

| Procedure | Procedure Code Description   | Rate     |
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| 90281     | IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE   | \$0.00   |
| 90283     | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE   | \$0.00   |
| 90284     | IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH                                 | \$0.00   |
| 90375     | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE                                 | \$207.35 |
| 90376     | RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE                | \$194.67 |
| 90378     | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE                                  | \$0.00   |
| 90460     | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS   | \$14.04  |
| 90461     | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS   | \$6.40   |
| 90465     | IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; FIRST INJECT  | \$8.16   |
| 90466     | IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY EACH ADD       | \$3.68   |
| 90467     | IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) WHEN THE  | \$8.16   |
| 90468     | IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) WHEN THE  | \$3.68   |
| 90471     | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,                                 | \$8.16   |
| 90472     | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,                                 | \$3.68   |
| 90473     | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)    | \$8.16   |
| 90474     | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE ; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION       | \$3.68   |
| 90632     | HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE   | \$49.85  |
| 90636     | HEPATITIS A AND HEPATITIS B VACCINE (HEP A-HEP B), ADULT DOSAGE, FOR INTRAMUSCULAR USE                         | \$94.73  |
| 90649     | HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR US  | \$135.66 |
| 90650     | HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE             | \$0.00   |
| 90665     | LYME DISEASE VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE  | \$122.50 |
| 90675     | RABIES VACCINE, FOR INTRAMUSCULAR USE  | \$208.73 |
| 90681     | ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE                                      | \$0.00   |
| 90691     | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICP'S), FOR INTRAMUSCULAR USE                                    | \$63.58  |
| 90696     | DIPHThERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN ADMINISTERED | \$0.00   |
| 90703     | IMMUNIZATION, ACTIVE; TETANUS TOXOID   | \$34.67  |
| 90715     | TETANUS DIPHTHERIA TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR  | \$34.66  |
| 90723     | DIPHThERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR | \$0.00   |
| 90732     | IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT   | \$65.77  |
| 90733     | IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))                                      | \$106.49 |
| 90736     | ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION  | \$152.00 |
| 90740     | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE      | \$119.42 |
| 90746     | HEPATITIS B VACCINE; ADULT DOSAGE, FOR INTRAMUSCULAR USE   | \$59.71  |

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| 90747     | IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE                       | \$119.42 |
| 90778     | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT     | \$300.00 |
| 90801     | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM | \$110.00 |
| 90802     | INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHISICAL DEVICES, LAN           | \$71.00  |
| 90804     | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR              | \$31.17  |
| 90805     | PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES                               | \$38.60  |
| 90806     | PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT       | \$80.00  |
| 90807     | PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES                               | \$54.08  |
| 90808     | PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT        | \$81.73  |
| 90809     | PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES WITH MEDICAL EVALUATION              | \$89.78  |
| 90810     | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR        | \$38.60  |
| 90811     | INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES WITH EVALUATION AND MANA | \$46.65  |
| 90812     | INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH E/M APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PAT | \$52.43  |
| 90813     | INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, WITH E/M APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE    | \$58.41  |
| 90814     | INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE    | \$75.34  |
| 90815     | INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH EVALUATION AND MANAGEMENT SERVICES                           | \$84.00  |
| 90816     | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL,    | \$33.85  |
| 90817     | PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES                            | \$42.31  |
| 90818     | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PAR | \$52.84  |
| 90819     | PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT     | \$59.03  |
| 90821     | PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL CARE SETTING APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE          | \$88.55  |
| 90822     | PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M SERVICES APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PAT | \$97.63  |
| 90823     | INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE      | \$41.49  |
| 90824     | INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH     | \$50.57  |
| 90826     | INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE      | \$56.97  |
| 90827     | INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE | \$63.78  |
| 90828     | INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH | \$82.56  |
| 90829     | INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE | \$92.47  |
| 90846     | FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)   | \$80.00  |

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| 90847     | FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)   | \$80.00  |
| 90849     | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY  | \$20.09  |
| 90853     | GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)  | \$14.40  |
| 90857     | INTERACTIVE GROUP PSYCHOTHERAPY  | \$12.38  |
| 90862     | PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDI | \$15.60  |
| 90865     | NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL))           | \$70.38  |
| 90869     | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT;SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION | \$281.53 |
| 90870     | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE                                      | \$51.39  |
| 90875     | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE TO FACE WITH   | \$31.17  |
| 90876     | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY; APPROX. 45-50 MIN   | \$48.50  |
| 90899     | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE  | \$0.00   |
| 90901     | BIOFEEDBACK TRAINING BY ANY MODALITY   | \$14.86  |
| 90935     | HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION  | \$57.17  |
| 90937     | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESC | \$57.17  |
| 90945     | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION  | \$38.60  |
| 90947     | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WI | \$37.20  |
| 90951     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE          | \$543.66 |
| 90952     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE          | \$407.85 |
| 90953     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE          | \$136.02 |
| 90954     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR    | \$454.70 |
| 90955     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR    | \$251.19 |
| 90956     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR    | \$166.77 |
| 90957     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR   | \$363.47 |
| 90958     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR   | \$241.28 |
| 90959     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR   | \$154.39 |
| 90960     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE       | \$158.10 |
| 90961     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FAC | \$126.52 |
| 90962     | END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE  | \$89.78  |
| 90963     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS   | \$290.20 |
| 90964     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE      | \$253.05 |
| 90965     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO  | \$241.08 |

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| 90966     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OL | \$124.67 |
| 90967     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT | \$10.73  |
| 90968     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT | \$8.67   |
| 90969     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT | \$8.46   |
| 90970     | END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT | \$4.33   |
| 90997     | HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)   | \$117.00 |
| 90999     | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT   | \$0.00   |
| 91000     | ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARATION OF SPECIMENS (SEPARATE PR | \$35.91  |
| 91010     | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;                | \$86.07  |
| 91011     | ESOPHAGEAL MOTILITY STUDY; WITH MECHOLYL OR SIMILAR STIMULANT  | \$100.93 |
| 91012     | ESOPHAGEAL MOTILITY STUDY; WITH ACID PERFUSION STUDIES   | \$110.22 |
| 91013     | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;                | \$14.04  |
| 91020     | GASTRIC MOTILITY (MANOMETRIC ) STUDIES   | \$95.77  |
| 91022     | DUODENAL MOTILITY (MANOMETRIC) STUDY   | \$123.43 |
| 91030     | ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS   | \$76.80  |
| 91034     | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS    | \$130.65 |
| 91035     | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING,    | \$258.21 |
| 91037     | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE              | \$82.97  |
| 91038     | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE              | \$71.00  |
| 91040     | ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY  | \$252.22 |
| 91052     | GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG, HISTAMINE, INSULIN, PENTAGASTRIN,  | \$18.00  |
| 91055     | GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE PROCEDURE)                           | \$9.60   |
| 91065     | BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)   | \$15.60  |
| 91105     | GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POISONS)                          | \$20.02  |
| 91110     | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION           | \$518.27 |
| 91111     | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS WITH PHYSICIAN INTERPRETATION AND REPORT               | \$406.61 |
| 91117     | COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS, EG, MEAL | \$86.48  |
| 91120     | RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON DISTENTION)                        | \$248.92 |
| 91122     | ANORECTAL MANOMETRY  | \$33.60  |
| 91132     | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS  | \$0.00   |
| 91133     | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING                                      | \$0.00   |
| 91299     | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE   | \$0.00   |
| 92002     | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG | \$28.07  |
| 92004     | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG | \$28.07  |

