulation | | N/A | \$329.41 | | | | Outpatient only Limit one per 365 days Effective 8/13/2019 |
| 90868 | subsequent delivery and management per session | | N/A | \$167.91 | | | | Outpatient only. Limit 36 visits in a 7 calendar week period. EFF: 8/13/2019 |
| 90869 | TRANSCRANIAL MAGNETIC STIMULATION TREATMENT | | \$434.21 | \$434.21 | | | | Updated Effective 08/13/2019 |
| 90870 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING) | | \$71.86 | \$71.86 | | | | |
| 90875 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN | | \$31.67 | \$31.67 | | | | |
| 90876 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN | | \$49.28 | \$49.28 | | | | |
| 90899 | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE | R | \$21.53 | \$21.53 | | | | |
| 90901 | BIOFEEDBACK TRAINING BY ANY MODALITY | | \$19.78 | \$19.78 | | | | |
| 90911 | BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTE | | \$99.96 | \$99.96 | | | | |
| 90912 | BFB TRAINING 1ST 15 MIN | | \$35.56 | \$61.76 | | | | Added Effective 01/01/2020 |
| 90913 | BFB TRAINING EA ADDL 15 MIN | | \$19.75 | \$25.46 | | | | Added Effective 01/01/2020 |
| 90935 | HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION | | \$78.19 | \$78.19 | | | | |
| 90937 | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT | | \$137.37 | \$137.37 | | | | |
| 90940 | HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND | | \$55.62 | \$55.62 | \$32.72 | \$22.90 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 90945 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, | | \$73.57 | \$73.57 | | | | |
| 90947 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, | | \$122.84 | \$122.84 | | | | |
| 90951 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS < 2 | | \$781.51 | \$781.51 | | | | |
| 90952 | ESRD SERV 2-3 VSTS P MO <2 | | \$0.00 | \$0.00 | | | | |
| 90953 | ESRD SERV 1 VISIT P MO <2 | | \$0.00 | \$0.00 | | | | |
| 90954 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS 2-11 | | \$653.63 | \$653.63 | | | | |
| 90955 | ESRD RELATED SERVICES MONTHLY WITH 2-3 | | \$361.08 | \$361.08 | | | | |
| 90956 | ESRD RELATED SERVICES MONTHLY WITH 1 | | \$239.73 | \$239.73 | | | | |
| 90957 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS 12-19 | | \$522.49 | \$522.49 | | | | |
| 90958 | ESRD RELATED SERVICES MONTHLY WITH 2-3 | | \$346.84 | \$346.84 | | | | |
| 90959 | ESRD RELATED SERVICES MONTHLY WITH 1 | | \$221.93 | \$221.93 | | | | |
| 90960 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS >20 | | \$227.27 | \$227.27 | | | | |
| 90961 | ESRD RELATED SERVICES MONTHLY WITH 2-3 | | \$181.88 | \$181.88 | | | | |
| 90962 | ESRD RELATED SERVICES MONTHLY WITH 1 | | \$129.06 | \$129.06 | | | | |
| 90963 | ESRD RELATED SERVICES FOR HOME DIALYSIS PATIENTS<2 | | \$417.16 | \$417.16 | | | | |
| 90964 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 2-11 | | \$363.75 | \$363.75 | | | | |
| 90965 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 12-19 | | \$346.55 | \$346.55 | | | | |
| 90966 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS >20 | | \$179.21 | \$179.21 | | | | |
| 90967 | ESRD RELATED SERVICES FOR DIALYSIS < FULL MONTH | | \$15.43 | \$15.43 | | | | |
| 90968 | ESRD RELATED SERVICES FOR DIALYSIS < MONTH,AGE 2-11 | | \$12.46 | \$12.46 | | | | |
| 90969 | ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE12-19 | | \$12.16 | \$12.16 | | | | |
| 90970 | ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE >20 | | \$6.23 | \$6.23 | | | | |
| 90989 | DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MOD | | \$394.96 | \$394.96 | | | | |
| 90997 | HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN) | | \$120.91 | \$120.91 | | | | |
| 90999 | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT | R | \$0.00 | \$0.00 | | | | |
| 91010 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR | | \$113.70 | \$113.70 | \$22.38 | \$91.32 | | |
| 91013 | ESOPHAGEAL MOTILITY STUDY WITH INTERPRETATION AND REPORT; WITH STIMULATION OR PERFUSION DURING 2-DIMINSIONAL DATA STUDY. LIST SEPERATELY IN ADDITION TO PRIMARY PROCEDURE. | | \$20.18 | \$20.18 | \$11.57 | \$8.60 | | |
| 91020 | GASTRIC MOTILITY (MANOMETRIC) STUDIES | | \$126.89 | \$126.89 | \$21.04 | \$105.85 | | |
| 91022 | DUODENAL MOTILITY (MANOMETRIC) STUDY | | \$158.62 | \$158.62 | \$101.07 | \$57.55 | | |
| 91030 | ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS | | \$51.45 | \$51.45 | \$6.12 | \$45.33 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 91034 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH | | \$165.59 | \$165.59 | \$126.58 | \$39.01 | | |
| 91035 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMET | | \$325.86 | \$325.86 | \$262.84 | \$63.02 | | |
| 91037 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH | | \$106.65 | \$106.65 | \$67.64 | \$39.01 | | |
| 91038 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH | | \$92.39 | \$92.39 | \$48.25 | \$44.14 | | |
| 91040 | ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY | | \$315.88 | \$315.88 | \$276.87 | \$39.01 | | |
| 91065 | BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOS | | \$36.68 | \$36.68 | \$9.61 | \$27.08 | | |
| 91110 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), | | \$656.41 | \$656.41 | \$517.76 | \$138.65 | | |
| 91111 | ESOPHAGEAL CAPSULE ENDOSCOPY | | \$584.25 | \$584.25 | \$620.70 | \$46.88 | | |
| 91113 | GI TRC IMG INTRAL COLON I&R | | \$733.25 | \$733.25 | \$632.45 | \$100.80 | | Added 1/1/2022 |
| 91120 | RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BA | | \$311.80 | \$311.80 | \$272.53 | \$39.27 | | |
| 91122 | ANORECTAL MANOMETRY | | \$103.69 | \$103.69 | \$20.16 | \$83.53 | | |
| 91132 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; | | \$9.63 | \$9.63 | \$3.35 | \$6.28 | | |
| 91133 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TEST | | \$9.63 | \$9.63 | \$3.35 | \$6.28 | | |
| 91200 | MEASURING THE STIFFNESS IN THE LIVER VIA ELASTOGRAPHY | | \$27.22 | \$27.22 | \$15.50 | \$11.72 | | Added effective 1/1/2015 |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 92002 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH | | \$51.67 | \$51.67 | | | | |
| 92004 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH | | \$94.51 | \$94.51 | | | | |
| 92012 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH | | \$46.92 | \$46.92 | | | | |
| 92014 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH | | \$69.80 | \$69.80 | | | | |
| 92015 | DETERMINATION OF REFRACTIVE STATE | | \$20.22 | \$20.22 | | | | |
| 92018 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, | | \$57.64 | \$57.64 | | | | |
| 92019 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, | | \$45.47 | \$51.78 | | | | |
| 92020 | GONIOSCOPY (SEPARATE PROCEDURE) | | \$14.99 | \$18.88 | | | | |
| 92025 | CORNEAL TOPOGRAPHY | | \$21.74 | \$21.74 | \$8.37 | \$13.37 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92060 | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO | | \$41.60 | \$41.60 | \$13.97 | \$27.62 | | |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION | | \$32.71 | \$32.71 | \$18.82 | \$13.89 | | |
| 92066 | ORTHOP TRAIING SUPVJ PHYS/QHP | | \$19.94 | \$19.94 | | | | |
| 92071 | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE. | | \$27.03 | \$30.13 | | | | |
| 92072 | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING. | | \$78.07 | \$96.16 | | | | |
| 92081 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | \$36.45 | \$36.45 | \$22.14 | \$14.31 | | |
| 92082 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | \$48.64 | \$48.64 | \$30.81 | \$17.82 | | |
| 92083 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | \$55.27 | \$55.27 | \$35.15 | \$20.12 | | |
| 92100 | SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF | | \$30.59 | \$33.94 | | | | |
| 92132 | DIAGNOSTIC IMAGING OF EYES | | \$31.75 | \$31.75 | \$13.35 | \$18.40 | | |
| 92133 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL, OPTIC NERVE | | \$38.87 | \$38.87 | \$13.35 | \$25.52 | | |
| 92134 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING; RETINA | | \$38.87 | \$38.87 | \$13.35 | \$25.52 | | |
| 92136 | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL | | \$39.72 | \$39.72 | \$14.92 | \$24.78 | | Effective 03/01/2022 |
| 92140 | PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU | | \$18.94 | \$22.96 | | | | |
| 92145 | CORNEAL HYSTERESIS DETERMINATION | | \$11.98 | \$11.98 | \$4.89 | \$7.09 | | Added effective 1/1/2015 |
| 92201 | OPSCPY EXTND RTA DRAW UNI/BI | | \$18.14 | \$19.70 | | | | Added Effective 01/01/2020 |
| 92202 | OPSCPY EXTND ON/MAC DRAW | | \$11.73 | \$12.51 | | | | Added Effective 01/01/2020 |
| 92225 | OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH | | \$23.54 | \$29.58 | | | | |
| 92226 | OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH | | \$20.52 | \$25.89 | | | | |
| 92227 | REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE WITH ANAYLSIS AND REPORT UNDER PHYSICIAN SUPERVISION, UNILATERAL OR BILATERAL | | \$10.09 | \$10.09 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92228 | REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE WITH PHYSICIAN REVIEW, INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL | | \$26.11 | \$26.11 | \$10.98 | \$15.13 | | |
| 92229 | IMG RTA DETC/MNTR DS POC ALY | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 92230 | FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT | | \$27.83 | \$37.09 | | | | |
| 92235 | FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT | | \$68.33 | \$68.33 | \$28.01 | \$40.32 | | |
| 92240 | INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH | | \$157.53 | \$157.53 | \$120.61 | \$36.92 | | Rate updated 1/1/2018 |
| 92242 | FLUORESCEIN ICG ANGIOGRAPHY | | \$169.78 | \$169.78 | \$125.52 | \$44.26 | | Added Effective 1/1/2017 |
| 92250 | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | | \$49.01 | \$49.01 | \$31.58 | \$17.44 | | |
| 92260 | OPHTHALMODYNAMOMETRY | | \$22.64 | \$29.88 | | | | |
| 92265 | NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR | | \$32.03 | \$32.03 | \$6.39 | \$25.65 | | |
| 92270 | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | | \$42.95 | \$42.95 | \$8.53 | \$34.42 | | |
| 92273 | MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION | | \$101.11 | \$101.11 | | | | |
| 92274 | MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE SEPARATE LOCATIONS | | \$68.98 | \$68.98 | | | | |
| 92283 | COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT | | \$15.65 | \$15.65 | \$3.22 | \$12.43 | | |
| 92284 | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | | \$23.41 | \$23.41 | \$4.80 | \$18.61 | | |
| 92285 | EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR | | \$13.89 | \$13.89 | \$2.95 | \$10.94 | | |
| 92286 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W | | \$53.79 | \$53.79 | \$10.95 | \$42.84 | | |
| 92287 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W | | \$104.82 | \$104.82 | \$67.85 | \$36.97 | | Rate updated 1/1/2018 |
| 92310 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | | \$69.74 | \$69.74 | | | | |
| 92311 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | | \$44.49 | \$56.56 | | | | |
| 92312 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | | \$53.26 | \$68.82 | | | | |
| 92313 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | | \$39.53 | \$51.33 | | | | |
| 92340 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL | | \$33.00 | \$33.00 | | | | |
| 92341 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL | | \$38.00 | \$38.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92352 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL | | \$33.00 | \$33.00 | | | | |
| 92353 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL | | \$39.00 | \$39.00 | | | | |
| 92370 | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA | | \$29.00 | \$29.00 | | | | |
| 92371 | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA | | \$8.40 | \$16.31 | | | | |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 92502 | OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA | | \$77.27 | \$77.27 | | | | |
| 92504 | BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE) | | \$9.25 | \$12.74 | | | | |
| 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | \$33.42 | \$40.40 | | | | |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | \$20.41 | \$24.84 | | | | |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | \$10.53 | \$12.94 | | | | |
| 92511 | NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE) | | \$38.23 | \$49.63 | | | | |
| 92512 | NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY) | | \$23.66 | \$29.96 | | | | |
| 92516 | FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY) | | \$18.82 | \$24.05 | | | | |
| 92517 | VEMP TEST I&R CERVICAL | | \$34.59 | \$67.08 | | | | Added Effective 01/01/2021 |
| 92518 | VEMP TEST I&R OCULAR | | \$34.59 | \$62.43 | | | | Added Effective 01/01/2021 |
| 92519 | VEMP TST I&R CERVICAL&OCULAR | | \$51.75 | \$104.35 | | | | Added Effective 01/01/2021 |
| 92520 | LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TEST) | | \$30.62 | \$37.73 | | | | |
| 92521 | EVALUATION OF SPEECH FLUENCY | | \$89.06 | \$89.06 | | | | |
| 92522 | EVALUATE SPEECH PRODUCTION | | \$72.62 | \$72.62 | | | | |
| 92523 | SPEECH SOUND LANG COMPREHEN | | \$150.38 | \$150.38 | | | | |
| 92524 | BEHAVRAL QUALIT ANALYS VOICE | | \$75.32 | \$75.32 | | | | |
| 92526 | ORAL FUNCTION THERAPY | | \$29.08 | \$29.08 | | | | Rate Effective 07/01/1996 |
| 92532 | POSITIONAL NYSTAGMUS TEST | | \$5.83 | \$5.83 | | | | |
| 92533 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT | | \$6.69 | \$6.69 | | | | |
| 92534 | OPTOKINETIC NYSTAGMUS TEST | | \$2.76 | \$2.76 | | | | |
| 92537 | CALORIC VESTIBULAR TEST WITH RECORDING | | \$31.70 | \$31.70 | \$6.19 | \$25.52 | | Added Effective 1/1/2016 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92538 | MONOTHEMAL ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS | | \$16.10 | \$16.10 | \$3.34 | \$12.76 | | Added Effective 1/1/2016 |
| 92540 | BASIC VESTIBULAR EVALUATION | | \$80.25 | \$80.25 | \$19.29 | \$67.94 | | |
| 92541 | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WIT | | \$31.41 | \$31.41 | \$6.39 | \$25.02 | | |
| 92542 | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING | | \$27.75 | \$27.75 | \$7.43 | \$20.31 | | |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL | | \$21.45 | \$21.45 | \$5.85 | \$15.60 | | |
| 92545 | OSCILLATING TRACKING TEST, WITH RECORDING | | \$18.45 | \$18.45 | \$5.85 | \$12.60 | | |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING | | \$23.94 | \$23.94 | \$6.65 | \$17.29 | | |
| 92547 | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PR | | \$15.67 | \$15.67 | | | | |
| 92548 | COMPUTERIZED DYNAMIC POSTUROGRAPHY | | \$66.72 | \$66.72 | \$10.88 | \$27.85 | | |
