

Procedure Code	Description	Rate
00	PROCEDURES AND INTERVENTIONS, NOT ELSEWHERE CLASSIFIED	\$0.00
000	THERAPEUTIC ULTRASOUND	\$0.00
0001	THERAPEUTIC ULTRASOUND OF VESSELS OF HEAD AND NECK	\$0.00
0002	THERAPEUTIC ULTRASOUND OF HEART	\$0.00
0003	THERAPEUTIC ULTRASOUND OF PERIPHERAL VASCULAR VESSELS	\$0.00
0009	OTHER THERAPEUTIC ULTRASOUND	\$0.00
001	PHARMACEUTICALS	\$0.00
0010	PHARMACEUTICALS; IMPLANTATION OF CHEMOTHERAPEUTIC AGENT	\$0.00
0011	PHARMACEUTICALS; INFUSION OF DROTRECOGIN ALFA (ACTIVATED)	\$0.00
0012	PHARMACEUTICALS; ADMINISTRATION OF INHALED NITRIC OXIDE	\$0.00
0013	PHARMACEUTICALS; INJECTION OR INFUSION OF NESIRITIDE	\$0.00
0014	PHARMACEUTICALS; INJECTION OR INFUSION OF OXAZOLIDINONE CLASS OF ANTIBIOTICS	\$0.00
0015	HIGH DOSE INFUSION INTERLEUKIN-2 (IL-2)	\$0.00
0016	PRESSURIZED TREATMENT OF VENOUS BYPASS GRAFT WITH PHARMACEUTICAL SUBSTANCE	\$0.00
0017	INFUSION OF VASOPRESSOR AGENT	\$0.00
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	\$40.00
0018	INFUSION OF IMMUNOSUPPRESSIVE ANTIBODY THERAPY DURING INDUCTION PHASE OF SOLID ORGAN TRANSPLANTATION	\$0.00
0019	DISRUPTION OF BLOOD BRAIN BARRIER VIA INFUSION (BBBD)	\$0.00
002	INTRAVASCULAR IMAGING OF BLOOD VESSELS	\$0.00
0021	INTRAVASCULAR IMAGING OF EXTRACRANIAL CEREBRAL VESSELS	\$0.00
0022	INTRAVASCULAR IMAGING OF INTRATHORACIC VESSELS	\$0.00
0023	INTRAVASCULAR IMAGING OF PERIPHERAL VESSELS	\$0.00
0024	INTRAVASCULAR IMAGING OF CORONARY VESSELS	\$0.00
0025	INTRAVASCULAR IMAGING OF RENAL VESSELS	\$0.00
0028	INTRAVASCULAR IMAGING, OTHER SPECIFIED VESSELS	\$0.00
0029	INTRAVASCULAR IMAGING, UNSPECIFIED VESSELS	\$0.00
003	COMPUTER ASSISTED SURGERY	\$0.00
0031	COMPUTER ASSISTED SURGERY WITH CT/CTA	\$0.00
0032	COMPUTER ASSISTED SURGERY WITH MR/MRA	\$0.00
0033	COMPUTER ASSISTED SURGERY WITH FLUOROSCOPY	\$0.00
0034	IMAGELESS COMPUTER ASSISTED SURGERY	\$0.00
0035	COMPUTER ASSISTED SURGERY WITH MULTIPLE DATASETS	\$0.00
0039	OTHER COMPUTER ASSISTED SURGERY	\$0.00

Procedure Code	Description	Rate
0040	PROCEDURE ON SINGLE VESSEL	\$0.00
0041	PROCEDURE ON TWO VESSELS	\$0.00
0042	PROCEDURE ON THREE VESSELS	\$0.00
0043	PROCEDURE ON FOUR OR MORE VESSELS	\$0.00
0044	PROCEDURE ON VESSEL BIFURCATION	\$0.00
0045	INSERTION OF ONE VASCULAR STENT	\$0.00
0046	INSERTION OF TWO VASCULAR STENTS	\$0.00
0047	INSERTION OF THREE VASCULAR STENTS	\$0.00
0048	INSERTION OF FOUR OR MORE VASCULAR STENTS	\$0.00
0049	SUPER SATURATED OXYGEN THERAPY	\$0.00
005	OTHER CARDIOVASCULAR PROCEDURES	\$0.00
0050	IMPLANTATION OF CARDIAC RESYNCHRONIZATION PACEMAKER WITHOUT MENTION OF DEFIBRILLATION, TOTAL SYSTEM (CRT-P)	\$0.00
0051	IMPLANTATION OF CARDIAC RESYNCHRONIZATION DEFIBRILLATOR ,TOTAL SYSTEM (CRT-D)	\$0.00
0052	IMPLANTATION OR REPLACEMENT OF TRANSVENOUS LEAD (ELECTRODE) INTO LEFT VENTRICULAR CORONARY VENOUS SYSTEM	\$0.00
0053	IMPLANTATION OR REPLACEMENT OF CARDIAC RESYNCHRONIZATION PACEMAKER PULSE GENERATOR ONLY [CRT-P]	\$0.00
0054	IMPLANTATION OR REPLACEMENT OF CARDIAC RESYNCHRONIZATION DEFIBRILLATOR PULSE GENERATOR DEVICE ONLY [CRT-D]	\$0.00
0055	INSERTION OF DRUG-ELUTING NON-CORONARY ARTERY STENT(S)	\$0.00
0056	INSERTION OR REPLACEMENT OF IMPLANTABLE PRESSURE SENSOR, LEAD, FOR INTRACARDIAC HEMODYNAMIC	\$0.00
0057	IMPLANTATION OR REPLACEMENT OF SUBCUTANEOUS DEVICE FOR INTRACARDIAC HEMODYNAMIC MONITORING	\$0.00
0058	INSERTION OF INTRA-ANEURYSM SAC PRESSURE MONITORING DEVICE (INTRAOPERATIVE)	\$0.00
0059	INTRAVASCULAR PRESSURE MEASUREMENT OF CORONARY ARTERIES	\$0.00
006	PROCEDURES ON BLOOD VESSELS	\$0.00
0060	INSERTION OF DRUG-ELUTING STENT(S) OF SUPERFICIAL FEMORAL ARTERY	\$0.00
0061	PERCUTANEOUS ANGIOPLASTY OR ATHERECTOMY OF PRECEREBRAL VESSELS	\$0.00
0062	PERCUTANEOUS ANGIOPLASTY OR ARATHERECTOMY OF INTRACRANIAL VESSELS	\$0.00
0063	PERCUTANEOUS INSERTION OF CAROTID ARTERY STENTS	\$0.00
0064	PERCUTANEOUS INSERTION OF OTHER PRECEREBRAL ARTERY STENTS	\$0.00
0065	PERCUTANEOUS INSERTION OF INTRACRANIAL VASCULAR STENTS	\$0.00
0066	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA) OR CORONARY ATHERECTOMY	\$0.00

Procedure Code	Description	Rate
0067	INTRAVASCULAR PRESSURE MEASUREMENT OF INTRATHORACIC ARTERIES	\$0.00
0068	INTRAVASCULAR PRESSURE MEASUREMENT OF PERIPHERAL ARTERIES	\$0.00
0069	INTRAVASCULAR PRESSURE MEASUREMENT, OTHER SPECIFIED AND UNSPECIFIED VESSELS	\$0.00
0070	REVISION OF HIP REPLACEMENT, BOTH ACETABULAR AND FEMORAL COMPONENTS	\$0.00
0071	REVISION OF HIP REPLACEMENT, ACETABULAR COMPONENT	\$0.00
0072	REVISION OF HIP REPLACEMENT, FEMORAL COMPONENT	\$0.00
0073	REVISION OFHIP REPLACEMENT, ACETABULAR LINER AND OR FEMORAL HEAD ONLY	\$0.00
0074	HIP REPLACEMENT BEARING SURFACE, METAL ON POLYETHYLENE	\$0.00
0075	HIP REPLACEMENT BEARING SURFACE, METAL-ON-METAL	\$0.00
0076	HIP REPLACEMENT BEARING SURFACE, CERAMIC-ON-CERAMIC	\$0.00
0077	HIP REPLACEMENT BEARING SURFACE, CERAMIC-ON-POLYETHYLENE	\$0.00
0080	REVISION OF KNEE REPLACEMENT, TOTAL (ALL COMPONENTS)	\$0.00
0081	REVISION OF KNEE REPLACEMENT, TIBIAL COMPONENT	\$0.00
0082	REVISION OF KNEE REPLACEMENT, FEMORAL COMPONENT	\$0.00
0083	REVISION OF KNEE REPLACEMENT, PATELLAR COMPONENT	\$0.00
0084	REVISION OF TOTAL KNEE REPLACEMENT, TIBIAL INSERT (LINER)	\$0.00
0085	RESURFACING HIP, TOTAL, ACETABULUM AND FEMORAL HEAD	\$0.00
0086	RESURFACING HIP, PARTIAL, FEMORAL HEAD	\$0.00
0087	RESURFACING HIP, PARTIAL, ACETABULUM	\$0.00
009	OTHER PROCEDURES AND INTERVENTIONS	\$0.00
0091	TRANSPLANT FROM LIVE RELATED DONOR	\$0.00
0092	TRANSPLANT FROM LIVE NON-RELATED DONOR	\$0.00
0093	TRANSPLANT FROM CADAVER	\$0.00
0094	INTRA-OPERATIVE NEUROPHYSIOLOGIC MONITORING	\$0.00
010	CRANIAL PUNCTURE	\$0.00
0101	CISTERNAL PUNCTURE	\$0.00
0102	VENTRICULOPUNCTURE THROUGH PREVIOUSLY IMPLANTED CATHETER	\$0.00
0109	OTHER CRANIAL PUNCTURE	\$0.00
011	DIAGNOSTIC PROCEDURES ON SKULL, BRAIN, AND CEREBRAL MENINGES	\$0.00
0110	INTRACRANIAL PRESSURE MONITORING	\$0.00
0111	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF CEREBRAL MENINGES	\$0.00
0112	OTHER BIOPSY OF CEREBRAL MENINGES	\$0.00
0113	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF BRAIN	\$0.00
0114	OTHER BIOPSY OF BRAIN	\$0.00
0115	BIOPSY OF SKULL	\$0.00