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| 92012     | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A  | \$28.07 |
| 92014     | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A  | \$28.07 |
| 92015     | DETERMINATION OF REFRACTIVE STATE   | \$0.00  |
| 92018     | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F  | \$28.07 |
| 92019     | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F  | \$42.40 |
| 92020     | GONIOSCOPY (SEPARATE PROCEDURE)   | \$13.20 |
| 92025     | COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT                        | \$16.72 |
| 92060     | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION WITH INTERPRETATION AND REPORT          | \$18.99 |
| 92065     | ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION                            | \$13.20 |
| 92071     | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE   | \$22.70 |
| 92072     | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING  | \$72.45 |
| 92081     | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION          | \$12.00 |
| 92082     | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAMINATION | \$18.00 |
| 92083     | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; EXTENDED EXAMINATION (E  | \$22.80 |
| 92100     | SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME  | \$12.00 |
| 92132     | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,          | \$22.08 |
| 92133     | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,         | \$27.04 |
| 92134     | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,         | \$27.04 |
| 92135     | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, WITH INTERPRETATION AND REPORT                             | \$39.84 |
| 92136     | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION                 | \$43.96 |
| 92140     | PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT; INITIAL   | \$12.00 |
| 9220      | INFUSION OF LIQUID BRACHYTHERAPY RADIOISOTOPE   | \$0.00  |
| 92225     | OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY INCLUDE USE OF CONTACT LENS, DRAWING OR SKETCH, AND/OR  | \$12.00 |
| 92226     | OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY INCLUDE USE OF CONTACT LENS, DRAWING OR SKETCH, AND/OR  | \$12.00 |
| 92227     | REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS      | \$7.02  |
| 92228     | REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY                | \$18.16 |
| 92230     | FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT   | \$22.80 |
| 92235     | FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT                            | \$52.22 |
| 92240     | INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT                      | \$57.17 |
| 92250     | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT   | \$18.16 |
| 92260     | OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION; WITH OPHTHALMODYNAMOMETRY                                   | \$22.70 |

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| 92265     | NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT  | \$23.53 |
| 92270     | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT   | \$32.80 |
| 92275     | ELECTRORETINOGRAPHY, WITH INTERPRETATION AND REPORT  | \$38.40 |
| 92283     | COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT   | \$11.56 |
| 92284     | DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT  | \$17.13 |
| 92285     | EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE    | \$10.32 |
| 92286     | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY      | \$41.07 |
| 92287     | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY          | \$50.77 |
| 923       | STEREOTACTIC RADIOSURGERY  | \$0.00  |
| 9230      | STEREOTACTIC RADIOSURGERY, NOT OTHERWISE SPECIFIED   | \$0.00  |
| 92310     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION  | \$56.56 |
| 92311     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION  | \$46.40 |
| 92312     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION  | \$56.56 |
| 92313     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION  | \$42.28 |
| 92314     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A | \$38.69 |
| 92315     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A | \$26.43 |
| 92316     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A | \$38.69 |
| 92317     | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A | \$19.88 |
| 92326     | REPLACEMENT OF CONTACT LENS  | \$14.03 |
| 92340     | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL   | \$18.00 |
| 92341     | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL   | \$20.00 |
| 92342     | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL                                      | \$20.00 |
| 92352     | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL   | \$23.00 |
| 92353     | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL  | \$23.00 |
| 92370     | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA  | \$10.00 |
| 92371     | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA  | \$10.00 |
| 9241      | INTRA-OPERATIVE ELECTRON RADIATION THERAPY   | \$0.00  |
| 92499     | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE   | \$0.00  |
| 92502     | OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA   | \$26.40 |
| 92504     | BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)   | \$9.60  |
| 92506     | EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS  | \$21.60 |
| 92507     | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL           | \$18.00 |
| 92508     | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, TWO OR MORE   | \$7.20  |
| 92511     | NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)  | \$34.80 |
| 92512     | NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)  | \$22.91 |
| 92516     | FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)   | \$13.20 |
| 92520     | LARYNGEAL FUNCTION STUDIES   | \$28.48 |
| 92526     | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING   | \$21.47 |