| 92549 | CDP-SOT 6 COND W/I&R MCT&ADT | | \$49.50 | \$49.50 | \$13.47 | \$36.03 | | Added Effective 01/01/2020 |
| 92550 | TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | | \$15.61 | \$15.61 | | | | |
| 92551 | SCREENING TEST, PURE TONE, AIR ONLY | | \$12.24 | \$12.24 | | | | |
| 92552 | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY | | \$12.24 | \$12.24 | | | | |
| 92553 | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE | | \$18.60 | \$18.60 | | | | |
| 92555 | SPEECH AUDIOMETRY THRESHOLD; | | \$10.63 | \$10.63 | | | | |
| 92556 | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION | | \$15.94 | \$15.94 | | | | |
| 92557 | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (| | \$33.50 | \$33.50 | | | | |
| 92558 | EVOKED OTOACOUSTIC EMISSIONS, SCREENING(QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS) AUTO. ANALYSIS | | \$6.98 | \$7.77 | | | | Rate updated 1/1/2018 |
| 92562 | LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL | | \$11.43 | \$11.43 | | | | |
| 92563 | TONE DECAY TEST | | \$10.63 | \$10.63 | | | | |
| 92565 | STENGER TEST, PURE TONE | | \$6.07 | \$11.16 | | | | |
| 92567 | TYMPANOMETRY (IMPEDANCE TESTING) | | \$14.87 | \$14.87 | | | | |
| 92568 | ACOUSTIC REFLEX TESTING; THRESHOLD | | \$10.63 | \$10.63 | | | | |
| 92570 | ACOUSTIC IMMITTANCE TESTING, INCL TYMPANOMETRY, ACOUSTIC REFLEX THRESHOLD TESTING & ACOUSTIC REFLEX DECAY TESTING | | \$22.58 | \$23.85 | | | | |
| 92571 | FILTERED SPEECH TEST | | \$5.93 | \$10.90 | | | | |
| 92572 | STAGGERED SPONDAIC WORD TEST | | \$2.39 | \$2.39 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 92575 | SENSORINEURAL ACUITY LEVEL TEST | | \$4.62 | \$8.51 | | | | |
| 92576 | SYNTHETIC SENTENCE IDENTIFICATION TEST | | \$6.85 | \$12.48 | | | | |
| 92577 | STENGER TEST, SPEECH | | \$11.06 | \$20.18 | | | | |
| 92579 | VISUAL REINFORCEMENT AUDIOMETRY (VRA) | | \$20.21 | \$20.21 | | | | |
| 92582 | CONDITIONING PLAY AUDIOMETRY | | \$10.95 | \$20.21 | | | | |
| 92583 | SELECT PICTURE AUDIOMETRY | | \$24.99 | \$24.99 | | | | |
| 92584 | ELECTROCOCHLEOGRAPHY | | \$69.37 | \$69.37 | | | | |
| 92587 | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER | | \$43.18 | \$43.18 | \$36.17 | \$7.01 | | |
| 92588 | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION | | \$60.05 | \$60.05 | \$40.95 | \$19.10 | | |
| 92590 | HEARING AID EXAMINATION AND SELECTION; MONAURAL | | \$33.75 | \$45.00 | | | | |
| 92591 | HEARING AID EXAMINATION AND SELECTION; BINAURAL | | \$23.75 | \$65.00 | | | | |
| 92592 | HEARING AID CHECK; MONAURAL | | \$18.75 | \$25.00 | | | | |
| 92593 | HEARING AID CHECK; BINAURAL | | \$18.75 | \$25.00 | | | | |
| 92594 | ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL | | \$14.17 | \$14.17 | | | | |
| 92595 | ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL | | \$28.34 | \$28.34 | | | | |
| 92596 | EAR PROTECTOR ATTENUATION MEASUREMENTS | | \$16.48 | \$16.48 | | | | |
| 92597 | EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLE | | \$62.33 | \$62.33 | | | | |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; | | \$91.49 | \$91.49 | | | | |
| 92602 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; | | \$64.26 | \$64.26 | | | | |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH | | \$61.69 | \$61.69 | | | | |
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQU | | \$42.16 | \$42.16 | | | | |
| 92605 | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND | | \$70.76 | \$73.63 | | | | |
| 92606 | THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, | | \$56.76 | \$65.12 | | | | |
| 92607 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND | | \$76.32 | \$76.32 | | | | |
| 92608 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND | | \$15.17 | \$15.17 | | | | |
| 92609 | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDIN | | \$41.38 | \$41.38 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92610 | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION | | \$29.57 | \$29.57 | | | | |
| 92611 | MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO | | \$32.14 | \$32.14 | | | | |
| 92612 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID | | \$51.22 | \$124.70 | | | | |
| 92613 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID | | \$32.31 | \$32.57 | | | | |
| 92614 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B | | \$51.22 | \$97.21 | | | | |
| 92615 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B | | \$28.92 | \$28.92 | | | | |
| 92616 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL | | \$74.68 | \$133.52 | | | | |
| 92617 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL | | \$35.96 | \$35.96 | | | | |
| 92618 | EACH ADDITIONAL 30 MINUTES (LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE | | \$26.11 | \$26.63 | | | | |
| 92620 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUT | | \$30.64 | \$30.64 | | | | |
| 92621 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL | | \$7.93 | \$7.93 | | | | |
| 92622 | ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, FIRST HOUR | | \$55.59 | \$66.26 | | | | |
| 92623 | ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, EACH ADDITIONAL 15 MINUTES | | \$14.75 | \$17.09 | | | | |
| 92625 | ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING | | \$30.13 | \$30.13 | | | | |
| 92626 | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR | | \$60.81 | \$70.93 | | | | |
| 92627 | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT | | \$14.30 | \$16.89 | | | | |
| 92630 | AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS | | \$0.00 | \$0.00 | | | | |
| 92633 | AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS | | \$0.00 | \$0.00 | | | | |
| 92640 | AUDITORY BRAINSTEM IMPLANT PROGRAMMING, PER HOUR | | \$35.77 | \$35.77 | | | | |
| 92650 | AEP SCR AUDITORY POTENTIAL | | \$22.64 | \$22.64 | | | | Added Effective 01/01/2021 |
| 92651 | AEP HEARING STATUS DETER I&R | | \$71.00 | \$71.00 | | | | Added Effective 01/01/2021 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 92652 | AEP THRESHLD EST MLT FREQ I&R | | \$94.37 | \$94.37 | | | | Added Effective 01/01/2021 |
| 92653 | AEP NEURODIAGNOSTIC I&R | | \$69.32 | \$69.32 | | | | Added Effective 01/01/2021 |
| 92700 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 92920 | PERCUTANEOUS TRANSLUMINAL CORONARY ANGIO | | \$435.20 | \$435.20 | | | | |
| 92924 | PERCUTANEOUS TRANSLUMINAL CORONARY ATHER | | \$517.11 | \$517.11 | | | | |
| 92928 | PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRA | | \$483.06 | \$483.06 | | | | |
| 92933 | PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY | | \$540.51 | \$540.51 | | | | |
| 92937 | PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF | | \$482.77 | \$482.77 | | | | |
| 92941 | PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF | | \$541.56 | \$541.56 | | | | |
| 92943 | PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF | | \$541.56 | \$541.56 | | | | |
| 92950 | CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST) | | \$176.52 | \$176.52 | | | | |
| 92953 | TEMPORARY TRANSCUTANEOUS PACING | | \$28.10 | \$28.10 | | | | |
| 92960 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL | | \$120.34 | \$120.34 | | | | |
| 92961 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL | | \$179.74 | \$179.74 | | | | |
| 92970 | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL | | \$206.32 | \$206.32 | | | | |
| 92971 | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL | | \$83.65 | \$83.65 | | | | |
| 92972 | SHOCKWAVE DESTRUCTION OF CALCIFIED PLAQUE IN CORONARY ARTERY ACCESSED THROUGH SKIN USING CATHETER | | \$122.47 | \$122.47 | | | | |
| 92973 | PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN | | \$134.01 | \$134.01 | | | | |
| 92974 | TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT | | \$148.34 | \$148.34 | | | | |
| 92975 | THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE | | \$376.10 | \$376.10 | | | | |
| 92977 | THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION | | \$219.11 | \$219.11 | | | | |
| 92978 | INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC | | \$200.09 | \$200.09 | \$118.96 | \$81.13 | | |
| 92979 | INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC | | \$124.47 | \$124.47 | \$59.61 | \$64.86 | | |
| 92986 | PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE | | \$941.65 | \$941.65 | | | | |
| 92987 | PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE | | \$956.46 | \$956.46 | | | | |
| 92990 | PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE | | \$750.43 | \$750.43 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 92997 | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE | | \$716.27 | \$716.27 | | | | |
| 92998 | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH | | \$281.67 | \$281.67 | | | | |
| 93000 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA | | \$21.79 | \$21.79 | | | | |
| 93005 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, | | \$12.26 | \$12.26 | | | | |
| 93010 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION | | \$9.52 | \$9.52 | | | | |
| 93015 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | \$89.95 | \$89.95 | | \$41.55 | | |
| 93016 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | \$24.39 | \$24.39 | | | | |
| 93017 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | \$45.83 | \$45.83 | | | | |
| 93018 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | \$19.72 | \$19.72 | | | | |
| 93024 | ERGONOVINE PROVOCATION TEST | | \$108.58 | \$108.58 | \$30.89 | \$77.70 | | |
| 93025 | MICROVOLT T-WAVE ASSESS | | \$139.31 | \$139.31 | \$124.91 | \$32.64 | | |
| 93040 | RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT | | \$12.15 | \$12.15 | | | | |
| 93041 | RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AN | | \$4.00 | \$4.00 | | | | |
| 93042 | RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY | | \$8.16 | \$8.16 | | | | |
| 93050 | ARTERAIL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES | | \$13.54 | \$13.54 | \$6.45 | \$7.09 | | Added Effective 1/1/2016 |
| 93150 | ACTIVATION OF IMPLANTED PHRENIC NERVE STIMULATOR | | \$35.95 | \$80.97 | | | | |
| 93151 | EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM | | \$33.95 | \$70.90 | | | | |
| 93152 | EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM DURING SLEEP STUDY | | \$79.12 | \$129.60 | | | | |
| 93153 | EVALUATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM | | \$18.27 | \$41.94 | | | | |
| 93224 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | \$61.04 | \$61.04 | | | | |
| 93225 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | \$33.84 | \$33.84 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 93226 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | \$59.68 | \$59.68 | | | | |
| 93227 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | \$34.69 | \$34.69 | | | | |
| 93228 | WEARABLE MOBILE CARDIOVASCULAR TELEMTRY | | \$21.07 | \$21.07 | | | | |
| 93229 | WEARABLE MOBILE CARCIOVASULAR TELE TECH SUP | | \$539.05 | \$539.05 | | | | Rate updated 1/1/2018 |
| 93241 | EXT ECG>48HR<7D REC SCAN A/R | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 93242 | EXT ECG>48HR<7D RECORDING | | \$11.59 | \$11.59 | | | | Added Effective 01/01/2021 |
| 93243 | EXT ECG>48HR<7D SCAN A/R | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 93244 | EXT ECG>48HR<7D REV&INTERPJ | | \$20.04 | \$20.04 | | | | Added Effective 01/01/2021 |
| 93245 | EXT ECG>7D<15D REC SCAN A/R | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 93246 | EXT ECG>7D<15D RECORDING | | \$11.59 | \$11.59 | | | | Added Effective 01/01/2021 |
| 93247 | EXT ECG>7D<15D SCAN A/R | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2021 |
| 93248 | EXT ECG>7D<15D REV&INTERPJ | | \$21.99 | \$21.99 | | | | Added Effective 01/01/2021 |
| 93260 | PROGRAMMING DEVICE EVALUATION OF HEART MONITORING SYSTEM WITH ADJUSTMENT OF PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT | | \$52.04 | \$52.04 | \$16.28 | \$35.76 | | Added effective 1/1/2015 |
| 93261 | EVALUATION OF DEFIBRILLATOR WITH ANALYSIS, REVIEW, AND REPORT | | \$47.48 | \$47.48 | \$16.28 | \$31.20 | | Added effective 1/1/2015 |
| 93264 | REM MNTR WRLS P-ART PRS SNR | | \$29.03 | \$40.00 | | | | Effective 1/1/2019 |
| 93268 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | \$126.73 | \$126.73 | \$99.53 | \$27.20 | | |
| 93270 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | \$33.84 | \$33.84 | | | | |
| 93271 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | \$65.69 | \$65.69 | | | | |
| 93272 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | \$27.20 | \$27.20 | | | | |
| 93278 | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG | | \$56.22 | \$56.22 | \$32.42 | \$23.80 | | |
| 93279 | PROGRAMMING DEVICE EVALUATION | | \$47.18 | \$47.18 | \$17.21 | \$29.97 | | |
| 93280 | DUAL LEAD PACEMAKER SYSTEM | | \$54.30 | \$54.30 | \$18.69 | \$35.61 | | |
| 93281 | MULTIPLE LEAD PACEMAKER SYSTEM | | \$63.49 | \$63.49 | \$21.96 | \$41.53 | | |
| 93282 | SINGLE LEAD IMPLANTABLE CARDIOVERTER | | \$59.04 | \$59.04 | \$19.58 | \$39.46 | | |
| 93283 | DUAL LEAD IMPLANTABLE CARDIOVERTER | | \$71.50 | \$71.50 | \$22.55 | \$48.95 | | |
| 93284 | MULTIPLE LEAD IMPLANTABLE CARDIOVERTER | | \$83.67 | \$83.67 | \$25.52 | \$58.15 | | |
| 93285 | IMPLANTABLE LOOP RECORDER | | \$39.76 | \$39.76 | \$15.43 | \$24.33 | | |
| 93286 | PER-PROCEDURAL DEVICE EVALUATION AND PROGRAM | | \$22.55 | \$22.55 | \$10.09 | \$12.46 | | |
| 93287 | SINGLE, DUAL, OR MULT LEAD IMPLANTABLE | | \$29.67 | \$29.67 | \$11.57 | \$18.10 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------|
| 93288 | INTERROGATION DEVICE EVAL (IN PERSON) WITH PHYS | | \$35.60 | \$35.60 | \$15.73 | \$19.87 | | |
| 93289 | SINGLE, DUAL, OR MULT LEAD IMPLANTABLE | | \$54.59 | \$54.59 | \$18.69 | \$35.90 | | |
| 93290 | IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM | | \$26.41 | \$26.41 | \$8.90 | \$17.51 | | |
| 93291 | IMPLANTABLE LOOP RECORDER SYSTEM | | \$34.12 | \$34.12 | \$13.94 | \$20.18 | | |
| 93292 | WEARABLE DEFIBRILLATOR SYSTEM | | \$30.86 | \$30.86 | \$10.98 | \$19.88 | | |
| 93293 | TRANSTELEPHONIC RHYTHM STRIP PACEMAKER | | \$53.11 | \$53.11 | \$38.57 | \$14.54 | | |
| 93294 | INTERROGATION DEVICE EVALUATIONS(S) (REMOTE) | | \$30.26 | \$30.26 | | | | |
| 93295 | SINGLE, DUAL, OR MULT LEAD IMPLANTABLE CARDIOVERTER | | \$54.59 | \$54.59 | | | | |
| 93296 | SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYS | | \$29.97 | \$29.97 | | | | |
| 93297 | INTERROGATION DEVICE EVALUATION(S), REMOTE) UP TO 30 | | \$21.07 | \$21.07 | | | | |
| 93298 | IMPLANTABLE LOOP RECORDER SYSTEM | | \$24.33 | \$24.33 | | | | |
| 93303 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPL | | \$166.87 | \$166.87 | \$101.44 | \$65.42 | | |
| 93304 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLO | | \$91.46 | \$91.46 | \$51.10 | \$40.35 | | |