Procedure Code	Description	Rate
0116	INTRACRANIAL OXYGEN MONITORING	\$0.00
0117	BRAIN TEMPERATURE MONITORING	\$0.00
0118	OTHER DIAGNOSTIC PROCEDURES ON BRAIN AND CEREBRAL MENINGES	\$0.00
0119	OTHER DIAGNOSTIC PROCEDURES ON SKULL	\$0.00
012	CRANIOTOMY AND CRANIECTOMY	\$0.00
0120	CRANIAL IMPLANTATION OR REPLACEMENT OF NEUROSTIMULATOR PULSE GENERATOR	\$0.00
0121	INCISION AND DRAINAGE OF CRANIAL SINUS	\$0.00
0122	REMOVAL OF INTRACRANIAL NEUROSTIMULATOR	\$0.00
0123	REOPENING OF CRANIOTOMY SITE	\$0.00
0124	OTHER CRANIOTOMY	\$0.00
0125	OTHER CRANIECTOMY	\$0.00
0126	INSERTION OF CATHETER INTO CRANIAL CAVITY	\$0.00
0127	REMOVAL OF CATHETER FROM CRANIAL CAVITY	\$0.00
0128	PLACEMENT OF INTRACEREBRAL CATHETERS VIA BURR HOLE(S)	\$0.00
0129	REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR	\$0.00
013	INCISION OF BRAIN AND CEREBRAL MENINGES	\$0.00
0131	INCISION OF CEREBRAL MENINGES	\$0.00
0132	LOBOTOMY AND TRACTOTOMY	\$0.00
0139	OTHER INCISION OF BRAIN	\$0.00
014	OPERATIONS ON THALAMUS AND GLOBUS PALLIDUS	\$0.00
0141	OPERATIONS ON THALAMUS	\$0.00
0142	OPERATIONS ON GLOBUS PALLIDUS	\$0.00
015	OTHER EXCISION OR DESTRUCTION OF BRAIN AND MENINGES	\$0.00
0151	EXCISION OF LESION OR TISSUE OF CEREBRAL MENINGES	\$0.00
0152	HEMISPHERECTOMY	\$0.00
0153	LOBECTOMY OF BRAIN	\$0.00
0159	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BRAIN	\$0.00
016	EXCISION OF LESION OF SKULL	\$0.00
01996	DAILY MANAGEMENT OF EPIDURAL OR SUBARACHNOID DRUG ADMINISTRATION	\$50.40
020	CRANIOPLASTY	\$0.00
0201	OPENING OF CRANIAL SUTURE	\$0.00
0202	ELEVATION OF SKULL FRACTURE FRAGMENTS	\$0.00
0203	FORMATION OF CRANIAL BONE FLAP	\$0.00
0204	BONE GRAFT TO SKULL	\$0.00
0205	INSERTION OF SKULL PLATE	\$0.00
0206	OTHER CRANIAL OSTEOPLASTY	\$0.00

Procedure Code	Description	Rate
0207	REMOVAL OF SKULL PLATE	\$0.00
021	REPAIR OF CEREBRAL MENINGES	\$0.00
0211	SIMPLE SUTURE OF DURA MATER OF BRAIN	\$0.00
0212	OTHER REPAIR OF CEREBRAL MENINGES	\$0.00
0213	LIGATION OF MENINGEAL VESSEL	\$0.00
0214	CHOROID PLEXECTOMY	\$0.00
0221	INSERTION OR REPLACEMENT OF EXTERNAL VENTRICULAR DRAIN (EVD)	\$0.00
0222	INTRACRANIAL VENTRICULAR SHUNT OR ANASTOMOSIS	\$0.00
023	EXTRACRANIAL VENTRICULAR SHUNT	\$0.00
0231	VENTRICULAR SHUNT TO STRUCTURE IN HEAD AND NECK	\$0.00
0232	VENTRICULAR SHUNT TO CIRCULATORY SYSTEM	\$0.00
0233	VENTRICULAR SHUNT TO THORACIC CAVITY	\$0.00
0234	VENTRICULAR SHUNT TO ABDOMINAL CAVITY AND ORGANS	\$0.00
0235	VENTRICULAR SHUNT TO URINARY SYSTEM	\$0.00
0239	OTHER OPERATIONS TO ESTABLISH DRAINAGE OF VENTRICLE	\$0.00
024	REVISION, REMOVAL, AND IRRIGATION OF VENTRICULAR SHUNT	\$0.00
0241	IRRIGATION OF VENTRICULAR SHUNT	\$0.00
0242	REPLACEMENT OF VENTRICULAR SHUNT	\$0.00
0243	REMOVAL OF VENTRICULAR SHUNT	\$0.00
029	OTHER OPERATIONS ON SKULL, BRAIN, AND CEREBRAL MENINGES	\$0.00
0291	LYSIS OF CORTICAL ADHESIONS	\$0.00
0292	REPAIR OF BRAIN	\$0.00
0293	IMPLANTATION OF INTRACRANIAL NEUROSTIMULATOR	\$0.00
0294	INSERTION OR REPLACEMENT OF SKULL TONGS OR HALO TRACTION DEVICE	\$0.00
0295	REMOVAL OF SKULL TONGS OR HALO TRACTION DEVICE	\$0.00
0299	OTHER	\$0.00
030	EXPLORATION AND DECOMPRESSION OF SPINAL CANAL STRUCTURES	\$0.00
0301	REMOVAL OF FOREIGN BODY FROM SPINAL CANAL	\$0.00
0302	REOPENING OF LAMINECTOMY SITE	\$0.00
0309	OTHER EXPLORATION AND DECOMPRESSION OF SPINAL CANAL	\$0.00
031	DIVISION OF INTRASPINAL NERVE ROOT	\$0.00
032	CHORDOTOMY	\$0.00
0321	PERCUTANEOUS CHORDOTOMY	\$0.00
0329	OTHER CHORDOTOMY	\$0.00
033	DIAGNOSTIC PROCEDURES ON SPINAL CORD AND SPINAL CANAL STRUCTURES	\$0.00
0331	SPINAL TAP	\$0.00

Procedure Code	Description	Rate
0332	BIOPSY OF SPINAL CORD OR SPINAL MENINGES	\$0.00
0339	OTHER DIAGNOSTIC PROCEDURES ON SPINAL CORD AND SPINAL CANAL STRUCTURES	\$0.00
034	EXCISION OR DESTRUCTION OF LESION OF SPINAL CORD OR SPINAL MENINGES	\$0.00
035	PLASTIC OPERATIONS ON SPINAL CORD STRUCTURES	\$0.00
0351	REPAIR OF SPINAL MENINGOCELE	\$0.00
0352	REPAIR OF SPINAL MYELOMENINGOCELE	\$0.00
0353	REPAIR OF VERTEBRAL FRACTURE	\$0.00
0359	OTHER REPAIR AND PLASTIC OPERATIONS ON SPINAL CORD STRUCTURES	\$0.00
036	LYSIS OF ADHESIONS OF SPINAL CORD AND NERVE ROOTS	\$0.00
037	SHUNT OF SPINAL THECA	\$0.00
0371	SPINAL SUBARACHNOID-PERITONEAL SHUNT	\$0.00
0372	SPINAL SUBARACHNOID-URETERAL SHUNT	\$0.00
0379	OTHER SHUNT OF SPINAL THECA	\$0.00
038	INJECTION OF DESTRUCTIVE AGENT INTO SPINAL CANAL	\$0.00
0390	INSERTION OF CATHETER INTO SPINAL CANAL FOR INFUSION OF THERAPEUTIC OR PALLIATIVE SUBSTANCE	\$0.00
0391	INJECTION OF ANESTHETIC INTO SPINAL CANAL FOR ANALGESIA	\$0.00
0392	INJECTION OF OTHER AGENT INTO SPINAL CANAL	\$0.00
0393	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR	\$0.00
0394	REMOVAL OF SPINAL NEUROSTIMULATOR	\$0.00
0395	SPINAL BLOOD PATCH	\$0.00
0396	PERCUTANEOUS DENERVATION OF FACET	\$0.00
0397	REVISION OF SPINAL THECAL SHUNT	\$0.00
0398	REMOVAL OF SPINAL THECAL SHUNT	\$0.00
0399	OTHER	\$0.00
040	INCISION, DIVISION, AND EXCISION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
0401	EXCISION OF ACOUSTIC NEUROMA	\$0.00
0402	DIVISION OF TRIGEMINAL NERVE	\$0.00
0403	DIVISION OR CRUSHING OF OTHER CRANIAL AND PERIPHERAL NERVES	\$0.00
0404	OTHER INCISION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
0405	GASSERIAN GANGLIONECTOMY	\$0.00
0406	OTHER CRANIAL OR PERIPHERAL GANGLIONECTOMY	\$0.00
0407	OTHER EXCISION OR AVULSION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
041	DIAGNOSTIC PROCEDURES ON PERIPHERAL NERVOUS SYSTEM	\$0.00
0411	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF CRANIAL OR PERIPHERAL NERVE OR GANGLION	\$0.00