| Procedure | Procedure Code Description   | Rate    |
|-----------|--|---------|
| 92540     | BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION MYSTAGMUS        | \$54.28 |
| 92541     | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING                              | \$23.74 |
| 92542     | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING  | \$20.43 |
| 92543     | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH RECORD | \$22.80 |
| 92544     | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING                    | \$9.60  |
| 92545     | OSCILLATING TRACKING TEST, WITH RECORDING  | \$10.80 |
| 92546     | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING  | \$17.75 |
| 92547     | USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST                          | \$7.20  |
| 92548     | COMPUTERIZED DYNAMIC POSTUROGRAPHY   | \$52.43 |
| 92550     | TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS   | \$11.76 |
| 92551     | SCREENING TEST, PURE TONE, AIR ONLY  | \$8.00  |
| 92552     | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY   | \$9.49  |
| 92553     | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE   | \$12.00 |
| 92555     | SPEECH AUDIOMETRY THRESHOLD;   | \$8.05  |
| 92556     | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION   | \$12.00 |
| 92557     | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)                | \$12.00 |
| 92558     | EVOKED OTOACOUSTIC EMISSIONS, SCREENING, AUTOMATED ANALYSIS  | \$33.23 |
| 92560     | BEKESY AUDIOMETRY; SCREENING   | \$8.00  |
| 92561     | BEKESY AUDIOMETRY; DIAGNOSTIC  | \$12.00 |
| 92562     | LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL  | \$6.00  |
| 92563     | TONE DECAY TEST  | \$4.80  |
| 92564     | SHORT INCREMENT SENSITIVITY INDEX (SISI)   | \$4.80  |
| 92565     | STENGER TEST, PURE TONE  | \$4.80  |
| 92566     | IMPEDANCE TESTING  | \$11.94 |
| 92567     | TYMPANOMETRY (IMPEDANCE TESTING)   | \$11.56 |
| 92568     | ACOUSTIC REFLEX TESTING  | \$8.05  |
| 92570     | ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING,     | \$17.96 |
| 92571     | FILTERED SPEECH TEST   | \$8.26  |
| 92572     | STAGGERED SPONDAIC WORD TEST   | \$8.00  |
| 92575     | SENSORINEURAL ACUITY LEVEL TEST  | \$8.00  |
| 92576     | SYNTHETIC SENTENCE IDENTIFICATION TEST   | \$9.70  |
| 92577     | STENGER TEST, SPEECH   | \$12.00 |
| 92579     | VISUAL REINFORCEMENT AUDIOMETRY (VRA)  | \$15.69 |
| 92582     | CONDITIONING PLAY AUDIOMETRY   | \$12.00 |
| 92583     | SELECT PICTURE AUDIOMETRY  | \$12.00 |
| 92584     | ELECTROCOCHLEOGRAPHY   | \$12.00 |
| 92585     | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM         | \$84.00 |
| 92586     | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS; LIMITED       | \$40.45 |
| 92587     | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)         | \$33.23 |
| 92588     | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND DISTORTION    | \$45.82 |
| 92595     | ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL   | \$7.20  |
| 92597     | EVALUATION FOR USE AND/OR FITTING VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEM | \$54.08 |
| 92601     | DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING                       | \$73.48 |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 92602     | DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT PROGRAMMING                 | \$51.60  |
| 92603     | DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER, WITH PROGRAMMING                                   | \$49.54  |
| 92604     | DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER; SUBSEQUENT PROGRAMMING                             | \$33.85  |
| 92607     | EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FIRST HOU | \$61.30  |
| 92608     | EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION, EACH ADDITIONAL  | \$12.18  |
| 92609     | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION           | \$33.23  |
| 92610     | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION  | \$23.74  |
| 92611     | MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING                               | \$25.80  |
| 92612     | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING                             | \$97.01  |
| 92614     | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING                | \$74.92  |
| 92616     | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO RECORDING       | \$102.58 |
| 92618     | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE         | \$19.81  |
| 92620     | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES                                       | \$24.77  |
| 92621     | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES                               | \$6.40   |
| 92625     | ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)  | \$24.36  |
| 92626     | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR   | \$12.59  |
| 92627     | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES                                       | \$12.59  |
| 92640     | DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR                                   | \$29.10  |
| 92700     | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE   | \$0.00   |
| 92950     | CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)  | \$129.60 |
| 92953     | TEMPORARY TRANSCUTANEOUS PACING  | \$49.33  |
| 92960     | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL   | \$60.00  |
| 92961     | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL   | \$133.13 |
| 92965     | MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY                        | \$0.00   |
| 92970     | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL  | \$154.80 |
| 92971     | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL  | \$62.33  |
| 92973     | PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)    | \$99.48  |
| 92974     | TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR BRACHYTHERAPY       | \$112.28 |
| 92975     | THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY ANGIOGRAPHY                    | \$279.60 |
| 92977     | THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION  | \$36.00  |
| 92978     | INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC  | \$156.24 |
| 92979     | INTRASVASCULAR ULTRASOUND DURING THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION; EACH ADDITIONAL VESSE | \$96.39  |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 92980     | TRANSCATHETER PLACEMENT OF AN INTRACORONARY STEN(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENO | \$670.18 |
| 92981     | TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S),PERCUTANEOUS; EACH ADDITIONAL VESSEL                      | \$208.88 |
| 92982     | PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL  | \$572.14 |
| 92984     | PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL                                 | \$165.74 |
| 92986     | PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE   | \$702.17 |
| 92987     | PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE   | \$697.63 |
| 92990     | PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE  | \$21.60  |
| 92992     | ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKING TYPE) (INCLUDES CARDIAC CATHETER    | \$504.00 |
| 92993     | ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD  | \$504.00 |
| 92995     | PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD, WITH OR WITHOUT BALLOON ANGIOPL | \$592.78 |
| 92996     | PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL    | \$169.45 |
| 92997     | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALOON ANGIOPLASTY; SINGLE VESSEL                                   | \$545.31 |
| 92998     | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL                         | \$211.35 |
| 93000     | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT                          | \$16.31  |
| 93005     | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT         | \$9.49   |
| 93010     | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY                          | \$7.02   |
| 93012     | TELEPHONIC OR TELEMETRIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP;                                       | \$12.36  |
| 93014     | TELEPHONIC OR TELEMETRIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP; PHYSICIAN REVIEW WITH INTERPRETATION  | \$20.02  |
| 93015     | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; CONTINUOUS ELECTROCARDIO | \$48.00  |
| 93016     | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;PHYSICIAN SUPERVISION ONL | \$17.96  |
| 93017     | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; TRACING ONLY, WITHOUT IN | \$48.00  |
| 93018     | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; INTERPRETATION AND REPOR | \$26.63  |
| 93024     | ERGONOVINE PROVOCATION TEST  | \$45.60  |
| 93025     | MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS   | \$150.26 |
| 93040     | RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT   | \$6.00   |
| 93041     | RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT                                 | \$3.10   |
| 93042     | RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY   | \$4.80   |
| 93224     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V | \$102.79 |
| 93225     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V | \$26.42  |
| 93226     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V | \$48.00  |
| 93227     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V | \$30.00  |
| 93228     | WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED          | \$14.65  |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 93230     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT | \$113.11 |
| 93231     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT | \$0.00   |
| 93232     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT | \$46.03  |
| 93233     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT | \$28.80  |
| 93235     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN | \$48.00  |
| 93236     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN | \$36.00  |
| 93237     | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN | \$18.00  |
| 93268     | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, TRANSMISSION, PH | \$25.18  |
| 93270     | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; RECORDING    | \$26.21  |
| 93271     | PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING       | \$50.98  |
| 93272     | PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION  | \$20.02  |
| 93278     | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG   | \$48.92  |
| 93279     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$32.82  |
| 93280     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$37.77  |
| 93281     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$44.17  |
| 93282     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$41.07  |
| 93283     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$49.74  |
| 93284     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$58.20  |
| 93285     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$27.66  |
| 93286     | PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A                | \$15.69  |
| 93287     | PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A                | \$20.64  |
| 93288     | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION    | \$24.77  |
| 93289     | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION    | \$37.98  |
| 93290     | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION    | \$18.37  |
| 93291     | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION    | \$23.74  |
| 93292     | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION    | \$21.47  |
| 93293     | TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES  | \$36.95  |
| 93294     | INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM   | \$21.05  |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 93295     | INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM   | \$37.98  |
| 93296     | INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM   | \$20.85  |
| 93297     | INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD | \$14.65  |
| 93298     | INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD | \$16.92  |
| 93303     | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE                                      | \$130.86 |
| 93304     | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY                    | \$71.62  |
| 93306     | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN      | \$153.15 |
| 93307     | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING;     | \$48.00  |
| 93308     | ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMIT | \$48.00  |
| 93312     | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING   | \$48.00  |
| 93313     | ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL; | \$35.29  |
| 93314     | ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL; | \$48.00  |
| 93315     | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE            | \$168.84 |
| 93316     | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY             | \$34.68  |
| 93317     | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AN        | \$133.95 |
| 93318     | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENS | \$0.00   |
| 93320     | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY            | \$48.00  |
| 93321     | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY, WITH OR WITHOUT COLOR FLOW | \$28.80  |
| 93325     | DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76 | \$48.00  |
| 93350     | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D, WITH OR WITHOUT M-MODE RECORDING),    | \$120.00 |
| 93351     | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN      | \$158.52 |
| 93352     | USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY   | \$22.08  |
| 93451     | RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT                   | \$463.78 |
| 93452     | LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVIS  | \$514.97 |
| 93453     | COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY | \$673.90 |
| 93454     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$531.07 |
| 93455     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$619.61 |
| 93456     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$664.61 |

