

KY Medicaid Physician Fee Schedule 2021

Notes:

• Red indicates new codes or changes for the most current revision date.

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

R" in PA column indicates Prior Auth is required

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

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

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



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

Proc 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 OTHERWISE SPEC.		*	*			5.00	
00162	ANES FOR PROC ON NOSE AND ACCESS SINUSES; RADICAL SURGERY		*	*			7.00	
00164	ANES FOR PROC ON NOSE AND ACCESS SINUSES; BIOPSY SOFT TISSUE		*	*			4.00	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	

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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	
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	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
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	

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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	
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	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
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	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
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	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
01622	ANES FOR DIAG ARTHROSCOPIC PROC OF SHOULDER JOINT		*	*			4.00	

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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	

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
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	

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	
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	
01935	ANESTH, PERC IMG DX SP PROC		*	*			5.00	End Dated 12/31/2021
01936	ANESTH, PERC IMG TX SP PROC		*	*			5.00	End Dated 12/31/2021
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	

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR		25.00	25.00			5.00	
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	
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		40.06	45.15				
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION		97.09	97.09				
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD		33.04	38.40				
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL		17.18	20.66				
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT		422.77	422.77				
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT		574.70	574.70				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AN		26.99	32.75				
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W		173.41	173.41				
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,		176.46	176.46				
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL,		202.65	202.65				
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		57.49	72.65				
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		76.72	95.36				
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX		88.16	112.56				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS		187.14	234.21				
11646	EXCISION, MALIGNANT LESION INCLUDING MARGIN		302.11	302.11				
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER		9.61	9.61				
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE		18.20	18.20				
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE		30.70	30.70				
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE		40.17	46.20				
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL N		14.99	18.34				
11740	EVACUATION OF SUBUNGUAL HEMATOMA		17.06	22.29				
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR		81.49	109.65				
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, 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 PELLETT 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM		169.15	204.69				
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LES		65.12	65.12				
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		141.89	168.44				
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		195.52	256.80				
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL		96.50	96.50				
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS		163.13	163.13				
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM		170.47	203.33				
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM		269.60	338.40				
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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
19316	MASTOPEXY	R	698.93	698.93				
19318	REDUCTION MAMMAPLASTY	R	829.81	829.81				
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	R	267.38	267.38				End Dated 12/31/2020
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				
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	R	1,099.33	1,099.33				End Dated 12/31/2020
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	1,359.87	1,359.87				
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	1,548.26	1,548.26				
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	R	1,475.78	1,475.78				
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	R	417.12	417.12				
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	R	508.98	508.98				
19380	REVISION OF RECONSTRUCTED BREAST		508.91	508.91				
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	R	113.32	113.32				
19499	UNLISTED PROCEDURE, BREAST	R	250.00	325.00				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE		11.61	11.61				
20982	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOOMA, 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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)		652.45	652.45				
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)		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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				

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

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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING G		426.41	426.41				
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCL		884.99	884.99				
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT		826.81	826.81				
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEME		984.00	984.00				
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG		752.36	752.36				
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL		664.60	664.60				
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE		603.96	603.96				
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFT		1,402.11	1,402.11				
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		557.82	747.98				
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE,		892.10	1,201.89				
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTI		1,035.90	1,035.90				
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE		1,002.85	1,002.85				
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;		1,023.40	1,023.40				
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;		1,380.57	1,380.57				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
21282	LATERAL CANTHOPEXY		236.09	236.09				
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN		70.87	70.87				
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN		218.93	218.93				
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	R	0.00	0.00				
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION		39.32	39.32				End dated 12/31/2021
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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, COMMUNUTED OR INVOLVING CRANIAL NER		780.79	780.79				
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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 SUBSEQUE		41.01	41.01				
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG,		143.68	173.05				
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION		507.01	507.01				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)		407.73	407.73				
21615	EXCISION FIRST AND/OR CERVICAL RIB;		584.30	584.30				
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY		557.18	557.18				
21620	OSTECTOMY OF STERNUM, PARTIAL		390.85	390.85				
21627	STERNAL DEBRIDEMENT		334.61	334.61				
21630	RADICAL RESECTION OF STERNUM;		866.80	866.80				
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY		851.16	851.16				
21685	HYOID MYOTOMY AND SUSPENSION		673.66	673.66				
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB		295.09	295.09				
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB		418.39	418.39				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREP, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD		1,517.32	1,517.32				
22552	ARTHRODESIS, ANTERIOR INTERBODY, EACH ADDTL INTERSPACE, USE IN CONJUCTION W/PROC 22551		353.67	353.67				
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		1,122.76	1,122.76				
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		1,321.97	1,321.97				
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		1,245.80	1,245.80				
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM		329.71	329.71				
22586	ARTHRODESIS, PRE-SCRAL INTERBODY TECHNIQUE		1,228.42	1,228.42				
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				

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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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 STABLJ DEV W/DCMPRN		782.97	782.97				Added Effective 1/1/2017
22868	INSJ STABLJ DEV W/DCMPRN		197.79	197.79				Added Effective 1/1/2017
22869	INSJ STABLJ DEV W/O DCMPRN		429.91	429.91				Added Effective 1/1/2017
22870	INSJ STABLJ 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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; WITH		368.51	368.51				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPL		414.01	414.01				
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH		129.91	129.91				
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH		171.38	171.38				
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SIN		288.12	288.12				
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WIT		287.61	287.61				
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL		64.17	78.92				
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL		119.55	140.21				
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE,		219.32	219.32				
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALAN		282.71	282.71				
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL		72.56	88.11				
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL		169.45	169.45				
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR		309.70	309.70				
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHO		71.64	71.64				
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH		119.76	119.76				
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER O		181.93	181.93				
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR		200.83	200.83				
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH		107.13	107.13				
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH		137.44	137.44				
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION,		199.27	199.27				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)		1,039.27	1,039.27				
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 PINNING		785.90	785.90				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH		633.96	633.96				
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NE		686.56	686.56				
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL		809.87	809.87				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXAT		934.33	934.33				
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT		297.43	297.43				
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT		616.02	616.02				
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE		921.94	921.94				
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE		1,050.17	1,050.17				
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				

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

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC		667.97	667.97				
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON		277.69	277.69				
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG		362.97	362.97				
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL		486.83	486.83				
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON		349.27	349.27				
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG		410.40	410.40				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR		607.63	607.63				
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN		745.89	745.89				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA		321.73	321.73				
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		777.38	777.38				
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		914.27	914.27				
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN		942.15	942.15				
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA		149.05	149.05				
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA		318.21	318.21				
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOT		661.22	661.22				
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICAT		102.53	102.53				
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE		843.06	843.06				
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;		588.56	588.56				
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQ		692.38	692.38				
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTIN		513.40	513.40				
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR		299.29	299.29				
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION		514.76	514.76				
27598	DISARTICULATION AT KNEE		593.07	593.07				
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	R	0.00	0.00				
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON		253.78	253.78				
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY		253.07	253.07				
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR		321.89	321.89				
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA		203.20	203.20				
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA		141.20	154.88				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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 RECESSION (EG, STRAYER PROCEDURE)		336.01	336.01				
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		439.55	439.55				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		512.94	512.94				
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR		116.37	116.37				
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL		419.72	419.72				
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS		444.08	444.08				
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-J		609.90	609.90				
27700	ARTHROPLASTY, ANKLE;		589.09	589.09				
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)		901.83	901.83				
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE		850.54	850.54				
27704	REMOVAL OF ANKLE IMPLANT		391.73	391.73				
27705	OSTEOTOMY; TIBIA		613.41	613.41				
27707	OSTEOTOMY; FIBULA		255.46	255.46				
27709	OSTEOTOMY; TIBIA AND FIBULA		634.02	634.02				
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIE		680.93	680.93				
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING		764.49	764.49				
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION		750.69	750.69				
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT		641.91	641.91				
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT		840.83	840.83				
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY		640.88	640.88				
27726	REPAIR FIBULA NONUNION		691.61	691.61				
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA		674.54	674.54				
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA		318.59	318.59				
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA		297.49	297.49				
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA		463.65	463.65				
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN		514.03	514.03				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN		571.33	571.33				
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR		549.90	549.90				
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR		189.78	189.78				
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR		307.62	307.62				
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHO		413.30	413.30				
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRAC		723.37	723.37				
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE)		792.21	792.21				
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION		126.05	160.65				
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH		243.12	243.12				
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL		465.01	465.01				
27767	CLTX POST ANKLE FX W/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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION O		110.07	110.07				
27870	ARTHRODESIS, ANKLE, OPEN		717.51	717.51				
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL		489.23	489.23				
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;		576.79	576.79				
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECH		655.20	655.20				
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLotine)		460.79	460.79				
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR		322.35	322.35				
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION		469.89	469.89				
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIR		549.92	549.92				
27889	ANKLE DISARTICULATION		522.58	522.58				
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON		283.42	283.42				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28035	RELEASE, TARSA 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				
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, TARSA L OR METATARS		270.65	270.65				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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, HAMMERTOES (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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH		220.48	220.48				
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR		284.76	284.76				
28291	CORRJ HALUX RIGDUS W/IMPLT		387.61	577.34				Added Effective 1/1/2017
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; 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 SESAMOIDECTIONY; WI		515.11	515.11				
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY;		522.44	522.44				
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; BY		478.31	478.31				
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; 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				
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	SESAMOIDECTIONY, FIRST TOE (SEPARATE PROCEDURE)		258.67	258.67				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W		150.28	150.28				
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT		169.07	169.07				
28705	ARTHRODESIS; PANTALAR		879.94	879.94				
28715	ARTHRODESIS; TRIPLE		734.04	734.04				
28725	ARTHRODESIS; SUBTALAR		606.86	606.86				
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;		564.51	564.51				
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WIT		590.56	590.56				
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSA		526.23	526.23				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATIO		631.75	631.75				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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
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 ANROTOMY 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 (ANROTOMY); INTRANASAL		160.85	160.85				
31030	SINUSOTOMY, MAXILLARY (ANROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMO		377.27	377.27				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE		162.52	218.44				
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY		569.91	569.91				
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION		175.16	175.16				
31241	NSL/SINS NDSC W/ARTERY LIG		355.09	355.09				Added Effective 1/1/2018
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
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM		143.11	1,417.38				Updated Effective 01/01/2020