Procedure Code	Description	Rate
0412	OTHER BIOPSY OF CRANIAL OR PERIPHERAL NERVE OR GANGLION	\$0.00
0419	OTHER DIAGNOSTIC PROCEDURES ON CRANIAL AND PERIPHERAL NERVES AND GANGLIA	\$0.00
042	DESTRUCTION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
043	SUTURE OF CRANIAL AND PERIPHERAL NERVES	\$0.00
044	LYSIS OF ADHESIONS AND DECOMPRESSION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
0441	DECOMPRESSION OF TRIGEMINAL NERVE ROOT	\$0.00
0442	OTHER CRANIAL NERVE DECOMPRESSION	\$0.00
0443	RELEASE OF CARPAL TUNNEL	\$0.00
0444	RELEASE OF TARSAL TUNNEL	\$0.00
0449	OTHER PERIPHERAL NERVE OR GANGLION DECOMPRESSION OR LYSIS OF ADHESIONS	\$0.00
045	CRANIAL OR PERIPHERAL NERVE GRAFT	\$0.00
046	TRANSPOSITION OF CRANIAL AND PERIPHERAL NERVES	\$0.00
047	OTHER CRANIAL OR PERIPHERAL NEUROPLASTY	\$0.00
0471	HYPOGLOSSAL-FACIAL ANASTOMOSIS	\$0.00
0472	ACCESSORY-FACIAL ANASTOMOSIS	\$0.00
0473	ACCESSORY-HYPOGLOSSAL ANASTOMOSIS	\$0.00
0474	OTHER ANASTOMOSIS OF CRANIAL OR PERIPHERAL NERVE	\$0.00
0475	REVISION OF PREVIOUS REPAIR OF CRANIAL AND PERIPHERAL NERVES	\$0.00
0476	REPAIR OF OLD TRAUMATIC INJURY OF CRANIAL AND PERIPHERAL NERVES	\$0.00
0479	OTHER NEUROPLASTY	\$0.00
0480	PERIPHERAL NERVE INJECTION, NOT OTHERWISE SPECIFIED	\$0.00
0481	INJECTION OF ANESTHETIC INTO PERIPHERAL NERVE FOR ANALGESIA	\$0.00
0489	INJECTION OF OTHER AGENT, EXCEPT NEUROLYTIC	\$0.00
049	OTHER OPERATIONS ON CRANIAL AND PERIPHERAL NERVES	\$0.00
0491	NEURECTASIS	\$0.00
0492	IMPLANTATION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR	\$0.00
0493	REMOVAL OF PERIPHERAL NEUROSTIMULATOR	\$0.00
0499	OTHER	\$0.00
050	DIVISION OF SYMPATHETIC NERVE OR GANGLION	\$0.00
051	DIAGNOSTIC PROCEDURES ON SYMPATHETIC NERVES OR GANGLIA	\$0.00
0511	BIOPSY OF SYMPATHETIC NERVE OR GANGLION	\$0.00
0519	OTHER DIAGNOSTIC PROCEDURES ON SYMPATHETIC NERVES OR GANGLIA	\$0.00
052	SYMPATHECTOMY	\$0.00
0521	SPHENOPALATINE GANGLIONECTOMY	\$0.00
0522	CERVICAL SYMPATHECTOMY	\$0.00
0523	LUMBAR SYMPATHECTOMY	\$0.00

Procedure Code	Description	Rate
0524	PRESACRAL SYMPATHECTOMY	\$0.00
0525	PERIARTERIAL SYMPATHECTOMY	\$0.00
0529	OTHER SYMPATHECTOMY AND GANGLIONECTOMY	\$0.00
053	INJECTION INTO SYMPATHETIC NERVE OR GANGLION	\$0.00
0531	INJECTION OF ANESTHETIC INTO SYMPATHETIC NERVE FOR ANALGESIA	\$0.00
0532	INJECTION OF NEUROLYTIC AGENT INTO SYMPATHETIC NERVE	\$0.00
0539	OTHER INJECTION INTO SYMPATHETIC NERVE OR GANGLION	\$0.00
058	OTHER OPERATIONS ON SYMPATHETIC NERVES OR GANGLIA	\$0.00
0581	REPAIR OF SYMPATHETIC NERVE OR GANGLION	\$0.00
0589	OTHER	\$0.00
059	OTHER OPERATIONS ON NERVOUS SYSTEM	\$0.00
060	INCISION OF THYROID FIELD	\$0.00
0601	ASPIRATION OF THYROID FIELD	\$0.00
0602	REOPENING OF WOUND OF THYROID FIELD	\$0.00
0609	OTHER INCISION OF THYROID FIELD	\$0.00
061	DIAGNOSTIC PROCEDURES ON THYROID AND PARATHYROID GLANDS	\$0.00
0611	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF THYROID GLAND	\$0.00
0612	OPEN BIOPSY OF THYROID GLAND	\$0.00
0613	BIOPSY OF PARATHYROID GLAND	\$0.00
0619	OTHER DIAGNOSTIC PROCEDURES ON THYROID AND PARATHYROID GLANDS	\$0.00
062	UNILATERAL THYROID LOBECTOMY	\$0.00
063	OTHER PARTIAL THYROIDECTOMY	\$0.00
0631	EXCISION OF LESION OF THYROID	\$0.00
0639	OTHER	\$0.00
064	COMPLETE THYROIDECTOMY	\$0.00
0650	SUBSTERNAL THYROIDECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
0651	PARTIAL SUBSTERNAL THYROIDECTOMY	\$0.00
0652	COMPLETE SUBSTERNAL THYROIDECTOMY	\$0.00
066	EXCISION OF LINGUAL THYROID	\$0.00
067	EXCISION OF THYROGLOSSAL DUCT OR TRACT	\$0.00
068	PARATHYROIDECTOMY	\$0.00
0681	COMPLETE PARATHYROIDECTOMY	\$0.00
0689	OTHER PARATHYROIDECTOMY	\$0.00
069	OTHER OPERATIONS ON THYROID (REGION) AND PARATHYROID	\$0.00
0691	DIVISION OF THYROID ISTHMUS	\$0.00
0692	LIGATION OF THYROID VESSELS	\$0.00

Procedure Code	Description	Rate
0693	SUTURE OF THYROID GLAND	\$0.00
0694	THYROID TISSUE REIMPLANTATION	\$0.00
0695	PARATHYROID TISSUE REIMPLANTATION	\$0.00
0698	OTHER OPERATIONS ON THYROID GLANDS	\$0.00
0699	OTHER OPERATIONS ON PARATHYROID GLANDS	\$0.00
0700	EXPLORATION OF ADRENAL FIELD, NOT OTHERWISE SPECIFIED	\$0.00
0701	UNILATERAL EXPLORATION OF ADRENAL FIELD	\$0.00
0702	BILATERAL EXPLORATION OF ADRENAL FIELD	\$0.00
071	DIAGNOSTIC PROCEDURES ON ADRENAL GLANDS, PITUITARY GLAND, PINEAL GLAND, AND THYMUS	\$0.00
0711	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF ADRENAL GLAND	\$0.00
0712	OPEN BIOPSY OF ADRENAL GLAND	\$0.00
0713	BIOPSY OF PITUITARY GLAND, TRANSFRONTAL APPROACH	\$0.00
0714	BIOPSY OF PITUITARY GLAND, TRANSSPHENOIDAL APPROACH	\$0.00
0715	BIOPSY OF PITUITARY GLAND, UNSPECIFIED APPROACH	\$0.00
0716	BIOPSY OF THYMUS	\$0.00
0717	BIOPSY OF PINEAL GLAND	\$0.00
0719	OTHER DIAGNOSTIC PROCEDURES ON ADRENAL GLANDS, PITUITARY GLAND, PINEAL GLAND, AND THYMUS	\$0.00
072	PARTIAL ADRENALECTOMY	\$0.00
0721	EXCISION OF LESION OF ADRENAL GLAND	\$0.00
0722	UNILATERAL ADRENALECTOMY	\$0.00
0729	OTHER PARTIAL ADRENALECTOMY	\$0.00
073	BILATERAL ADRENALECTOMY	\$0.00
074	OTHER OPERATIONS ON ADRENAL GLANDS, NERVES, AND VESSELS	\$0.00
0741	INCISION OF ADRENAL GLAND	\$0.00
0742	DIVISION OF NERVES TO ADRENAL GLANDS	\$0.00
0743	LIGATION OF ADRENAL VESSELS	\$0.00
0744	REPAIR OF ADRENAL GLAND	\$0.00
0745	REIMPLANTATION OF ADRENAL TISSUE	\$0.00
0749	OTHER	\$0.00
075	OPERATIONS ON PINEAL GLAND	\$0.00
0751	EXPLORATION OF PINEAL FIELD	\$0.00
0752	INCISION OF PINEAL GLAND	\$0.00
0753	PARTIAL EXCISION OF PINEAL GLAND	\$0.00
0754	TOTAL EXCISION OF PINEAL GLAND	\$0.00

Procedure Code	Description	Rate
0759	OTHER OPERATIONS ON PINEAL GLAND	\$0.00
076	HYPOPHYSECTOMY	\$0.00
0761	PARTIAL EXCISION OF PITUITARY GLAND, TRANSFRONTAL APPROACH	\$0.00
0762	PARTIAL EXCISION OF PITUITARY GLAND, TRANSSPHENOIDAL APPROACH	\$0.00
0763	PARTIAL EXCISION OF PITUITARY GLAND, UNSPECIFIED APPROACH	\$0.00
0764	TOTAL EXCISION OF PITUITARY GLAND, TRANSFRONTAL APPROACH	\$0.00
0765	TOTAL EXCISION OF PITUITARY GLAND, TRANSSPHENOIDAL APPROACH	\$0.00
0768	TOTAL EXCISION OF PITUITARY GLAND, OTHER SPECIFIED APPROACH	\$0.00
0769	TOTAL EXCISION OF PITUITARY GLAND, UNSPECIFIED APPROACH	\$0.00
077	OTHER OPERATIONS ON HYPOPHYSIS	\$0.00
0771	EXPLORATION OF PITUITARY FOSSA	\$0.00
0772	INCISION OF PITUITARY GLAND	\$0.00
0779	OTHER	\$0.00
0780	THYMECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
0781	PARTIAL EXCISION OF THYMUS	\$0.00
0782	TOTAL EXCISION OF THYMUS	\$0.00
0783	THORACOSCOPIC PARTIAL EXCISION OF THYMUS	\$0.00
0784	THORACOSCOPIC TOTAL EXCISION OF THYMUS	\$0.00
079	OTHER OPERATIONS ON THYMUS	\$0.00
0791	EXPLORATION OF THYMUS FIELD	\$0.00
0792	INCISION OF THYMUS	\$0.00
0793	REPAIR OF THYMUS	\$0.00
0794	TRANSPLANTATION OF THYMUS	\$0.00
0795	THORACOSCOPIC INCISION OF THYMUS	\$0.00
0798	OTHER AND UNSPECIFIED THORACOSCOPIC OPERATIONS ON THYMUS	\$0.00
0799	OTHER	\$0.00
080	INCISION OF EYELID	\$0.00
0801	INCISION OF LID MARGIN	\$0.00
0802	SEVERING OF BLEPHARORRHAPHY	\$0.00
0809	OTHER INCISION OF EYELID	\$0.00
081	DIAGNOSTIC PROCEDURES ON EYELID	\$0.00
0811	BIOPSY OF EYELID	\$0.00
0819	OTHER DIAGNOSTIC PROCEDURES ON EYELID	\$0.00
0820	REMOVAL OF LESION OF EYELID, NOT OTHERWISE SPECIFIED	\$0.00
0821	EXCISION OF CHALAZION	\$0.00
0822	EXCISION OF OTHER MINOR LESION OF EYELID	\$0.00