| 93306 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME (2D) | | \$220.15 | \$220.15 | \$161.11 | \$59.04 | | |
| 93307 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | \$157.16 | \$157.16 | \$105.26 | \$51.90 | | |
| 93308 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | \$88.03 | \$88.03 | \$53.02 | \$35.01 | | |
| 93312 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | \$189.77 | \$189.77 | \$104.58 | \$85.19 | | |
| 93313 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | \$47.30 | \$47.30 | | | | |
| 93314 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | \$151.88 | \$151.88 | \$104.58 | \$47.30 | | |
| 93315 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; | | \$218.65 | \$218.65 | \$100.84 | \$117.81 | | |
| 93316 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; | | \$46.10 | \$46.10 | | | | |
| 93317 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMA | | \$172.29 | \$172.29 | \$100.84 | \$71.45 | | |
| 93318 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLU | | \$203.83 | \$203.83 | \$109.26 | \$94.56 | | |
| 93319 | 3D ECHO IMG CGEN CAR ANOMAL | | \$20.70 | \$48.03 | | | | Added 1/1/2022 |
| 93320 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC | | \$72.12 | \$72.12 | \$46.88 | \$25.24 | | |
| 93321 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC | | \$40.60 | \$40.60 | \$30.62 | \$9.98 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 93325 | DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY | | \$83.23 | \$83.23 | \$79.86 | \$3.37 | | |
| 93350 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | \$126.08 | \$126.08 | \$48.46 | \$77.62 | | |
| 93351 | STRESS TTE COMPLETE | | \$178.09 | \$178.09 | \$110.13 | \$67.90 | | Rate updated 1/1/2018 |
| 93352 | USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT | | \$31.75 | \$31.75 | | | | |
| 93355 | INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION | | \$183.32 | \$183.32 | | | | Added effective 1/1/2015 |
| 93356 | MYOCRD STRAIN IMG SPCKL TRCK | | \$9.58 | \$30.07 | | | | Added Effective 01/01/2020 |
| 93451 | RIGHT HEART CATHETERIZATION INCLUDING MEASURMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT | | \$666.68 | \$666.68 | \$537.03 | \$129.66 | | |
| 93452 | LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION | | \$740.27 | \$740.27 | \$512.99 | \$227.27 | | |
| 93453 | COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION | | \$968.73 | \$968.73 | \$670.84 | \$297.89 | | |
| 93454 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY | | \$763.41 | \$763.41 | \$534.36 | \$229.05 | | |
| 93455 | WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY | | \$890.69 | \$890.69 | \$626.33 | \$264.36 | | |
| 93456 | WITH RIGHT HEART CATHETERIZATION | | \$955.37 | \$955.37 | \$662.23 | \$293.14 | | |
| 93457 | WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY AND RIGHT HEART CATHETERIZATION | | \$1,082.66 | \$1,082.66 | \$753.91 | \$328.74 | | |
| 93458 | WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY | | \$921.25 | \$921.25 | \$641.76 | \$279.49 | | |
| 93459 | WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) WITH BYPASS GRAFT ANGIOGRAPHY | | \$1,017.38 | \$1,017.38 | \$702.88 | \$314.50 | | |
| 93460 | WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY | | \$1,088.89 | \$1,088.89 | \$738.49 | \$350.40 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 93461 | WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) WITH BYPASS GRAFT ANGIOGRAPHY | | \$1,247.62 | \$1,247.62 | \$861.02 | \$386.60 | | |
| 93462 | LEFT HEART CATHETERIZATION BY TRANSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE | | \$178.02 | \$178.02 | | | | |
| 93463 | PHARMACOLOGIC AGENT ADMINISTRATION, INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE, DURING, AFTER, AND REPEAT PHARMCOLOGIC AGENT ADMINISTRATION | | \$94.35 | \$94.35 | | | | |
| 93464 | PHYSIOLOGIC EXERCISE STUDY INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE AND AFTER | | \$220.15 | \$220.15 | \$137.08 | \$83.08 | | |
| 93503 | INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR | | \$143.62 | \$143.62 | | | | |
| 93505 | ENDOMYOCARDIAL BIOPSY | | \$276.95 | \$276.95 | \$55.07 | \$221.88 | | |
| 93563 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENITAL HEART CATHETERIZATION | | \$48.96 | \$48.96 | | | | |
| 93564 | FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS OR ARTERIAL BYPASS GRAFT(S), WHETHER NATIVE OR USED FOR BYPASS TO ONE OR MORE CORONARY ARTERIES DURING CONGENITAL HEART CATHETERIZATION | | \$49.85 | \$49.85 | | | | |
| 93565 | FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY | | \$37.68 | \$37.68 | | | | |
| 93566 | FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRICAL ANGIOGRAPHY | | \$37.68 | \$147.76 | | | | |
| 93567 | FOR SUPRAVALVULAR AORTOGRAPHY | | \$42.43 | \$121.94 | | | | |
| 93568 | FOR PULMONARY ANGIOGRAPHY | | \$38.57 | \$133.52 | | | | |
| 93569 | NJX CTH SLCT P-ART ANGRP UNI | | \$31.68 | \$31.68 | | | | |
| 93571 | INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW | | \$198.80 | \$198.80 | \$127.92 | \$70.87 | | |
| 93572 | INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW | | \$182.19 | \$182.19 | \$125.29 | \$56.90 | | |
| 93573 | NJX CATH SLCT P-ART ANGRP BI | | \$52.81 | \$52.81 | | | | |
| 93574 | NJX CATH SLCT PULM VN ANGRPH | | \$58.26 | \$58.26 | | | | |
| 93575 | NJX CATH SLCT P ANGRPH MAPCA | | \$77.93 | \$77.93 | | | | |
| 93580 | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICA | | \$736.30 | \$736.30 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 93581 | PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL | | \$985.59 | \$985.59 | | | | |
| 93582 | PERQ TRANSCATH CLOSURE PDA | | \$543.81 | \$543.81 | | | | |
| 93583 | PERQ TRANSCATH SEPTAL REDUXN | | \$605.33 | \$605.33 | | | | |
| 93584 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF SUPERIOR VENA CAVA | | \$49.50 | \$49.50 | | | | |
| 93585 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF THE AZYGOS/HEMIAZYGOS VENOUS SYSTEM | | \$46.64 | \$46.64 | | | | |
| 93586 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF CORONARY SINUS | | \$58.95 | \$58.95 | | | | |
| 93587 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF VENOVENOUS COLLATERALS ABOVE THE HEART | | \$87.00 | \$87.00 | | | | |
| 93588 | REVIEW BY RADIOLOGIST OF VEIN IMAGING FOR CONGENITAL HEART DEFECT OF VENOVENOUS COLLATERALS BELOW THE HEART | | \$87.85 | \$87.85 | | | | |
| 93590 | PERQ TRANSCATH CLS MITRAL | | \$971.38 | \$971.38 | | | | Added Effective 1/1/2017 |
| 93591 | PERQ TRANSCATH CLS AORTIC | | \$806.07 | \$806.07 | | | | Added Effective 1/1/2017 |
| 93592 | PERQ TRANSCATH CLOSURE EACH | | \$355.43 | \$355.43 | | | | Added Effective 1/1/2017 |
| 93593 | R HRT CATH CHD NML NT CNJ | | \$0.00 | \$0.00 | \$0.00 | \$157.94 | | Added 1/1/2022 |
| 93594 | R HRT CATH CHD ABNL NT CNJ | | \$0.00 | \$0.00 | \$0.00 | \$248.20 | | Added 1/1/2022 |
| 93595 | L HRT CATH CHD NM/ABN NT CNJ | | \$0.00 | \$0.00 | \$0.00 | \$223.98 | | Added 1/1/2022 |
| 93596 | R&L HRT CATH CHD NML NT CNJ | | \$0.00 | \$0.00 | \$0.00 | \$271.51 | | Added 1/1/2022 |
| 93597 | R&L HRT CATH CHD ABNL NT CNJ | | \$0.00 | \$0.00 | \$0.00 | \$361.46 | | Added 1/1/2022 |
| 93598 | CAR OUTP MEAS DRG CATH CHD | | \$0.00 | \$0.00 | \$0.00 | \$59.13 | | Added 1/1/2022 |
| 93600 | BUNDLE OF HIS RECORDING | | \$194.02 | \$194.02 | \$53.29 | \$140.73 | | |
| 93602 | INTRA-ATRIAL RECORDING | | \$143.46 | \$143.46 | \$30.37 | \$113.08 | | |
| 93603 | RIGHT VENTRICULAR RECORDING | | \$170.67 | \$170.67 | \$45.83 | \$124.84 | | |
| 93609 | INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WI | | \$479.37 | \$479.37 | \$74.09 | \$405.29 | | |
| 93610 | INTRA-ATRIAL PACING | | \$191.74 | \$191.74 | \$37.03 | \$154.71 | | |
| 93612 | INTRAVENTRICULAR PACING | | \$199.73 | \$199.73 | \$44.22 | \$155.51 | | |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY | | \$286.47 | \$286.47 | | \$286.47 | | |
| 93615 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR | | \$47.46 | \$47.46 | \$8.53 | \$38.92 | | |
| 93616 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR | | \$90.68 | \$90.68 | \$8.53 | \$82.14 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 93618 | INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING | | \$390.33 | \$390.33 | \$108.19 | \$282.14 | | |
| 93619 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING A | | \$697.01 | \$697.01 | \$209.99 | \$487.01 | | |
| 93620 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND | | \$969.71 | \$969.71 | \$243.64 | \$726.07 | | |
| 93621 | ELECTROPHYSIOLOGY EVALUATION | | \$0.00 | \$0.00 | \$0.00 | \$102.06 | | |
| 93622 | ELECTROPHYSIOLOGY EVALUATION | | \$0.00 | \$0.00 | \$0.00 | \$150.72 | | |
| 93623 | STIMULATION PACING HEART | | | | | \$139.15 | | |
| 93624 | ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST | | \$280.54 | \$280.54 | \$54.09 | \$226.44 | | |
| 93631 | INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCAL | | \$567.97 | \$567.97 | \$174.18 | \$393.79 | | |
| 93640 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | \$438.49 | \$438.49 | \$195.12 | \$243.37 | | |
| 93641 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | \$571.97 | \$571.97 | \$195.12 | \$376.85 | | |
| 93642 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | \$521.07 | \$521.07 | \$195.12 | \$325.95 | | |
| 93644 | EVALUATION IMPLANTABLE DEFIBRILLATOR | | \$230.29 | \$230.29 | \$77.31 | \$152.98 | | Added effective 1/1/2015 |
| 93650 | INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, | | \$701.98 | \$701.98 | | \$908.07 | | |
| 93653 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION | | \$657.32 | \$657.32 | | | | |
| 93654 | WITH TREATMENT OF VENTRICULAR TACHYCARDIA OR | | \$877.11 | \$877.11 | | | | |
| 93655 | INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECH | | \$328.68 | \$328.68 | | | | |
| 93656 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION | | \$877.43 | \$877.43 | | | | |
| 93657 | ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER AB | | \$328.90 | \$328.90 | | | | |
| 93660 | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH | | \$125.57 | \$125.57 | \$43.61 | \$81.96 | | |
| 93662 | INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTI | | \$219.37 | \$219.37 | \$104.55 | \$114.82 | | |
| 93668 | PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION | | \$36.51 | \$36.51 | | | | |
| 93701 | BIOIMPEDANCE, THORACIC, ELECTRICAL | | \$25.35 | \$25.53 | \$18.58 | \$6.95 | | |
| 93702 | LYMPHEDEMA ASSESSMENT FOR EXTRACELLULAR FLUID ANALYSIS | | \$82.77 | \$82.77 | | | | Added effective 1/1/2015 |
| 93724 | ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES | | \$334.27 | \$334.27 | \$108.19 | \$226.08 | | |
| 93740 | TEMPERATURE GRADIENT STUDIES | | \$17.74 | \$17.74 | \$4.27 | \$13.47 | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 93745 | INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 93750 | INTERROGATION OF FENTRICULAR ASSIST DEVICE, IN PERSON, W/PHYSICIAN ANALYSIS OF DEVICE PARAMETERS | | \$34.88 | \$39.47 | | | | |
| 93770 | DETERMINATION OF VENOUS PRESSURE | | \$10.55 | \$10.55 | \$0.80 | \$9.74 | | |
| 93784 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | \$35.18 | \$35.18 | | | | Updated Effective 01/01/2020 |
| 93786 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | \$16.59 | \$16.59 | | | | Updated Effective 01/01/2020 |
| 93788 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | \$3.62 | \$3.62 | | | | Updated Effective 01/01/2020 |
| 93790 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | \$14.98 | \$14.98 | | | | Updated Effective 01/01/2020 |
| 93792 | PT/CAREGIVER TRAINJ HOME INR | | \$39.91 | \$39.91 | | | | Added Effective 1/1/2018 |
| 93793 | ANTICOAG MGMT PT WARFARIN | | \$9.36 | \$9.36 | | | | Added Effective 1/1/2018 |
| 93797 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT | | \$2.06 | \$8.77 | | | | |
| 93798 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINU | | \$3.09 | \$11.61 | | | | |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 93880 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY | | \$167.80 | \$167.80 | \$144.36 | \$23.44 | | |
| 93882 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY | | \$89.06 | \$89.06 | \$69.62 | \$19.44 | | |
| 93886 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUD | | \$158.82 | \$158.82 | \$118.76 | \$40.06 | | |
| 93888 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY | | \$105.85 | \$105.85 | \$79.42 | \$26.43 | | |
| 93890 | ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOLLOWING MEDICATION | | \$166.36 | \$166.36 | | | | Effective 1/1/2023 |
| 93892 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT | | \$177.44 | \$177.44 | \$130.03 | \$47.41 | | |
| 93893 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT | | \$174.12 | \$174.12 | \$126.71 | \$47.41 | | |
| 93895 | EVALUATION OF THICKNESS OF COMMON CAROTID ARTERY (NECK) BOTH SIDES | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added effective 1/1/2015 |
| 93922 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, | | \$48.97 | \$48.97 | \$32.91 | \$16.06 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 93923 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, | | \$91.18 | \$91.18 | \$62.11 | \$29.07 | | |
| 93924 | NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST | | \$100.05 | \$100.05 | \$67.66 | \$32.39 | | |
| 93925 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM | | \$133.93 | \$133.93 | \$105.47 | \$28.45 | | |
| 93926 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; | | \$89.54 | \$89.54 | \$70.40 | \$19.15 | | |
| 93930 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM | | \$137.03 | \$137.03 | \$111.86 | \$25.17 | | |
| 93931 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; | | \$91.19 | \$91.19 | \$74.39 | \$16.80 | | |
| 93965 | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERA | | \$54.85 | \$54.85 | \$31.05 | \$23.80 | | |
| 93970 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND | | \$171.77 | \$171.77 | \$145.38 | \$26.39 | | |
| 93971 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND | | \$98.98 | \$98.98 | \$77.81 | \$21.18 | | |
| 93975 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC | | \$197.61 | \$197.61 | \$132.31 | \$65.30 | | |
| 93976 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC | | \$132.20 | \$132.20 | \$88.46 | \$43.74 | | |
| 93978 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS | | \$139.39 | \$139.39 | \$108.64 | \$30.75 | | |
| 93979 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS | | \$92.86 | \$92.86 | \$72.25 | \$20.61 | | |
| 93980 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; | | \$175.65 | \$175.65 | \$98.55 | \$77.10 | | |