| Procedure | Procedure Code Description   | Rate       |
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| 93457     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$753.15   |
| 93458     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$640.87   |
| 93459     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$707.75   |
| 93460     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$757.49   |
| 93461     | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION         | \$867.91   |
| 93462     | LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE            | \$123.84   |
| 93463     | PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSION OF NITROPRUSSIDE)           | \$65.64    |
| 93464     | PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC                      | \$153.15   |
| 93501     | RIGHT HEART CATHETERIZATION  | \$210.00   |
| 93503     | INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES                      | \$140.00   |
| 93505     | ENDOMYOCARDIAL BIOPSY  | \$208.05   |
| 93508     | CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S) | \$410.12   |
| 93510     | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANE | \$235.20   |
| 93511     | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; BY CUTDOW | \$235.20   |
| 93514     | LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE  | \$235.20   |
| 93524     | COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION   | \$235.20   |
| 93526     | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION                                 | \$348.00   |
| 93527     | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR | \$348.00   |
| 93528     | COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CAT | \$348.00   |
| 93529     | COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR W | \$348.00   |
| 93530     | RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES  | \$526.11   |
| 93531     | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMAL  | \$1,313.94 |
| 93532     | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH     | \$1,357.91 |
| 93533     | RIGHT AND LEFT HEART CATHETERIZATION, CONGENITAL, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION        | \$1,197.12 |
| 93539     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF ARTERIAL CONDUITS, WHETHER  | \$51.81    |
| 93540     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS BYPASS | \$51.81    |
| 93541     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY                                  | \$50.40    |
| 93542     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPH | \$50.40    |
| 93543     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY  | \$39.22    |
| 93544     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY  | \$38.60    |

| Procedure | Procedure Code Description   | Rate     |
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| 93545     | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQU | \$50.40  |
| 93555     | IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CARDIAC CATHETERIZATION;      | \$153.77 |
| 93556     | IMAGING SUPERVISION,...PULMONARY ANGIOGRAPHY, AORTOGRAPHY, AND/OR SELECTIVE CORONARY ANGIOGRAPHY INCLUDING     | \$233.23 |
| 93561     | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;  | \$50.40  |
| 93562     | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;  | \$25.20  |
| 93563     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$34.06  |
| 93564     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$34.68  |
| 93565     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$26.21  |
| 93566     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$26.21  |
| 93567     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$29.52  |
| 93568     | INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT   | \$26.83  |
| 93571     | INTRAVASCULAR DOPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO  | \$152.74 |
| 93572     | INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO | \$94.94  |
| 93580     | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERIAL COMMUNICATION WITH IMPLANT                           | \$546.55 |
| 93581     | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT                        | \$730.86 |
| 9359      | OTHER IMMOBILIZATION, PRESSURE, AND ATTENTION TO WOUND   | \$0.00   |
| 93600     | BUNDLE OF HIS RECORDING  | \$120.00 |
| 93602     | INTRA-ATRIAL RECORDING   | \$90.00  |
| 93603     | RIGHT VENTRICULAR RECORDING  | \$120.00 |
| 93609     | INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM  | \$240.00 |
| 93610     | INTRA-ATRIAL PACING  | \$120.00 |
| 93612     | INTRAVENTRICULAR PACING  | \$120.00 |
| 93613     | INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING  | \$211.35 |
| 93615     | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);                         | \$35.09  |
| 93616     | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING             | \$68.32  |
| 93618     | INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING   | \$240.00 |
| 93619     | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING   | \$551.71 |
| 93620     | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A | \$480.00 |
| 93621     | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A | \$819.54 |
| 93622     | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A | \$814.77 |
| 93623     | PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)     | \$166.17 |
| 93624     | ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY                  | \$195.05 |
| 93631     | INTRA-OPERATIVE CARDIAC PACING AND MAPPING   | \$428.69 |

| Procedure | Procedure Code Description   | Rate     |
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| 93640     | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING   | \$312.00 |
| 93641     | ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRI-LATOR LEADS...W/TESTING OF CARDIOVERTER-DEFIBRILLATOR    | \$429.72 |
| 93642     | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING   | \$414.04 |
| 93650     | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TRACT(S), INCLUDING INTRACARDIAC MAPPING, WITH OR WI | \$744.41 |
| 93651     | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS;FOR TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY        | \$733.96 |
| 93652     | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS;FOR TREATMENT OF VENTRICULAR TACHYCARDIA                | \$764.09 |
| 93660     | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMIT  | \$99.81  |
| 93662     | INTRACARDIAC ECHOCARDIOGRAPHY DURNING THERAPEUTIC/ DIAGNOSTIC INTERVENTION, INCLUDONG IMAGING SUPERVISION AND  | \$169.04 |
| 93701     | BIOIMPEDANCE, THORACIC, ELECTRICAL   | \$20.02  |
| 93724     | ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM  | \$249.12 |
| 93740     | TEMPERATURE GRADIENT STUDIES   | \$13.21  |
| 93750     | INTERROGATION OF VENTRICULAR ASSIST DEVICE(VAD), IN PERSON, WITH PHYSICIAN ANALYSIS OF DEVICE PARAMETERS       | \$29.93  |
| 93770     | DETERMINATION OF VENOUS PRESSURE   | \$9.60   |
| 93784     | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO | \$39.60  |
| 93788     | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO | \$24.80  |
| 93790     | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO | \$28.80  |
| 93797     | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)      | \$10.53  |
| 93798     | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)         | \$15.07  |
| 93799     | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE   | \$0.00   |
| 93824     | PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE  | \$58.20  |
| 93880     | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY   | \$50.40  |
| 93882     | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY   | \$50.40  |
| 93886     | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY  | \$111.04 |
| 93888     | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY                            | \$99.69  |
| 93890     | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY                                  | \$131.06 |
| 93892     | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOOUS MICROBUBBLE     | \$139.53 |
| 93893     | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO               | \$136.84 |
| 93922     | NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL                     | \$37.15  |
| 93923     | NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTRIMITY ARTERIES, SINGLE LEVEL, BILATERAL                  | \$77.40  |
| 93924     | NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TEST       | \$76.37  |
| 93925     | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY                    | \$94.80  |