Procedure Code	Description	Rate
0823	EXCISION OF MAJOR LESION OF EYELID, PARTIAL-THICKNESS	\$0.00
0824	EXCISION OF MAJOR LESION OF EYELID, FULL-THICKNESS	\$0.00
0825	DESTRUCTION OF LESION OF EYELID	\$0.00
083	REPAIR OF BLEPHAROPTOSIS AND LID RETRACTION	\$0.00
0831	REPAIR OF BLEPHAROPTOSIS BY FRONTALIS MUSCLE TECHNIQUE WITH SUTURE	\$0.00
0832	REPAIR OF BLEPHAROPTOSIS BY FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING	\$0.00
0833	REPAIR OF BLEPHAROPTOSIS BY RESECTION OR ADVANCEMENT OF LEVATOR MUSCLE OR APONEUROSIS	\$0.00
0834	REPAIR OF BLEPHAROPTOSIS BY OTHER LEVATOR MUSCLE TECHNIQUES	\$0.00
0835	REPAIR OF BLEPHAROPTOSIS BY TARSAL TECHNIQUE	\$0.00
0836	REPAIR OF BLEPHAROPTOSIS BY OTHER TECHNIQUES	\$0.00
0837	REDUCTION OF OVERCORRECTION OF PTOSIS	\$0.00
0838	CORRECTION OF LID RETRACTION	\$0.00
084	REPAIR OF ENTROPION OR ECTROPION	\$0.00
0841	REPAIR OF ENTROPION OR ECTROPION BY THERMOCAUTERIZATION	\$0.00
0842	REPAIR OF ENTROPION OR ECTROPION BY SUTURE TECHNIQUE	\$0.00
0843	REPAIR OF ENTROPION OR ECTROPION WITH WEDGE RESECTION	\$0.00
0844	REPAIR OF ENTROPION OR ECTROPION WITH LID RECONSTRUCTION	\$0.00
0849	OTHER REPAIR OF ENTROPION OR ECTROPION	\$0.00
085	OTHER ADJUSTMENT OF LID POSITION	\$0.00
0851	CANTHOTOMY	\$0.00
0852	BLEPHARORRHAPHY	\$0.00
0859	OTHER	\$0.00
086	RECONSTRUCTION OF EYELID WITH FLAPS OR GRAFTS	\$0.00
0861	RECONSTRUCTION OF EYELID WITH SKIN FLAP OR GRAFT	\$0.00
0862	RECONSTRUCTION OF EYELID WITH MUCOUS MEMBRANE FLAP OR GRAFT	\$0.00
0863	RECONSTRUCTION OF EYELID WITH HAIR FOLLICLE GRAFT	\$0.00
0864	RECONSTRUCTION OF EYELID WITH TARSOCONJUNCTIVAL FLAP	\$0.00
0869	OTHER RECONSTRUCTION OF EYELID WITH FLAPS OR GRAFTS	\$0.00
0870	RECONSTRUCTION OF EYELID, NOT OTHERWISE SPECIFIED	\$0.00
0871	RECONSTRUCTION OF EYELID INVOLVING LID MARGIN, PARTIAL-THICKNESS	\$0.00
0872	OTHER RECONSTRUCTION OF EYELID, PARTIAL-THICKNESS	\$0.00
0873	RECONSTRUCTION OF EYELID INVOLVING LID MARGIN, FULL-THICKNESS	\$0.00
0874	OTHER RECONSTRUCTION OF EYELID, FULL-THICKNESS	\$0.00
088	OTHER REPAIR OF EYELID	\$0.00
0881	LINEAR REPAIR OF LACERATION OF EYELID OR EYEBROW	\$0.00

Procedure Code	Description	Rate
0882	REPAIR OF LACERATION INVOLVING LID MARGIN, PARTIAL-THICKNESS	\$0.00
0883	OTHER REPAIR OF LACERATION OF EYELID, PARTIAL-THICKNESS	\$0.00
0884	REPAIR OF LACERATION INVOLVING LID MARGIN, FULL-THICKNESS	\$0.00
0885	OTHER REPAIR OF LACERATION OF EYELID, FULL-THICKNESS	\$0.00
0886	LOWER EYELID RHYTIDECTOMY	\$0.00
0887	UPPER EYELID RHYTIDECTOMY	\$0.00
0889	OTHER EYELID REPAIR	\$0.00
089	OTHER OPERATIONS ON EYELIDS	\$0.00
0891	ELECTROSURGICAL EPILATION OF EYELID	\$0.00
0892	CRYOSURGICAL EPILATION OF EYELID	\$0.00
0893	OTHER EPILATION OF EYELID	\$0.00
0899	OTHER	\$0.00
090	INCISION OF LACRIMAL GLAND	\$0.00
091	DIAGNOSTIC PROCEDURES ON LACRIMAL SYSTEM	\$0.00
0911	BIOPSY OF LACRIMAL GLAND	\$0.00
0912	BIOPSY OF LACRIMAL SAC	\$0.00
0919	OTHER DIAGNOSTIC PROCEDURES ON LACRIMAL SYSTEM	\$0.00
0920	EXCISION OF LACRIMAL GLAND, NOT OTHERWISE SPECIFIED	\$0.00
0921	EXCISION OF LESION OF LACRIMAL GLAND	\$0.00
0922	OTHER PARTIAL DACRYOADENECTOMY	\$0.00
0923	TOTAL DACRYOADENECTOMY	\$0.00
093	OTHER OPERATIONS ON LACRIMAL GLAND	\$0.00
094	MANIPULATION OF LACRIMAL PASSAGE	\$0.00
0941	PROBING OF LACRIMAL PUNCTUM	\$0.00
0942	PROBING OF LACRIMAL CANALICULI	\$0.00
0943	PROBING OF NASOLACRIMAL DUCT	\$0.00
0944	INTUBATION OF NASOLACRIMAL DUCT	\$0.00
0949	OTHER MANIPULATION OF LACRIMAL PASSAGE	\$0.00
095	INCISION OF LACRIMAL SAC AND PASSAGES	\$0.00
0951	INCISION OF LACRIMAL PUNCTUM	\$0.00
0952	INCISION OF LACRIMAL CANALICULI	\$0.00
0953	INCISION OF LACRIMAL SAC	\$0.00
0959	OTHER INCISION OF LACRIMAL PASSAGES	\$0.00
096	EXCISION OF LACRIMAL SAC AND PASSAGE	\$0.00
097	REPAIR OF CANALICULUS AND PUNCTUM	\$0.00
0971	CORRECTION OF EVERTED PUNCTUM	\$0.00

Procedure Code	Description	Rate
0972	OTHER REPAIR OF PUNCTUM	\$0.00
0973	REPAIR OF CANALICULUS	\$0.00
098	FISTULIZATION OF LACRIMAL TRACT TO NASAL CAVITY	\$0.00
0981	DACRYOCYSTORHINOSTOMY (DCR)	\$0.00
0982	CONJUNCTIVOCYSTORHINOSTOMY	\$0.00
0983	CONJUNCTIVORHINOSTOMY WITH INSERTION OF TUBE OR STENT	\$0.00
099	OTHER OPERATIONS ON LACRIMAL SYSTEM	\$0.00
0991	OBLITERATION OF LACRIMAL PUNCTUM	\$0.00
0999	OTHER	\$0.00
100	REMOVAL OF EMBEDDED FOREIGN BODY FROM CONJUNCTIVA BY INCISION	\$0.00
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$49.33
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$50.77
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	\$455.52
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	\$10.80
1006	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS,	\$25.20
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS,	\$28.80
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$46.03
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$50.40
101	OTHER INCISION OF CONJUNCTIVA	\$0.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$25.20
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$32.40
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$25.20
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$25.20
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$25.20
102	DIAGNOSTIC PROCEDURES ON CONJUNCTIVA	\$0.00
1021	BIOPSY OF CONJUNCTIVA	\$0.00
1029	OTHER DIAGNOSTIC PROCEDURES ON CONJUNCTIVA	\$0.00
103	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF CONJUNCTIVA	\$0.00
1031	EXCISION OF LESION OR TISSUE OF CONJUNCTIVA	\$0.00
1032	DESTRUCTION OF LESION OF CONJUNCTIVA	\$0.00