| 93981 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; | | \$121.33 | \$121.33 | \$91.09 | \$30.24 | | |
| 93985 | DUP-SCAN HEMO COMPL BI STD | | \$197.78 | \$197.78 | \$166.76 | \$31.02 | | Added Effective 01/01/2020 |
| 93986 | DUP-SCAN HEMO COMPL UNI STD | | \$114.85 | \$114.85 | \$94.92 | \$19.94 | | Added Effective 01/01/2020 |
| 93990 | DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF | | \$83.31 | \$83.31 | \$70.40 | \$12.92 | | |
| 94002 | VENTILATION MANAGEMENT, INPATIENT, INITIAL DAY | | \$68.19 | \$68.19 | | | | |
| 94003 | VENTILATION MANAGEMENT, INPATIENT, SUBSEQUENT DAY | | \$49.33 | \$49.33 | | | | |
| 94004 | VENTILATION MANAGEMENT, NURSING FACILITY, PER DAY | | \$35.89 | \$35.89 | | | | |
| 94010 | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, | | \$24.44 | \$24.44 | \$11.46 | \$12.98 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 94011 | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE | | \$74.48 | \$74.48 | | | | |
| 94012 | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE | | \$114.60 | \$114.60 | | | | |
| 94013 | MEASUREMENT OF LUNG VOLUMES IN AN INFANT OR CHILD THROUGH 2 YRS OF AGE | | \$24.15 | \$24.15 | | | | |
| 94014 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INC | | \$12.62 | \$12.62 | | | | |
| 94016 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; | | \$4.89 | \$4.89 | | | | |
| 94060 | BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND | | \$45.35 | \$45.35 | \$25.33 | \$20.02 | | |
| 94070 | BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIO | | \$68.24 | \$68.24 | \$39.71 | \$28.53 | | |
| 94150 | VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE) | | \$9.08 | \$9.08 | \$2.39 | \$6.69 | | |
| 94200 | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION | | \$14.15 | \$14.15 | \$6.92 | \$7.23 | | |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | | \$28.04 | \$28.04 | \$13.07 | \$14.97 | | |
| 94450 | BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE) | | \$29.31 | \$29.31 | \$10.65 | \$18.66 | | |
| 94452 | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN | | \$36.26 | \$36.26 | \$24.25 | \$12.01 | | |
| 94453 | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN | | \$51.43 | \$51.43 | \$35.99 | \$15.45 | | |
| 94610 | INTRAPULMONARY SURFACTANT THROUGH ENDOTRACHEAL TUBE | | \$48.89 | \$48.89 | | | | |
| 94617 | EXERCISE TST BRNCSPSM | | \$72.36 | \$72.36 | \$45.66 | \$26.70 | | Added Effective 1/1/2018 |
| 94618 | PULMONARY STRESS TESTING | | \$26.61 | \$26.61 | \$8.34 | \$18.27 | | Added Effective 1/1/2018 |
| 94619 | EXERCISE TST BRNCSPSM WO ECG | | \$57.11 | \$57.11 | \$38.39 | \$18.72 | | Added Effective 01/01/2021 |
| 94620 | PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR | | \$84.45 | \$84.45 | \$38.64 | \$45.81 | | |
| 94621 | PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 | | \$126.01 | \$126.01 | \$70.98 | \$55.03 | | Rate updated 1/1/2018 |
| 94625 | PHY/QHP OP PULM RHB W/O MNTR | | \$15.52 | \$50.58 | | | | Added 1/1/2022 |
| 94626 | PHY/QHP OP PULM RHB W/MNTR | | \$22.50 | \$58.08 | | | | Added 1/1/2022 |
| 94640 | PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY | | \$11.19 | \$11.19 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------------|
| 94642 | AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA | | \$43.41 | \$43.41 | | | | |
| 94644 | CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, FIRST HOUR | | \$23.85 | \$23.85 | | | | |
| 94645 | CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, SUBSEQ. HOUR | | \$9.13 | \$9.13 | | | | |
| 94660 | CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND | | \$42.80 | \$42.80 | | | | |
| 94662 | CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEM | | \$30.83 | \$30.83 | | | | |
| 94664 | DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL | | \$12.65 | \$12.65 | | | | Rate change effective 7/1/2015 |
| 94667 | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO | | \$15.97 | \$15.97 | | | | |
| 94668 | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO | | \$9.85 | \$9.85 | | | | |
| 94669 | MECHANICAL CHEST WALL OSCILL | | \$25.58 | \$25.58 | | | | |
| 94680 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE | | \$32.05 | \$32.05 | \$14.84 | \$17.21 | | |
| 94681 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE | | \$52.38 | \$52.38 | \$38.56 | \$13.81 | | |
| 94690 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDUR | | \$18.05 | \$18.05 | \$14.65 | \$3.40 | | |
| 94726 | PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND , WHEN PERFORMED, AIRWAY RESISTANCE. | | \$41.50 | \$41.50 | \$36.20 | \$10.68 | | |
| 94727 | GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND , WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES. | | \$32.75 | \$32.75 | \$26.11 | \$10.68 | | |
| 94728 | AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY | | \$30.66 | \$30.66 | \$20.48 | \$10.18 | | Updated Effective 01/01/2020 |
| 94729 | DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) LIST SEPARAELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE. | | \$41.01 | \$41.01 | \$39.46 | \$7.12 | | |
| 94760 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE | | \$7.19 | \$7.19 | | | | |
| 94761 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE | | \$18.62 | \$18.62 | | | | |
| 94762 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS | | \$31.40 | \$31.40 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 94772 | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO | | \$207.47 | \$207.47 | \$77.76 | \$129.71 | | |
| 94775 | PED HOME APNEA REC HK-UP | | \$0.00 | \$0.00 | | | | |
| 94776 | PED HOME APNEA REC DOWNLD | | \$0.00 | \$0.00 | | | | |
| 94777 | PED HOME APNEA REC REPORT | | \$0.00 | \$0.00 | | | | |
| 94780 | CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND RECORDING OF PULSE OXIMETRY, HEART RATE, RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; 60 MINUTES | | \$19.15 | \$39.82 | | | | |
| 94781 | EACH ADDITIONAL 30 MINUTES (LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | \$6.67 | \$15.46 | | | | |
| 94799 | UNLISTED PULMONARY SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 95004 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS | | \$2.82 | \$2.82 | | | | |
| 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATION | | \$12.43 | \$12.43 | | | | |
| 95017 | ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS | | \$3.02 | \$65.30 | | | | |
| 95018 | ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS | | \$5.81 | \$22.60 | | | | |
| 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE | | \$4.10 | \$4.10 | | | | |
| 95027 | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH | | \$4.00 | \$4.00 | | | | |
| 95028 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED T | | \$6.14 | \$6.14 | | | | |
| 95044 | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS) | | \$5.34 | \$5.34 | | | | |
| 95052 | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS) | | \$6.68 | \$6.68 | | | | |
| 95056 | PHOTO TESTS | | \$2.52 | \$4.80 | | | | |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS | | \$9.34 | \$9.34 | | | | |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE TEST | | \$2.79 | \$5.34 | | | | |
| 95070 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON | | \$58.69 | \$58.69 | | | | |
| 95076 | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST | | \$58.54 | \$92.66 | | | | |
| 95079 | EACH ADDITIONAL 60 MIN OF TESTING | | \$54.05 | \$66.20 | | | | |
| 95115 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI | | \$10.54 | \$10.54 | | | | |
| 95117 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI | | \$13.37 | \$13.37 | | | | |
| 95144 | PREPARATION AND PROVISION OF SINGLE-DOSE VIALS OF ALLERGEN ANTIGENS FOR ALLERGY IMMUNOTHERAPY | | \$2.47 | \$8.41 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 95145 | PREPARATION AND PROVISION OF SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY | | \$2.47 | \$10.47 | | | | |
| 95146 | PREPARATION AND PROVISION OF 2 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY | | \$2.47 | \$13.27 | | | | |
| 95147 | PREPARATION AND PROVISION OF 3 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY | | \$2.47 | \$14.76 | | | | |
| 95148 | PREPARATION AND PROVISION OF 4 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY | | \$2.47 | \$16.84 | | | | |
| 95149 | PREPARATION AND PROVISION OF 5 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY | | \$2.47 | \$22.45 | | | | |
| 95165 | PREPARATION AND PROVISION OF SINGLE OR MULTIPLE ANTIGENS FOR ALLERGEN IMMUNOTHERAPY | | \$2.73 | \$7.15 | | | | |
| 95170 | PREPARATION AND PROVISION OF WHOLE BODY EXTRACT OF BITING INSECT OR ARTHROPOD ANTIGENS | | \$2.47 | \$8.67 | | | | |
| 95180 | RAPID DESENSITIZATION PROCEDURE, EACH HOUR | | \$82.99 | \$100.00 | | | | |
| 95249 | CONT GLUC MNTR PT PROV EQP | | \$40.68 | \$40.68 | | | | Added Effective 1/1/2018 |
| 95250 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID | | \$37.42 | \$37.42 | \$37.42 | \$0.00 | | |
| 95251 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID | | \$20.79 | \$20.79 | | | | |
| 95700 | EEG CONT REC W/VID EEG TECH | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95705 | EEG W/O VID 2-12 HR UNMNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95706 | EEG WO VID 2-12HR INTMT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95707 | EEG W/O VID 2-12HR CONT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95708 | EEG WO VID EA 12-26HR UNMNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95709 | EEG W/O VID EA 12-26HR INTMT | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95710 | EEG W/O VID EA 12-26HR CONT | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95711 | VEEG 2-12 HR UNMONITORED | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95712 | VEEG 2-12 HR INTMT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95713 | VEEG 2-12 HR CONT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95714 | VEEG EA 12-26 HR UNMNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95715 | VEEG EA 12-26HR INTMT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95716 | VEEG EA 12-26HR CONT MNTR | | \$0.00 | \$0.00 | | | | Added Effective 01/01/2020 |
| 95717 | EEG PHYS/QHP 2-12 HR W/O VID | | \$81.61 | \$82.64 | | | | Added Effective 01/01/2020 |
| 95718 | EEG PHYS/QHP 2-12 HR W/VEEG | | \$106.76 | \$108.32 | | | | Added Effective 01/01/2020 |
| 95719 | EEG PHYS/QHP EA INCR W/O VID | | \$126.26 | \$127.55 | | | | Added Effective 01/01/2020 |
| 95720 | EEG PHY/QHP EA INCR W/VEEG | | \$165.29 | \$167.62 | | | | Added Effective 01/01/2020 |
| 95721 | EEG PHY/QHP>36<60 HR W/O VID | | \$165.81 | \$168.92 | | | | Added Effective 01/01/2020 |
| 95722 | EEG PHY/QHP>36<60 HR W/VEEG | | \$201.66 | \$205.03 | | | | Added Effective 01/01/2020 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 95723 | EEG PHY/QHP>60<84 HR W/O VID | | \$205.17 | \$209.32 | | | | Added Effective 01/01/2020 |
| 95724 | EEG PHY/QHP>60<84 HR W/VEEG | | \$257.15 | \$261.82 | | | | Added Effective 01/01/2020 |
| 95725 | EEG PHY/QHP>84 HR W/O VID | | \$233.42 | \$238.87 | | | | Added Effective 01/01/2020 |
| 95726 | EEG PHY/QHP>84 HR W/VEEG | | \$324.93 | \$330.89 | | | | Added Effective 01/01/2020 |
| 95782 | YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE | | \$816.85 | \$816.85 | \$712.58 | \$104.27 | | |
| 95783 | YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE | | \$855.64 | \$855.64 | \$741.97 | \$113.67 | | |
| 95800 | SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS AND SLEEP TIME | | \$179.50 | \$179.50 | \$128.77 | \$50.74 | | |
| 95801 | MINIMUM OF HEART RATE, OXYGEN SATURATION, AND RESPIRATORY ANYALYSIS | | \$84.56 | \$84.56 | \$39.76 | \$44.80 | | |
| 95803 | ACTIGRAPHY TESTING | | \$128.09 | \$128.09 | \$105.92 | \$38.27 | | |
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDIN | R | \$213.89 | \$213.89 | \$142.00 | \$71.89 | | |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT | R | \$246.64 | \$246.64 | \$130.92 | \$115.72 | | |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT | R | \$299.68 | \$299.68 | \$180.64 | \$119.04 | | |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP | R | \$328.73 | \$328.73 | \$180.64 | \$148.09 | | |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF | R | \$542.42 | \$542.42 | \$412.30 | \$130.12 | | |
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF | R | \$597.83 | \$597.83 | \$458.16 | \$139.67 | | |
| 95812 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES | | \$84.96 | \$84.96 | \$38.88 | \$46.07 | | |
| 95813 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR | | \$304.78 | \$304.78 | \$234.96 | \$69.82 | | Updated Effective 01/01/2020 |
| 95816 | ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY | | \$173.06 | \$173.06 | \$131.80 | \$41.27 | | |
| 95819 | ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP | | \$189.58 | \$189.58 | \$148.32 | \$41.27 | | |
| 95822 | ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY | | \$97.22 | \$97.22 | \$49.54 | \$47.68 | | |
| 95824 | ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY | | \$49.70 | \$49.70 | \$11.46 | \$38.24 | | |
| 95827 | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING | | \$119.60 | \$119.60 | \$62.60 | \$57.00 | | |
| 95829 | ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE) | | \$199.26 | \$199.26 | \$4.24 | \$195.02 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 95830 | INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGR | | \$72.51 | \$72.51 | | | | |
| 95831 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY | | \$12.83 | \$16.72 | | | | |
| 95832 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR | | \$12.35 | \$15.70 | | | | |
| 95833 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT | | \$20.10 | \$25.20 | | | | |
| 95834 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT | | \$27.24 | \$35.43 | | | | |
| 95851 | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH | | \$11.92 | \$15.14 | | | | |
| 95852 | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI | | \$8.07 | \$10.08 | | | | |
| 95857 | TENSILON TEST FOR MYASTHENIA GRAVIS | | \$23.23 | \$29.93 | | | | |
| 95860 | NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPI | | \$59.59 | \$59.59 | \$10.38 | \$49.21 | | |
| 95861 | NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARAS | | \$101.92 | \$101.92 | \$20.23 | \$81.68 | | |
| 95863 | NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED | | \$120.94 | \$120.94 | \$25.57 | \$95.36 | | |
| 95864 | NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED | | \$157.49 | \$157.49 | \$48.76 | \$108.73 | | |
| 95865 | NEEDLE ELECTROMYOGRAPHY; LARYNX | | \$86.43 | \$86.43 | \$18.13 | \$68.30 | | |
| 95866 | NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM | | \$59.07 | \$59.07 | \$5.88 | \$53.19 | | |