| Procedure | Procedure Code Description   | Rate     |
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| 93926     | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY                  | \$68.73  |
| 93930     | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY                    | \$95.36  |
| 93931     | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY                  | \$85.24  |
| 93965     | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, BILATERAL, (EG, CONTINUOUS DOPPLER STUDIES WITH EVALUATIO | \$42.11  |
| 93970     | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUD | \$48.00  |
| 93971     | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED ST | \$48.00  |
| 93975     | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITON   | \$133.13 |
| 93976     | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR RETROPERITONEAL ORGANS; FOLLOW- | \$104.85 |
| 93978     | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY                  | \$101.96 |
| 93979     | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY      | \$88.96  |
| 93980     | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY                            | \$145.10 |
| 93981     | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY                | \$104.44 |
| 93982     | NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC FOLLOWING ENDOVASCULAR   | \$22.91  |
| 93990     | DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)              | \$64.19  |
| 93998     | UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY   | \$0.00   |
| 94002     | VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL | \$50.98  |
| 94003     | VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL | \$36.33  |
| 94004     | VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL | \$26.42  |
| 94010     | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), AND | \$18.00  |
| 94011     | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE                | \$55.11  |
| 94012     | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD     | \$84.83  |
| 94013     | MEASUREMENT OF LUNG VOLUMES(IE, FUNCTIONAL RESIDUAL CAPACITY, FORCED VITAL CAPACITY, AND EXPIRATORY RESERVE    | \$17.96  |
| 94016     | PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY    | \$14.65  |
| 94060     | BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EX | \$25.20  |
| 94070     | PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD | \$26.40  |
| 94150     | VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)   | \$6.00   |
| 94200     | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION  | \$6.00   |
| 94250     | EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)                                    | \$9.60   |
| 94375     | RESPIRATORY FLOW VOLUME LOOP   | \$18.00  |
| 94400     | BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)   | \$18.00  |
| 94450     | BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)   | \$21.88  |

| Procedure | Procedure Code Description   | Rate     |
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| 94452     | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;                                | \$28.28  |
| 94453     | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT; WITH SUPPLEMENTAL OXYGEN       | \$40.25  |
| 94610     | INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE                              | \$36.53  |
| 94620     | PULMONARY STRESS TESTING, SIMPLE OR COMPLEX  | \$33.60  |
| 94621     | PULMONARY STRESS TESTING; COMPLEX INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE AND ELECTROCARDIOGRAPHIC | \$76.37  |
| 94640     | NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION   | \$6.00   |
| 94642     | AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS                  | \$4.83   |
| 94644     | COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR                | \$19.40  |
| 94645     | COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR      | \$7.43   |
| 94660     | CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT                              | \$32.20  |
| 94662     | CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT                                      | \$18.00  |
| 94664     | AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURP | \$10.80  |
| 94667     | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMON | \$12.59  |
| 94668     | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT    | \$7.43   |
| 94680     | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE   | \$24.15  |
| 94681     | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED                         | \$44.17  |
| 94690     | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)                                       | \$8.40   |
| 94726     | PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND WHEN PERFORMED, AIRWAY RESISTANCE                        | \$32.61  |
| 94727     | GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION     | \$25.59  |
| 94728     | AIRWAY RESISTANCE BY IMPLUSE OSCILLOMETRY  | \$25.59  |
| 94729     | DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)   | \$32.40  |
| 94750     | PULMONARY COMPLIANCE STUDY, ANY METHOD   | \$18.00  |
| 94760     | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION                                  | \$7.20   |
| 94761     | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)         | \$13.20  |
| 94762     | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDUR | \$14.40  |
| 94770     | CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER   | \$14.04  |
| 94772     | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT     | \$300.00 |
| 94780     | CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD   | \$30.75  |
| 94781     | CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD   | \$11.97  |
| 94799     | UNLISTED PULMONARY SERVICE OR PROCEDURE  | \$0.00   |
| 95004     | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBE | \$0.96   |

| Procedure | Procedure Code Description   | Rate    |
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| 95010     | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS OR VENOMS, I | \$0.96  |
| 95012     | NITRIC OXIDE EXPIRED GAS DETERMINATION   | \$10.11 |
| 95015     | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS, IMMEDIATE  | \$0.96  |
| 95024     | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS  | \$0.96  |
| 95027     | SKIN END POINT TITRATION   | \$0.96  |
| 95028     | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY | \$0.96  |
| 95044     | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)   | \$0.64  |
| 95052     | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)  | \$0.68  |
| 95056     | PHOTO TESTS  | \$1.20  |
| 95060     | OPHTHALMIC MUCOUS MEMBRANE TESTS   | \$2.40  |
| 95070     | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, MET | \$24.00 |
| 95071     | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GA | \$26.40 |
| 95115     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECT | \$8.40  |
| 95117     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE   | \$8.40  |
| 95120     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$16.00 |
| 95125     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION..;TWO OR     | \$24.00 |
| 95130     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$16.00 |
| 95131     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$16.28 |
| 95132     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$17.88 |
| 95133     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$20.57 |
| 95134     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P | \$23.26 |
| 95144     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULT | \$16.00 |
| 95145     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;SINGLE          | \$19.28 |
| 95146     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;TWO             | \$16.00 |
| 95147     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;THREE           | \$24.00 |
| 95148     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FOUR            | \$22.68 |
| 95149     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FIVE            | \$24.00 |
| 95165     | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULT | \$24.00 |
| 95180     | RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM)                              | \$24.00 |
| 95199     | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE   | \$0.00  |
| 95250     | GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLUCOSE VALUES FROM INTERSTITIAL  | \$29.93 |
| 95251     | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR                | \$15.07 |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 95800     | SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS, AND SLEEP | \$124.87 |
| 95801     | SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS | \$58.82  |
| 95805     | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYS   | \$62.40  |
| 95806     | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ACG OR HEART RATE, AND OXYGEN SATURAT  | \$181.01 |
| 95807     | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATO | \$183.90 |
| 95808     | POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST             | \$205.99 |
| 95810     | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST       | \$205.99 |
| 95811     | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF CONT           | \$282.56 |
| 95812     | ELECTROENCEPHALOGRAM EXTENDED MONITORING; UP TO ONE HOUR   | \$63.57  |
| 95813     | ELECTROENCEPHALOGRAM EXTENDED MONITORING; GREATER THAN ONE HOUR  | \$76.99  |
| 95816     | ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY (INCLUDING                                     | \$55.20  |
| 95819     | ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP (INCLUDING                                     | \$42.00  |
| 95822     | ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY   | \$42.00  |
| 95824     | ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY   | \$37.77  |
| 95827     | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY   | \$42.00  |
| 95829     | ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)   | \$58.80  |
| 95830     | INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING                    | \$32.40  |
| 95831     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING                                  | \$8.40   |
| 95832     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND (WITH OR WITHOUT COMPARISON WITH NORMAL SIDE)                | \$9.60   |
| 95833     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING HANDS                         | \$18.99  |
| 95834     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING HANDS                         | \$26.83  |
| 95851     | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SE | \$6.00   |
| 95852     | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SID | \$7.22   |
| 95857     | TENSILON TEST FOR MYASTHENIA GRAVIS;   | \$20.40  |
| 95860     | NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS                              | \$36.00  |
| 95861     | NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS                              | \$42.00  |
| 95863     | NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS                            | \$42.00  |
| 95864     | NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS                             | \$42.00  |
| 95865     | NEEDLE ELECTROMYOGRAPHY; LARYNX  | \$64.60  |
| 95866     | NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM   | \$43.55  |
| 95867     | ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; UNILATERAL   | \$39.01  |
| 95868     | ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL  | \$42.00  |
| 95869     | ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG, THORACIC SPINAL MUSCLES)                              | \$28.00  |