Procedure Code	Description	Rate
1033	OTHER DESTRUCTIVE PROCEDURES ON CONJUNCTIVA	\$0.00
104	CONJUNCTIVOPLASTY	\$0.00
1041	REPAIR OF SYMBLEPHARON WITH FREE GRAFT	\$0.00
1042	RECONSTRUCTION OF CONJUNCTIVAL CUL-DE-SAC WITH FREE GRAFT	\$0.00
1043	OTHER RECONSTRUCTION OF CONJUNCTIVAL CUL-DE-SAC	\$0.00
1044	OTHER FREE GRAFT TO CONJUNCTIVA	\$0.00
1049	OTHER CONJUNCTIVOPLASTY	\$0.00
105	LYSIS OF ADHESIONS OF CONJUNCTIVA AND EYELID	\$0.00
106	REPAIR OF LACERATION OF CONJUNCTIVA	\$0.00
109	OTHER OPERATIONS ON CONJUNCTIVA	\$0.00
1091	SUBCONJUNCTIVAL INJECTION	\$0.00
1099	OTHER	\$0.00
110	MAGNETIC REMOVAL OF EMBEDDED FOREIGN BODY FROM CORNEA	\$0.00
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	\$25.20
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE	\$16.80
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL	\$307.12
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; ABDOMINAL	\$418.37
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL	\$390.92
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT TISSUE INFECTION	\$157.48
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN	\$180.81
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	\$215.48
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	\$299.49
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	\$19.81
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	\$25.20
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	\$25.20
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	\$25.20
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	\$30.00

Procedure Code	Description	Rate
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM,	\$18.78
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA(INCLUDES EPIDERMIS, DERMIS AND SUBCUTANEOUS TISSUE, IF PERFORMED) EACH	\$23.12
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EACH	\$53.66
11055	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS);SINGLE LESION	\$17.13
11056	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION(EG, CORN OR CALLUS);TWO TO FOUR LESIONS	\$25.80
11057	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS; MORE THAN FOUR LESIONS	\$27.66
111	INCISION OF CORNEA	\$0.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE); SINGLE LESION	\$25.20
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE); EACH ADDITIONAL	\$8.40
112	DIAGNOSTIC PROCEDURES ON CORNEA	\$0.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	\$24.56
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS	\$8.40
1121	SCRAPING OF CORNEA FOR SMEAR OR CULTURE	\$0.00
1122	BIOPSY OF CORNEA	\$0.00
1129	OTHER DIAGNOSTIC PROCEDURES ON CORNEA	\$0.00
113	EXCISION OF PTERYGIUM	\$0.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	\$23.12
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	\$25.20
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	\$33.60
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	\$57.79
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5	\$26.42

Procedure Code	Description	Rate
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6	\$37.15
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1	\$45.61
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVE	\$62.33
1131	TRANSPOSITION OF PTERYGIUM	\$0.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	\$31.17
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	\$41.49
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	\$50.77
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	\$68.32
1132	EXCISION OF PTERYGIUM WITH CORNEAL GRAFT	\$0.00
1139	OTHER EXCISION OF PTERYGIUM	\$0.00
114	EXCISION OR DESTRUCTION OF TISSUE OR OTHER LESION OF CORNEA	\$0.00
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 C	\$25.20
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 T	\$33.60
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 T	\$53.46
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 T	\$66.67
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 T	\$75.60
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER	\$84.00
1141	MECHANICAL REMOVAL OF CORNEAL EPITHELIUM	\$0.00
1142	THERMOCAUTERIZATION OF CORNEAL LESION	\$0.00
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$33.44
11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$42.00

Procedure Code	Description	Rate
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$48.00
11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$67.20
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$75.60
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	\$84.00
1143	CRYOTHERAPY OF CORNEAL LESION	\$0.00
1144	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$38.80
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$52.43
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$63.98
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$85.04
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$100.80
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	\$100.80
1145	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	\$84.00
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	\$84.00
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	\$84.00
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	\$84.00
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR IN	\$84.00

Procedure Code	Description	Rate
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPA	\$84.00
1149	OTHER REMOVAL OR DESTRUCTION OF CORNEAL LESION	\$0.00
115	REPAIR OF CORNEA	\$0.00
1151	SUTURE OF CORNEAL LACERATION	\$0.00
1152	REPAIR OF POSTOPERATIVE WOUND DEHISCENCE OF CORNEA	\$0.00
1153	REPAIR OF CORNEAL LACERATION OR WOUND WITH CONJUNCTIVAL FLAP	\$0.00
1159	OTHER REPAIR OF CORNEA	\$0.00
1160	CORNEAL TRANSPLANT, NOT OTHERWISE SPECIFIED	\$0.00
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	\$50.40
11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	\$67.20
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	\$84.42
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	\$99.90
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	\$112.28
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	\$145.31
1161	LAMELLAR KERATOPLASTY WITH AUTOGRAFT	\$0.00
1162	OTHER LAMELLAR KERATOPLASTY	\$0.00
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	\$57.65
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	\$80.50
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	\$96.00
11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	\$119.51
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	\$144.69
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	\$168.00
1163	PENETRATING KERATOPLASTY WITH AUTOGRAFT	\$0.00
1164	OTHER PENETRATING KERATOPLASTY	\$0.00
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	\$68.73
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	\$97.83

Procedure Code	Description	Rate
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	\$119.09
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	\$141.38
11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	\$175.03
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	\$225.60
1169	OTHER CORNEAL TRANSPLANT	\$0.00
117	OTHER RECONSTRUCTIVE AND REFRACTIVE SURGERY ON CORNEA	\$0.00
1171	KERATOMELEUSIS	\$0.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$15.48
1172	KERATOPHAKIA	\$0.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$13.83
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$23.32
1173	KERATOPROSTHESIS	\$0.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$33.60
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$26.62
1174	THERMOKERATOPLASTY	\$0.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$16.80
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL;	\$58.80
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; W	\$58.80
11755	BIOPSY OF NAIL UNIT, ANY METHOD	\$49.95
11760	REPAIR OF NAIL BED	\$53.66
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$57.60
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$38.40
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$151.20
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$219.61
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$226.80
1179	OTHER	\$0.00
119	OTHER OPERATIONS ON CORNEA	\$0.00
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$16.80
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$25.20
1191	TATTOOING OF CORNEA	\$0.00

Procedure Code	Description	Rate
1192	REMOVAL OF ARTIFICIAL IMPLANT FROM CORNEA	\$0.00
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	\$86.69
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	\$100.72
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	\$30.55
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	\$171.90
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$350.88
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$123.16
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$40.00
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION ESTRADIOL AND/OR TESTOSTERONE	\$63.36
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$66.05
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$75.34
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$122.19
1199	OTHER	\$0.00
1200	REMOVAL OF INTRAOCULAR FOREIGN BODY FROM ANTERIOR SEGMENT OF EYE, NOT OTHERWISE SPECIFIED	\$0.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$25.20
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$33.60
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$33.60
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$42.00
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$42.00
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	\$50.40
1201	REMOVAL OF INTRAOCULAR FOREIGN BODY FROM ANTERIOR SEGMENT OF EYE WITH USE OF MAGNET	\$0.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	\$25.20

Procedure Code	Description	Rate
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0	\$33.60
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5	\$33.60
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5	\$42.00
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.	\$42.00
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.	\$50.40
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	\$58.80
1202	REMOVAL OF INTRAOCULAR FOREIGN BODY FROM ANTERIOR SEGMENT OF EYE WITHOUT USE OF MAGNET	\$0.00
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$25.20
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$25.20
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	\$33.60
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5	\$42.00
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5	\$50.40
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.	\$58.80
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.	\$67.20
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	\$75.60
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	\$33.60
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	\$42.00
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	\$50.40
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	\$58.80

Procedure Code	Description	Rate
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	\$67.20
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	\$75.60
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	\$33.60
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 2.6 CM TO 5	\$42.00
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 5.1 CM TO 7	\$50.40
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 7.6 CM TO 1	\$28.80
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 12.6 CM TO	\$67.20
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 20.1 CM TO	\$75.60
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS OVER 30.0 C	\$84.00
121	IRIDOTOMY AND SIMPLE IRIDECTOMY	\$0.00
1211	IRIDOTOMY WITH TRANSFIXION	\$0.00
1212	OTHER IRIDOTOMY	\$0.00
1213	EXCISION OF PROLAPSED IRIS	\$0.00
1214	OTHER IRIDECTOMY	\$0.00
122	DIAGNOSTIC PROCEDURES ON IRIS, CILIARY BODY, SCLERA, AND ANTERIOR CHAMBER	\$0.00
1221	DIAGNOSTIC ASPIRATION OF ANTERIOR CHAMBER OF EYE	\$0.00
1222	BIOPSY OF IRIS	\$0.00
1229	OTHER DIAGNOSTIC PROCEDURES ON IRIS, CILIARY BODY, SCLERA, AND ANTERIOR CHAMBER	\$0.00
123	IRIDOPLASTY AND COREOPLASTY	\$0.00
1231	LYSIS OF GONIOSYNECHIAE	\$0.00
1232	LYSIS OF OTHER ANTERIOR SYNECHIAE	\$0.00
1233	LYSIS OF POSTERIOR SYNECHIAE	\$0.00
1234	LYSIS OF CORNEOVITREAL ADHESIONS	\$0.00
1235	COREOPLASTY	\$0.00
1239	OTHER IRIDOPLASTY	\$0.00
1241	DESTRUCTION OF LESION OF IRIS, NONEXCISIONAL	\$0.00