| 95867 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL | | \$50.69 | \$50.69 | \$15.72 | \$34.96 | | |
| 95868 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL | | \$99.16 | \$99.16 | \$18.92 | \$80.24 | | |
| 95869 | NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR | | \$26.29 | \$26.29 | \$5.85 | \$20.44 | | |
| 95870 | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR | | \$25.56 | \$25.56 | \$5.65 | \$19.91 | | |
| 95872 | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIV | | \$80.22 | \$80.22 | \$16.50 | \$63.71 | | |
| 95873 | ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATI | | \$21.20 | \$21.20 | \$5.62 | \$15.28 | | |
| 95874 | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVAT | | \$21.45 | \$21.45 | \$5.62 | \$15.83 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|-----------------------|
| 95875 | ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR | | \$57.84 | \$57.84 | \$11.65 | \$46.19 | | |
| 95885 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PREFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE. | | \$43.35 | \$43.35 | \$33.23 | \$15.43 | | |
| 95886 | COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS. LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE | | \$69.00 | \$69.00 | \$35.01 | \$41.24 | | |
| 95887 | NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLES DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY. LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE. | | \$61.24 | \$61.24 | \$35.60 | \$32.34 | | |
| 95905 | MOTOR/SENS NRVE CONDUCT TEST | | \$51.25 | \$51.25 | \$56.37 | \$2.37 | | |
| 95907 | NERVE CONDUCTION STUDIES; 1-2 STUDIES | | \$74.60 | \$74.60 | \$32.46 | \$42.14 | | |
| 95908 | 3-4 STUDIES | | \$92.10 | \$92.10 | \$39.17 | \$52.93 | | |
| 95909 | 5-6 STUDIES | | \$110.35 | \$110.35 | \$47.12 | \$63.23 | | |
| 95910 | 7-8 STUDIES | | \$145.32 | \$145.32 | \$60.78 | \$84.54 | | |
| 95911 | 9-10 STUDIES | | \$175.90 | \$175.90 | \$70.53 | \$105.37 | | |
| 95912 | 11-12 STUDIES | | \$206.48 | \$206.48 | \$79.79 | \$126.68 | | |
| 95913 | 13 OR MORE STUDIES | | \$239.30 | \$239.30 | \$89.29 | \$150.02 | | |
| 95919 | QUAN PUPLMTRY PHY/QHP UNI/BI | | \$12.59 | \$12.59 | \$4.40 | \$8.19 | | |
| 95921 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION | | \$64.30 | \$64.30 | \$28.18 | \$36.12 | | Rate updated 1/1/2018 |
| 95922 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC | | \$74.91 | \$74.91 | \$36.27 | \$38.64 | | Rate updated 1/1/2018 |
| 95923 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE | | \$98.75 | \$98.75 | \$62.12 | \$36.62 | | Rate updated 1/1/2018 |
| 95924 | COMBINED PARASYMPATHETIC AND SYMPATHETIC ADREN | | \$116.71 | \$116.71 | \$46.22 | \$70.49 | | |
| 95925 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | \$59.26 | \$59.26 | \$25.04 | \$34.23 | | |
| 95926 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | \$59.26 | \$59.26 | \$25.04 | \$34.23 | | |
| 95927 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | \$59.26 | \$59.26 | \$25.04 | \$34.23 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 95928 | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); | | \$123.90 | \$123.90 | \$61.25 | \$62.64 | | |
| 95929 | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); | | \$128.74 | \$128.74 | \$66.10 | \$62.64 | | |
| 95930 | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERB | | \$33.75 | \$33.75 | \$6.95 | \$26.80 | | |
| 95933 | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING | | \$53.27 | \$53.27 | \$21.57 | \$31.70 | | |
| 95937 | NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI | | \$39.96 | \$39.96 | \$9.31 | \$30.65 | | |
| 95938 | IN UPPER AND LOWER LIMBS | | \$226.88 | \$226.88 | \$219.85 | \$37.98 | | |
| 95939 | IN UPPER AND LOWER LIMBS | | \$357.61 | \$357.61 | \$303.52 | \$99.99 | | |
| 95940 | CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MON | | \$25.71 | \$25.71 | | | | |
| 95950 | MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE F | | \$253.35 | \$253.35 | \$174.15 | \$79.19 | | |
| 95951 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI | | \$363.89 | \$363.89 | \$209.48 | \$154.41 | | |
| 95953 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED | | \$299.42 | \$299.42 | \$174.15 | \$125.26 | | |
| 95954 | PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE | | \$140.92 | \$140.92 | \$13.53 | \$127.39 | | |
| 95955 | ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID | | \$114.71 | \$114.71 | \$54.77 | \$59.94 | | |
| 95956 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI | | \$307.44 | \$307.44 | \$174.15 | \$133.28 | | |
| 95957 | DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIK | | \$122.82 | \$122.82 | \$46.61 | \$76.21 | | |
| 95958 | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING | | \$268.50 | \$268.50 | \$47.93 | \$220.58 | | |
| 95961 | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO | | \$163.62 | \$163.62 | \$35.20 | \$128.42 | | |
| 95962 | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO | | \$170.67 | \$170.67 | \$35.20 | \$135.46 | | |
| 95965 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS | | \$317.58 | \$317.58 | | \$317.58 | | |
| 95966 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE | | \$45.80 | \$45.80 | | \$45.80 | | |
| 95967 | MEASUREMENT AND RECORDING OF EXTERNALLY EVOKED BRAIN PROCESSING FUNCTION USING MAGNETIC FIELDS | | \$40.39 | \$40.39 | | \$157.25 | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|------------------------------|
| 95970 | ELECTRONIC ANALYSIS OF IMPLANTED BRAIN SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM | | \$17.56 | \$17.56 | | | | |
| 95971 | ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED SIMPLE SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY, FIRST HOUR | | \$32.30 | \$31.43 | | \$29.88 | | |
| 95972 | ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX SPINAL CORD OR PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR AFTER SURGERY, FIRST HOUR | | \$62.88 | \$63.68 | | \$61.61 | | |
| 95976 | ALYS SMPL CN NPGT PRGRMG | | \$32.24 | \$32.76 | | | | Effective 1/1/2019 |
| 95977 | ALYS CPLX CN NPGT PRGRMG | | \$42.98 | \$43.50 | | | | Effective 1/1/2019 |
| 95980 | IO ANAL GAST N-STIM INIT | | \$26.57 | \$29.52 | | | | |
| 95981 | IO ANAL GAST N-STIM SUBSQ | | \$13.05 | \$22.55 | | | | |
| 95982 | IO GA N-STIM SUBSQ W/REPROG | | \$26.11 | \$34.71 | | | | |
| 95983 | ALYS BRN NPGT PRGRMG 15 MIN | | \$40.66 | \$41.18 | | | | Effective 1/1/2019 |
| 95984 | ALYS BRN NPGT PRGRMG ADDL 15 | | \$35.60 | \$35.86 | | | | Effective 1/1/2019 |
| 95990 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | \$39.59 | \$39.59 | | | | |
| 95991 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | \$28.60 | \$62.00 | | | | |
| 95992 | REPOSITIONING MANEUVERS FOR TREATMENT OF VERTIGO, PER DAY | | \$30.26 | \$33.53 | | | | |
| 95999 | UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 96020 | FUNCTIONAL BRAIN MAPPING | | | | | \$124.86 | | |
| 96105 | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE | | \$72.45 | \$72.45 | | | | |
| 96110 | DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, E | | \$32.19 | \$32.19 | | | | |
| 96112 | DEVEL TST PHYS/QHP 1ST HR | | \$108.86 | \$108.86 | | | | Updated Effective 01/01/2019 |
| 96113 | DEVEL TST PHYS/QHP EA ADDL | | \$48.65 | \$48.65 | | | | Updated Effective 1/1/2019 |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN | | \$64.24 | \$68.22 | | | | |
| 96121 | NUBHVL XM PHY/QHP EA ADDL HR | | \$63.65 | \$66.52 | | | | Effective 1/1/2019 |
| 96125 | COGNITIVE TEST BY HC PRO | | \$80.63 | \$80.63 | | | | |
| 96127 | BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT | | \$3.86 | \$3.86 | | | | Added effective 1/1/2015 |
| 96130 | PSYCL TST EVAL PHYS/QHP 1ST | | \$89.87 | \$95.10 | | | | Effective 1/1/2019 |
| 96131 | PSYCL TST EVAL PHYS/QHP EA | | \$68.47 | \$72.39 | | | | Effective 1/1/2019 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 96132 | NRPSYC TST EVAL PHYS/QHP 1ST | | \$88.32 | \$105.82 | | | | Effective 1/1/2019 |
| 96133 | NRPSYC TST EVAL PHYS/QHP EA | | \$67.69 | \$80.74 | | | | Effective 1/1/2019 |
| 96136 | PSYCL/NRPSYC TST PHY/QHP 1ST | | \$20.18 | \$36.63 | | | | Effective 1/1/2019 |
| 96137 | PSYCL/NRPSYC TST PHY/QHP EA | | \$15.96 | \$33.72 | | | | Effective 1/1/2019 |
| 96138 | PSYCL/NRPSYC TECH 1ST | | \$28.18 | \$28.18 | | | | Effective 1/1/2019 |
| 96139 | PSYCL/NRPSYC TST TECH EA | | \$28.18 | \$28.18 | | | | Effective 1/1/2019 |
| 96146 | PSYCL/NRPSYC TST AUTO RESULT | | \$1.55 | \$1.55 | | | | Effective 1/1/2019 |
| 96150 | HEALTH AND BEHAVIOR ASSESSMENT EACH 15 MINUTES | | \$15.52 | \$15.75 | | | | From 1/1/14 to 6/27/14 use 14.51 for Inpat rate and 14.73 for outpat rate. For 6/27/14 on use rates listed |
| 96151 | HEALTH AND BEHAVIOR RE-ASSESSMENT EACH 15 MINUTES | | \$14.98 | \$15.21 | | | | From 1/1/14 to 6/27/14 use for 14.00 Inpat rate and 14.22 for outpat rate. For 6/27/14 on use rates listed |
| 96152 | HEALTH AND BEHAVIOR INTERVENTION, INDIVIDUAL EACH 15 MINUTES | | \$17.99 | \$18.24 | | | | |
| 96153 | HEALTH AND BEHAVIOR INTERVENTION, GROUP EACH 15 MINUTES | | \$3.99 | \$4.25 | | | | |
| 96156 | HLTH BHV ASSMT/REASSESSMENT | | \$71.86 | \$78.61 | | | | Added Effective 01/01/2020 |
| 96158 | HLTH BHV IVNTJ INDIV 1ST 30 | | \$49.04 | \$53.71 | | | | Added Effective 01/01/2020 |
| 96159 | HLTH BHV IVNTJ INDIV EA ADDL | | \$16.91 | \$18.73 | | | | Added Effective 01/01/2020 |
| 96160 | PT-FOCUSED HLTH RISK ASSMT | | \$3.38 | \$3.38 | | | | Added Effective 1/1/2017 |
| 96161 | CAREGIVER HEALTH RISK ASSMT | | \$3.38 | \$3.38 | | | | Added Effective 1/1/2017 |
| 96164 | HLTH BHV IVNTJ GRP 1ST 30 | | \$7.16 | \$7.94 | | | | Added Effective 01/01/2020 |
| 96165 | HLTH BHV IVNTJ GRP EA ADDL | | \$3.18 | \$3.70 | | | | Added Effective 01/01/2020 |
| 96167 | HLTH BHV IVNTJ FAM 1ST 30 | | \$52.46 | \$57.65 | | | | Added Effective 01/01/2020 |
| 96168 | HLTH BHV IVNTJ FAM EA ADDL | | \$18.64 | \$20.45 | | | | Added Effective 01/01/2020 |
| 96170 | HLTH BHV IVNTJ FAM WO PT 1ST | | \$61.56 | \$64.42 | | | | Added Effective 01/01/2020 |
| 96171 | HLTH BHV IVNTJ FAM W/O PT EA | | \$22.45 | \$23.49 | | | | Added Effective 01/01/2020 |
| 96202 | MLT FAM GRP BHV TRAIN 1ST 60 | | \$18.19 | \$19.75 | | | | |
| 96203 | MLT FAM GRP BHV TRAIN EA ADD | | \$5.11 | \$5.11 | | | | |
| 96360 | INTRAVENOUS INFUSION, HYDRATION, INITIAL, 31 MIN | | \$45.40 | \$45.40 | | | | |
| 96361 | EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION | | \$13.05 | \$13.05 | | | | |
| 96365 | THER/PROPH/DIAG IV INF, INIT | | \$55.19 | \$55.19 | | | | |
| 96366 | THER/PROPH/DIAG IV INF, ADD ON | | \$17.51 | \$17.51 | | | | |
| 96367 | TX/PROPH/DG ADDL SEQ IV INF | | \$27.00 | \$27.00 | | | | |
| 96368 | THER/DIAG CONCURRENT INF | | \$16.32 | \$16.32 | | | | |
| 96369 | SC THER INFUSION, UP TO 1 HR | | \$122.54 | \$122.54 | | | | |
| 96370 | SC THER INFUSION, ADDL 1 HR | | \$13.05 | \$13.05 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 96371 | SC THER INFUSION, RESET PUMP | | \$60.82 | \$60.82 | | | | |
| 96372 | THER/PROPH/DIAG INJ, SC/IM | | \$18.10 | \$18.10 | | | | |
| 96373 | THER/PROPH/DIAG INJ, IA | | \$14.54 | \$14.54 | | | | |
| 96374 | THER/PROPH/DIAG INJ, IV PUSH | | \$44.51 | \$44.51 | | | | |
| 96375 | TX/PRO/DX INJ NEW DRUG ADD ON | | \$18.99 | \$18.99 | | | | |
| 96377 | APP ON-BODY SUB INJ | | \$15.60 | \$15.60 | \$0.00 | \$0.00 | | Rate updated 1/1/2018 Added Effective 1/1/2017 |
| 96379 | THER/PROP/DIAG INJ/INF PROC | | \$0.00 | \$0.00 | | | | |
| 96401 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMON | | \$56.43 | \$56.43 | | | | |
| 96402 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL | | \$35.81 | \$35.81 | | | | |
| 96405 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS | | \$23.22 | \$118.26 | | | | |
| 96406 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS | | \$37.64 | \$135.56 | | | | |
| 96409 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR IN | | \$103.07 | \$103.07 | | | | |
| 96411 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIO | | \$59.17 | \$59.17 | | | | |
| 96413 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 H | | \$139.44 | \$139.44 | | | | |
| 96415 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH | | \$31.66 | \$31.66 | | | | |
| 96416 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATIO | | \$150.81 | \$150.81 | | | | |
| 96417 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH | | \$68.92 | \$68.92 | | | | |
| 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE | | \$96.79 | \$96.79 | | | | |
| 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO | | \$160.12 | \$160.12 | | | | |
| 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH | | \$69.61 | \$69.61 | | | | |
| 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITI | | \$157.18 | \$157.18 | | | | |
| 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDI | | \$120.39 | \$307.75 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 96446 | CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER | | \$18.69 | \$154.58 | | | | |
| 96450 | CHEMOTHERAPY ADMINISTRATION INTO SPINAL CANAL REQUIRING SPINAL TAP | | \$88.60 | \$248.87 | | | | |
| 96521 | REFILLING AND MAINTENANCE OF PORTABLE PUMP | | \$121.52 | \$121.52 | | | | |
| 96522 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | \$97.03 | \$97.03 | | | | |
| 96523 | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS | | \$23.68 | \$23.68 | | | | |
| 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANE | | \$43.14 | \$154.45 | | | | |
| 96547 | INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, FIRST 60 MINUTES | | \$0.00 | \$0.00 | | | | |
| 96548 | INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, EACH ADDITIONAL 30 MINUTES | | \$0.00 | \$0.00 | | | | |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 96567 | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY | | \$94.17 | \$94.17 | | | | |
| 96570 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO | | \$56.77 | \$56.77 | | | | |
| 96571 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO | | \$30.57 | \$30.57 | | | | |
| 96573 | PDT DSTR PRMLG LES PHYS/QHP | | \$141.49 | \$141.49 | | | | Added Effective 1/1/2018 |
| 96574 | DBRDMT PRMLG LES W/PDT | | \$183.40 | \$183.40 | | | | Added Effective 1/1/2018 |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT) | | \$10.92 | \$10.92 | | | | |
| 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR | | \$15.72 | \$15.72 | | | | |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA) | | \$18.11 | \$18.11 | | | | |
| 96913 | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE | | \$37.03 | \$37.03 | | | | |
| 96920 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA | R | \$47.00 | \$109.44 | | | | |
| 96921 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM T | R | \$47.83 | \$112.07 | | | | |
