

Procedure Code	Description	Rate
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	\$247.57
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	\$237.82
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	\$49.54
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
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$230.92

Procedure Code	Description	Rate
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	\$68.55
90696	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN ADMINISTERED	\$0.00
90703	IMMUNIZATION, ACTIVE; TETANUS TOXOID	\$41.27
90715	TETANUS DIPHTHERIA TOXIDS, AND ACELLULAR PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR	\$33.32
90723	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR	\$0.00
90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	\$77.85
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
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
90785	INTERACTIVE COMPLEXITY	\$2.89
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	\$91.44
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$75.34
90814	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE	\$75.34
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$37.98
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	\$25.18
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$48.92
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	\$40.87
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBERS	\$71.62
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	\$65.84
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$80.00
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$80.00
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$20.09

Procedure Code	Description	Rate
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$14.40
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRE	\$720.96
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

Procedure Code	Description	Rate
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

Procedure Code	Description	Rate
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETAION 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 ACTVIE 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 OPTHALMODYNAMOMETRY	\$22.70
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPOR	\$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 INTERPRETA- TION 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 RADIOSURGERYUM, 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

Procedure Code	Description	Rate
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
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, ELECTRONEURONOGRAPHY)	\$13.20
92520	LARYNGEAL FUNCTION STUDIES	\$28.48
92521	EVALUATION OF SPEECH FLUENCY	\$65.84
92522	EVALUATION OF SPEECH AND SOUND PRODUCTION	\$53.46
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	\$111.04

Procedure Code	Description	Rate
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$55.73
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$21.47
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$702.17

Procedure Code	Description	Rate
92987	PERCUTANIOUS 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
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON 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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
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 SYSSTEM, INCLUD	\$14.65
93298	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSSTEM, INCLUD	\$16.92
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	\$130.86

Procedure Code	Description	Rate
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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 DOOPLER 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
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOUS	\$401.86
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY INCLUDING TEMPORARY PACEMAKER INSERTION WHEN PERFORMED	\$447.27
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

Procedure Code	Description	Rate
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
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
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	\$499.08
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	\$666.05
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY	\$249.54
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATION, INSERTION AND REPOSITIONING	\$666.26
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT	\$249.74
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

Procedure Code	Description	Rate
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 INTRAVENOUS MICROBUBBLE	\$139.53
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO	\$136.84
9390	CONTINUOUS POSITIVE AIRWAY PRESSURE	\$0.00
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION , PER SESSION	\$20.43
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

Procedure Code	Description	Rate
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
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$10.11
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH VENOMS	\$5.37
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS	\$13.21
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
95076	INGESTION CHALLENGE TEST; INITAL 120 MINUTES OF TESTING	\$71.00
95079	INGESTION CHALLENGE TEST; EACH ADDITIONAL 60 MINUTES OF TESTING	\$71.00
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

Procedure Code	Description	Rate
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
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	\$647.06
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	\$676.79
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS, AND SLEEP	\$124.87

Procedure Code	Description	Rate
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, ANALYHSIS 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 WITH4 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

Procedure Code	Description	Rate
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
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
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY	\$43.55
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	\$57.38
95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	\$70.80
95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	\$84.83

Procedure Code	Description	Rate
95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	\$111.66
95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	\$134.99
95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	\$158.31
95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	\$183.28
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
95924	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, COMBINED PARASYMPATHETIC, ADRENERGIC FUNCTION	\$89.37
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
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
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONCE N ONE MONITORING PERSONAL	\$19.20
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8	\$115.20

Procedure Code	Description	Rate
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMTRY,	\$150.00
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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

Procedure Code	Description	Rate
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 ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	\$21.60
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

Procedure Code	Description	Rate
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 PHOTOSENSITIVE 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
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

Procedure Code	Description	Rate
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 THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND	\$15.27
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; 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
97530	THERAPEUTIC ACTIVITIES, DIRECT PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	\$15.89
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

Procedure Code	Description	Rate
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	\$26.63
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 INDIVIUALS) 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

Procedure Code	Description	Rate
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
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	\$45.00
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	\$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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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

Procedure Code	Description	Rate
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
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

Procedure Code	Description	Rate
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
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	\$42.52

Procedure Code	Description	Rate
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
99485	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	\$45.00
99486	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	\$39.22
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

Procedure Code	Description	Rate
9976	EXTRACORPOREAL IMMUNOADSORPTION	\$0.00
9977	APPLICATION OR ADMINISTRATION OF ADHESION BARRIER SUBSTANCE	\$0.00
9978	AQUAPHERESIS	\$0.00