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				

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Proc 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;		241.02	241.02				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
31652	WITH EBUS (ULTRASOUND) GUIDED TRANSTRACHEAL /TRANSBRONCHIAL ONE OR TWO MEDIASTINAL LUMPH NODES		191.54	681.82				Added Effective 1/1/2016
31653	WITH EBUS (ULTRASOUND) GUIDED TRANSTRACHEAL /TRANSBRONCHIAL THREE OR MORE MEDIATINAL 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATES(S) (EG. WEDGE, INCISIONAL), UNILATERAL		656.11	656.11				
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG. WEDGE, INCISIONAL), UNILATERAL		656.11	656.11				
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA		616.63	616.63				
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY		648.00	648.00				
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 PNEUMOLYSIS		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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRA		1,290.43	1,290.43				
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL		1,328.82	1,328.82				
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOM		1,110.19	1,110.19				
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOM		1,082.51	1,082.51				
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT		1,111.27	1,111.27				
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL		1,189.69	1,189.69				
32488	REMOVAL OF LUNG, OTHER THAN		1,276.17	1,276.17				
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF		1,083.94	1,083.94				
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFO		270.23	270.23				
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W		1,388.84	1,388.84				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M		919.29	919.29				
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL		1,049.94	1,049.94				
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY		733.08	733.08				
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)		880.74	880.74				
32666	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL		707.35	707.35				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS		1,992.98	1,992.98				
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT		2,297.38	2,297.38				
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH		2,452.91	2,452.91				
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T		0.00	0.00				
32856	BACKBENCH STANDARD PREPARATION OF CADAVER		0.00	0.00				
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES		799.08	799.08				
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);		966.82	966.82				
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE		1,223.12	1,223.12				
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE		879.78	879.78				
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR		82.10	82.10				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING		357.60	357.60				
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC		370.55	370.55				
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC		329.30	329.30				
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT		356.85	356.85				
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM		271.44	271.44				
33228	DUAL LEAD SYSTEM		283.14	283.14				
33229	MULTIPLE LEAD SYSTEM		294.84	294.84				
33230	WITH EXISTING DUAL LEADS		306.31	306.31				
33231	WITH EXISTING MULTIPLE LEADS		318.01	318.01				
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR		159.17	159.17				
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATR		391.36	391.36				
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM		444.49	444.49				
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM		465.43	465.43				
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM		657.32	657.32				
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY		740.05	740.05				
33240	INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		376.96	376.96				
33241	SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-		155.53	155.53				
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		909.36	909.36				
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR		524.08	524.08				
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHA		894.41	894.41				
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY		904.33	904.33				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM		295.16	295.16				
33263	DUAL LEAD SYSTEM		306.86	306.86				
33264	MULTIPLE LEAD SYSTEM		318.56	318.56				
33265	ENDOSCOPIC ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS		1,016.17	1,016.17				
33266	ENDOSCOPIC ABLATION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONARY BYPASS		1,394.19	1,394.19				
33270	INSERTION OR REPLACEMENT OF DEFIBRILLATOR WITH ELECTRODE		471.19	471.19				Added effective 1/1/2015
33271	INSERTION OF DEFIBRILLATOR ELECTRODE		395.84	395.84				Added effective 1/1/2015
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE		290.94	290.94				Added effective 1/1/2015
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
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
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 TLCLJ 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				
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR		1,163.93	1,163.93				End dated 12/31/2021
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY		1,391.80	1,391.80				
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS		1,452.13	1,452.13				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S		939.21	939.21				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC		2,422.04	2,422.04				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL		1,749.30	1,749.30				End dated 12/31/2021
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 TRIARIATUM 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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL		2,191.61	2,191.61				
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		1,829.60	1,829.60				
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		1,865.40	1,865.40				
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE		2,034.37	2,034.37				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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		1,546.80	1,546.80				
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		1,589.94	1,589.94				
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU		1,561.18	1,561.18				
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR		1,632.78	1,632.78				
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR		2,105.63	2,105.63				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL		841.96	841.96				
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS		1,101.70	1,101.70				
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS		929.18	929.18				
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULM		1,263.84	1,263.84				
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GR		1,771.59	1,771.59				
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
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
33983	REPLACE VAD INTRA W/BP		1,897.00	1,897.00				
33984	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER		233.65	233.65				Added effective 1/1/2015
33985	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE		446.57	446.57				Added effective 1/1/2015
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOM		591.79	591.79				
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE		497.38	497.38				
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE		724.01	724.01				
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISI		375.12	375.12				
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, B		423.44	423.44				
34501	VALVULOPLASTY, FEMORAL VEIN		502.96	502.96				
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD		1,341.34	1,341.34				
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR		608.50	608.50				
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM		638.54	638.54				
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS		845.42	845.42				
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	EVASC RPR A-BILIAC NDGFT		1,228.98	1,228.98				Added Effective 1/1/2018
34706	EVASC RPR A-BILIAC 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		1,085.08	1,085.08				
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		684.85	684.85				
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		1,326.86	1,326.86				
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT		1,571.70	1,571.70				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN		797.79	797.79				
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES		625.22	625.22				
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK		640.56	640.56				
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOME		859.95	859.95				
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES		675.30	675.30				
35201	REPAIR BLOOD VESSEL, DIRECT; NECK		578.39	578.39				
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY		570.70	570.70				
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER		602.43	602.43				
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS		1,013.08	1,013.08				
35216	REPAIR BLOOD VESSEL, DIRECT		839.36	839.36				
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL		794.29	794.29				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN		777.20	777.20				
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL		956.29	956.29				
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL		855.59	855.59				
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY		988.55	988.55				
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY		962.99	962.99				
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL		985.63	985.63				
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL		928.60	928.60				
35523	ARTERY BYPASS GRAFT		1,049.13	1,049.13				
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL		886.32	886.32				
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID		953.30	953.30				
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC		1,347.14	1,347.14				
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL		1,233.91	1,233.91				
35535	DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK)		1,685.55	1,685.55				
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL		1,309.80	1,309.80				
35537	BYPASS GRAFT, AORTOILIAC		1,682.71	1,682.71				
35538	BYPASS GRAFT, AOTOBI-ILIAC		1,880.70	1,880.70				
35539	BYPASS GRAFT, AORTOFEMORAL		1,767.47	1,767.47				
35540	BYPASS GRAFT, AORTOBIFEMORAL		1,971.31	1,971.31				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION;		317.00	317.00				
35870	REPAIR OF GRAFT-ENTERIC FISTULA		942.55	942.55				
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF		526.45	526.45				
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF		639.13	639.13				
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;		727.03	727.03				
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN;		798.37	798.37				
35883	REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/NONAUTOGENOUS VEIN		972.55	972.55				
35884	REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/AUTOGENOUS VEIN PATCH		1,033.25	1,033.25				
35901	EXCISION OF INFECTED GRAFT; NECK		440.80	440.80				
35903	EXCISION OF INFECTED GRAFT; EXTREMITY		481.29	481.29				
35905	EXCISION OF INFECTED GRAFT; THORAX		723.67	723.67				
35907	EXCISION OF INFECTED GRAFT; ABDOMEN		746.85	746.85				
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN		9.47	12.69				
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTR		84.99	134.56				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY		909.16	909.16				
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATH		138.36	138.36				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 EMBOLI		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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 CONJUNCTION WITH 37220, 37221		172.98	798.72				
37223	ILIAC ARTERY REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL (USED IN CONJUNCTION WITH 37221)		196.42	2,253.73				
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY		419.53	3,327.49				
37225	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		565.21	9,393.82				
37226	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		465.52	7,862.85				
37227	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		682.71	12,699.65				
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY		512.70	4,736.52				
37229	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		661.94	9,313.71				
37230	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN SAME VESSEL		638.50	7,317.51				
37231	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL		693.98	11,741.01				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
37232	REVASCULARIZATION , ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY USE IN CONJUNCTION WITH 37228-37231		185.44	1,063.97				
37233	REVASCULARIZATION WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUNCTION WITH 37229-37231		304.71	1,300.44				
37234	REVASCULARIZATION WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL USE IN CONJUNCTION 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 CONJUNCTION 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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 SAPHENOPOPLITEAL JUNC		162.49	162.49				
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L		135.12	135.12				
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT		1,067.94	1,067.94				
37790	PENILE VENOUS OCCLUSIVE PROCEDURE		401.58	401.58				
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	R	0.00	0.00				
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)		625.14	625.14				
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)		593.61	593.61				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY		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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 CONJUNCTION 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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF		640.15	640.15				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 (FRENUECTOMY, 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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41130	GLOSSECTOMY; HEMIGLOSSECTOMY		572.07	572.07				
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION		974.31	974.31				
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT		1,254.60	1,254.60				
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH		1,492.25	1,492.25				
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND		1,136.41	1,136.41				
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH		1,365.67	1,365.67				
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIB		1,581.07	1,581.07				
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR		85.95	85.95				
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE		125.77	125.77				
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX		155.03	155.03				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		60.36	80.34				
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		98.45	126.21				
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR		155.88	206.57				
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)		206.39	206.39				
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY		223.87	223.87				
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES		112.50	150.00				
41870	PERIODONTAL MUCOSAL GRAFTING		187.50	250.00				
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)		165.60	165.60				
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)		199.46	199.46				
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	R	70.00	0.00				
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA		44.40	52.71				
42100	BIOPSY OF PALATE, UVULA		49.51	60.11				
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE		72.51	94.24				
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE		112.05	141.82				
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE		201.24	267.09				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE		359.65	359.65				
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP		477.75	477.75				
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP		508.94	508.94				
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP		468.85	468.85				
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP		380.84	380.84				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42450	EXCISION OF SUBLINGUAL GLAND		228.76	228.76				
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE		254.93	254.93				
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLI		391.48	391.48				
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);		315.89	315.89				
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO		551.08	551.08				
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATIO		451.84	451.84				
42550	INJECTION PROCEDURE FOR SIALOGRAPHY		49.45	49.45				
42600	CLOSURE SALIVARY FISTULA		249.91	249.91				
42650	DILATION SALIVARY DUCT		28.80	34.03				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER		207.59	207.59				
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12		147.88	147.88				
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER		145.96	145.96				
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12		117.46	117.46				
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER		173.33	173.33				
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		435.74	435.74				
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		695.42	695.42				
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG		1,195.40	1,195.40				
42860	EXCISION OF TONSIL TAGS		118.59	118.59				
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE		219.96	219.96				
42890	LIMITED PHARYNGECTOMY		608.60	608.60				
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE		732.80	732.80				
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP		1,082.05	1,082.05				
42900	SUTURE PHARYNX FOR WOUND OR INJURY		272.06	272.06				
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)		517.14	517.14				
42953	PHARYNGOESOPHAGEAL REPAIR		433.56	433.56				
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)		290.23	290.23				
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		98.79	98.79				
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		203.55	203.55				
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		371.76	371.76				
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		170.32	170.32				
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		249.20	249.20				
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,		331.98	331.98				
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	R	150.00	195.00				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY		420.27	420.27				
43030	CRICOPHARYNGEAL MYOTOMY		484.63	484.63				
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY		943.82	943.82				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43193	ESOPHAGOSCP RIG TRNSO BIOPSY		144.22	144.22				
43194	ESOPHAGOSCP RIG TRNSO REM FB		131.80	131.80				
43195	ESOPHAGOSCOPY RIGID BALLOON		144.48	144.48				
43196	ESOPHAGOSCP GUIDE WIRE DILAT		158.27	158.27				
43197	ESOPHAGOSCOPY FLEX DX BRUSH		64.95	140.76				
43198	ESOPHAGOSC FLEX TRNSN BIOPY		77.39	157.59				
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	ESOPHAGOSCP MUCOSAL RESECT		196.99	196.99				Added Effective 1/1/2016
43212	ESOPHAGOSCP 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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		162.89	162.89				
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		201.78	201.78				
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		179.22	179.22				
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		302.65	302.65				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		287.85	287.85				
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT		259.82	259.82				
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WIT		344.76	344.76				
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SI		353.86	353.86				
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH		472.34	472.34				
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE		347.24	347.24				
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		515.23	515.23				
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC		455.99	455.99				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43281	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE		1,149.87	1,149.87				
43282	REPAIR OF HERNIA OF MUSCLE AT ESOPHAGUS AND STOMACH WITH IMPLANTATION OF MESH USING AN ENDOSCOPE		1,293.66	1,293.66				
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE USE IN CONJUNCTION WITH 43280, 43281, 43282		143.31	143.31				
43284	LAPS ESOPHGL SPHNCTR AGMNTJ		520.73	520.73				Added Effective 1/1/2017
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		1,121.82	1,121.82				
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS		1,133.99	1,133.99				
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		1,221.81	1,221.81				
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS		1,338.71	1,338.71				
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS		1,461.25	1,461.25				
43338	ESOPHAGOASTRIC 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH		475.68	475.68				
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL		765.33	765.33				
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE		59.95	59.95				
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE		87.48	87.48				
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE		175.37	175.37				
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA		137.12	137.12				
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)		159.94	159.94				
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS		0.00	0.00				
43499	UNLISTED PROCEDURE, ESOPHAGUS	R	0.00	0.00				
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL		416.59	416.59				
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER		681.01	681.01				
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERAT		738.81	738.81				
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT		517.21	517.21				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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		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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	899.17	899.17				End dated 12/31/2021
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	R	897.35	897.35				End dated 12/31/2021
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	900.66	900.66				
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	R	993.49	993.49				
43870	CLOSURE OF GASTROSTOMY, SURGICAL		374.96	374.96				
43880	CLOSURE OF GASTROCOLIC FISTULA		796.34	796.34				
43881	IMPLANT GASTRIC ELECTRODE, ANTRUM, OPEN	R	0.00	0.00				
43882	REVISION/REMOVAL GASTRIC ELECTRODE, ANTRUM, OPEN		0.00	0.00				
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN		205.28	205.28				
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP	R	201.34	201.34				
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF	R	286.41	286.41				
43999	UNLISTED PROCEDURE, STOMACH	R	75.00	100.00				
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)		631.99	631.99				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 ILEOCOLOSSOMY		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				
44188	LAPAROSCOPY, SURGICAL, COLOSSOMY OR SKIN LEVEL CECOSOMY		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 COLOSSOMY 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE		146.37	146.37				
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTIN		1,145.29	1,145.29				
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	R	0.00	0.00				
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEP		421.08	421.08				
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE		547.18	547.18				
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE		250.24	250.24				
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE		495.26	495.26				
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)		692.09	692.09				
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;		572.46	572.46				
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR		591.49	591.49				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA		599.66	599.66				
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA		635.85	635.85				
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECT		638.67	638.67				
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECT		888.20	888.20				
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)		676.59	676.59				
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS,		765.14	765.14				
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR		122.17	122.17				
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE		0.00	0.00				
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVI		201.57	201.57				
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF		293.80	293.80				
44799	UNLISTED PROCEDURE, INTESTINE	R	0.00	0.00				
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTE		463.75	463.75				
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)		458.16	458.16				
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)		432.40	432.40				
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	R	0.00	0.00				
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN		366.82	366.82				
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS		170.77	170.77				
44950	APPENDECTOMY;		443.78	443.78				
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR		112.05	112.05				
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITO		475.09	475.09				
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY		395.19	395.19				
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	R	0.00	0.00				
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS		174.07	174.07				
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM		97.22	97.22				
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTA		211.51	211.51				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 TRANSSACRAL APPR		1,113.60	1,113.60				
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRA		905.90	905.90				
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG,		1,251.18	1,251.18				
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE		1,194.08	1,194.08				
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE		1,070.67	1,070.67				
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH		765.59	765.59				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		228.82	228.82				
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FO		292.40	292.40				
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGL		255.86	255.86				
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED		170.02	284.36				
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF		335.55	335.55				
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF		330.37	330.37				
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF		348.27	348.27				
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY		184.55	530.14				
45388	DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE		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		212.17	212.17				
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPI		268.20	268.20				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THR		1,468.46	1,468.46				
45398	TYING OF LARGE BOWEL USING AN ENDOSCOPE		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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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), POU		708.73	708.73				
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POU		1,488.37	1,488.37				
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK		311.55	311.55				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM		159.36	159.36				
46930	DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL		104.14	140.64				
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN		76.22	83.06				
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY I		138.96	138.96				
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC,		218.82	218.82				
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY		303.32	303.32				
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVA		387.54	387.54				
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI		299.67	299.67				
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI		329.01	329.01				
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT		957.70	957.70				
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT		1,022.74	1,022.74				
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		1,015.51	1,015.51				
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTEST		1,133.18	1,133.18				
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END		933.31	933.31				
47801	PLACEMENT OF CHOLEDOCHAL STENT		497.66	497.66				
47802	U-TUBE HEPATICOENTEROSTOMY		787.77	787.77				
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE		872.27	872.27				
47999	UNLISTED PROCEDURE, BILIARY TRACT	R	500.00	650.00				
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;		607.51	607.51				
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH		719.99	719.99				
48020	REMOVAL OF PANCREATIC CALCULUS		600.88	600.88				
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOP		431.13	431.13				
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE		200.71	200.71				
48105	RESECT/DEBRIDE PANCREAS		1,969.65	1,969.65				
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)		686.31	686.31				
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT		961.34	961.34				
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH		1,058.33	1,058.33				
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM		1,126.58	1,126.58				
48148	EXCISION OF AMPULLA OF VATER		684.41	684.41				
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL		1,901.07	1,901.07				
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUO		1,791.03	1,791.03				
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,		1,901.07	1,901.07				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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, EPIPOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)		284.89	284.89				
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WIT		258.39	258.39				
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)		275.28	275.28				
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN		286.25	286.26				
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVIT		444.79	444.79				
49324	LAPAROSCOPY, SURGICAL, REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVIT		270.09	270.09				
49325	LAPAROSCOPY, SURGICAL, W/REVISION OF PREV PLACED INTRAPERITONEAL CATH		291.09	291.09				
49326	LAPAROSCOPY, SURGICAL, W/OMENTOPEXY		135.28	135.28				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 PROCEDUR		89.34	89.34				
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY		584.27	584.27				
49405	IMAGE CATH FLUID COLXN VISC		174.18	655.14				
49406	IMAGE CATH FLUID PERI/RETRO		174.44	654.89				
49407	IMAGE CATH FLUID TRNS/VGNL		185.65	556.66				
49418	LAPAROSCOPY WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION		205.02	1,326.55				
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS		303.59	303.59				
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				