| 96922 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ | R | \$85.67 | \$156.07 | | | | |
| 96931 | REFLECTANCE CONFOCAL MICROSCOPY FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN | | \$126.94 | \$126.94 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 96932 | IMAGE ACQUISITION ONLY FIRST LESION | | \$90.56 | \$90.56 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |
| 96933 | INTERPRETTION AND REPORT ONLY FIRST LESION | | \$32.43 | \$32.43 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |
| 96934 | IMAGE ACQUISITION AND INTERPRETATION AND REPORT, EACH ADDITIONAL LESION | | \$56.86 | \$56.86 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |
| 96935 | IMAGE ACQUISITION ONLY , EACH ADDITIONAL LESION | | \$25.83 | \$25.83 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |
| 96936 | INTERPRETATION AND REPORT ONLY EACH ADDITIONAL LESION | | \$31.01 | \$31.01 | | | | Rate updated 1/1/2018 Added Effective 1/1/2016 |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 97010 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS | | \$9.35 | \$9.35 | | | | |
| 97012 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL | | \$12.92 | \$12.92 | | | | |
| 97014 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION | | \$11.13 | \$11.13 | | | | |
| 97016 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES | | \$12.47 | \$12.47 | | | | |
| 97018 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH | | \$10.39 | \$10.39 | | | | |
| 97022 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL | | \$12.92 | \$12.92 | | | | |
| 97024 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWA | | \$9.35 | \$9.35 | | | | |
| 97026 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED | | \$8.81 | \$8.81 | | | | |
| 97028 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET | | \$11.21 | \$11.21 | | | | |
| 97032 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION | | \$11.33 | \$11.33 | | | | |
| 97033 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 | | \$11.87 | \$11.87 | | | | |
| 97034 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 1 | | \$9.09 | \$9.09 | | | | |
| 97035 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MI | | \$9.36 | \$9.36 | | | | |
| 97036 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 | | \$17.27 | \$17.27 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------|
| 97037 | LOW-LEVEL LASER THERAPY APPLICATION FOR PAIN MANAGEMENT AFTER SURGERY | | \$0.00 | \$0.00 | | | | |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) | R | \$15.68 | \$15.68 | | | | |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC | | \$20.90 | \$20.90 | | | | |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCUL | | \$21.66 | \$21.66 | | | | |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THE | | \$18.76 | \$18.76 | | | | |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINI | | \$14.93 | \$14.93 | | | | |
| 97124 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, | | \$13.46 | \$13.46 | | | | |
| 97127 | THER IVNTJ W/FOCUS COG FUNCJ | | \$0.00 | \$0.00 | | | | Added Effective 1/1/2018 |
| 97129 | THER IVNTJ 1ST 15 MIN | | \$18.99 | \$19.25 | | | | Added Effective 01/01/2020 |
| 97130 | THER IVNTJ EA ADDL 15 MIN | | \$18.41 | \$18.41 | | | | Added Effective 01/01/2020 |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE (SPECIFY) | R | \$0.00 | \$0.00 | | | | |
| 97140 | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP | | \$13.89 | \$17.52 | | | | |
| 97150 | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS) | | \$13.77 | \$13.77 | | | | |
| 97151 | BHV ID ASSMT BY PHYS/QHP | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97152 | BHV ID SUPRT ASSMT BY 1 TECH | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97153 | ADAPTIVE BEHAVIOR TX BY TECH | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97154 | GRP ADAPT BHV TX BY TECH | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97155 | ADAPT BEHAVIOR TX PHYS/QHP | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97156 | FAM ADAPT BHV TX GDN PHY/QHP | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97157 | MULT FAM ADAPT BHV TX GDN | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97158 | GRP ADAPT BHV TX BY PHY/QHP | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 97161 | PT EVAL LOW COMPLEX 20 MIN | | \$63.47 | \$63.47 | | | | Added Effective 1/1/2017 |
| 97162 | PT EVAL MOD COMPLEX 30 MIN | | \$63.47 | \$63.47 | | | | Added Effective 1/1/2017 |
| 97163 | PT EVAL HIGH COMPLEX 45 MIN | | \$63.47 | \$63.47 | | | | Added Effective 1/1/2017 |
| 97164 | PT RE-EVAL EST PLAN CARE | | \$42.90 | \$42.90 | | | | Added Effective 1/1/2017 |
| 97165 | OT EVAL LOW COMPLEX 30 MIN | | \$61.65 | \$61.65 | | | | Added Effective 1/1/2017 |
| 97166 | OT EVAL MOD COMPLEX 45 MIN | | \$61.65 | \$61.65 | | | | Added Effective 1/1/2017 |
| 97167 | OT EVAL HIGH COMPLEX 60 MIN | | \$61.65 | \$61.65 | | | | Added Effective 1/1/2017 |
| 97168 | OT RE-EVAL EST PLAN CARE | | \$40.58 | \$40.58 | | | | Added Effective 1/1/2017 |
| 97169 | AT EVAL LOW COMPLEX 15 MIN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added Effective 1/1/2017 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 97170 | AT EVAL MOD COMPLEX 30 MIN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added Effective 1/1/2017 |
| 97171 | AT EVAL HIGH COMPLEX 45 MIN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added Effective 1/1/2017 |
| 97172 | AT RE-EVAL EST PLAN CARE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | Added Effective 1/1/2017 |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PRO | | \$21.61 | \$21.61 | | | | |
| 97532 | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM | | \$14.98 | \$18.85 | | | | |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO | | \$14.98 | \$20.40 | | | | |
| 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD | | \$14.73 | \$14.73 | | | | |
| 97542 | WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN | | \$12.38 | \$12.38 | | | | |
| 97550 | CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, INITIAL 30 MINUTES | | \$45.05 | \$45.05 | | | | |
| 97551 | CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, EACH ADDITIONAL 15 MINUTES | | \$20.98 | \$22.54 | | | | |
| 97552 | GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY | | \$18.28 | \$18.28 | | | | |
| 97597 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI | | \$35.34 | \$35.34 | | | | |
| 97598 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI | | \$45.19 | \$45.19 | | | | |
| 97602 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT | | \$8.26 | \$8.26 | | | | |
| 97605 | NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA LESS THAN 50 SQUARE CENTIMETERS, PER SESSION | | \$21.77 | \$32.36 | | | | |
| 97606 | NEGATIVE PRESSURE WOUND THERAPY, SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS, PER SESSION | | \$23.91 | \$29.07 | | | | |
| 97607 | NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS PER SESSION | | \$18.08 | \$247.67 | | | | Effective 01/01/2020 |
| 97608 | NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS | | \$20.31 | \$248.60 | | | | Effective 01/01/2020 |
| 97610 | LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER DAY | | \$12.95 | \$87.98 | | | | Added Effective 1/1/2016 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO | | \$20.37 | \$20.37 | | | | |
| 97760 | ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING | | \$19.23 | \$22.80 | | | | |
| 97761 | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES | | \$18.72 | \$21.01 | | | | |
| 97763 | ORTHC/PROSTC MGMT SBSQ ENC | | \$37.07 | \$37.07 | | | | Added Effective 1/1/2018 |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE | R | \$0.00 | \$0.00 | | | | |
| 97802 | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI | | \$11.87 | \$11.87 | | | | |
| 97803 | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, | | \$11.87 | \$11.87 | | | | |
| 97804 | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI | | \$4.64 | \$4.64 | | | | |
| 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVO | | \$20.40 | \$20.40 | | | | |
| 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS | | \$30.53 | \$30.53 | | | | |
| 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INV | | \$36.45 | \$36.45 | | | | |
| 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS | | \$42.46 | \$42.46 | | | | |
| 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INV | | \$46.11 | \$46.11 | | | | |
| 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT, 1-2 SPINAL REGIONS | | \$17.06 | \$20.68 | | | | |
| 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT, 3 TO 4 SPINAL REGIONS | | \$25.08 | \$26.45 | | | | |
| 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT, 5 SPINAL REGIONS | | \$33.23 | \$32.78 | | | | |
| 98943 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE RE | | \$0.00 | \$19.24 | | | | |
| 98960 | SELF MANAGEMENT EDUCATION AND TRAINING INDIVIDUAL PATIENT | | \$22.53 | \$22.53 | | | | Added Effective 7/1/2015 Price increase effective 7.1.2023 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 98960 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES - 1 PATIENT | | \$22.53 | \$22.53 | | | | Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist UB modifier identifies service provided by CHW |
| 98961 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 2-4 PATIENTS, EACH 30 MINUTES | | \$10.88 | \$10.88 | | | | Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist UB modifier identifies service provided by CHW |
| 98962 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 5-8 PATIENTS, EACH 30 MINUTES | | \$8.03 | \$8.03 | | | | Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist UB modifier identifies service provided by CHW |
| 98966 | HC PRO PHONE CALL 5-10 MIN | | \$10.39 | \$11.17 | | | | Added Effective 02/04/2020 |
| 98967 | HC PRO PHONE CALL 11-20 MIN | | \$20.76 | \$21.80 | | | | Added Effective 02/04/2020 |
| 98968 | HC PRO PHONE CALL 21-30 MIN | | \$30.90 | \$31.94 | | | | Added Effective 02/04/2020 |
| 98970 | QNHP OL DIG E/M SVC 5-10MIN | | \$9.25 | \$9.25 | | | | Updated Effective 01/01/2021 |
| 98971 | QNHP OL DIG EM SVC 11-20MIN | | \$16.51 | \$16.51 | | | | Updated Effective 01/01/2021 |
| 98972 | QNHP OL DIG E/M SVC 21+ MIN | | \$25.75 | \$26.01 | | | | Updated Effective 01/01/2021 |
| 98975 | REM THER MNTR 1ST SETUP&EDU | | \$14.41 | \$14.41 | | | | Added 1/1/2022 |
| 98976 | REM THER MNTR DEV SPLY RESP | | \$41.50 | \$41.50 | | | | Added 1/1/2022 |
| 98977 | REM THER MNTR DV SPLY MSCSKL | | \$41.50 | \$41.50 | | | | Added 1/1/2022 |
| 98978 | REM THER MNTR DEV SPLY CBT | | \$0.00 | \$0.00 | | | | |
| 98980 | REM THER MNTR 1ST 20 MIN | | \$25.82 | \$39.75 | | | | Added 1/1/2022 |
| 98981 | REM THER MNTR EA ADDL 20 MIN | | \$25.77 | \$32.73 | | | | Added 1/1/2022 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---|
| 99050 | SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE | | \$7.50 | \$10.00 | | | | |
| 99072 | ADDL SUPL MATRL&STAF TM PHE | | Zero | Zero | | | | Added 1/1/2022 |
| 99080 | PREPARATION OF SPECIAL REPORTS BEYOND WHAT IS FOUND IN THE MEDICAL RECORD | | Zero | Zero | | | | Effective 7/1/2023 |
| 99082 | UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT) | R | \$0.00 | \$1.00 | | | | |
| 99091 | COLLJ & INTERPJ DATA EA 30 D | | \$46.19 | \$46.19 | | | | Effective 7/1/2022 |
| 99100 | SPECIAL ANESTHESIA SERVICES < ONE YEAR AND >THAN 70 | | \$25.00 | \$25.00 | | | | |
| 99151 | MOD SED SAME PHYS/QHP <5 YRS | | \$19.15 | \$58.40 | | | | Added Effective 1/1/2017 |
| 99152 | MOD SED SAME PHYS/QHP 5/>YRS | | \$9.98 | \$38.57 | | | | Added Effective 1/1/2017 |
| 99153 | MOD SED SAME PHYS/QHP EA | | \$8.04 | \$8.04 | | | | Added Effective 1/1/2017 |
| 99155 | MOD SED OTH PHYS/QHP <5 YRS | | \$75.00 | \$75.00 | | | | Added Effective 1/1/2017 |
| 99156 | MOD SED OTH PHYS/QHP 5/>YRS | | \$61.64 | \$61.64 | | | | Added Effective 1/1/2017 |
| 99157 | MOD SED OTHER PHYS/QHP EA | | \$46.74 | \$46.74 | | | | Added Effective 1/1/2017 |
| 99170 | ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR | | \$100.19 | \$100.19 | | | | |
| 99172 | VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL | | \$15.64 | \$15.64 | \$12.37 | \$3.27 | | |
| 99173 | SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL | | \$45.00 | \$60.00 | | | | |
| 99174 | OCULAR PHOTOSCREENING | | \$21.93 | \$21.93 | | | | |
| 99175 | IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED | | \$38.10 | \$38.10 | | | | |
| 99177 | NSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS | | \$3.64 | \$3.64 | | | | Added Effective 1/1/2018 |
| 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER | | \$116.13 | \$116.13 | | | | |
| 99184 | INITIATION OF LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE | | \$187.45 | \$187.45 | | | | Added effective 1/1/2015 |
| 99188 | APPLICATION OF TOPICAL FLUORIDE | | \$18.75 | \$18.75 | | | | Added effective 1/1/2015 New rate effective 9/1/2023 |
| 99190 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); EACH HOUR | | \$88.74 | \$88.74 | | | | |
| 99191 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 45 MINUTES | | \$54.76 | \$54.76 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Outpat Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 99192 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 30 MINUTES | | \$40.41 | \$40.41 | | | | |
| 99195 | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE) | | \$11.99 | \$11.99 | | | | |
| 99202 | OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 20 MINUTES | | \$39.73 | \$53.00 | | | | |
| 99203 | OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 30 MINUTES | | \$60.57 | \$79.04 | | | | |
| 99204 | OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 45 MINUTES | | \$102.79 | \$112.27 | | | | |
| 99205 | OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 60 MINUTES | | \$131.98 | \$143.29 | | | | |
| 99211 | OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 5 MINUTES | | \$7.48 | \$16.98 | | | | |
| 99212 | OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 10 MINUTES | | \$20.41 | \$31.08 | | | | |
| 99213 | OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 15 MINUTES | | \$40.36 | \$42.63 | | | | |
| 99214 | OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 25 MINUTES | | \$61.98 | \$67.10 | | | | |
| 99215 | OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 40 MINUTES | | \$87.17 | \$98.39 | | | | |
| 99221 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | \$51.66 | \$51.66 | | | | |
| 99222 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | \$85.60 | \$85.60 | | | | |
| 99223 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | \$119.25 | \$119.25 | | | | |
| 99231 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | \$25.89 | \$25.89 | | | | |