Procedure Code	Description	Rate
1242	EXCISION OF LESION OF IRIS	\$0.00
1243	DESTRUCTION OF LESION OF CILIARY BODY, NONEXCISIONAL	\$0.00
1244	EXCISION OF LESION OF CILIARY BODY	\$0.00
125	FACILITATION OF INTRAOCULAR CIRCULATION	\$0.00
1251	GONIOPUNCTURE WITHOUT GONIOTOMY	\$0.00
1252	GONIOTOMY WITHOUT GONIOPUNCTURE	\$0.00
1253	GONIOTOMY WITH GONIOPUNCTURE	\$0.00
1254	TRABECULOTOMY AB EXTERNO	\$0.00
1255	CYCLODIALYSIS	\$0.00
1259	OTHER FACILITATION OF INTRAOCULAR CIRCULATION	\$0.00
126	SCLERAL FISTULIZATION	\$0.00
1261	TREPHINATION OF SCLERA WITH IRIDECTOMY	\$0.00
1262	THERMOCAUTERIZATION OF SCLERA WITH IRIDECTOMY	\$0.00
1263	IRIDENCLEISIS AND IRIDOTASIS	\$0.00
1264	TRABECULECTOMY AB EXTERNO	\$0.00
1265	OTHER SCLERAL FISTULIZATION WITH IRIDECTOMY	\$0.00
1266	POSTOPERATIVE REVISION OF SCLERAL FISTULIZATION PROCEDURE	\$0.00
1267	INSERTION OF AQUEOUS DRAINAGE DEVICE	\$0.00
1269	OTHER FISTULIZING PROCEDURE	\$0.00
127	OTHER PROCEDURES FOR RELIEF OF ELEVATED INTRAOCULAR PRESSURE	\$0.00
1271	CYCLODIATHERMY	\$0.00
1272	CYCLOCRYOTHERAPY	\$0.00
1273	CYCLOPHOTOCOAGULATION	\$0.00
1274	DIMINUTION OF CILIARY BODY, NOT OTHERWISE SPECIFIED	\$0.00
1279	OTHER GLAUCOMA PROCEDURES	\$0.00
128	OPERATIONS ON SCLERA	\$0.00
1281	SUTURE OF LACERATION OF SCLERA	\$0.00
1282	REPAIR OF SCLERAL FISTULA	\$0.00
1283	REVISION OF OPERATIVE WOUND OF ANTERIOR SEGMENT, NOT ELSEWHERE CLASSIFIED	\$0.00
1284	EXCISION OR DESTRUCTION OF LESION OF SCLERA	\$0.00
1285	REPAIR OF SCLERAL STAPHYLOMA WITH GRAFT	\$0.00
1286	OTHER REPAIR OF SCLERAL STAPHYLOMA	\$0.00
1287	SCLERAL REINFORCEMENT WITH GRAFT	\$0.00
1288	OTHER SCLERAL REINFORCEMENT	\$0.00
1289	OTHER OPERATIONS ON SCLERA	\$0.00
129	OTHER OPERATIONS ON IRIS, CILIARY BODY, AND ANTERIOR CHAMBER	\$0.00

Procedure Code	Description	Rate
1291	THERAPEUTIC EVACUATION OF ANTERIOR CHAMBER	\$0.00
1292	INJECTION INTO ANTERIOR CHAMBER	\$0.00
1293	REMOVAL OR DESTRUCTION OF EPITHELIAL DOWNGROWTH FROM ANTERIOR CHAMBER	\$0.00
1297	OTHER OPERATIONS ON IRIS	\$0.00
1298	OTHER OPERATIONS ON CILIARY BODY	\$0.00
1299	OTHER OPERATIONS ON ANTERIOR CHAMBER	\$0.00
1301	REMOVAL OF FOREIGN BODY FROM LENS WITH USE OF MAGNET	\$0.00
1302	REMOVAL OF FOREIGN BODY FROM LENS WITHOUT USE OF MAGNET	\$0.00
131	INTRACAPSULAR EXTRACTION OF LENS	\$0.00
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$50.40
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$75.60
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	\$41.90
1311	INTRACAPSULAR EXTRACTION OF LENS BY TEMPORAL INFERIOR ROUTE	\$0.00
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$67.20
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$84.00
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODEP	\$48.71
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	\$75.60
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	\$100.80
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5	\$72.03
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$150.88
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$235.20
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION	\$79.26
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$84.00
1319	OTHER INTRACAPSULAR EXTRACTION OF LENS	\$0.00
132	EXTRACAPSULAR EXTRACTION OF LENS BY LINEAR EXTRACTION TECHNIQUE	\$0.00
133	EXTRACAPSULAR EXTRACTION OF LENS BY SIMPLE ASPIRATION (AND IRRIGATION) TECHNIQUE	\$0.00
134	EXTRACAPSULAR EXTRACTION OF LENS BY FRAGMENTATION AND ASPIRATION TECHNIQUE	\$0.00
1341	PHACOEMULSIFICATION AND ASPIRATION OF CATARACT	\$0.00

Procedure Code	Description	Rate
1342	MECHANICAL PHACOFRAGMENTATION AND ASPIRATION OF CATARACT BY POSTERIOR ROUTE	\$0.00
1343	MECHANICAL PHACOFRAGMENTATION AND OTHER ASPIRATION OF CATARACT	\$0.00
135	OTHER EXTRACAPSULAR EXTRACTION OF LENS	\$0.00
1351	EXTRACAPSULAR EXTRACTION OF LENS BY TEMPORAL INFERIOR ROUTE	\$0.00
1359	OTHER EXTRACAPSULAR EXTRACTION OF LENS	\$0.00
136	OTHER CATARACT EXTRACTION	\$0.00
1361	DISCISSION OF PRIMARY MEMBRANOUS CATARACT	\$0.00
1362	EXCISION OF PRIMARY MEMBRANOUS CATARACT	\$0.00
1363	MECHANICAL FRAGMENTATION OF PRIMARY MEMBRANOUS CATARACT	\$0.00
1364	DISCISSION OF SECONDARY MEMBRANE [AFTER CATARACT]	\$0.00
1365	EXCISION OF SECONDARY MEMBRANE [AFTER CATARACT]	\$0.00
1366	MECHANICAL FRAGMENTATION OF SECONDARY MEMBRANE [AFTER CATARACT]	\$0.00
1369	OTHER CATARACT EXTRACTION	\$0.00
1370	INSERTION OF PSEUDOPHAKOS, NOT OTHERWISE SPECIFIED	\$0.00
1371	INSERTION OF INTRAOCULAR LENS PROSTHESIS AT TIME OF CATARACT EXTRACTION, ONE-STAGE	\$0.00
1372	SECONDARY INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$0.00
138	REMOVAL OF IMPLANTED LENS	\$0.00
139	OTHER OPERATIONS ON LENS	\$0.00
1390	OPERATIONS ON LENS, NOT ELSEWHERE CLASSIFIED	\$0.00
1391	IMPLANTATION OF INTRAOCULAR TELESCOPE PROSTHESIS	\$0.00
1400	REMOVAL OF FOREIGN BODY FROM POSTERIOR SEGMENT OF EYE, NOT OTHERWISE SPECIFIED	\$0.00
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$122.76
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$168.00
1401	REMOVAL OF FOREIGN BODY FROM POSTERIOR SEGMENT OF EYE WITH USE OF MAGNET	\$0.00
1402	REMOVAL OF FOREIGN BODY FROM POSTERIOR SEGMENT OF EYE WITHOUT USE OF MAGNET	\$0.00
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	\$169.01
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$221.99
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	\$209.34

Procedure Code	Description	Rate
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	\$278.33
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	\$284.82
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	\$356.66
141	DIAGNOSTIC PROCEDURES ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER	\$0.00
1411	DIAGNOSTIC ASPIRATION OF VITREOUS	\$0.00
1419	OTHER DIAGNOSTIC PROCEDURES ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER	\$0.00
142	DESTRUCTION OF LESION OF RETINA AND CHOROID	\$0.00
1421	DESTRUCTION OF CHORIORETINAL LESION BY DIATHERMY	\$0.00
1422	DESTRUCTION OF CHORIORETINAL LESION BY CRYOTHERAPY	\$0.00
1423	DESTRUCTION OF CHORIORETINAL LESION BY XENON ARC PHOTOCOAGULATION	\$0.00
1424	DESTRUCTION OF CHORIORETINAL LESION BY LASER PHOTOCOAGULATION	\$0.00
1425	DESTRUCTION OF CHORIORETINAL LESION BY PHOTOCOAGULATION OF UNSPECIFIED TYPE	\$0.00
1426	DESTRUCTION OF CHORIORETINAL LESION BY RADIATION THERAPY	\$0.00
1427	DESTRUCTION OF CHORIORETINAL LESION BY IMPLANTATION OF RADIATION SOURCE	\$0.00
1429	OTHER DESTRUCTION OF CHORIORETINAL LESION	\$0.00
143	REPAIR OF RETINAL TEAR	\$0.00
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	\$588.65
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF	\$129.21
1431	REPAIR OF RETINAL TEAR BY DIATHERMY	\$0.00
1432	REPAIR OF RETINAL TEAR BY CRYOTHERAPY	\$0.00
1433	REPAIR OF RETINAL TEAR BY XENON ARC PHOTOCOAGULATION	\$0.00
1434	REPAIR OF RETINAL TEAR BY LASER PHOTOCOAGULATION	\$0.00
1435	REPAIR OF RETINAL TEAR BY PHOTOCOAGULATION OF UNSPECIFIED TYPE	\$0.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$330.66
1439	OTHER REPAIR OF RETINAL TEAR	\$0.00
144	REPAIR OF RETINAL DETACHMENT WITH SCLERAL BUCKLING AND IMPLANT	\$0.00
1441	SCLERAL BUCKLING WITH IMPLANT	\$0.00
1449	OTHER SCLERAL BUCKLING	\$0.00
145	OTHER REPAIR OF RETINAL DETACHMENT	\$0.00
1451	REPAIR OF RETINAL DETACHMENT WITH DIATHERMY	\$0.00