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Proc 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				
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE		517.20	517.20				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULA		514.39	514.39				
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE		482.91	482.91				
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGU		538.66	538.66				
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HER		226.49	226.49				
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE		270.46	270.46				
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR		335.86	335.86				
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE		229.23	229.23				
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULAT		297.02	297.02				
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE		285.65	285.65				
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGUL		314.40	314.40				
49590	REPAIR SPIGELIAN HERNIA		372.85	372.85				
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE		437.97	437.97				
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHES		916.08	916.08				
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHES		772.35	772.35				
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE		466.29	466.29				
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE		497.57	497.57				
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA		302.13	302.13				
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA		387.99	387.99				
49652	LAPAROSCOPY, SURG, REPAIR, VENTRAL, UMBILICAL		589.54	589.54				
49653	INCARCERATED OR STRANGULATED		735.82	735.82				
49654	LAPAROSCOPY, SURG, REPAIR, INCISIONAL HERNIA		676.48	676.48				
49655	INCARCERATED OR STRANGULATED		814.44	814.44				
49656	INCARCERATED OR STRANGULATED		679.15	679.15				
49657	INCARCERATED OR STRANGULATED		980.59	980.59				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOM	R	0.00	0.00				
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE		249.61	249.61				
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND C		1,035.89	1,035.89				
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR		303.37	303.37				
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS		0.00	0.00				
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	R	0.00	0.00				
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES		579.10	579.10				
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN		567.20	567.20				
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS		170.77	170.77				
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE		612.59	612.59				
50045	NEPHROTOMY, WITH EXPLORATION		709.64	709.64				
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS		886.15	886.15				
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS		982.15	982.15				
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY		939.93	939.93				
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELV		1,197.56	1,197.56				
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSOLITHOTOMY, WITH OR WITHOUT		765.39	765.39				
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSOLITHOTOMY, 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, PYELOSOTOMY		777.51	777.51				
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOSOLITHOTOMY, 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOUTANEOUS 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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,		292.25	292.25				
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACT		378.22	378.22				
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL		309.19	309.19				
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE		278.22	278.22				
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE		322.42	322.42				
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NE		385.22	385.22				
51060	TRANSVESICAL URETEROLITHOTOMY		541.66	541.66				
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR		443.37	443.37				
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS		311.54	311.54				
51100	DRAIN BLADDER BY NEEDLE		32.64	51.92				
51101	DRAIN BLADDER BY TROCAR/CATH		43.32	104.74				
51102	DRAIN BLADDER WITH CATH INSERTION		205.32	275.93				
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA RE		493.34	493.34				
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)		504.93	504.93				
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE		686.96	686.96				
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR		605.06	605.06				
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE		571.44	571.44				
51550	CYSTECTOMY, PARTIAL; SIMPLE		736.48	736.48				
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY,		935.80	935.80				
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER		1,052.60	1,052.60				
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)		1,109.65	1,109.65				
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING		1,487.65	1,487.65				
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS		1,412.15	1,412.15				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE		153.89	153.89				
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH A		152.65	192.08				
52287	CYSTOURETHROSCOPY, WITH INJECTION(S)		134.96	245.05				
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL		203.28	203.28				
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC		258.81	258.81				
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCEL		256.96	256.96				
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER		258.20	258.20				
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL		169.94	169.94				
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL		271.76	271.76				
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA		377.55	377.55				
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA		499.73	499.73				
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL O		279.69	279.69				
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTA		385.30	385.30				
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETER		260.01	260.01				
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULAT		249.47	249.47				
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GI		176.92	176.92				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 PYELOSOPY; DIAGNOSTIC		247.37	247.37				
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOPY; WITH REMOVAL O		305.07	305.07				
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOPY; WITH LITHOTRIP		353.43	353.43				
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOPY; WITH BIOPSY AN		310.28	310.28				
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOPY; WITH RESECTION		364.94	364.94				
52356	CYSTO/URETERO W/LITHOTRIPSY		334.30	334.30				
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENIT		431.74	431.74				
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULAT		210.10	210.10				
52441	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE		185.11	918.84				Added effective 1/1/2015
52442	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE		49.51	694.77				Added effective 1/1/2015
52450	TRANSURETHRAL INCISION OF PROSTATE		352.62	352.62				
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)		446.52	446.52				
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL		684.31	684.31				
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN		444.43	444.43				
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE		364.76	364.76				
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEE		635.30	635.30				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE		497.86	660.24				
52649	PROSTATE LASER ENUCLEATION		818.60	818.60				
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS		281.93	281.93				
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS		110.32	110.32				
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL		192.02	192.02				
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT		76.12	76.12				
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT		56.56	56.56				
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS		230.59	230.59				
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST		91.09	91.09				
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE		289.93	289.93				
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED		481.81	481.81				
53200	BIOPSY OF URETHRA		108.42	108.42				
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE		537.99	537.99				
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE		719.67	719.67				
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA		332.93	332.93				
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE		497.16	497.16				
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE		428.25	428.25				
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE		304.01	304.01				
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)		285.31	285.31				
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA		119.91	119.91				
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE		145.86	145.86				
53270	EXCISION OR FULGURATION; SKENE'S GLANDS		101.62	112.88				
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE		197.87	197.87				
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E		564.79	564.79				
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY		709.82	709.82				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
53515	URETHRRRHAPHY, 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				
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, PAPHILLOMA, MOLLUSCUM		40.74	45.84				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM		44.56	52.74				
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM		43.00	50.11				
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM		80.79	80.79				
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM		89.46	89.46				
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, 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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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, PAPAVE		41.66	47.42				
54240	PENILE PLETHYSMOGRAPHY		67.91	67.91	14.33	53.58		
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST		88.54	88.54	8.78	79.77		
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADI		500.58	500.58				
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAG		610.08	610.08				
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		514.42	514.42				
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		659.59	659.59				
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY		799.99	799.99				
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM		536.17	536.17				
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		584.20	584.20				
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		774.40	774.40				
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		741.50	741.50				
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR		751.95	751.95				
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING		837.75	837.75				
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION T		1,094.06	1,094.06				
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		428.03	428.03				
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		918.85	918.85				
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU		819.72	819.72				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 PROCEDUR		282.95	282.95				
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)		263.92	263.92				
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		313.98	313.98				
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		312.35	312.35				
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE;		356.62	356.62				
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	R	304.18	304.18				
55600	VESICULOTOMY;		307.08	307.08				
55605	VESICULOTOMY; COMPLICATED		387.55	387.55				
55650	VESICULECTOMY, ANY APPROACH		542.53	542.53				
55680	EXCISION OF MULLERIAN DUCT CYST		269.49	269.49				
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH		69.83	89.95				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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	ABLTI MAL PRST8 TISS HIFU		800.44	800.44				Added Effective 01/01/2021