| Procedure | Procedure Code Description  | Rate     |
|-----------|---|----------|
| 95870     | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB                                  | \$19.61  |
| 95872     | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/    | \$58.41  |
| 95873     | ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION  | \$15.89  |
| 95874     | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION                                       | \$16.10  |
| 95875     | ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID DETERMINATION   | \$42.52  |
| 95885     | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCT | \$33.85  |
| 95886     | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCT | \$53.04  |
| 95887     | NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY    | \$47.27  |
| 95900     | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR,                                      | \$22.50  |
| 95903     | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITES; MOTOR, WITH F-WAVE STUDY     | \$25.59  |
| 95904     | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY OR                                  | \$19.20  |
| 95905     | MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY            | \$43.55  |
| 95920     | INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR  | \$104.44 |
| 95921     | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION); INCLUDING TW  | \$24.36  |
| 95922     | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION, INCLUDING BEAT-TO-BEAT BLOOD    | \$25.59  |
| 95923     | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR INCLUDING ONE OR MORE OF THE FOLLOWING:                 | \$24.36  |
| 95925     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES,     | \$68.32  |
| 95926     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN LOWER LIMB     | \$44.79  |
| 95927     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN THE TRUNK OR   | \$44.79  |
| 95928     | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS                              | \$95.15  |
| 95929     | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS                              | \$99.07  |
| 95930     | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECHERBOARD OR FLASH                             | \$25.39  |
| 95933     | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING  | \$31.20  |
| 95934     | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE                                       | \$22.70  |
| 95936     | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUSCLE                     | \$23.53  |
| 95937     | NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD             | \$27.60  |
| 95938     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES,     | \$179.36 |
| 95939     | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS                 | \$280.70 |
| 95950     | MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8      | \$115.20 |
| 95951     | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMETRY,         | \$150.00 |

| Procedure | Procedure Code Description   | Rate     |
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| 95953     | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG; ELECTRO | \$120.00 |
| 95954     | PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS              | \$145.10 |
| 95955     | ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)                                | \$42.00  |
| 95956     | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMTRY; ELECTRO  | \$120.00 |
| 95957     | DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS)                                    | \$91.02  |
| 95958     | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING              | \$202.07 |
| 95961     | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF                                 | \$122.81 |
| 95962     | FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE  | \$127.97 |
| 95965     | MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY                        | \$0.00   |
| 95970     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM  | \$13.42  |
| 95971     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR                                       | \$23.32  |
| 95972     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI | \$47.47  |
| 95973     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM;COMPLEX BRAIN, SPINAL CORD OR PERIPHAL | \$28.69  |
| 95974     | COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING  | \$92.26  |
| 95975     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO | \$51.81  |
| 95978     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE AND DURAT   | \$102.79 |
| 95979     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE AND DURAT   | \$49.74  |
| 95980     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE          | \$23.12  |
| 95981     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE          | \$15.69  |
| 95982     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE          | \$24.15  |
| 95990     | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN                  | \$31.79  |
| 95991     | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN; ADMINISTERED BY | \$47.88  |
| 95992     | CANALITH REPOSITIONING PROCEDURE(S), (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY                            | \$53.87  |
| 95999     | UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE  | \$0.00   |
| 96000     | COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS                                | \$48.92  |
| 96002     | DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES                  | \$11.97  |
| 96003     | DYNAMIC FINE WIRE ELETROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL, ACTIVITES, 1 MUSCLE                     | \$10.94  |
| 96020     | NEUROFUNCIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCIONAL BRAIN                 | \$0.01   |
| 9604      | INSERTION OF ENDOTRACHEAL TUBE   | \$0.00   |