Procedure Code	Description	Rate
1452	REPAIR OF RETINAL DETACHMENT WITH CRYOTHERAPY	\$0.00
1453	REPAIR OF RETINAL DETACHMENT WITH XENON ARC PHOTOCOAGULATION	\$0.00
1454	REPAIR OF RETINAL DETACHMENT WITH LASER PHOTOCOAGULATION	\$0.00
1455	REPAIR OF RETINAL DETACHMENT WITH PHOTOCOAGULATION OF UNSPECIFIED TYPE	\$0.00
1459	OTHER	\$0.00
146	REMOVAL OF SURGICALLY IMPLANTED MATERIAL FROM POSTERIOR SEGMENT OF EYE	\$0.00
147	OPERATIONS ON VITREOUS	\$0.00
1471	REMOVAL OF VITREOUS, ANTERIOR APPROACH	\$0.00
1472	OTHER REMOVAL OF VITREOUS	\$0.00
1473	MECHANICAL VITRECTOMY BY ANTERIOR APPROACH	\$0.00
1474	OTHER MECHANICAL VITRECTOMY	\$0.00
1475	INJECTION OF VITREOUS SUBSTITUTE	\$0.00
1479	OTHER OPERATIONS ON VITREOUS	\$0.00
149	OTHER OPERATIONS ON RETINA, CHOROID, AND POSTERIOR CHAMBER	\$0.00
150	DIAGNOSTIC PROCEDURES ON EXTRAOCULAR MUSCLES OR TENDONS	\$0.00
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR	\$170.49
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR, OR	\$37.77
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	\$205.78
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	\$63.98
1501	BIOPSY OF EXTRAOCULAR MUSCLE OR TENDON	\$0.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$140.56
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FAC	\$84.00
1509	OTHER DIAGNOSTIC PROCEDURES ON EXTRAOCULAR MUSCLES AND TENDONS	\$0.00
151	OPERATIONS ON ONE EXTRAOCULAR MUSCLE INVOLVING TEMPORARY DETACHMENT FROM GLOBE	\$0.00
15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	\$126.00
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITION 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANT	\$75.34
1511	RECESSION OF ONE EXTRAOCULAR MUSCLE	\$0.00

Procedure Code	Description	Rate
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS	\$443.97
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA	\$70.18
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE	\$417.13
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE	\$91.02
1512	ADVANCEMENT OF ONE EXTRAOCULAR MUSCLE	\$0.00
15120	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS;	\$210.00
15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100	\$84.00
1513	RESECTION OF ONE EXTRAOCULAR MUSCLE	\$0.00
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILD	\$368.63
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF	\$57.38
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	\$446.44
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	\$53.46
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$368.84
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM	\$74.10
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERC	\$91.02
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	\$369.25
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	\$96.39
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	\$106.71
1519	OTHER OPERATIONS ON ONE EXTRAOCULAR MUSCLE INVOLVING TEMPORARY DETACHMENT FROM GLOBE	\$0.00
152	OTHER OPERATIONS ON ONE EXTRAOCULAR MUSCLE	\$0.00

Procedure Code	Description	Rate
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	\$126.00
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM	\$84.00
1521	LENGTHENING PROCEDURE ON ONE EXTRAOCULAR MUSCLE	\$0.00
1522	SHORTENING PROCEDURE ON ONE EXTRAOCULAR MUSCLE	\$0.00
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	\$168.00
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL	\$84.00
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	\$210.00
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	\$84.00
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM	\$252.00
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADD	\$84.00
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 S	\$87.51
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADD	\$16.51
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	\$179.77
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	\$42.31
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	\$93.91
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	\$20.43
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	\$180.81
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	\$49.74
1529	OTHER	\$0.00

Procedure Code	Description	Rate
153	OPERATIONS ON TWO OR MORE EXTRAOCULAR MUSCLES INVOLVING TEMPORARY DETACHMENT FROM GLOBE, ONE OR BOTH EYES	\$0.00
154	OTHER OPERATIONS ON TWO OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES	\$0.00
155	TRANSPOSITION OF EXTRAOCULAR MUSCLES	\$0.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$151.20
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	\$151.20
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,	\$151.20
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	\$151.20
156	REVISION OF EXTRAOCULAR MUSCLE SURGERY	\$0.00
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$84.00
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS	\$84.00
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA,	\$84.00
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS	\$84.00
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	\$84.00
157	REPAIR OF INJURY OF EXTRAOCULAR MUSCLE	\$0.00
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	\$568.22
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, L	\$210.00
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$210.00
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$151.20
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$151.20
15740	FLAP; ISLAND PEDICLE	\$318.43
15750	FLAP; NEUROVASCULAR PEDICLE	\$296.44
15756	FREE MUSCLE FLAP WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS	\$1,416.94
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,416.94
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,416.94
15760	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	\$210.00
15770	GRAFT; DERMA-FAT-FASCIA	\$281.48

Procedure Code	Description	Rate
15777	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK	\$129.83
1578	THIS IS A CPT CODE (NOT AN ICD-9 CODE),TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	\$195.61
15781	DERMABRASION; SEGMENTAL, FACE	\$143.95
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	\$116.14
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	\$120.71
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	\$56.35
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS	\$16.80
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$60.00
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$63.60
1579	THIS IS A CPT CODE (NOT AN ICD-9 CODE),TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$60.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$63.60
1581	THIS IS A CPT CODE (NOT AN ICD-9 CODE),TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
15820	BLEPHAROPLASTY, LOWER EYELID;	\$255.11
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	\$295.56
15822	BLEPHAROPLASTY, UPPER EYELID;	\$209.76
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$308.96
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	\$618.79
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	\$429.52
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	\$362.23
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	\$387.41
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	\$401.04
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	\$327.76
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	\$311.66
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	\$280.29
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	\$249.12

Procedure Code	Description	Rate
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$556.66
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$446.94
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	\$1,165.25
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$651.19
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE, ABDOMEN	\$0.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$23.10
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$24.97
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$25.20
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT	\$25.20
159	OTHER OPERATIONS ON EXTRAOCULAR MUSCLES AND TENDONS	\$0.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	\$210.00
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	\$210.00
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$112.46
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$200.78
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$178.16
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$237.14
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	\$171.90
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	\$250.28
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$137.82
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	\$196.20
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$176.94
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$466.64
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT	\$335.24
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$98.10
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$162.58
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$172.97
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$212.39

Procedure Code	Description	Rate
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PROPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE	\$306.52
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	\$271.00
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	\$0.00
160	ORBITOTOMY	\$0.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	\$11.62
1601	ORBITOTOMY WITH BONE FLAP	\$0.00
1602	ORBITOTOMY WITH INSERTION OF ORBITAL IMPLANT	\$0.00
16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	\$24.56
16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTRE	\$30.00
16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	\$36.00
16035	ESCHAROTOMY	\$141.59
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$47.88
1609	OTHER ORBITOTOMY	\$0.00
161	REMOVAL OF PENETRATING FOREIGN BODY FROM EYE, NOT OTHERWISE SPECIFIED	\$0.00
162	DIAGNOSTIC PROCEDURES ON ORBIT AND EYEBALL	\$0.00
1621	OPHTHALMOSCOPY	\$0.00
1622	DIAGNOSTIC ASPIRATION OF ORBIT	\$0.00
1623	BIOPSY OF EYEBALL AND ORBIT	\$0.00
1629	OTHER DIAGNOSTIC PROCEDURES ON ORBIT AND EYEBALL	\$0.00
163	EVISGERATION OF EYEBALL	\$0.00
1631	REMOVAL OF OCULAR CONTENTS WITH SYNCHRONOUS IMPLANT INTO SCLERAL SHELL	\$0.00
1639	OTHER EVISGERATION OF EYEBALL	\$0.00
164	ENUCLEATION OF EYEBALL	\$0.00
1641	ENUCLEATION OF EYEBALL WITH SYNCHRONOUS IMPLANT INTO TENON'S CAPSULE WITH ATTACHMENT OF MUSCLES	\$0.00
1642	ENUCLEATION OF EYEBALL WITH OTHER SYNCHRONOUS IMPLANT	\$0.00
1649	OTHER ENUCLEATION OF EYEBALL	\$0.00
165	EXENTERATION OF ORBITAL CONTENTS	\$0.00
1651	EXENTERATION OF ORBIT WITH REMOVAL OF ADJACENT STRUCTURES	\$0.00

Procedure Code	Description	Rate
1652	EXENTERATION OF ORBIT WITH THERAPEUTIC REMOVAL OF ORBITAL BONE	\$0.00
1659	OTHER EXENTERATION OF ORBIT	\$0.00
166	SECONDARY PROCEDURES AFTER REMOVAL OF EYEBALL	\$0.00
1661	SECONDARY INSERTION OF OCULAR IMPLANT	\$0.00
1662	REVISION AND REINSERTION OF OCULAR IMPLANT	\$0.00
1663	REVISION OF ENUCLEATION SOCKET WITH GRAFT	\$0.00
1664	OTHER REVISION OF ENUCLEATION SOCKET	\$0.00
1665	SECONDARY GRAFT TO EXENTERATION CAVITY	\$0.00
1666	OTHER REVISION OF EXENTERATION CAVITY	\$0.00
1669	OTHER SECONDARY PROCEDURES AFTER REMOVAL OF EYEBALL	\$0.00
167	REMOVAL OF OCULAR OR ORBITAL IMPLANT	\$0.00
1671	REMOVAL OF OCULAR IMPLANT	\$0.00
1672	REMOVAL OF ORBITAL IMPLANT	\$0.00
168	REPAIR OF INJURY OF EYEBALL AND ORBIT	\$0.00
1681	REPAIR OF WOUND OF ORBIT	\$0.00
1682	REPAIR OF RUPTURE OF EYEBALL	\$0.00
1689	OTHER REPAIR OF INJURY OF EYEBALL OR ORBIT	\$0.00
169	OTHER OPERATIONS ON ORBIT AND EYEBALL	\$0.00
1691	RETROBULBAR INJECTION OF THERAPEUTIC AGENT	\$0.00
1692	EXCISION OF LESION OF ORBIT	\$0.00
1693	EXCISION OF LESION OF EYE, UNSPECIFIED STRUCTURE	\$0.00
1698	OTHER OPERATIONS ON ORBIT	\$0.00
1699	OTHER OPERATIONS ON EYEBALL	\$0.00
170	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNANT	\$23.12
17003	DESTRUCTION OF BENIGN LESIONS; SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR	\$5.99
17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNANT	\$108.15
171	LAPAROSCOPIC UNILATERAL REPAIR OF INGUINAL HERNIA	\$0.00
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	\$25.20
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM 10.0 - 50.0	\$50.40