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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 INGUINOFEMORAL		1,038.69	1,038.69				
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENE		1,228.98	1,228.98				
56633	VULVECTOMY, RADICAL, COMPLETE;		864.57	864.57				
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL		1,155.31	1,155.31				
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL		1,280.96	1,280.96				
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC		1,230.55	1,230.55				
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING		128.33	128.33				
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST		195.98	195.98				
56800	PLASTIC REPAIR OF INTROITUS		201.62	201.62				
56805	CLITOROPLASTY FOR INTERSEX STATE		802.98	802.98				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG		1,165.45	1,166.48				End Dated 12/31/2020
57120	COLPOCLEISIS (LE FORT TYPE)		421.66	421.66				
57130	EXCISION OF VAGINAL SEPTUM		154.06	154.06				
57135	EXCISION OF VAGINAL CYST OR TUMOR		138.47	138.47				
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF		31.10	33.65				
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL		290.92	290.92				
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY		89.60	130.84				
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE		30.68	34.04				
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS		32.45	36.74				
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMA		54.94	62.32				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR		357.90	357.90				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP		121.31	148.40				
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP		144.83	242.98				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)		157.92	157.92				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	900.96	900.96				
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL	R	954.57	954.57				
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	R	992.02	992.02				End Dated 12/31/2020
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS		657.30	657.30				
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOM		829.93	829.93				
58548	LAPAROSCOPY, SURGICAL, RADICAL HYSTERECTOMY	R	1,318.03	1,318.03				
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	649.94	649.94				
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS	R	640.10	640.10				
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	824.72	824.72				
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	R	816.75	816.75				
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)		162.74	162.74				
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR		213.26	213.26				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		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				
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	R	271.75	271.75				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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 OCCCLUSION 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL		397.28	397.28				
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	R	398.30	398.30				
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN,	R	901.94	901.94				
58950	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA		773.05	773.05				
58951	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	R	1,184.26	1,184.26				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE		356.42	356.42				
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESI		219.94	277.24				
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE		356.42	356.42				
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)		309.26	309.26				
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING		455.90	455.90				
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT		375.41	375.41				
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY		408.09	408.09				
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN		673.61	673.61				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
59514	CESAREAN DELIVERY ONLY;		870.00	870.00				
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE		900.00	900.00				
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATEL	R	374.17	374.17				
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO		870.00	870.00				
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO		900.00	900.00				
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE		870.00	870.00				
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE		900.00	900.00				
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY		206.50	206.50				
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER		228.74	228.74				
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER		213.02	213.02				
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY		309.03	309.03				
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	R	188.52	188.52				
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	R	214.12	214.12				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY		581.31	581.31				
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL		738.99	738.99				
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY		557.51	557.51				
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBEC		669.87	669.87				
60240	THYROIDECTOMY, TOTAL OR COMPLETE		790.92	790.92				
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK		879.97	879.97				
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK		1,079.54	1,079.54				
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVI		517.67	517.67				
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHO		918.83	918.83				
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH		795.80	795.80				
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;		380.26	380.26				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F		205.93	205.93				
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDU		887.16	887.16				
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,		945.26	945.26				
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH,		1,061.46	1,061.46				
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI		835.03	835.03				
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI		982.76	982.76				
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY		826.37	826.37				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION		694.06	694.06				
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CON		459.02	459.02				
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION		876.66	876.66				
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST		937.20	937.20				
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF		400.64	400.64				
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL O		949.97	949.97				
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL		955.26	955.26				
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG		337.68	337.68				
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTE		575.91	575.91				
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY		574.03	574.03				
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL		680.56	680.56				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRA		1,701.25	1,701.25				
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPT		1,353.84	1,353.84				
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE		761.59	761.59				
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES		994.67	994.67				
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP		1,116.90	1,116.90				
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP		1,123.08	1,123.08				
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG		1,276.41	1,276.41				
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG		1,655.24	1,655.24				
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI		1,353.06	1,353.06				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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, MIDDL		816.72	816.72				
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDL		1,020.70	1,020.70				
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK		408.34	408.34				
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR		1,044.61	1,044.61				
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR		861.36	861.36				
61630	INTRACRANIAL ANGIOPLASTY		1,056.84	1,007.67				
61635	INTRACRAN ANGIOPLSTY W/STENT		1,105.84	1,105.84				
61640	DILATE IC VASOSPASM INIT		504.33	504.33				
61641	DILATE IC VASOSPASM ADD-ON		177.40	177.40				
61642	DILATE IC VASOSPASM ADD-ON		354.58	354.58				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND		1,107.72	1,107.72				
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND		885.49	885.49				
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),		762.21	762.21				
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S),		1,074.47	1,074.47				
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LO		1,172.92	1,172.92				
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF		1,047.41	1,047.41				
61781	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, INTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		211.55	211.55				
61782	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; CRANIAL, EXTRADURAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		173.57	173.57				
61783	STEREOTACTIC COMPUTER-ASSISTED PROCEDURE; SPINAL. LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE.		211.55	211.55				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC		729.94	729.94				
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC		552.75	552.75				
61796	STEREOTACTIC RADIOSURGERY		601.71	601.71				
61797	EACH ADDITIONAL CRANIAL LESION, SIMPLE		164.37	164.37				
61798	1 COMPLEX CRANIAL LESION		601.71	601.71				
61799	EACH ADDITIONAL CRANIAL LESION, COMPLEX		227.27	227.27				
61800	APPLICATION OF STEREOTACTIC HEADFRAME		116.60	116.60				
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTR		835.76	835.76				
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTROD		585.61	585.61				
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		761.87	761.87				
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		217.34	217.34				
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		1,139.83	1,139.83				
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC		362.23	362.23				
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR		301.62	301.62				End Dated 12/31/2020
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES		312.36	312.36				
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR		128.57	128.57				
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR		419.55	419.55				
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECE		162.01	162.01				
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL		507.18	507.18				
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADU		780.51	780.51				
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR		1,138.16	1,138.16				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY		747.15	747.15				End Dated 12/31/2020
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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	THER 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR		852.72	852.72				End Dated 12/31/2020
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR		1,049.54	1,049.54				End Dated 12/31/2020
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O		920.23	920.23				End dated 12/31/2021
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O		926.56	926.56				End dated 12/31/2021
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		1,066.22	1,066.22				End dated 12/31/2021
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		1,017.50	1,017.50				
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		1,174.01	1,174.01				End dated 12/31/2021
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS,		1,338.43	1,338.43				End dated 12/31/2021
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				
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,		1,516.89	1,516.89				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		1,555.46	1,555.46				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		1,590.69	1,590.69				
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,		280.42	280.42				
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS		734.71	734.71				
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCED		486.74	486.74				
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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTIN		50.42	50.42				Updated Effective 01/01/2020
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH		34.23	58.88				Updated Effective 01/01/2020
64451	NJX AA&/STRD NRV NRV TG 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
64646	CHEMODENERV TRUNK MUSC 1-5		91.51	115.83				
64647	CHEMODENERV TRUNK MUSC 6/>		105.74	134.20				
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT		248.16	248.16				
64704	NEUROPLASTY; NERVE OF HAND OR FOOT		292.57	292.57				
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED		394.24	394.24				
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE		498.00	498.00				
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS		597.33	597.33				
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS		488.30	488.30				
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)		316.02	316.02				
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW		368.50	368.50				
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST		291.92	291.92				
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL		284.77	284.77				
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)		311.00	311.00				
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE		137.51	137.51				
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR		191.23	191.23				
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE		254.87	254.87				
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE		275.50	275.50				
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE		258.94	258.94				
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY		309.85	309.85				
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE		308.94	308.94				
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE		318.22	318.22				
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE		333.25	333.25				
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE		284.74	284.74				
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH		720.38	720.38				
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL		406.72	406.72				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT		399.41	399.41				
65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT		424.57	424.57				
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT		426.70	426.70				
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT		461.78	461.78				
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT		511.32	511.32				
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		843.33	843.33				
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		805.70	805.70				
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA		877.46	877.46				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
65771	RADIAL KERATOTOMY		367.58	367.58				
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMA		195.28	264.48				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE		466.74	466.74				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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**