| 99232 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | \$42.24 | \$42.24 | | | | |
| 99233 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | \$60.07 | \$60.07 | | | | |
| 99234 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | \$102.79 | \$102.79 | | | | |
| 99235 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | \$135.67 | \$135.67 | | | | |
| 99236 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | \$169.32 | \$169.32 | | | | |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS | | \$53.44 | \$53.44 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| 99239 | HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES | | \$72.89 | \$72.89 | | | | |
| 99241 | PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES | | \$26.20 | \$36.55 | | | | |
| 99242 | PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES | | \$54.91 | \$67.83 | | | | |
| 99243 | PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES | | \$76.53 | \$90.43 | | | | |
| 99244 | PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES | | \$121.37 | \$128.22 | | | | |
| 99245 | PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES | | \$150.75 | \$166.18 | | | | |
| 99252 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | \$55.73 | \$55.73 | | | | |
| 99253 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | \$74.75 | \$74.75 | | | | |
| 99254 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | \$107.50 | \$107.50 | | | | |
| 99255 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | \$148.20 | \$148.20 | | | | |
| 99281 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | \$15.97 | \$15.97 | | | | |
| 99282 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | \$24.71 | \$24.71 | | | | |
| 99283 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | \$47.40 | \$47.40 | | | | |
| 99284 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | \$74.05 | \$74.05 | | | | |
| 99285 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | \$116.04 | \$116.04 | | | | |
| 99288 | DIRECT ADVANCED LIFE SUPPORT | | \$0.00 | \$0.00 | | | | |
| 99291 | CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT, FIRST HOUR | | \$157.68 | \$215.02 | | | | |
| 99292 | CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENTADDL 30 MIN | | \$88.74 | \$96.75 | | | | |
| 99304 | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM | | \$49.40 | \$49.40 | | | | |
| 99305 | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM | | \$65.66 | \$65.66 | | | | |
| 99306 | NURSING FACILITY CARE INIT | | \$130.50 | \$130.50 | | | | |
| 99307 | NURSING FAC CARE SUBSEQ | | \$34.42 | \$34.42 | | | | |
| 99308 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | \$42.19 | \$42.19 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| 99309 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | \$59.51 | \$59.51 | | | | |
| 99310 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | \$74.49 | \$74.49 | | | | |
| 99315 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS | | \$46.70 | \$46.70 | | | | |
| 99316 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES | | \$81.26 | \$81.26 | | | | |
| 99341 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | \$74.38 | \$74.38 | | | | |
| 99342 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | \$98.05 | \$98.05 | | | | |
| 99344 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | \$171.60 | \$171.60 | | | | |
| 99345 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | \$203.79 | \$203.79 | | | | |
| 99347 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | \$53.11 | \$53.11 | | | | |
| 99348 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | \$78.48 | \$78.48 | | | | |
| 99349 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | \$115.76 | \$115.76 | | | | |
| 99350 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | \$167.27 | \$167.27 | | | | |
| 99358 | PROLONG SERVICE W/O CONTACT | | \$105.00 | \$105.00 | | | | Added Effective 4/1/2022 |
| 99359 | PROLONG SERV W/O CONTACT EACH ADD 30 MIN | | \$51.32 | \$51.32 | | | | Added Effective 4/1/2022 |
| 99381 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION INFANT YOUNGER THAN 1 YEAR | | \$60.43 | \$78.58 | | | | |
| 99382 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 1-4 | | \$64.38 | \$89.90 | | | | |
| 99383 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 - 11 | | \$68.26 | \$89.90 | | | | |
| 99384 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12-17 | | \$80.42 | \$101.22 | | | | |
| 99385 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 18-39 | | \$77.60 | \$95.21 | | | | |
| 99386 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 40-64 | | \$93.99 | \$116.70 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 99387 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 YEARS AND OLDER | | \$101.40 | \$127.74 | | | | |
| 99391 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN 1 YEAR | | \$55.17 | \$67.57 | | | | |
| 99392 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1-4 | | \$60.43 | \$78.58 | | | | |
| 99393 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5-11 | | \$60.43 | \$78.58 | | | | |
| 99394 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12-17 | | \$68.26 | \$89.90 | | | | |
| 99395 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39 | | \$70.22 | \$84.80 | | | | |
| 99396 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64 | | \$76.54 | \$100.83 | | | | |
| 99397 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 65 YEARS AND OLDER | | \$81.19 | \$106.26 | | | | |
| 99401 | PREVENTIVE MEDICINE COUNSELING, 15 MIN | | \$25.64 | \$25.64 | | | | Effective 11/1/2016 |
| 99402 | PREVENTIVE MEDICINE COUNSELING, 30 MIN | | \$44.48 | \$44.48 | | | | Effective 1/1/2014 |
| 99403 | PREVENTIVE MEDICINE COUNSELING, 45 MIN | | \$62.34 | \$62.34 | | | | Effective 1/1/2014 |
| 99404 | PREVENTIVE MEDICINE COUNSELING, 60 MIN | | \$80.29 | \$80.29 | | | | Effective 1/1/2014 |
| 99406 | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES | | \$9.77 | \$11.34 | | | | Added Effective 1/1/2018 |
| 99407 | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES | | \$20.38 | \$21.95 | | | | Rate updated 1/1/2018 |
| 99408 | ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES | | \$20.00 | \$20.98 | | | | Added Effective 1/1/2014 |
| 99409 | ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, > THAN 30 MINUTES | | \$53.20 | \$53.20 | | | | Added Effective 7/1/2016 |
| 99415 | PROLONGED CLINICAL STAFF SERVICE | | \$6.45 | \$6.45 | | | | Added Effective 1/1/2016 |
| 99416 | EACH ADDITIONAL 30 MINUTES | | \$0.49 | \$0.49 | | | | Added Effective 1/1/2016 |
| 99417 | PROLNG OFF/OP E/M EA 15 MIN | | \$25.74 | \$26.52 | | | | Rate Updated Effective 4/1/21 |
| 99418 | PROLNG IP/OBS E/M EA 15 MIN | | \$33.09 | \$33.09 | | | | |
| 99420 | HEALTH RISK ASSESS TEST | | \$36.97 | \$7.05 | | | | Outpatient Rate of \$7.05 effective 01/01/2014 |
| 99421 | OL DIG E/M SVC 5-10 MIN | | \$10.39 | \$11.94 | | | | Added Effective 01/01/2020 |
| 99422 | OL DIG E/M SVC 11-20 MIN | | \$21.28 | \$23.87 | | | | Added Effective 01/01/2020 |
| 99423 | OL DIG E/M SVC 21+ MIN | | \$33.89 | \$38.56 | | | | Added Effective 01/01/2020 |
| 99424 | PRIN CARE MGMT PHYS 1ST 30 | | \$61.72 | \$67.65 | | | | Added 1/1/2022 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|----------------------------------|
| 99425 | PRIN CARE MGMT PHYS EA ADDL | | \$42.98 | \$48.65 | | | | Added 1/1/2022 |
| 99426 | PRIN CARE MGMT STAFF 1ST 30 | | \$41.43 | \$50.97 | | | | Added 1/1/2022 |
| 99427 | PRIN CARE MGMT STAFF EA ADDL | | \$29.25 | \$38.79 | | | | Added 1/1/2022 |
| 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE | R | \$0.00 | \$0.00 | | | | |
| 99437 | CHRNK CARE MGMT PHYS EA ADDL | | \$42.72 | \$49.42 | | | | Added 1/1/2022 |
| 99439 | CHRNK CARE MGMT SVC EA ADDL | | \$22.45 | \$29.93 | | | | Added Effective 01/01/2021 |
| 99441 | PHONE E/M PHYS/QHP 5-10 MIN | | \$40.36 | \$42.63 | | | | Updated Effective 01/01/2020 |
| 99442 | PHONE E/M PHYS/QHP 11-20 MIN | | \$61.98 | \$67.10 | | | | Updated Effective 01/01/2020 |
| 99443 | PHONE E/M PHYS/QHP 21-30 MIN | | \$87.17 | \$98.39 | | | | Updated Effective 01/01/2020 |
| 99444 | ONLINE E/M BY PHYS/QHP | | \$0.00 | \$0.00 | | | | Effective 1/1/2019 |
| 99446 | NTRPROF PH1/NTRNET/EHR 5-10 | | \$14.53 | \$14.53 | | | | Effective 1/1/2019 |
| 99447 | NTRPROF PH1/NTRNET/EHR 11-20 | | \$28.79 | \$28.79 | | | | Effective 1/1/2019 |
| 99448 | NTRPROF PH1/NTRNET/EHR 21-30 | | \$43.32 | \$43.32 | | | | Effective 1/1/2019 |
| 99449 | NTRPROF PH1/NTRNET/EHR 31/> | | \$57.58 | \$57.58 | | | | Effective 1/1/2019 |
| 99451 | NTRPROF PH1/NTRNET/EHR 5/> | | \$29.56 | \$29.56 | | | | Effective 1/1/2019 |
| 99452 | NTRPROF PH1/NTRNET/EHR RFRL | | \$29.56 | \$29.56 | | | | Effective 1/1/2019 |
| 99453 | REM MNTR PHYSIOL PARAM SETUP | | \$14.08 | \$14.08 | | | | Effective 1/1/2019 |
| 99454 | REM MNTR PHYSIOL PARAM DEV | | \$46.46 | \$46.46 | | | | Effective 1/1/2019 |
| 99457 | REM PHYSIOL MNTR 1ST 20 MIN | | \$25.53 | \$39.02 | | | | Rate Change Effective 01/01/2020 |
| 99458 | REM PHYSIOL MNTR EA ADDL 20 | | \$25.53 | \$32.28 | | | | Added Effective 01/01/2020 |
| 99459 | PELVIC EXAMINATION | | \$17.69 | \$17.69 | | | | |
| 99460 | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY | | \$45.99 | \$45.99 | | | | |
| 99461 | INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEME | | \$51.92 | \$75.36 | | | | |
| 99462 | SUBSEQUENT HOSPITAL CARE PER DAY | | \$24.63 | \$24.63 | | | | |
| 99463 | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY | | \$61.12 | \$61.12 | | | | |
| 99464 | ATTENDANCE AT DELIVERY (WHEN REQ BY DEL PHY) | | \$57.26 | \$57.26 | | | | |
| 99465 | DELIVERY/BIRTHING ROOM RESUSCITATION | | \$119.57 | \$119.57 | | | | |
| 99466 | CRITICAL CARE SERVICES DELIVERED BY A PHY | | \$190.18 | \$190.18 | | | | |
| 99467 | EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY | | \$94.05 | \$94.05 | | | | |
| 99468 | INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY | | \$707.33 | \$707.33 | | | | |
| 99469 | SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE | | \$308.57 | \$308.57 | | | | |
| 99471 | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY | | \$636.72 | \$636.72 | | | | |
| 99472 | SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER | | \$313.91 | \$313.91 | | | | |
| 99473 | SELF-MEAS BP PT EDUCAJ/TRAIN | | \$8.03 | \$8.03 | | | | Added Effective 01/01/2020 |
| 99474 | SELF-MEAS BP READINGS BID 30D | | \$7.06 | \$11.47 | | | | Added Effective 01/01/2020 |
| 99475 | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY | | \$441.19 | \$441.19 | | | | |
| 99476 | SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, | | \$261.99 | \$261.99 | | | | |
| 99477 | INT DAY HOSP NEONATE CARE | | \$275.93 | \$275.93 | | | | |
| 99478 | SUBSEQUENT INTENSIVE CARE, PER DAY | | \$113.34 | \$113.34 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| 99479 | SUBSEQUENT INTENSIVE CARE, PER DAY | | \$98.50 | \$98.50 | | | | |
| 99480 | SUBSEQUENT INTENSIVE CARE, PER DAY | | \$94.65 | \$94.65 | | | | |
| 99483 | ASSMT & CARE PLN PT COG IMP | | \$139.00 | \$184.69 | | | | Added Effective 1/1/2018 |
| 99484 | CARE MGMT SVC BHVL HLTH COND | | \$25.39 | \$36.88 | | | | Added Effective 1/1/2018 |
| 99485 | SUPERVISION BY A CONTROL PHYSICIAN OF INTERFAC | | \$60.50 | \$60.50 | | | | |
| 99486 | EACH ADDITIONAL 30 MIN | | \$52.68 | \$52.68 | | | | |
| 99487 | CMPLX CHRON CARE W/O PT VSIT | | \$41.76 | \$71.39 | | | | Added Effective 1/1/2017 |
| 99489 | CMPLX CHRON CARE ADDL 30 MIN | | \$21.01 | \$35.83 | | | | Added Effective 1/1/2017 |
| 99490 | CHRONIC CARE MANAGEMENT SERVICES AT LEAST 20 MINUTES PER CALENDAR MONTH | | \$26.00 | \$33.25 | | | | Added Effective 1/1/2015 |
| 99491 | CHRNC CARE MGMT SVC 30 MIN | | \$65.84 | \$65.84 | | | | Effective 1/1/2019 |
| 99492 | 1ST PSYC COLLAB CARE MGMT | | \$70.08 | \$121.51 | | | | Added Effective 1/1/2018 |
| 99493 | SBSQ PSYC COLLAB CARE MGMT | | \$63.35 | \$97.56 | | | | Added Effective 1/1/2018 |
| 99494 | 1ST/SBSQ PSYC COLLAB CARE | | \$33.79 | \$50.50 | | | | Added Effective 1/1/2018 |
| 99495 | TRANSJ CARE MGMT MOD F2F 14D | | \$117.43 | \$167.42 | | | | |
| 99495 | TRANSJ CARE MGMT MOD F2F 14D | | \$117.43 | \$167.42 | | | | |
| 99496 | TRANSJ CARE MGMT HIGH F2F 7D | | \$160.09 | \$226.91 | | | | |
| 99496 | TRANSJ CARE MGMT HIGH F2F 7D | | \$160.09 | \$226.91 | | | | |
| 99497 | ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL | | \$62.90 | \$67.56 | | | | Added Effective 1/1/2016 |
| 99498 | ADVANCE CARE PLANNING BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL | | \$58.90 | \$59.16 | | | | Added Effective 1/1/2016 |
| A4264 | PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM | R | | \$1,400.00 | | | | POS 11 to pay \$1,400 effective 1/1/2011 |
| A9500 | TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE | | \$103.45 | \$103.45 | | | | Added Effective 07/01/2020 |
| G0101 | CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION | | \$22.93 | \$31.99 | | | | Effective 4/15/2023 |
| G0104 | COLORECTAL CANCER SCREENING, FLEXIBLE SIGMOIDOSCOPY, AGE 45 & OLDER | | | \$124.52 | | | | Effective 01/01/2014 |
| G0105 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK | | \$270.86 | \$270.86 | | | | Effective 01/01/2015 |
| G0108 | Diabetes Training IND SELF MAN 30 min | | \$50.50 | \$50.50 | | | | |
| G0109 | Diabetes Training Group SELF MAN 30 min (2 or more IND.) | | \$13.92 | \$13.92 | | | | |
| G0121 | COLON CA SCRN NOT HI RSK IND | | \$150.28 | \$243.75 | | | | Rate updated 1/1/2018 |
| G0127 | TRIM NAIL(S) | | \$19.88 | \$19.88 | | | | |
| G0202 | SCREENING MAMMOGRAPHY, DIGITAL, BILATERIAL | | \$91.56 | \$91.56 | \$66.30 | \$25.26 | | |
| G0204 | DIAGNOSTIC MAMMOGRAPHY, DIGITAL, BILATERIAL | | \$99.65 | \$99.65 | \$68.35 | \$31.30 | | |
| G0206 | DIAGNOSTIC MAMMOGRAPHY, DIGITAL, UNILATERIAL | | \$80.34 | \$80.34 | \$55.04 | \$25.26 | | |
| G0279 | TOMOSYNTHESIS DIGITAL BREAST, UNI/BI | | \$43.04 | \$43.04 | \$18.61 | \$24.44 | | Added Effective 1/1/2015 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--------------------------|
| G0296 | VISIT TO DETERM IDCT ELIG | | \$42.85 | \$42.85 | | | | Added Effective 1/1/2016 |
| G0365 | Vessel mapping for dialysis access | | \$143.36 | \$143.36 | \$133.38 | \$9.97 | | Added Effective 10/11/19 |
| G0453 | CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MON | | \$21.28 | \$21.28 | | | | |
| G0455 | PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA | | \$94.27 | \$94.27 | | | | |
| G0463 | OUTPATIENT HOSPITAL CLINIC VISIT | | \$102.79 | \$112.79 | | | | ADDED EFFECTIVE 1/1/2015 |
| G2010 | REMOT IMAGE SUBMIT BY PT | | \$7.32 | \$9.40 | | | | Added Effective 2/4/2020 |
| G2012 | BRIEF CHECK IN BY MD/QHP | | \$10.39 | \$11.43 | | | | Added Effective 2/4/2020 |
| G2061 | QUAL NONMD EST PT 5-10M | | \$9.62 | \$9.62 | | | | Added Effective 2/4/2020 |