Procedure Code	Description	Rate
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM OVER 50.0 SQ	\$58.80
1711	LAPAROSCOPIC REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, OR MILIA; UP TO 14 LESIONS	\$20.85
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM OR MILIA; UP TO 15 OR MORE LESIONS	\$32.40
1712	LAPAROSCOPIC REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
1713	LAPAROSCOPIC REPAIR OF INGUINAL HERNIA WITH GRAFT OR PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
172	LAPAROSCOPIC BILATERAL REPAIR OF INGUINAL HERNIA	\$0.00
1721	LAPAROSCOPIC BILATERAL REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
1722	LAPAROSCOPIC BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
1723	LAPAROSCOPIC BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, WITH GRAFT OR PROSTHESIS	\$0.00
1724	LAPAROSCOPIC BILATERAL REPAIR OF INGUINAL HERNIA WITH GRAFT OR PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$18.37
17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	\$25.20
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	\$33.60
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	\$42.00
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	\$67.20
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	\$92.40
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	\$121.98
17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	\$25.20
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	\$33.60

Procedure Code	Description	Rate
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	\$42.00
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	\$67.20
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	\$92.40
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	\$126.00
17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	\$25.20
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	\$33.60
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1	\$42.00
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2	\$67.20
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3	\$72.40
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER O	\$126.00
173	LAPAROSCOPIC PARTIAL EXCISION OF LARGE INTESTINE	\$0.00
1731	LAPAROSCOPIC MULTIPLE SEGMENTAL RESECTION OF LARGE INTENSTINE	\$0.00
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	\$355.63
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPP	\$213.62
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	\$324.67
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	\$197.94
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR.SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	\$42.31
1732	LAPAROSCOPIC CECETOMY	\$0.00
1733	LAPAROSCOPIC RIGHT HEMICOLECTOMY	\$0.00
1734	LAPAROSCOPIC RESECTION OF TRANSVERSE COLON	\$0.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	\$21.67

Procedure Code	Description	Rate
1735	LAPAROSCOPIC LEFT HEMICOLECTOMY	\$0.00
1736	LAPAROSCOPIC SIGMOIDECTOMY	\$0.00
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$25.20
1739	OTHER LAPAROSCOPIC PARTIAL EXCISION OF LARGE INTESTINE	\$0.00
174	ROBOTIC ASSISTED PROCEDURES	\$0.00
1741	OPEN ROBOTIC ASSISTED PROCEDURE	\$0.00
1742	LAPAROSCOPIC ROBOTIC ASSISTED PROCEDURE	\$0.00
1743	PERCUTANEOUS ROBOTIC ASSISTED PROCEDURE	\$0.00
1744	ENDOSCOPIC ROBOTIC ASSISTED PROCEDURE	\$0.00
1745	THORACOSCOPIC ROBOTIC ASSISTED PROCEDURE	\$0.00
1749	OTHER AND UNSPECIFIED ROBOTIC ASSISTED PROCEDURE	\$0.00
1751	IMPLANTATION OF RECHARGEABLE CARDIAC CONTRACTILITY MODULATION, (CCM), TOTAL SYSTEM	\$0.00
1752	IMPLANTATION OR REPLACEMENT OF CARDIAC CONTRACTILITY MODULATION, (CCM) RECHARGEABLE PULSE GENERATOR ONLY	\$0.00
1753	PERCUTANEOUS ATHERECTOMY OF EXTRACRANIAL VESSEL(S)	\$0.00
1754	PERCUTANEOUS ATHERECTOMY OF INTRACRANIAL VESSEL(S)	\$0.00
1755	TRANSLUMINAL CORONARY ATHERECTOMY	\$0.00
1756	ATHERECTOMY OF OTHER NON-CORONARY VESSEL (S)	\$0.00
1762	LASER INTERSTITIAL THERMAL THERAPY,(LITT), OF LESION OR TISSUE OF HEAD AND NECK UNDER GUIDANCE	\$0.00
1763	LASER INTERSTITIAL THERMAL THERAPY, (LITT), OF LESION OR TISSUE OF LIVER UNDER GUIDANCE	\$0.00
1769	LASER INTERSTITIAL THERMAL THERAPY,(LITT), OF LESION OR TISSUE OF OTHER AND UNSPECIFIED SITE UNDER GUIDANCE	\$0.00
1770	INTRAVENOUS INFUSION OF CLOFARABINE	\$0.00
1771	NON-CORONARY INTRA-OPERATIVE FLUORESCENCE VASCULAR ANGIOGRAPHY (IFVA)	\$0.00
1781	INSERTION OF ANTIMICROBIAL ENVELOPE	\$0.00
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	\$0.00
180	INCISION OF EXTERNAL EAR	\$0.00
1801	PIERCING OF EAR LOBE	\$0.00
1802	INCISION OF EXTERNAL AUDITORY CANAL	\$0.00
1809	OTHER INCISION OF EXTERNAL EAR	\$0.00
181	DIAGNOSTIC PROCEDURES ON EXTERNAL EAR	\$0.00
1811	OTOSCOPY	\$0.00
1812	BIOPSY OF EXTERNAL EAR	\$0.00

Procedure Code	Description	Rate
1819	OTHER DIAGNOSTIC PROCEDURES ON EXTERNAL EAR	\$0.00
182	EXCISION OR DESTRUCTION OF LESION OF EXTERNAL EAR	\$0.00
1821	EXCISION OF PREAURICULAR SINUS	\$0.00
1829	EXCISION OR DESTRUCTION OF OTHER LESION OF EXTERNAL EAR	\$0.00
183	OTHER EXCISION OF EXTERNAL EAR	\$0.00
1831	RADICAL EXCISION OF LESION OF EXTERNAL EAR	\$0.00
1839	OTHER	\$0.00
184	SUTURE OF LACERATION OF EXTERNAL EAR	\$0.00
185	SURGICAL CORRECTION OF PROMINENT EAR	\$0.00
186	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL	\$0.00
187	OTHER PLASTIC REPAIR OF EXTERNAL EAR	\$0.00
1871	CONSTRUCTION OF AURICLE OF EAR	\$0.00
1872	REATTACHMENT OF AMPUTATED EAR	\$0.00
1879	OTHER PLASTIC REPAIR OF EXTERNAL EAR	\$0.00
189	OTHER OPERATIONS ON EXTERNAL EAR	\$0.00
190	STAPES MOBILIZATION	\$0.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$25.20
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST	\$8.40
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$84.00
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	\$25.20
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	\$392.99
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	\$317.44
19083	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	\$390.30
19084	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	\$313.11
19085	BIOPSY, BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	\$590.72
19086	BIOPSY, BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	\$470.80
191	STAPEDECTOMY	\$0.00
19100	BIOPSY OF BREAST; NEEDLE (SEPARATE PROCEDURE)	\$56.00
19101	BIOPSY OF BREAST; INCISIONAL	\$84.00

Procedure Code	Description	Rate
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	\$1,030.35
1911	STAPEDECTOMY WITH INCUS REPLACEMENT	\$0.00
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT	\$126.00
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$126.00
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NI	\$126.00
19125	EXCISION OF BREAST LESION; SINGLE LESION	\$126.00
19126	EXCISION OF BREAST LESION; EACH ADDITIONAL LESION	\$63.00
1919	OTHER STAPEDECTOMY	\$0.00
192	REVISION OF STAPEDECTOMY	\$0.00
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	\$411.60
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	\$621.60
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	\$621.60
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	\$141.59
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUID	\$98.25
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	\$160.79
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUID	\$117.85
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	\$272.04
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUID	\$228.07
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	\$24.42
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC	\$19.44
1929	OTHER REVISION OF STAPEDECTOMY	\$0.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT	\$193.60

Procedure Code	Description	Rate
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT APP	\$52.22
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO TJE BREAST	\$169.04
193	OTHER OPERATIONS ON OSSICULAR CHAIN	\$0.00
19300	MASTECTOMY FOR GYNECOMASTIA	\$285.66
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY)	\$215.07
19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHADENECTOMY	\$450.57
19303	MASTECTOMY, SIMPLE, COMPLETE	\$492.26
19304	MASTECTOMY, SUBCUTANEOUS	\$284.42
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	\$563.88
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES	\$589.27
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE	\$595.46
19316	MASTOPEXY	\$245.70
19318	REDUCTION MAMMAPLASTY	\$562.80
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	\$126.00
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$252.00
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$204.13
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$135.68
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	\$162.58
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	\$210.80
19350	NIPPLE/AREOLA RECONSTRUCTION	\$284.22
19355	CORRECTION OF INVERTED NIPPLES	\$248.92
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	\$649.95
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMPLANT	\$814.80
19364	BREAST RECONSTRUCTION WITH FREE FLAP	\$814.80
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$815.50
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLO	\$1,005.99

Procedure Code	Description	Rate
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP, SINGLE PEDICLE, INCLUDING CLOSURE OF	\$1,138.50
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANWOUS FLAP, DOUBLE PEDICLE, INCLUDING CLOSURE OF	\$1,087.52
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$251.21
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$206.28
19380	REVISION OF RECONSTRUCTED BREAST	\$355.72
194	MYRINGOPLASTY	\$0.00
19499	UNLISTED PROCEDURE, BREAST	\$0.00
195	OTHER TYMPANOPLASTY	\$0.00
1952	TYPE II TYMPANOPLASTY	\$0.00
1953	TYPE III TYMPANOPLASTY	\$0.00
1954	TYPE IV TYMPANOPLASTY	\$0.00
1955	TYPE V TYMPANOPLASTY	\$0.00
196	REVISION OF TYMPANOPLASTY	\$0.00
199	OTHER REPAIR OF MIDDLE EAR	\$0.00