Proc 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
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR		63.00	63.00				
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	R	0.00	0.00				
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL		497.73	497.73				
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL		488.67	488.67				
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS		377.81	377.81				
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUI		378.77	378.77				
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR		557.54	557.54				
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)		164.69	164.69				
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH		296.66	296.66				
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRAN		201.06	283.53				
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;		788.97	788.97				
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER		928.59	928.59				
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL		1,077.81	1,077.81				
67041	VITRECTOMY FOR MACULAR PUCKER		896.92	896.92				
67042	VITRECTOMY FOR MACULAR HOLE		1,027.18	1,027.18				
67043	VITRECTOMY FOR MEMBRANE DISSEC		1,077.91	1,077.91				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR		342.59	463.16				
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION,		349.18	471.76				
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLER		917.62	917.62				
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WIT		1,309.85	1,309.85				
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG,		546.74	546.74				
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**

Proc 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, RESECTION OR RESECTION PROCEDURE; ONE HORIZONTAL M		412.47	412.47				
67312	STRABISMUS SURGERY, RESECTION OR RESECTION PROCEDURE; TWO HORIZONTAL		493.52	493.52				
67314	STRABISMUS SURGERY, RESECTION OR RESECTION PROCEDURE; ONE VERTICAL MUS		467.63	467.63				
67316	STRABISMUS SURGERY, RESECTION 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**

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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 INCLUD		44.22	44.22				
67505	RETROBULBAR INJECTION; ALCOHOL		39.47	53.41				
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE		26.14	33.65				
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION		559.37	559.37				
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION		530.65	530.65				
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE		579.63	579.63				
67599	UNLISTED PROCEDURE, ORBIT	R	0.00	0.00				
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID		45.45	52.02				
67710	SEVERING OF TARSORRHAPHY		43.47	57.01				
67715	CANTHOTOMY (SEPARATE PROCEDURE)		76.48	76.48				
67800	EXCISION OF CHALAZION; SINGLE		53.44	66.04				
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID		74.87	93.51				
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS		84.13	102.63				
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING		164.46	164.46				
67810	BIOPSY OF EYELID		55.51	66.37				
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY		31.70	36.79				

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

Proc 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION		105.10	121.06				
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE		361.03	361.03				
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL F		369.60	369.60				
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		123.44	140.47				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBR		515.36	515.36				
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT		297.00	297.00				
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS		448.85	448.85				
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSE		203.38	203.38				
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)		270.53	270.53				
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING		428.69	428.69				
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR		265.09	265.09				
68399	UNLISTED PROCEDURE, CONJUNCTIVA	R	0.00	0.00				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR		62.61	74.95				
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH		51.75	64.09				
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)		256.71	313.57				
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION		36.96	36.96				
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;		51.50	51.50				
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GE		105.43	105.43				
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTI		138.62	138.62				
68816	PROBE NL DUCT W/BALLOON		168.23	472.05				
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION		43.10	49.67				
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY		38.13	38.13				
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	R	0.00	0.00				
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE		46.50	51.20				
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED		79.16	94.72				
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS		48.97	55.00				
69100	BIOPSY EXTERNAL EAR		32.85	41.70				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS		21.47	24.55				
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)		32.28	38.98				
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MOR		51.48	61.41				
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	R	335.58	335.58				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY		789.01	789.01				
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY		865.08	865.08				
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY		909.84	909.84				
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY		931.65	931.65				
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY		975.54	975.54				End Dated 12/31/2020
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR 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				
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				
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU		827.24	827.24				End dated 12/31/2021
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED		673.16	673.16				
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED		837.26	837.26				End dated 12/31/2021
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGL		933.77	933.77				
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICUL		986.57	986.57				
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES		809.97	809.97				
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES		937.42	937.42				
69799	UNLISTED PROCEDURE, MIDDLE EAR	R	0.00	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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND		38.64	38.64	25.60	13.04		
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		25.88	25.88	16.80	9.09		
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		33.52	33.52	21.33	12.19		
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		24.17	24.17	16.80	7.38		
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE		32.37	32.37	21.33	11.04		
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		19.69	19.69	11.46	8.23		
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS		27.28	27.28	16.80	10.48		
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS		39.01	39.01	24.26	14.75		
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		11.71	11.71	7.19	4.52		
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOU		18.27	18.27	11.46	6.82		
70320	FULL MOUTH X-RAY OF TEETH		40.38	40.38	21.33	9.62		
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH		21.27	21.27	13.34	7.94		
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH		33.15	33.15	22.67	10.48		
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND		80.33	80.33	56.80	23.52		
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	R	343.60	343.60	302.74	40.87		
70350	CEPHALOGRAM, ORTHODONTIC		17.52	17.52	10.14	7.38		
70355	PANORAMIC X-RAY OF JAWS		16.80	16.80	15.46	8.53		
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		18.83	18.83	11.46	7.38		
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/O		49.10	49.10	35.20	13.90		
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECO	R	93.10	93.10	56.80	36.30		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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, FOLLO		245.70	245.70	191.23	54.47		
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		182.78	182.78	127.74	55.04		
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		212.12	212.12	153.07	59.04		
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE		253.37	253.37	191.23	62.14		
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		176.55	176.55	127.74	48.81		
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		208.70	208.70	153.07	55.62		
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL,		252.22	252.22	191.23	61.00		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	R	410.49	410.49	364.05	46.44		
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	R	346.92	346.92	299.54	47.38		
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S),	R	656.65	656.65	586.58	70.07		
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	366.30	366.30	302.74	63.56		
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	439.87	439.87	363.27	76.60		
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	R	774.25	774.25	672.42	101.84		
70555	MAGNETIC RESONANCE IMAGING, BRAIN	R	0.00	0.00	0.00	94.17		
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	0.00	0.00	0.00	110.40		
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	0.00	0.00	0.00	122.12		
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A	R	0.00	0.00	0.00	122.64		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		79.63	79.63	59.26	20.37		End dated 12/31/2021