| Procedure | Procedure Code Description   | Rate    |
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| 96101     | PSYCHOLOGICAL TESTING, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH PATIENT | \$70.00 |
| 96102     | PSYCHOLOGICAL TESTING WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECH  | \$24.14 |
| 96103     | PSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND  | \$15.27 |
| 96105     | ASSESSMENT OF APHASIA WITH INTERPRETATION AND REPORT, PER HOUR   | \$38.80 |
| 96110     | DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION AND REPORT   | \$7.64  |
| 96111     | DEVELOPMENTAL TESTING; EXTENDED WITH INTERPRETATION AND REPORT, PER HOUR                                       | \$38.80 |
| 96116     | NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE TIME WITH THE    | \$70.00 |
| 96118     | NEUROPSYCHOLOGICAL TESTING, PER HOUR OF THE PSYCHOLOGIST'S PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE P | \$70.79 |
| 96119     | NEUROPSYCHOLOGICAL TESTING, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY | \$36.12 |
| 96120     | NUEROPSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION | \$26.21 |
| 96125     | STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE        | \$54.07 |
| 9629      | REDUCTION OF INTUSSUSCEPTION OF ALIMENTARY TRACT   | \$0.00  |
| 96360     | INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR   | \$31.58 |
| 96361     | INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCED  | \$9.08  |
| 96365     | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1     | \$38.39 |
| 96366     | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR | \$12.18 |
| 96367     | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIA | \$18.78 |
| 96368     | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION  | \$11.35 |
| 96369     | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1                 | \$85.24 |
| 96370     | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR             | \$9.08  |
| 96371     | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP           | \$42.31 |
| 96372     | THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR  | \$12.59 |
| 96373     | THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL                 | \$10.11 |
| 96374     | THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR IN | \$30.96 |
| 96375     | THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL     | \$13.21 |
| 96376     | THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUEN         | \$13.21 |
| 96379     | UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION          | \$0.00  |
| 96401     | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC                       | \$36.12 |
| 96402     | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC                           | \$19.40 |
| 96405     | CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS                                      | \$14.40 |
| 96406     | CHEMOTHERAPY ADMINISTRATON, INTRALESIONAL; MORE THAN 7 LESIONS   | \$21.60 |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 96409     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG                     | \$66.67  |
| 96411     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG                      | \$38.60  |
| 96413     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG    | \$94.12  |
| 96415     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS                | \$21.26  |
| 96416     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION, RE | \$101.14 |
| 96417     | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR | \$46.03  |
| 96420     | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE  | \$21.60  |
| 96421     | REFILLING AND MAINTENANCE OF PORTABLE PUMP   | \$83.39  |
| 96422     | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR                                | \$21.60  |
| 96423     | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR          | \$14.40  |
| 96425     | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 | \$21.60  |
| 96440     | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS                         | \$21.60  |
| 96445     | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS                  | \$21.60  |
| 96446     | CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER                         | \$13.00  |
| 96450     | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE               | \$21.60  |
| 96521     | REFILLING AND MAINTENANCE OF PORTABLE PUMP   | \$83.39  |
| 96522     | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC                         | \$60.27  |
| 96523     | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS   | \$42.93  |
| 96542     | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS | \$21.60  |
| 96549     | UNLISTED CHEMOTHERAPY PROCEDURE  | \$0.00   |
| 96567     | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE  | \$78.02  |
| 96570     | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT; FIRST 30 MINUTES                                      | \$43.14  |
| 96571     | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE; EACH ADDITIONAL 15 MINUTES  | \$23.53  |
| 9671      | CONTINUOUS MECHANICAL VENTILATION FOR LESS THAN 96 CONSECUTIVE HOURS   | \$0.00   |
| 96900     | ACTINOTHERAPY (ULTRAVIOLET LIGHT)  | \$8.40   |
| 96904     | WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR   | \$38.18  |
| 96910     | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B                | \$9.60   |
| 96912     | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)  | \$9.60   |
| 96913     | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EI | \$32.66  |
| 96920     | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM                      | \$85.04  |
| 96921     | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM                              | \$87.10  |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 96922     | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM                                      | \$120.12 |
| 96999     | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE   | \$0.00   |
| 97001     | PHYSICAL THERAPY EVALUATION  | \$34.26  |
| 97002     | PHYSICAL THERAPY RE-EVALUATION   | \$13.42  |
| 97003     | OCCUPATIONAL THERAPY EVALUATION  | \$34.26  |
| 97004     | OCCUPATIONAL THERAPY RE-EVALUATION   | \$13.42  |
| 97010     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS   | \$9.08   |
| 97012     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL  | \$8.46   |
| 97014     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)                                   | \$8.46   |
| 97016     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES   | \$9.91   |
| 97018     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH   | \$12.59  |
| 97022     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL   | \$8.26   |
| 97024     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY   | \$9.90   |
| 97026     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED  | \$10.41  |
| 97028     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET   | \$7.64   |
| 97032     | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES               | \$8.26   |
| 97033     | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES                                 | \$8.67   |
| 97034     | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES                                | \$6.60   |
| 97035     | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES                                    | \$6.81   |
| 97036     | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES                                  | \$12.59  |
| 97039     | PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED MODALITY (SPECIFY)   | \$13.86  |
| 97110     | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES<br>THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND     | \$15.27  |
| 97112     | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;<br>NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE,  | \$9.91   |
| 97113     | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES          | \$13.62  |
| 97116     | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)             | \$0.00   |
| 97124     | PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE                               | \$8.26   |
| 97139     | PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)          | \$16.37  |
| 97140     | MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS                        | \$9.29   |
| 97150     | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)  | \$10.11  |
| 9744      | NONOPERATIVE REMOVAL OF HEART ASSIST SYSTEM  | \$0.00   |
| 97532     | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, DIRECT PATIENT CONTACT BY THE P | \$14.04  |
| 97533     | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL   | \$15.27  |
| 97535     | SELF CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES                      | \$10.73  |
| 97537     | COMMUNITY/WORK REINTEGRATION TRAINING, DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES                  | \$10.73  |
| 97542     | WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES   | \$9.08   |
| 97545     | WORK HARDENING/CONDITIONING; INITIAL 2 HOURS   | \$0.00   |
| 97597     | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR       | \$26.63  |

| Procedure | Procedure Code Description   | Rate    |
|-----------|--|---------|
| 97598     | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR       | \$33.85 |
| 97602     | REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDMENT, WITHOUT ANESTHESIA INCLUDING TOPICAL APPLI | \$0.00  |
| 97605     | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S),   | \$14.86 |
| 97606     | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S),   | \$16.31 |
| 97750     | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT,      | \$14.86 |
| 97760     | ORTHOTIC(S) MANAGEMENT AND TRAINING, UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MIN          | \$16.92 |
| 97761     | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES  | \$15.48 |
| 97762     | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES                                     | \$14.24 |
| 97799     | UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE  | \$0.00  |
| 97802     | MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES        | \$9.91  |
| 97803     | MEDICAL NUTRITION THERAPY; RE-ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES            | \$9.91  |
| 97804     | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUALS) EACH 30 MINUTES                                       | \$3.92  |
| 98925     | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED                                     | \$14.65 |
| 98926     | OSTEOPATHIC MANIPULATIVE TREATMEN(OMT); THREE TO FOUR BODY REGIONS INVOLVED                                    | \$22.50 |
| 98927     | OSTEOPATHIC MANIPULATIVE TREATMENT; FIVE TO SIX BODY REGIONS INVOLVED  | \$26.63 |
| 98928     | OSTEOPATHIC MANIPULATIVE TREATMENT; SEVEN TO EIGHT BODY REGIONS INVOLVED                                       | \$30.96 |
| 98929     | OSTEOPATHIC MANIPULATIVE TREATMENT; MINE TO TEN BODY REGIONS INVOLVED  | \$33.44 |
| 98940     | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS  | \$15.48 |
| 98941     | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS                                       | \$19.61 |
| 98942     | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS  | \$24.15 |
| 98943     | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS                                    | \$14.45 |
| 9900      | PERIOPERATIVE AUTOLOGOUS TRANSFUSION OF WHOLE BLOOD OR BLOOD COMPONENTS  | \$0.00  |
| 9902      | AUTOTRANSFUSION OF WHOLE BLOOD   | \$0.00  |
| 9904      | TRANSFUSION OF PACKED CELLS  | \$0.00  |
| 99070     | SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WI | \$0.00  |
| 99170     | GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT--AS OF 2000 ANOGENITAL EXAM FOR SUSPECT TRAUM       | \$75.96 |
| 99183     | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION                                 | \$85.86 |
| 99195     | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)   | \$9.29  |
| 99201     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE | \$16.72 |
| 99202     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE | \$27.24 |
| 99203     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE | \$29.00 |