| G2062 | QUAL NONMD EST PT 11-20M | | \$16.98 | \$16.98 | | | | Added Effective 2/4/2020 |
| G2063 | QUAL NONMD EST PT 21>MIN | | \$26.34 | \$26.60 | | | | Added Effective 2/4/2020 |
| G2066 | INTER DEVC REMOTE 30D | | \$25.25 | \$25.25 | | | | Added Effective 1/1/2020 |
| G6001 | ECHO GUIDANCE RADIOTHERAPY | | \$39.39 | \$39.39 | \$15.76 | \$23.63 | | Added effective 1/1/2015 |
| G6002 | STEREOSCOPIC X-RAY GUIDANCE | | \$55.74 | \$55.74 | \$39.56 | \$16.18 | | Added effective 1/1/2015 |
| G6003 | RADIATION TREATMENT DELIVERY | | \$116.92 | \$116.92 | | | | Added effective 1/1/2015 |
| G6004 | RADIATION TREATMENT DELIVERY | | \$90.53 | \$90.53 | | | | Added effective 1/1/2015 |
| G6005 | RADIATION TREATMENT DELIVERY | | \$101.14 | \$101.14 | | | | Added effective 1/1/2015 |
| G6006 | RADIATION TREATMENT DELIVERY | | \$100.62 | \$100.62 | | | | Added effective 1/1/2015 |
| G6007 | RADIATION TREATMENT DELIVERY | | \$186.00 | \$186.00 | | | | Added effective 1/1/2015 |
| G6008 | RADIATION TREATMENT DELIVERY | | \$125.20 | \$125.20 | | | | Added effective 1/1/2015 |
| G6009 | RADIATION TREATMENT DELIVERY | | \$138.65 | \$138.65 | | | | Added effective 1/1/2015 |
| G6010 | RADIATION TREATMENT DELIVERY | | \$138.65 | \$138.65 | | | | Added effective 1/1/2015 |
| G6011 | RADIATION TREATMENT DELIVERY | | \$198.93 | \$198.93 | | | | Added effective 1/1/2015 |
| G6012 | RADIATION TREATMENT DELIVERY | | \$164.78 | \$164.78 | | | | Added effective 1/1/2015 |
| G6013 | RADIATION TREATMENT DELIVERY | | \$185.48 | \$185.48 | | | | Added effective 1/1/2015 |
| G6014 | RADIATION TREATMENT DELIVERY | | \$185.48 | \$185.48 | | | | Added effective 1/1/2015 |
| G6015 | RADIATION TX DELIVERY IMRT | | \$289.42 | \$289.42 | | | | Added effective 1/1/2015 |
| G6016 | DELIVERY COMP IMRT | | \$288.71 | \$288.71 | | | | Added effective 1/1/2015 |
| G6017 | INTRAFRACTION TRACK MOTION | | \$0.00 | \$0.00 | | | | Added effective 1/1/2015 |
| H0049 | ALCOHOL AND/OR DRUG SCREENING | | \$24.06 | \$24.06 | | | | Added Effective 7/1/2016 |
| J7321 | HYALGAN/SUPARTZ INJ PER DOSE | | | \$130.50 | | | | |
| J7323 | EUFLEXXA INJ PER DOSE | | | \$131.21 | | | | |
| J7324 | ORTHOVISC INJI PER DOSE | | | \$225.00 | | | | |
| J9015 | ALDESLEUKIN, PER SINGLE USE VIAL | | | \$730.35 | | | | |
| J9020 | ASPARAGINASE, 10,000 UNITS | | | \$59.32 | | | | |
| J9031 | BCG (INTRAVESICAL) PER INSTILLATION | | | \$152.19 | | | | |
| J9098 | CYTARABINE LIPOSOME, 10 MG | | | \$380.34 | | | | |
| J9150 | DAUNORUBICIN, 10 MG | | | \$74.57 | | | | |
| J9160 | DENILEUKIN DIFTITOX, 300 MCG | | | \$1,374.30 | | | | |
| J9165 | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG | | | \$5.57 | | | | |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG | | | \$422.99 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| J9212 | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG | | | \$4.80 | | | | |
| J9213 | INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS | | | \$33.05 | | | | |
| J9214 | INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS | | | \$14.66 | | | | |
| J9215 | INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU | | | \$7.74 | | | | |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 MG | | | \$5,115.60 | | | | |
| J9230 | MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG | | | \$11.38 | | | | |
| J9270 | PLICAMYCIN, 2.5 MG | | | \$88.87 | | | | |
| J9300 | GEMTUZUMAB OZOGAMICIN, 5MG | | | \$2,291.65 | | | | |
| J9600 | PORFIMER SODIUM, 75 MG | | | \$2,466.63 | | | | |
| M0201 | COVID-19 VACCINE HOME ADMIN | | \$35.50 | \$35.50 | | | | Added Effective 1/1/2022 |
| M0220 | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN | | | \$150.50 | | | | eff 12/8/21 end dated 11/22/2023 |
| M0221 | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN | | | \$250.50 | | | | eff 12/8/21 end dated 11/22/2023 |
| M0240 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses | | | \$450.00 | | | | eff 10/1/21 end dated 11/22/2023 |
| M0241 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses | | | \$750.00 | | | | eff 10/1/21 end dated 11/22/2023 |
| M0243 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring | | | \$450.00 | | | | eff 11/21/20, new Rate effective 10/1/21 end dated 11/22/2023 |
| M0244 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | | | \$750.00 | | | | eff 5/6/21, new rate effective 10/1/21 end dated 11/22/2023 |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|---|--------|---------------------|-------------------------|-------------|-------------|-----------------|--|
| M0245 | intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | | | \$450.00 | | | | eff 2/9/21 end dated 11/22/2023 |
| M0246 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | | | \$750.00 | | | | eff 5/6/21, new rate effective 10/1/21 end dated 11/22/2023 |
| M0247 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring | | | \$450.00 | | | | eff 10/1/21 end dated 11/22/2023 |
| M0248 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | | | \$750.00 | | | | eff 10/1/21 end dated 11/22/2023 |
| M0249 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose | | | \$450.00 | | | | eff 10/1/21 |
| M0250 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | | | \$450.00 | | | | eff 10/1/21 |
| Q0091 | SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY | | \$0.00 | \$0.00 | | | | Effective 4/15/2023 |
| Q0220 | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN | | | \$0.00 | | | | eff 12/8/21 end dated 11/22/2023 |
| Q0221 | INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN | | | \$0.00 | | | | eff 2/24/22 end dated 11/22/2023 |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|---------------------|
| Q4101 | APILIGRAF, PER SQUARE CM | | \$28.56 | \$28.56 | | | | |
| Q4106 | DERMAGRAFT, PER SQUARE CM | | \$34.99 | \$34.99 | | | | |
| Q4117 | HYALOMATRIX | | \$216.23 | \$216.23 | | | | Effective 1/1/2019 |
| Q4121 | THERASKIN | | \$23.21 | \$23.21 | | | | |
| Q4132 | GRAPHIX CORE PER SQUARE CM | | \$0.00 | \$0.00 | | | | Effective 1/1/2015 |
| Q4133 | GRAPHIX PRIME PER SQUARE CM | | \$0.00 | \$0.00 | | | | Effective 1/1/2015 |
| Q4160 | NUSHIELD 1 SQUARE CM | | \$110.62 | \$110.62 | | | | Effective 11/1/2019 |
| Q4186 | EPIFIX 1 SQ CM | | \$216.23 | \$216.23 | | | | Effective 1/1/2019 |
| Q4187 | EPICORD 1 SQ CM | | \$216.23 | \$216.23 | | | | Effective 1/1/2019 |
| Q4195 | PURAPLY 1 SQ CM | | \$140.00 | \$140.00 | | | | Effective 7/1/2020 |
| Q4196 | PURAPLY AM 1 SQ CM | | \$140.00 | \$140.00 | | | | Effective 7/1/2020 |
| Q4197 | PURAPLY XT, PER SQUARE CENTIMETER | | \$122.98 | \$122.98 | | | | Effective 4/1/2024 |
| V2020 | FRAMES, PURCHASES | | \$19.00 | \$50.00 | | | | |
| V2100 | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS | | \$0.00 | \$50.00 | | | | |
| V2101 | SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER | | \$0.00 | \$50.00 | | | | |
| V2102 | SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PE | | \$0.00 | \$50.00 | | | | |
| V2103 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .1 | | \$0.00 | \$50.00 | | | | |
| V2104 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2. | | \$0.00 | \$50.00 | | | | |
| V2105 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4. | | \$0.00 | \$50.00 | | | | |
| V2106 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OV | | \$0.00 | \$50.00 | | | | |
| V2107 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0 | | \$0.00 | \$50.00 | | | | |
| V2108 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7. | | \$0.00 | \$50.00 | | | | |
| V2109 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0 | | \$0.00 | \$50.00 | | | | |
| V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVE | | \$0.00 | \$50.00 | | | | |
| V2111 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | \$0.00 | \$50.00 | | | | |
| V2112 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | \$0.00 | \$50.00 | | | | |

*** See Billing Instruction manual for rate information**

| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| V2113 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | \$0.00 | \$50.00 | | | | |
| V2114 | SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER L | | \$0.00 | \$50.00 | | | | |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION | | \$0.00 | \$50.00 | | | | |
| V2118 | ANISEIKONIC LENS, SINGLE VISION | | \$0.00 | \$50.00 | | | | |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | | \$0.00 | \$50.00 | | | | |
| V2199 | NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS | | \$0.00 | \$50.00 | | | | |
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS | | \$0.00 | \$50.00 | | | | |
| V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS | | \$0.00 | \$50.00 | | | | |
| V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS | | \$0.00 | \$50.00 | | | | |
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2 | | \$0.00 | \$50.00 | | | | |
| V2204 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO | | \$0.00 | \$50.00 | | | | |
| V2205 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO | | \$0.00 | \$50.00 | | | | |
| V2206 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.0 | | \$0.00 | \$50.00 | | | | |
| V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D | | \$0.00 | \$50.00 | | | | |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | \$0.00 | \$50.00 | | | | |
| V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | \$0.00 | \$50.00 | | | | |
| V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | \$0.00 | \$50.00 | | | | |
| V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | \$0.00 | \$50.00 | | | | |
| V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | \$0.00 | \$50.00 | | | | |
| V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | \$0.00 | \$50.00 | | | | |
| V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS | | \$0.00 | \$50.00 | | | | |
| V2215 | LENTICULAR (MYODISC), PER LENS, BI | | \$0.00 | \$50.00 | | | | |
| V2218 | ANISEIKONIC, PER LENS, BIFOCAL | | \$0.00 | \$50.00 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| V2219 | BIFOCAL SEG WIDTH OVER 28MM | | \$0.00 | \$50.00 | | | | |
| V2220 | BIFOCAL ADD OVER 3.25D | | \$0.00 | \$50.00 | | | | |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL | | \$0.00 | \$50.00 | | | | |
| V2299 | SPECIALTY BIFOCAL (BY REPORT) | R | \$0.00 | \$50.00 | | | | |
| V2300 | LENS SPHERE TRIFOCAL 4.00D | | \$0.00 | \$56.00 | | | | |
| V2301 | LENS SPHERE TRIFOCAL 4.12-7. | | \$0.00 | \$56.00 | | | | |
| V2302 | LENS SPHERE TRIFOCAL 7.12-20 | | \$0.00 | \$56.00 | | | | |
| V2303 | LENS SPHCY TRIFOCAL 4.0/.12- | | \$0.00 | \$56.00 | | | | |
| V2304 | LENS SPHCY TRIFOCAL 4.0/2.25 | | \$0.00 | \$56.00 | | | | |
| V2305 | LENS SPHCY TRIFOCAL 4.0/4.25 | | \$0.00 | \$56.00 | | | | |
| V2306 | LENS SPHCYL TRIFOCAL 4.00/>6 | | \$0.00 | \$56.00 | | | | |
| V2307 | LENS SPHCY TRIFOCAL 4.25-7/. | | \$0.00 | \$56.00 | | | | |
| V2308 | LENS SPHC TRIFOCAL 4.25-7/2. | | \$0.00 | \$56.00 | | | | |
| V2309 | LENS SPHC TRIFOCAL 4.25-7/4. | | \$0.00 | \$56.00 | | | | |
| V2310 | LENS SPHC TRIFOCAL 4.25-7/>6 | | \$0.00 | \$56.00 | | | | |
| V2311 | LENS SPHC TRIFO 7.25-12/.25- | | \$0.00 | \$56.00 | | | | |
| V2312 | LENS SPHC TRIFO 7.25-12/2.25 | | \$0.00 | \$56.00 | | | | |
| V2313 | LENS SPHC TRIFO 7.25-12/4.25 | | \$0.00 | \$56.00 | | | | |
| V2314 | LENS SPHCYL TRIFOCAL OVER 12 | | \$0.00 | \$56.00 | | | | |
| V2315 | LENTICULAR, (MYODISC), PER LENS, TRIFOCAL | | \$0.00 | \$56.00 | | | | |
| V2318 | LENS ANISEIKONIC TRIFOCAL | | \$0.00 | \$56.00 | | | | |
| V2319 | LENS TRIFOCAL SEG WIDTH > 28 | | \$0.00 | \$56.00 | | | | |
| V2320 | LENS TRIFOCAL ADD OVER 3.25D | | \$0.00 | \$56.00 | | | | |
| V2321 | LENTICULAR LENS, PER LENS, TRIFOCAL | | \$0.00 | \$56.00 | | | | |
| V2399 | SPECIALTY TRIFOCAL (BY REPORT) | | \$0.00 | \$56.00 | | | | |
| V2410 | VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC | | \$0.00 | \$50.00 | | | | |
| V2430 | VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER | | \$0.00 | \$50.00 | | | | |
| V2499 | VARIABLE SPHERICITY LENS, OTHER TYPE | | \$0.00 | \$50.00 | | | | |
| V2500 | CONTACT LENS, PMMA, SPHERICAL, PER LENS | | \$0.00 | \$58.24 | | | | |
| V2501 | CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS | | \$0.00 | \$90.05 | | | | |
| V2502 | CONTACT LENS, PMMA, BIFOCAL, PER LENS | | \$0.00 | \$106.04 | | | | |
| V2503 | CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS | | \$0.00 | \$102.58 | | | | |
| V2510 | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS | | \$0.00 | \$83.42 | | | | |
| V2511 | CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS | | \$0.00 | \$121.44 | | | | |

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| Procedure Code | Procedure Description | PA Ind | Inpat Rate Facility | Output Rate NonFacility | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|----------------|--|--------|---------------------|-------------------------|-------------|-------------|-----------------|-------|
| V2512 | CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS | | \$0.00 | \$149.20 | | | | |
| V2513 | CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS | | \$0.00 | \$133.32 | | | | |
| V2520 | CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS | | \$0.00 | \$84.93 | | | | |
| V2521 | CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS | | \$0.00 | \$130.57 | | | | |
| V2522 | CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS | | \$0.00 | \$131.68 | | | | |
| V2523 | CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS | | \$0.00 | \$127.63 | | | | |
| V2524 | CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS | | \$0.00 | \$132.59 | | | | |
| V2530 | CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS | | \$0.00 | \$148.26 | | | | |
| V2531 | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS | | \$0.00 | \$506.52 | | | | |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | | \$180.00 | \$234.00 | | | | |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS | | \$137.50 | \$178.75 | | | | |
| V2700 | BALANCE LENS, PER LENS | | \$0.00 | \$46.04 | | | | |
| V2744 | TINT, PHOTOCHROMATIC, PER LENS | | \$0.00 | \$104.00 | | | | |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS | | \$0.00 | \$26.74 | | | | |
| V2755 | U-V LENS, PER LENS | | \$0.00 | \$19.33 | | | | |
| V2760 | SCRATCH RESISTANT COATING, PER LENS | | \$0.00 | \$14.40 | | | | |
| V2770 | OCCLUDER LENS, PER LENS | | \$0.00 | \$21.73 | | | | |
| V2781 | PROGRESSIVE LENS, PER LENS | | \$0.00 | \$60.00 | | | | |
| V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS | | \$0.00 | \$60.41 | | | | |
| V2783 | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS | | \$0.00 | \$77.14 | | | | |
| V2784 | LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS | | \$0.00 | \$32.00 | | | | |
| V2799 | HINGE REPAIR ONLY | | \$0.00 | \$15.00 | | | | |