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND		262.46	262.46	226.46	36.01		
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		248.08	248.08	212.07	36.01		
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		20.96	20.96	14.14	6.82		
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		21.52	21.52	14.14	7.38		
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		19.32	19.32	12.80	6.52		
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		23.13	23.13	15.46	7.67		
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISI		80.33	80.33	56.80	23.52		
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR		26.66	26.66	18.14	8.53		
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		22.83	22.83	15.46	7.38		
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS		20.66	20.66	14.14	6.52		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, 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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		51.64	51.64	35.20	16.44		
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVIS		110.66	110.66	85.08	25.58		
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMAL		66.41	66.41	39.47	26.94		
75557	CARDIAC MRI FOR MORPH W/O CONTRAST		309.93	309.93	170.24	51.53		
75559	CARDIAC MRI W/STRESS IMG W/O CONTRAST		311.88	311.88	256.27	65.66		
75561	CARDIAC MRI FOR MORPH W/DYE W/O CONTRAST		475.58	475.58	241.68	57.00		
75563	CARDIAC MRI W/STRESS IMG & DYE W & W/O CONTRAST		477.59	477.59	301.00	68.25		
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		65.50	65.50	55.82	9.68		
75571	COMPUTED TOMOGRAPHY, HEART, W/O CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM		65.23	65.23	43.57	21.65		
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY		191.56	191.56	125.73	65.82		
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE		272.36	272.36	178.04	94.31		
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS, WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING		417.89	417.89	328.08	89.81		
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION		361.36	361.36	340.35	21.01		
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND		389.16	389.16	340.35	48.81		
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND		389.16	389.16	340.35	48.81		
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY,		410.92	410.92	354.74	56.18		
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFE		300.86	300.86	225.60	75.26		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		389.16	389.16	340.35	48.81		
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND		55.94	55.94	25.60	30.34		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA		66.44	66.44	51.36	15.08		
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		
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		
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI		63.63	63.63	38.40	25.23		End Dated 12/31/2021
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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.
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		26.41	26.41	8.90	17.51		
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC		70.68	70.68	39.88	30.79		
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED		62.86	62.86	37.06	25.80		
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND		70.51	70.51	41.32	29.19		
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND		70.51	70.51	41.32	29.19		
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR		264.25	264.25	170.16	94.08		
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATIO		24.86	24.86	12.36	12.50		
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION		123.68	123.68	46.33	77.35		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		249.90	249.90	150.44	99.46		
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		45.82	45.82	28.52	17.29		End Dated 12/31/2020
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
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	FLUOROSCOPIE 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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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
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		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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 TELEETHERAPY 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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT	R	0.00	0.00	0.00	0.00		
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL		48.00	48.00				
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA		48.00	48.00				
77407	RADIATION TREATMENT DELIVERY, TWO TREATMENT AREAS, 3 OR MORE PORTS		56.53	56.53				
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE TREATMENT AREAS		63.19	63.19				
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		15.99	15.99				
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		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		92.33	92.33	78.43	13.90		
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PL		143.85	143.85	124.55	19.30		
78130	RED CELL SURVIVAL STUDY;		103.47	103.47	77.09	26.38		
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLE		159.27	159.27	131.74	27.53		End Dated 12/31/2020
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		120.43	120.43	82.69	37.74		
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	0.00	0.00	0.00	0.00		
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		94.40	94.40	67.46	26.94		
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		134.96	134.96	98.95	36.01		
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		152.64	152.64	115.48	37.15		
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		172.79	172.79	129.09	43.70		
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		204.31	204.31	159.75	44.56		
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE P		30.15	30.15	20.53	9.62		
78351	BONE MINERAL DUAL PHOTON		14.39	14.39				
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	0.00	0.00	0.00	0.00		
78414	NON-IMAGING HEART FUNCTION		0.00	0.00	0.00	19.88		
78428	CARDIAC SHUNT DETECTION		94.83	94.83	61.07	33.76		
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION , INCLUDING IMAGING WHEN PERFORMED		151.45	151.45	141.53	29.97		
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION(AEROSOL OR GAS) INCLUDING IMAGING WHEN PERFORMED		231.79	231.79	229.35	34.12		
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	R	0.00	0.00	0.00	0.00		
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		96.90	96.90	77.89	19.00		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	R	156.85	156.85	71.19	85.67		
79300	NUCLR RX INTERSTIT COLLOID	R	0.00	0.00	0.00	73.28		
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY	R	203.02	203.02	112.58	90.44		
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	R	156.85	156.85	71.19	85.67		
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRAT	R	166.24	166.24	71.00	95.24		
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	R	0.00	0.00	0.00	0.00		
80050	GENERAL HEALTH PANEL		48.45	48.45				
80055	OBSTETRIC PANEL		0.00	0.00				
80081	OBSTETRIC PANEL		105.37	101.97				Added Effective 1/1/2016
80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S		15.54	15.80				End Dated 12/31/2021
80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOST		53.21	53.98				End Dated 12/31/2021
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

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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
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
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE		47.43	47.43				
83722	LIPOPRTN DIR MEAS SD LDL CHL		0.00	0.00				Effective 1/1/2019

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	SARSCO2 & 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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTO		44.34	44.34	19.08	25.25		
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND		97.13	97.13	44.59	52.54		
88177	IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME SITE. USE IN CONJUNCTION WITH PROCEDURE 88172		24.33	24.33	5.64	18.69		
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS		62.64	62.64	30.18	32.46		
88184	FLOWCYTOMETRY/TC 1 MARKER		34.20	34.20				
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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		

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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
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 MOLECUL STUDY ADD-ON		24.52	24.52	7.12	19.58		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	R	0.00	0.00	0.00	0.00		
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA		49.98	133.93				
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				
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
90384	RH IG FULL-DOSE IM					3.30		
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE					3.30		
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE					3.30		
90460	IM ADMIN 1ST/ONLY COMPONENT		15.60	15.60				Rate updated 1/1/2018
90461	IM ADMIN EACH ADDL COMPONENT		9.80	9.80				Rate updated 1/1/2018

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90471	IMMUNIZATION ADMIN		15.60	15.60				Rate updated 1/1/2018
90472	IMMUNIZATION ADMIN EACH ADD		9.80	9.80				Rate updated 1/1/2018
90473	IMMUNE ADMIN ORAL/NASAL		15.60	15.60				Rate updated 1/1/2018
90474	IMMUNE ADMIN ORAL/NASAL ADDL		9.80	9.80				Rate updated 1/1/2018
90619	MENACWY-TT VACCINE IM		0.00	0.00				Added Effective 01/01/2020
90620	MENB PR W/OMV VACCINE		122.95	122.95				Added Effective 2/1/2015
90621	MENB RLP VACCINE		95.75	95.75				Added Effective 2/1/2015
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN		0.00	28.60				Updated Effective 01/01/2019
90632	HEP A VACCINE ADULT IM			51.55		3.30		
90633	HEP A VACC PED/ADOL DOSAGE-2 DOSE			29.55		3.30		
90634	HEP A VACC PED/ADOL 3 DOSE			29.55		3.30		
90636	HEP A/HEP B VACC ADULT IM			92.50		3.30		
90644	MENINGOCCL HIB VAC 4 DOSE IM			115.18				
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE)			22.77		3.30		
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE)			26.21		3.30		
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT)			141.38		3.30		
90650	VACCINE FOR HUMAN PAPILOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE			128.75				Added effective 1/1/2015
90651	VACCINE FOR HUMAN PAPILOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE			239.29				Updated Effective 6/1/21
90653	FLU VACCINE, ADJUVANTED IM, 65 AND OLDER ONLY			46.20				Added Effective 7/1/2018
90654	FLU VACCINE NO PRESERV ID			18.92		3.30		
90655	FLU VAC NO PRSV 3 VAL 6-35 M			17.24		3.30		
90656	FLU VACCINE NO PRESERV 3 & >			12.40		3.30		
90657	FLU VACCINE, 3 YRS, IM			6.02		3.30		
90658	FLU VACCINE 3 YRS & > IM			14.35		3.30		
90660	FLU VACCINE, NASAL			21.70		3.30		
90661	FLU VACC CELL CULT PRSV FREE			20.66		3.30		
90662	FLU VACC PRSV FREE INC ANTIG			31.82		3.30		
90670	PNEUMOCOCCAL VACC 13 VAL IM			145.11		3.30		
90672	FLU VACCINE 4 VALENT NASAL			24.60		3.30		
90673	FLU VACC RIV3 NO PRESERV			36.48				
90674	CCIIV4 VAC NO PRSV 0.5 ML IM		0.00	24.05				Updated Effective 09/01/2017
90680	ROTOVIRUS VACC 3 DOSE ORAL			75.20		3.30		
90681	ROTAVIRUS VACC 2 DOSE ORAL			106.57		3.30		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
90682	RIV4 VACC RECOMBINANT DNA IM			46.31				Added Effective 1/1/2018
90685	FLU VAC NO PRSV 4 VAL 6-35 M			23.23		3.30		
90686	FLU VAC NO PRSV 4 VAL 3 YRS+			19.41		3.30		
90687	FLU VACC 4 6-35 MONTHS IM			14.35				Added Effective 7/1/2014
90688	FLU VACC 4 VAL 3 YRS PLUS IM			15.90		3.30		
90689	VACC IIV4 NO PRSRV 0.25ML IM		0.00	22.79				Updated Effective 1/1/2019
90694	VACC AIIV4 NO PRSRV 0.5ML IM		0.00	0.00				Added Effective 01/01/2020
90696	DTAP-IPV VACC 4-6 YR IM			48.00		3.30		
90697	VACCINE DTaP-IPV-Hib-HepB FOR INTRAMUSCULAR USE		132.77	132.77				Updated Effective 8/1/21
90698	DTAP-HIB-IP VACCINE, IM			70.72		3.30		
90700	DTAP VACCINE, < 7 YRS, IM			23.47		3.30		
90702	DT VACCINE < 7 YRS IM			23.47		3.30		
90707	MMR VACCINE, SC			56.14		3.30		
90710	MMRV VACCINE, SC			157.64		3.30		
90713	POLIOVIRUS, IPV, SC/IM			27.44		3.30		
90714	TD VACCINE NO PRSRV 7/> IM			19.30		3.30		
90715	TDAP VACCINE 7 YRS/> IM			31.84		3.30		
90716	CHICKEN POX VACCINE SC			94.14		3.30		
90723	DTAP-HEP B-IPV VACCINE, IM			70.72		3.30		
90732	PNEUMOCOCCAL VACCINE 23 VAL IM			105.19		3.30		Updated Effective 01/01/2020
90733	MENINGOCOCCAL VACCINE, SC			106.49		3.30		
90734	MENINGOCOCCAL VACCINE IM			117.41		3.30		
90736	ZOSTER VACC, SC			165.69		3.30		
90739	HEPB VACC 2 DOSE ADULT IM			117.99		3.30		Added Effective 1/1/2018
90740	HEPB VACC ILL PAT 3 DOSE IM			119.42		3.30		
90743	HEP B VACC, ADOL, 2 DOSE, IM			24.22		3.30		
90744	HEP B VACC PED/ADOL 3 DOSE IM			24.22		3.30		
90746	HEP B VACC ADULT 3 DOSE IM			59.71		3.30		
90747	HEP B VACC ILL PAT 4 DOSE IM			119.42		3.30		
90748	HEP B/HIB VACCINE IM			43.56		3.30		
90750	HZV VACC RECOMBINANT IM NJX			280.00				Added Effective 1/1/2018
90756	CCIIV4 VACC ABX IM			22.79				Added Effective 1/1/2018
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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;
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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-DIMENSIONAL DATA STUDY. LIST SEPERATELY IN ADDITION TO PRIMARY PROCEDURE.		20.18	20.18	11.57	8.60		
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES		126.89	126.89	21.04	105.85		
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY		158.62	158.62	101.07	57.55		
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS		51.45	51.45	6.12	45.33		
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH		165.59	165.59	126.58	39.01		
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMET		325.86	325.86	262.84	63.02		
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH		106.65	106.65	67.64	39.01		
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH		92.39	92.39	48.25	44.14		
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY		315.88	315.88	276.87	39.01		
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOS		36.68	36.68	9.61	27.08		
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY),		656.41	656.41	517.76	138.65		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
91111	ESOPHAGEAL CAPSULE ENDOSCOPY		584.25	584.25	620.70	46.88		
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		
91300	COVID-19 VACCINE-PFIZER, SARSCOV2 VAC 30MCG/.3ML IM		ZERO PAY	ZERO PAY				Added Effective 12/11/20
0001A	COVID-19 VACCINE-PFIZER, 1ST DOSE, ADM SARSCOV2 30MCG/.3ML IM		40.00	40.00				Rate Updated 03/15/21
0002A	COVID-19 VACCINE-PFIZER, 2ND DOSE, ADM SARSCOV2 30MCG/.3ML IM		40.00	40.00				Rate Updated 03/15/21
0003A	COVID-19 VACCINE-PFIZER, 3RD DOSE, ADM SARSCOV2 30MCG/.3ML IM		40.00	40.00				Added Effective 8/12/21
0004A	COVID-19 VACCINE - PFIZER, BOOSTER ADMIN SARSCOV2, 30 MCG/.3ML IM		40.00	40.00				Added Effective 11/1/21
91301	COVID-19 VACCINE-MODERNA, ADM SARSCOV2 VAC 100MCG/.5ML IM		ZERO PAY	ZERO PAY				Added Effective 12/18/20
0011A	COVID-19 VACCINE-MODERNA, 1ST DOSE, ADM SARSCOV2 100MCG/.5ML IM		40.00	40.00				Rate Updated 03/15/21
0012A	COVID-19 VACCINE-MODERNA, 2ND DOSE, ADM SARSCOV2 100MCG/.5ML IM		40.00	40.00				Rate Updated 03/15/21
0013A	COVID-19 VACCINE-MODERNA, 3RD DOSE, ADM SARSCOV2 100MCG/.5ML IM		40.00	40.00				Added Effective 8/12/21
91303	COVID-19 VACCINE-JANSSEN (J&J), ADM SARSCOV2 VAC AD26 .5ML IM		ZERO PAY	ZERO PAY				Added Effective 02/27/21
0031A	COVID-19 VACCINE-ADMIN FEE JANSSEN (J&J), ADM SARSCOV2 AD26 .5ML IM		40.00	40.00				Rate Updated 03/15/21
0034A	COVID-19 VACCINE - JANSSEN, BOOSTER, ADMIN SARSCOV2, AD26 .5ML IM		40.00	40.00				Effective 11/1/2021
91306	COVID-19 VACCINE-MODERNA-LOW DOSE BOOSTER, SARSCOV2 VACCINE 50MCG/.25ML IM		NO PAY	NO PAY				Effective 11/1/2021
0064A	COVID-19 VACCINE-MODERNA-LOW DOSE BOOSTER, SARSCOV2 VACCINE 50MCG/.25ML IMLBST		40.00	40.00				Effective 11/1/2021
91307	COVID-19 VACCINE-PFIZER SARSCOV2 VACCINE AGE 5 THRU 11, 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		ZERO PAY	ZERO PAY				Added Effective 11/1/21