| Procedure | Procedure Code Description   | Rate    |
|-----------|--|---------|
| 99204     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$45.00 |
| 99205     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$46.00 |
| 99211     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQ   | \$8.05  |
| 99212     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A   | \$20.64 |
| 99213     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A   | \$20.64 |
| 99214     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A   | \$27.00 |
| 99215     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A   | \$32.00 |
| 99217     | OBSERVATION CARE DISCHARGE DAY MANAGEMENT  | \$34.47 |
| 99218     | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE K   | \$38.18 |
| 99219     | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE    | \$60.89 |
| 99220     | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE    | \$76.99 |
| 99221     | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY    | \$38.18 |
| 99222     | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY   | \$44.00 |
| 99223     | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY   | \$46.00 |
| 99224     | SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT          | \$16.92 |
| 99225     | SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT          | \$29.93 |
| 99226     | SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT          | \$44.79 |
| 99231     | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO   | \$17.00 |
| 99232     | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO   | \$29.72 |
| 99233     | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO   | \$29.72 |
| 99234     | OBSERVATION/HOSPITAL CARE  | \$41.69 |
| 99235     | OBSERVATION/HOSPITAL CARE  | \$71.08 |
| 99236     | OBSERVATION/HOSPITAL CARE  | \$41.69 |
| 99238     | HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS  | \$34.88 |
| 99239     | HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES  | \$47.47 |
| 99241     | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC   | \$25.59 |
| 99242     | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P   | \$37.00 |
| 99243     | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI   | \$37.00 |
| 99244     | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE | \$49.00 |
| 99245     | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE | \$51.00 |
| 99251     | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A    | \$27.86 |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 99252     | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN | \$42.11  |
| 99253     | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A  | \$45.00  |
| 99254     | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THREE KEY COMPONENTS: A COMPRE | \$54.00  |
| 99255     | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A  | \$55.00  |
| 99281     | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP | \$15.48  |
| 99282     | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP | \$17.91  |
| 99283     | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP | \$38.00  |
| 99284     | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP | \$59.20  |
| 99285     | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,                                     | \$92.55  |
| 99291     | CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY                                   | \$29.72  |
| 99292     | CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CO | \$17.00  |
| 99304     | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE    | \$35.91  |
| 99305     | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE    | \$47.68  |
| 99306     | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE    | \$58.41  |
| 99307     | SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES       | \$18.58  |
| 99308     | SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES       | \$30.75  |
| 99309     | SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES       | \$43.34  |
| 99310     | SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES       | \$54.28  |
| 99318     | EVALUATION AND MANANGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESMENT, WHICH REQUIRES         | \$35.91  |
| 99324     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT,WHICH REQUIRES THESE         | \$31.99  |
| 99325     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$46.85  |
| 99326     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$67.91  |
| 99327     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$89.37  |
| 99328     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE  | \$110.63 |
| 99334     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE | \$24.77  |
| 99335     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE | \$39.22  |
| 99336     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE | \$60.48  |
| 99337     | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE | \$88.96  |

| Procedure | Procedure Code Description   | Rate    |
|-----------|--|---------|
| 99341     | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PR | \$35.91 |
| 99342     | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN E | \$47.47 |
| 99343     | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DE | \$47.47 |
| 99347     | HOME VISIT   | \$28.07 |
| 99348     | HOME VISIT   | \$35.91 |
| 99349     | HOME VISIT   | \$35.91 |
| 99354     | PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT         | \$35.71 |
| 99355     | PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING...EACH ADDITIONAL 30 MINUTES             | \$16.10 |
| 99356     | PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECTPATIENT CONTACT BEYOND THE USUAL SERVIC  | \$35.71 |
| 99357     | PROLONGED PHYSICIAN SERVICE INPATIENT EACH ADDITIONAL 30 MINUTES   | \$20.64 |
| 99358     | PROLONGED EVALUATION AND MANAGEMENT SERVICE  | \$0.00  |
| 99360     | PHYSICIAN STANDBY SERVICE REQUIRING PROLONGED PHYSICIAN ATTENDANCE   | \$10.32 |
| 99381     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$37.00 |
| 99382     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$37.00 |
| 99383     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$37.00 |
| 99384     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$42.00 |
| 99385     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$27.24 |
| 99386     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$27.24 |
| 99387     | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E | \$27.24 |
| 99391     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$27.00 |
| 99392     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$27.00 |
| 99393     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$27.00 |
| 99394     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$27.00 |
| 99395     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$27.00 |
| 99396     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$20.64 |
| 99397     | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE  | \$20.64 |
| 99406     | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES      | \$7.43  |
| 99407     | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES                         | \$14.24 |
| 99460     | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT      | \$31.99 |
| 99461     | INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR B | \$52.43 |
| 99462     | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN                             | \$17.13 |

| Procedure | Procedure Code Description   | Rate     |
|-----------|--|----------|
| 99463     | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT      | \$42.52  |
| 99464     | ATTENDANCE AT DELIVERY(WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN        | \$39.84  |
| 99465     | DELIVERY/BIRTHING ROOM RESUSITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS      | \$83.18  |
| 99466     | CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY | \$132.30 |
| 99467     | CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY | \$65.43  |
| 99468     | INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL     | \$492.06 |
| 99469     | SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL  | \$214.66 |
| 99471     | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL    | \$442.93 |
| 99472     | SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL   | \$218.37 |
| 99475     | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL      | \$306.92 |
| 99476     | SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL   | \$182.25 |
| 99477     | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO  | \$191.95 |
| 99478     | SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT   | \$78.84  |
| 99479     | SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFA   | \$69.76  |
| 99480     | SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT                  | \$65.84  |
| 99499     | UNLISTED EVALUATION AND MANAGEMENT SERVICE   | \$0.00   |
| 99502     | HOME VISIT FOR NEWBORN CARE AND ASSESSMENT   | \$70.00  |
| 99601     | HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT UP TO 2 HOURS   | \$0.00   |
| 9975      | ADMINISTRATION OF NEUROPROTECTIVE AGENT  | \$0.00   |
| 9976      | EXTRACORPOREAL IMMUNOADSORPTION  | \$0.00   |
| 9977      | APPLICATION OR ADMINISTRATION OF ADHESION BARRIER SUBSTANCE  | \$0.00   |
| 9978      | AQUAPHERESIS   | \$0.00   |