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
0071A	COVID-19 VACCINE-PFIZER, 1ST DOSE AGE 5 THRU 11, ADMIN SARSCOV2 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		40.00	40.00				Added Effective 11/1/21
0072A	COVID-19 VACCINE-PFIZER, 2ND DOSE AGE 5 THRU 11, ADMIN SARSCOV2 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		40.00	40.00				Added Effective 11/1/21
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		
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO		41.60	41.60	13.97	27.62		
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION		32.71	32.71	18.82	13.89		
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE.		27.03	30.13				
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING.		78.07	96.16				
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		36.45	36.45	22.14	14.31		
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		48.64	48.64	30.81	17.82		
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		55.27	55.27	35.15	20.12		
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF		30.59	33.94				
92132	DIAGNOSTIC IMAGING OF EYES		31.75	31.75	13.35	18.40		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		56.53	21.47	35.06	21.47		
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU		18.94	22.96				
92145	CORNEAL HYSTERESIS DETERMINATION		11.98	11.98	4.89	7.09		Added effective 1/1/2015
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				
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		
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT		15.65	15.65	3.22	12.43		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
92559	AUDIOMETRIC TESTING OF GROUPS		22.26	22.26				End dated 12/31/2021
92560	BEKESY AUDIOMETRY; SCREENING		14.21	14.21				End dated 12/31/2021
92561	BEKESY AUDIOMETRY; DIAGNOSTIC		19.94	19.94				End dated 12/31/2021
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL		11.43	11.43				
92563	TONE DECAY TEST		10.63	10.63				
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)		13.28	13.28				End dated 12/31/2021
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				
92575	SENSORINEURAL ACUITY LEVEL TEST		4.62	8.51				
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST		6.85	12.48				
92577	STENGER TEST, SPEECH		11.06	20.18				
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)		20.21	20.21				
92582	CONDITIONING PLAY AUDIOMETRY		10.95	20.21				
92583	SELECT PICTURE AUDIOMETRY		24.99	24.99				
92584	ELECTROCOCHLEOGRAPHY		69.37	69.37				
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI		109.38	109.38	51.34	58.04		End dated 12/31/2020
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI		50.49	50.49				End dated 12/31/2020
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		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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
92652	AEP THRSHLD 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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN		134.01	134.01				
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT		148.34	148.34				
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE		376.10	376.10				
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION		219.11	219.11				
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC		200.09	200.09	118.96	81.13		
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC		124.47	124.47	59.61	64.86		
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE		941.65	941.65				
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE		956.46	956.46				
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE		750.43	750.43				
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASH		799.78	799.78				End dated 12/31/2020
92993	CATHETER BASED ENLARGEMENT OF OPENING BETWEEN TWO UPPER HEART CHAMBERS		850.00	865.00				End dated 12/31/2020
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		128.20	128.20				
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		33.84	33.84				
93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		59.68	59.68				
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC		34.69	34.69				
93228	WEARABLE MOBILE CARDIOVASCULAR 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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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				
93299	ICM/ILR REMOTE TECH SERV		0.00	0.00				End Dated 12/31/2019
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		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC		72.12	72.12	46.88	25.24		
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC		40.60	40.60	30.62	9.98		
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY		83.23	83.23	79.86	3.37		
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2		126.08	126.08	48.46	77.62		
93351	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		

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
93461	WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) WITH BYPASS GRAFT ANGIOGRAPHY		1,247.62	1,247.62	861.02	386.60		
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE		178.02	178.02				
93463	PHARMACOLOGIC AGENT ADMINISTRATION, INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE, DURING, AFTER, AND REPEAT PHARMCOLOGIC AGENT ADMINISTRATION		94.35	94.35				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
93464	PHYSIOLOGIC EXERCISE STUDY INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE AND AFTER		220.15	220.15	137.08	83.08		
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR		143.62	143.62				
93505	ENDOMYOCARDIAL BIOPSY		276.95	276.95	55.07	221.88		
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES		668.63	668.63	445.27	223.36		End dated 12/31/2021
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART		1,663.32	1,663.32	1,272.51	390.81		End dated 12/31/2021
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART		1,723.23	1,723.23	1,238.55	484.67		End dated 12/31/2021
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART		1,512.60	1,512.60	1,238.55	274.05		End dated 12/31/2021
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING		71.16	71.16	15.11	56.05		End dated 12/31/2021
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING		33.67	33.67	9.02	24.65		End dated 12/31/2021
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				
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		198.80	198.80	127.92	70.87		
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW		182.19	182.19	125.29	56.90		
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICA		736.30	736.30				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				
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
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT		177.44	177.44	130.03	47.41		
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT		174.12	174.12	126.71	47.41		
93895	EVALUATION OF THICKNESS OF COMMON CAROTID ARTERY (NECK) BOTH SIDES		0.00	0.00	0.00	0.00		Added effective 1/1/2015
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,		48.97	48.97	32.91	16.06		
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES,		91.18	91.18	62.11	29.07		
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST		100.05	100.05	67.66	32.39		
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM		133.93	133.93	105.47	28.45		
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;		89.54	89.54	70.40	19.15		
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM		137.03	137.03	111.86	25.17		
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;		91.19	91.19	74.39	16.80		
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERA		54.85	54.85	31.05	23.80		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION		14.15	14.15	6.92	7.23		
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCE		10.96	10.96	3.73	7.23		End dated 12/31/2020
94375	RESPIRATORY FLOW VOLUME LOOP		28.04	28.04	13.07	14.97		
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)		37.01	37.01	9.50	27.50		End dated 12/31/2020
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
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY		11.19	11.19				
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA		43.41	43.41				
94644	CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, FIRST HOUR		23.85	23.85				
94645	CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, SUBSEQ. HOUR		9.13	9.13				
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND		42.80	42.80				
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE		30.47	30.47	15.72	14.75		End Dated 12/31/2020
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE		7.19	7.19				
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE		18.62	18.62				
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS		31.40	31.40				
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER		19.27	19.27	9.72	9.55		End dated 12/31/2020
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				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
94781	EACH ADDITIONAL 30 MINUTES (LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		6.67	15.46				
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	R	0.00	0.00	0.00	0.00		
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS		2.82	2.82				
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION		12.43	12.43				
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS		3.02	65.30				
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS		5.81	22.60				
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE		4.10	4.10				
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH		4.00	4.00				
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED T		6.14	6.14				
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)		5.34	5.34				
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)		6.68	6.68				
95056	PHOTO TESTS		2.52	4.80				
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS		9.34	9.34				
95065	DIRECT NASAL MUCOUS MEMBRANE TEST		2.79	5.34				
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		58.69	58.69				
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON		75.05	75.05				End Dated 12/31/2020
95076	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST		58.54	92.66				
95079	EACH ADDITIONAL 60 MIN OF TESTING		54.05	66.20				
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI		10.54	10.54				
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI		13.37	13.37				
95144	PREPARATION AND PROVISION OF SINGLE-DOSE VIALS OF ALLERGEN ANTIGENS FOR ALLERGY IMMUNOTHERAPY		2.47	8.41				
95145	PREPARATION AND PROVISION OF SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		2.47	10.47				
95146	PREPARATION AND PROVISION OF 2 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		2.47	13.27				
95147	PREPARATION AND PROVISION OF 3 SINGLE STINGING INSECT VENOM FOR ALLERGEN IMMUNOTHERAPY		2.47	14.76				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR		57.84	57.84	11.65	46.19		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PREFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.		43.35	43.35	33.23	15.43		
95886	COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS. LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE		69.00	69.00	35.01	41.24		
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLES DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY. LIST SEPARAETLY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.		61.24	61.24	35.60	32.34		
95905	MOTOR/SENS NRVE CONDUCT TEST		51.25	51.25	56.37	2.37		
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES		74.60	74.60	32.46	42.14		
95908	3-4 STUDIES		92.10	92.10	39.17	52.93		
95909	5-6 STUDIES		110.35	110.35	47.12	63.23		
95910	7-8 STUDIES		145.32	145.32	60.78	84.54		
95911	9-10 STUDIES		175.90	175.90	70.53	105.37		
95912	11-12 STUDIES		206.48	206.48	79.79	126.68		
95913	13 OR MORE STUDIES		239.30	239.30	89.29	150.02		
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION		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		
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);		123.90	123.90	61.25	62.64		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES		0.00	0.00	0.00	0.00		End dated 12/31/2021
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		

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96131	PSYCL TST EVAL PHYS/QHP EA		68.47	72.39				Effective 1/1/2019
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
96370	SC THER INFUSION, ADDL 1 HR		13.05	13.05				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MI		9.36	9.36				
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15		17.27	17.27				
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	R	15.68	15.68				
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC		20.90	20.90				
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCUL		21.66	21.66				
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THE		18.76	18.76				
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINI		14.93	14.93				
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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
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				
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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		20.39	20.39				Added Effective 7/1/2015
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat 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				
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	R	0.00	1.00				
99100	SPECIAL ANESTHESIA SERVICES < ONE YEAR AND >THAN 70		25.00	25.00				
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		15.00	15.00				Added effective 1/1/2015
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); EACH HOUR		88.74	88.74				
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 45 MINUTES		54.76	54.76				
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH/WITHOUT ECG AND/OR PRESSURE MONITORING); 30 MINUTES		40.41	40.41				
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)		11.99	11.99				
99201	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 10 MINUTES		20.92	29.66				End dated 12/31/2020
99202	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 20 MINUTES		39.73	53.00				

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

Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99203	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 30 MINUTES		60.57	79.04				
99204	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 45 MINUTES		102.79	112.27				
99205	OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 60 MINUTES		131.98	143.29				
99211	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 5 MINUTES		7.48	16.98				
99212	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 10 MINUTES		20.41	31.08				
99213	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 15 MINUTES		40.36	42.63				
99214	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 25 MINUTES		61.98	67.10				
99215	OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 40 MINUTES		87.17	98.39				
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED)		53.44	53.44				
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		51.39	51.39				
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		85.09	85.09				
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		119.51	119.51				
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		51.66	51.66				
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		85.60	85.60				
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A		119.25	119.25				
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		24.33	24.33				
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		43.02	43.02				
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVAL & MGMT OF PT		64.38	64.38				
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		25.89	25.89				
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O		42.24	42.24				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES		72.89	72.89				
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES		26.20	36.55				
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES		54.91	67.83				
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES		76.53	90.43				
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES		121.37	128.22				
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES		150.75	166.18				
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		35.76	35.76				
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		55.73	55.73				
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		74.75	74.75				
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH		107.50	107.50				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99291	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT, FIRST HOUR		157.68	215.02				
99292	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT ADDL 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				
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		59.51	59.51				
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND		74.49	74.49				
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS		46.70	46.70				
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES		81.26	81.26				
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FAC		74.50	74.50				
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		45.98	45.98				
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		67.35	67.35				
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		93.42	93.42				
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		128.47	128.47				
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A		159.03	159.03				
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		35.60	35.60				
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		56.37	56.37				
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		86.93	86.93				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		127.87	127.87				
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		74.38	74.38				
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		98.05	98.05				
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		128.50	128.50				
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		171.60	171.60				
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH		203.79	203.79				
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		53.11	53.11				
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		78.48	78.48				
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		115.76	115.76				
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT		167.27	167.27				
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE FIRST HOUR		72.83	71.96				
99355	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE EACH 30 MINUTES BEYOND FIRST HOUR		71.54	70.67				
99356	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE FIRST HOUR		68.88	68.88				
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT		67.00	67.00				
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION INFANT YOUNGER THAN 1 YEAR		60.43	78.58				
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 1-4		64.38	89.90				
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 - 11		68.26	89.90				
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12-17		80.42	101.22				
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 18-39		77.60	95.21				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION AGE 40-64		93.99	116.70				
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 YEARS AND OLDER		101.40	127.74				
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
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

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
99423	OL DIG E/M SVC 21+ MIN		33.89	38.56				Added Effective 01/01/2020
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	R	0.00	0.00				
99439	CHRNC 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
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				
99479	SUBSEQUENT INTENSIVE CARE, PER DAY		98.50	98.50				
99480	SUBSEQUENT INTENSIVE CARE, PER DAY		94.65	94.65				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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	CHRONIC 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
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
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH			18.75				Updated Effective 01/01/2020
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH			18.75				Updated Effective 01/01/2020
D1354	SILVER DIAMINE FLUORIDE			12.00				Added Effective 1/1/2017 - May bill up to 2 times per six months per quadrant
D1526	REMOVE BILAT SPACE MAIN, MAX		190.00	190.00				Added Effective 01/01/2019
D1527	REMOVE BILAT SPACE MAIN, MAN		190.00	190.00				Added Effective 01/01/2019
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK		255.86	255.86				
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 SCR N 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
G0296	VISIT TO DETERM IDCT ELIG		42.85	42.85				Added Effective 1/1/2016

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
G0297	LOW DOSE CT SCREENING FOR CANCER		148.32	148.32	21.31	127.01		Enddated 12/31/20
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
J0696	INJ, CEFTRIAXONE SODIUM, PER 250 MG			14.78				
J1380	INJ, ESTRADIOL VALERATE, UP TO 10 MG			0.51				
J7296	KYLEENA		999.28	999.28				Updated Effective 04/01/2021
J7297	LILETTA		656.25	656.25				Added effective 1/1/2016
J7298	MIRENA		999.28	999.28				Updated Effective 04/01/2021
J7300	PARAGARD		937.00	937.00				Updated Effective 07/01/2021
J7301	SKYLA		832.07	832.07				Updated Effective 04/01/2021
J7303	CONTRACEPTIVE SUPPLY, HORMONE VAGINAL RING, EACH			0.00				
J7307	NEXPLANON			1,030.64				Updated Effective 9/1/2021

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
J7321	HYALGAN/SUPARTZ INJ PER DOSE			130.50				
J7323	EUFLEXXA INJ PER DOSE			131.21				
J7324	ORTHOVISC INJI PER DOSE			225.00				
J9000	DOXORUBICIN HCL, 10 MG			11.84				
J9015	ALDESLEUKIN, PER SINGLE USE VIAL			730.35				
J9017	ARSENIC TRIOXIDE, 1MG			36.00				
J9020	ASPARAGINASE, 10,000 UNITS			59.32				
J9031	BCG (INTRAVESICAL) PER INSTILLATION			152.19				
J9035	BEVACIZUMAB INJECTION			61.87				Added Effective 1/1/2016
J9040	BLEOMYCIN SULFATE, 15 UNITS			219.80				
J9041	INJECTION, BORTEZOMIB, 0.1 MG			31.27				
J9050	CARMUSTINE, 100 MG			147.14				
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG			26.87				
J9065	INJECTION, CLADRIBINE, PER 1 MG			48.60				
J9070	CYCLOPHOSPHAMIDE, 100 MG			2.75				
J9098	CYTARABINE LIPOSOME, 10 MG			380.34				
J9100	CYTARABINE, 100 MG			4.03				
J9130	DACARBAZINE, 100 MG			12.02				
J9150	DAUNORUBICIN, 10 MG			74.57				
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG			61.20				
J9160	DENILEUKIN DIFTITOX, 300 MCG			1,374.30				
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG			5.57				
J9178	INJECTION, EPIRUBICIN HCL, 2 MG			26.97				
J9181	ETOPOSIDE, 10 MG			4.15				
J9185	FLUDARABINE PHOSPHATE, 50 MG			330.32				
J9190	FLUOROURACIL, 500 MG			3.38				
J9200	FLOXURIDINE, 500 MG			131.40				
J9201	GEMCITABINE HCL, 200 MG			122.67				
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG			422.99				
J9206	IRINOTECAN, 20 MG			148.41				
J9208	IFOSFAMIDE, 1 GM			148.41				
J9209	MESNA, 200 MG			33.70				
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG			397.84				
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG			4.80				
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS			33.05				
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS			14.66				
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU			7.74				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Outpat Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS			318.74				
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG			5,115.60				
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG			11.38				
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG			397.99				
J9250	METHOTREXATE SODIUM, 5 MG			0.34				
J9260	METHOTREXATE SODIUM, 50 MG			3.75				
J9268	PENTOSTATIN, PER 10 MG			2,117.34				
J9270	PLICAMYCIN, 2.5 MG			88.87				
J9280	MITOMYCIN, 5 MG			77.23				
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG			326.82				
J9300	GEMTUZUMAB OZOGAMICIN, 5MG			2,291.65				
J9305	INJECTION, PEMETREXED, 10 MG			43.87				
J9320	STREPTOZOCIN, 1 GM			167.63				
J9340	THIOTEPA, 15 MG			119.99				
J9355	TRASTUZUMAB, 10 MG			55.71				
J9357	VALRUBICIN, INTRAVESICAL, 200 MG			498.96				
J9360	VINBLASTINE SULFATE, 1 MG			2.47				
J9370	VINCRISTINE SULFATE, 1 MG			22.75				
J9390	VINORELBINE TARTRATE, PER 10 MG			82.38				
J9395	INJECTION, FULVESTRANT, 25 MG			84.99				
J9600	PORFIMER SODIUM, 75 MG			2,466.63				
Q4101	APILIGRAF, PER SQUARE CM		28.56	28.56				
Q4106	DERMAGRAFT, PER SQUARE CM		34.99	34.99				
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
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
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				

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Proc Code	Procedure Description	PA Ind	Inpat Rate Facility	Output Rate NonFacility	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
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				
V2219	BIFOCAL SEG WIDTH OVER 28MM		0.00	50.00				
V2220	BIFOCAL ADD OVER 3.25D		0.00	50.00				
V2221	LENTICULAR LENS, PER LENS, BIFOCAL		0.00	50.00				
V2299	SPECIALTY BIFOCAL (BY REPORT)	R	0.00	50.00				
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC		0.00	50.00				
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER		0.00	50.00				
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE		0.00	50.00				
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS		180.00	234.00				
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS		137.50	178.75				